CREATING THE PLACE FOR A GOOD LIFE

MERTON HEALTH AND WELLBEING STRATEGY

2015/16 – 2017/18

FOREWORD

It has been an exciting two years, with significant opportunities for improving the health and wellbeing of Merton residents. Since April 2013, we have seen the creation of an effective Merton Clinical Commissioning Group and Healthwatch Merton. Public Health moved from the NHS to the local authority, where it now works closely with Council colleagues to ensure Council influences on health have a positive impact. The Health and Wellbeing Board, which brings together these partners, has developed, taking on the agenda to integrate health and social care and to focus on prevention.

This refresh of the Merton Health and Wellbeing Strategy for 2015-18 allows us to take a broader view of health and to embed the role of all partners in tackling health inequalities. Merton the Place for a Good Life – the 2015-18 strategy focuses on the main influences on health – starting early in life to ensure that children and young people develop the skills and healthy habits for a productive adulthood, when they have access to good work, to safe and connected communities and to high streets and green spaces that make the healthy option the easy choice.

We know that education and income are the most significant influences on health. Inequalities in access to these can turn into poorer health outcomes as we see in the east of Merton. Health and Wellbeing Board partners agree that addressing these inequalities should provide the focus for this strategy and for the work of the Board itself. By working together across our partnership, we will be able to achieve more than by working alone.

We know that we must work differently in close partnership to include prevention in all our work, addressing the real inequalities in opportunities between the east and west of our borough. In this way we can make a real difference to people's lives.

Councillor Caroline Cooper-Marbiah

MERTON
Health & Wellbeing Strategy

VISION

A fair share of opportunities for
HEALTH AND WELLBEING
for all Merton residents

This means we will halt the rise in the gap in Life Expectancy between areas within Merton

THEMES

1 Best Start in Life

Focus on prevention, early detection of long-term conditions and access to good quality health and social care

2 Good Health

Focus on prevention, early detection of long-term conditions and access to good quality health and social care

3 Life skills, lifelong learning, & good work

4 Community participation and feeling safe

5 A good natural and built environment

OUTCOMES

- Uptake of childhood immunisation is increased
- Waiting time for CAMHS from referral is shortened
- Childhood obesity is reduced
- Educational achievement gap in children eligible for pupil premium is reduced
- The proportion of children ready for school is increased

- All partner organisations promote health in their policies and services
- Settings e.g. workplaces, schools, high streets where people spend time are healthier, providing healthy options.
- The proportion of adults making healthy lifestyle choices is increased
- Early detection and management is integrated and promoted

- The number of JSA and ESA claimants in Mitcham JCP is reduced
- Increase employment by targeting initiatives to improve soft skills and to deliver skills in growth sectors
- Assist business start-ups and growth of existing businesses
- Bridge the lifelong learning gap in deprived wards

- The number of people engaged in their communities is increased through volunteering
- Sustainable voluntary and community organisations partner with the public sector to strengthen community capacity and cohesion
- People remain independent or regain independence as far as possible after reablement
- People feel safer through tackling perception of crime
- Causes of crime addressed through a place based approach in three hotspot areas identified through the Vulnerable Localities Index

- Positive health and wellbeing outcomes are embedded within major developments as a condition of granting planning permission
- Fuel poverty is reduced through collective energy switching
- Pollution is reduced through increased number of trees in parks
- The quality of houses of multiple occupation (HMOs) will be improved

Introduction

Merton Health and Wellbeing Board works in partnership to improve health and wellbeing and to reduce health inequalities across the borough in part through this Health and Wellbeing strategy. Commissioners of health, health care and social care services must use this Strategy to inform commissioning plans, along with the Joint Strategic Needs Assessment, which defines the health and wellbeing of our residents.

This Strategy - Merton the Place for a Good Life - builds on our first Health and Wellbeing Strategy 2013-15 and the Merton Community Plan. The focus on health inequalities and on the influences that contribute to health is strengthened, bringing together the most important influences on health, such as the early years, education, income and the environment in which people live to maximize health and wellbeing and prevent problems from arising in the first place.

Examples of significant achievements in the 2013/15 Health and Wellbeing Strategy to date include

- teenage conceptions reduced to 22.1 per 1,000 in 2013, a reduction from 51 per 1000 or 57% since the baseline was set in 1998, when the rate was 51 per 1,000. In terms of numbers, this equates to 67 conceptions in 2013 for young women age 15 to 17, compared to 135 conceptions in 1998.
- the LiveWell service supported 830 Merton residents to stop smoking and delivered over 2000 self reported health improvement outcomes.
- Over 19,000 offers for a Health Check were made with nearly 11,000 Health Checks delivered to residents aged between 40 and 74

Over the same period, the Merton Clinical Commissioning Group, formed from the split of the Sutton & Merton PCT in April 2013, became a well performing organisation with a keen eye on quality improvement.

London Borough of Merton Public Health, too, was created from the split of the former PCT and transitioned from the NHS to the London Borough of Merton. In addition to building a small effective team, LBM Public Health is achieving success in the Council, Merton Clinical Commissioning Group and voluntary sector in prioritising health inequalities and prevention.

The focus on the influences on health, including health care, provides opportunities for the growing partnership between Merton Council, Merton Clinical Commissioning Group and the voluntary sector together with HealthWatch to contribute to increased health and wellbeing for Merton's residents.

OUR VISION

A fair share of opportunities for health and wellbeing for all Merton residents

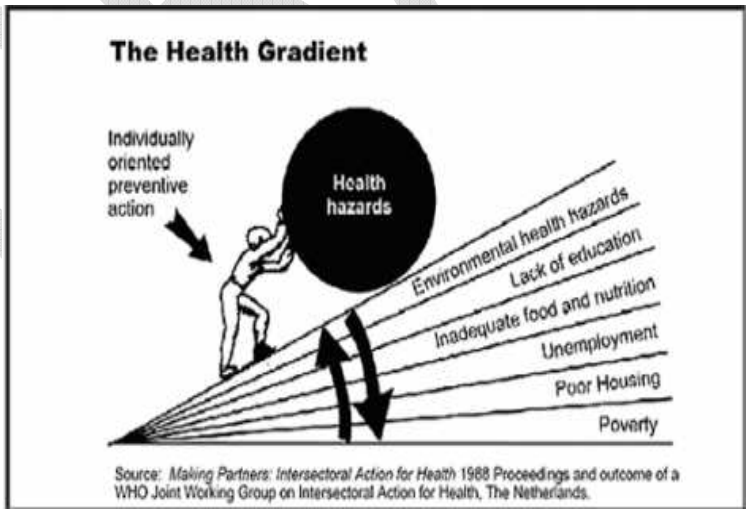
This means we will halt the rise in the gap in Life Expectancy between areas within Merton

Outcome	Baseline 2015	Target 2018
Gap in Life Expectancy		
Male	7.9	7.9
Female	5.2	5.2

What Creates Health and Wellbeing?

Development of this strategy was guided by an understanding of what creates health. People's health and wellbeing is strongly influenced by the conditions in which they are born, live, work and grow old. Lying at the heart of inequalities in life expectancy are poverty and low education levels, the largest influences on health. Education is linked to the ability to earn an income, and the two together provide the resources for people to take care of themselves and their families. Housing, transport, our high streets and access to green spaces also contribute to health and wellbeing. Where these influences are unhealthy, people may become ill, disabled or die. Health care then becomes important to cure or manage these unhealthy conditions. Figure 1 shows that if we want to improve health and wellbeing, we must act on both the individual level – the person pushing the ball and on the conditions in which people live -the hill. Making the hill less steep will help make the healthy choice the easier one.

Figure 1



Where Are We Now? Health and Wellbeing in Merton

In 2013, there were about 202,750 residents in Merton. The age of our residents is similar to that of London; by 2017, there will be increases in the under-five and over-65 age groups.

Residents from a Black, Asian and minority ethnic background will increase to about 39% in 2017 from 35% in 2011.

The east and south of the borough have higher levels of deprivation and poorer health outcomes than the rest of the borough. While residents of Merton enjoy overall high life expectancy, people in the more deprived areas live shorter lives. If people in east Merton had the same rate of deaths as west Merton in 2013, there would have been around 113 fewer deaths. Of these 113 deaths, 80 were in people under 75 years of age, considered to be premature deaths and often preventable.

The maps below clearly show the connection between deprivation and life expectancy. People in the east and south of Merton are both more deprived (Fig 4 – the green and yellow) and live shorter lives (Fig 5- the lighter blue) than those in the rest of the borough.

Figure 4 – Inequalities in Deprivation Across Merton

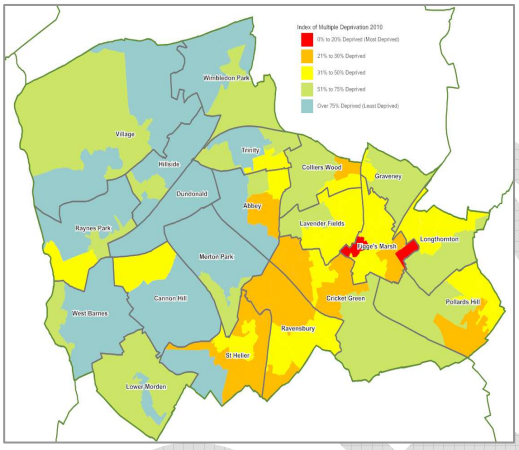
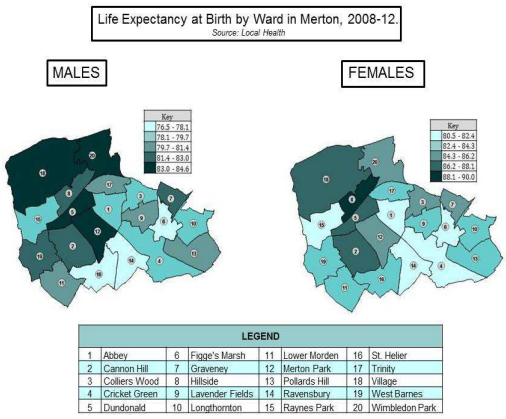


Figure 5 Inequalities in Life Expectancy Across Merton



Similar to life expectancy and income, Merton does well overall for other influences on health such as employment, education, skills and training, housing, environment and crime compared to London and England. The inequalities seen in life expectancy and deprivation are apparent across these other influences on health.

Breaking down mortality by causes of death in Merton shows that the top three causes of death in those under 75 years of age (in order of frequency, from most to least common) were cancers, circulatory disease and accidents and injuries – which together accounted for 70% of all deaths in Merton. Many of these were from preventable causes.

How Will We Get to Our Goal – Our Strategic Approach

This refreshed strategy takes a sharper focus on where we face the biggest inequalities and challenges for Merton residents.

We will focus on prevention – from the introduction, we can see that creating the place for a good life will require a broader understanding of how health and wellbeing are created, starting early in life. The move of Public Health to local government opens opportunities to improve health and wellbeing through the Council's many services that influence health. Working to ensure that these influences are positive

improves the chance of improving health and wellbeing of our residents. This will have a bigger impact than by working on individual lifestyle behaviours alone because even small changes in these wider influences will affect many people, making the healthy choice the easier one.

The influences on health accumulate as we age, resulting in good health or illness depending on opportunities and lifestyle choices. Saving a child's life adds the greatest number of years to life expectancy. It is therefore important to prioritise the early years when we begin laying down habits for a life time.

We will take advantage of every contact with residents and through settings (such as schools, workplaces, community settings, high streets and primary care) to embed prevention messages.

We will work in partnership – creating health and wellbeing is not the responsibility of any single agency. Good health is not the sole responsibility of the NHS nor is support for our most vulnerable the sole responsibility of social services. Working in partnership means that we all have a role to play, building on our own strengths to contribute to improved health and wellbeing.

We know we have to work differently, breaking down silos that separate our efforts. We recognise that working in isolation has not been effective and that we need to take a holistic approach, bringing together our work to achieve more than by working alone. This will involve making health everyone's business by taking advantage of all frontline contacts with residents, for example.

We will intervene early - when a health problem occurs, we can either cure or manage the problem in community settings. Not only will this improve residents' quality of life but it will also reduce the need for more expensive acute and social care services. For example, detecting long-term conditions early can add a few years for the quickest gains in life expectancy.

We will work in and through communities – to ensure that services respond to our residents needs, especially to the increasing ethnic diversity and to improve people's control over their lives, which in itself is good for health.

We will work at multiple levels of government – because we realise that we do not have the necessary powers to create healthy places locally. We will work across London with interested boroughs, London Councils and the Greater London Authority to develop solutions and where appropriate, we will work together to advocate for change at the national level.

We will use data and evidence effectively – to ensure that we are responding to real needs with evidence of best practice.

Creating the Place for a Good Life - Where Do We Want to Be by 2018?

In November 2013 80 people from the voluntary sector, the Merton Clinical Commissioning Group and the London Borough of Merton came together and agreed that the significant health inequalities and wider inequalities that shape health and wellbeing are not acceptable. Participants agreed that all residents should have opportunities for a good life. By 2018, we will work to address these health and wellbeing inequalities through the following:

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

Why is this important?

What a child experiences during the early years (including before birth), lays down a foundation for the whole of their life,[1] including both physical and mental wellbeing. For example, positive early attachment, bonding and resilience have long-term benefits and it is during the early years that we develop our lifestyle habits for later years. Immunisation is an important intervention that protects children against diseases that can kill or cause serious long-term ill health. Merton immunisation rates are below recommended levels and inequalities in immunisation uptake persist among poorer families.

Good mental health is as important as good physical health and emotional wellbeing and good mental health in the early years of life is recognised as being vitally important, not only to an individual's present quality of life but also to their future personal and social development. Having good emotional health and building resilience enables children and young people to cope positively with stress and adversity. We also know that certain groups of young people are more likely to develop mental health issues (for example our Looked After Children).

Ensuring children are resilient and ready for school means that they will do well and achieve when at school, thus providing the resources required later to earn a living to take care of themselves and their families and to make healthy choices.

National statistics show that children on free school meals, or those with special educational needs, are around three times more likely to be persistently absent and there is clear evidence of a link between poor attendance at school and low levels of achievement.

Higher educational attainment is linked to many beneficial behaviours and good health outcomes. These include greater life expectancy overall as well as a larger percentage of years spent in good health and with adequate mobility. Better-educated people practice healthier behaviours, are more informed users of health services, and are more likely to comply with treatment. Increased levels of education are also associated with more robust mental health, and better self-esteem. Better educated people are also more effective in supporting health outcomes for their children.

We Will Achieve by 2018

	Baseline 2015	**Target 2018**
Uptake of childhood immunisation is increased (MMR at 5)	72.2%	87.6%
Emotional wellbeing of children is improved - integrated	No CAMHS	Integrated CAMHS

[1] Marmot Review 2010, Centre for Excellence and Outcomes in Children and Young People's Services 'Grasping the Nettle' 2010

CAMHS pathways in place, reduced waiting times from referral	Strategy	pathways embedded and average waiting times from referral < 5 weeks
Number of children who are overweight and obese at age 10-11 is reduced	36.4%	35.7%.
Gap in children eligible for pupil premium achieving 5 a-c* GCSEs including English and maths, and their peers at age 16 is reduced	24.8%	20%
Number of children ready for school is increased – the current indicator will change therefore target is TBC		TBC

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

Why is this important?

The relationship between health and the influences on health is two way. The influences on health such as education, income and living environment, clearly contribute to health as discussed in the introduction. It is also clear that this works the other way; good health enables people to take advantage of opportunities for good education, jobs, and participating in community life.

The middle years are when disease and disability begin to manifest as a result, in part, of lifestyle behaviours that were laid down from the early years. Data from the World Health Organisation (WHO) atlas of heart disease and stroke estimate that tobacco use, alcohol, obesity, low fruit and vegetable intake and physical inactivity account for 36% of the burden of disease across the globe. These are clearly preventable behaviours; starting early in life to ensure they are healthy will reduce the level of disease and disability. However where long-term conditions develop, early detection makes cure or management in the community possible, improving people's quality of life and reducing the need for expensive acute health and social care.

Increased life expectancy is a triumph, but it also represents one of our greatest challenges as older people make a significantly higher call on health and social care services. Prevention interventions, such as staying active, as well as increased screening and regular check-ups, and rehabilitation for people to regain independence can improve quality of life and reduce demand on acute services.

New models of care are required that break down the barriers in how care is provided between GPs and hospitals, between physical and mental health, and between health and social care - all of which get in the way of care that is genuinely coordinated around what people need and want. These models of care will need to work in settings, which are more effective in reaching larger numbers of people and on the policy environment, which has a bigger impact on health than by working on the individual level alone.

We Will Achieve by 2018

Outcome	**Baseline 2015**	**Target 2018**
All partner organisations promote health in their policies	Ad hoc at present	Strategic,

and services through frontline staff acting as health champions		embedded in policy
Settings e.g. workplaces, schools, high streets where people spend time are healthier, providing healthy options. • High streets – the gap in alcohol-related harm between areas within Merton will be reduced to a difference in Standardised Admission Rates of 25 • Schools – children who are overweight and obese at age 10-11 (target given above in Theme 1)	31.7 See Theme 1	25 See Theme 1
Adults make healthy lifestyle choices • Smoking prevalence • Alcohol related admissions • The percentage of obese residents who achieve a 5% weight loss	13.9% (2013) 502 / 100,000 (2012/13) No weight management pathway	10.6% 458 / 100,000 TBC
Early Detection and Management • A model of care that responds to East Merton health and wellbeing needs will be ready and implementation underway. A Proactive GP pilot will influence development of the model, which will seek to embed prevention and to move care out of expensive acute settings to primary and community settings where disease can be diagnosed earlier and managed by the patient and/or their GP or other primary care provider. • Mental health – integrated pathways in place; Reduced waiting times for treatment where primary and secondary diagnosis is a mental health and a physical condition or vice-versa.	No model Mental health not part of integration agenda	Integrated model of care developed and being delivered across East Merton Mental Health included in integration programme and being delivered

Theme 3 Life skills, lifelong learning and good work

Why is this important?

Deprivation and low income are important influences on health. Levels of disposable income affect our ability to meet basic needs—the way we live, the quality of the home and work environment, and the ability of parents to provide the kind of care for their children they want. The relationship between health and low income exists across almost all health indicators.[2] The outcomes associated with low family socioeconomic status include poor maternal nutrition, infant mortality, low birth weight, childhood injuries, child mortality, dental caries in children, malnutrition in children, infectious disease in children and adults, health care services use, chronic diseases in adulthood and excess mortality. The risk associated with poverty is two-fold:

- People living in poverty are more likely to be exposed to conditions that are adverse for development (e.g. crowded living conditions, unsafe neighbourhoods, etc)
- People living in poverty are also more likely to be negatively affected by these adverse conditions

[2] London Health Observatory.
www.lho.org.uk/LHO_Topics/Health_Topics/Determinants_of_Health/Income.aspx

Work is good for a person's health as it contributes to a sense of self-worth and dignity. But the nature of work is also important since insecure jobs and poor conditions can contribute to increased stress and illness.

Staying active and keeping the mind stimulated through lifelong learning may help delay conditions that are associated with growing older. English for Speakers of Other Languages provides skills to connect with one's community, increasing control over one's life and having a positive impact n health.

We Will Achieve by 2018

Outcome	Baseline 2015	Target 2018
The number of JSA claimants at Mitcham JCP and ESA claimants	1.7% of working population	1.6% (2016/17)
Increase employment by targeting initiatives to improve soft skills and to deliver skills in growth sectors	100 IT and 200 employability skills training	+150 employed
Assist business start-ups and growth of existing businesses and enable local unemployed to access the new jobs created	N/A	+160 jobs
Bridge the lifelong learning gap in deprived wards and increase access to ESOL (English as a second language) courses using health themes	36% of learners on qualification live in deprived ward 60 ESOL learners using health themes	40% 240 ESOL learners using health themes

Theme 4 Community participation and feeling safe

Why is this important?

Community participation is a key determinant of health. When people have the opportunity to make a positive contribution to their community through volunteering and community action, or participate in their community by benefiting from local activities, they contribute to social cohesion and have improved levels of confidence, resilience, wellbeing and reduced levels of isolation.

Social cohesion helps to protect people and their health and is defined as 'the quality of social relationships and the existence of trust, mutual obligations and respect in communities or in the wider society.'[3] A breakdown in social cohesion may reduce trust, increase violence, increase health conditions such as heart disease, poor mental health and poorer chances of survival after a heart attack.

According to Merton Voluntary Service Council's (MVSC) State of the Sector Report 2014, there are almost 600 voluntary and community organisations in Merton serving a wide range of client groups and providing a variety of services, particularly vulnerable sections of the

[3] Wilkinson, R and Marmot M. 2003. Social Determinants of Health the Solid Facts. Second edition. WHO.

community. This paints a picture of a voluntary sector that is broad in its scope, with organisations working across a huge range of areas and providing multiple services

Crime rates affect people's sense of security and increase their experience of stress. Stress causes physical changes with potentially damaging health consequences. In areas with high levels of crime, people may be unwilling to participate in their community or to go outdoors for physical activity. In Merton levels of crime are among the lowest in London, although there are significant differences between areas of Merton.

We Will Achieve by 2018

Outcome	Baseline 2015	Target 2018
The number of people engaged in their communities is increased through volunteering	20%	23%
Sustainable voluntary and community organisations partner with the public sector to strengthen community capacity and cohesion.	0 organisational health checks of small community groups in E Merton	63 organisational health checks complete
People remain independent or regain independence as far as possible after reablement	12	25
People feel safer through tackling perception of crime.	75%	80%
Causes of crime addressed through a place based approach in three hotspot areas identified through the Vulnerable Localities Index	Crime rate in identified ward area before intervention	5% reduction 6 months after intervention in each of the 3 areas

Theme 5 A good natural and built environment

Why is this important?

There is now strong evidence that the built environment shapes health outcomes. A well-designed public realm with high quality green open space will encourage physical exercise, improve mental health, and increase biodiversity. The case for delivering improvements to health and wellbeing through spatial planning policy should therefore be seen as part of the wider case for delivering sustainable communities.

The largest opportunity to make a difference in improving the health and wellbeing of people and communities lies at local and neighbourhood (and ward) levels. The planning and licensing processes offer opportunities to develop healthy places, if these levers are used to improve health.

Poor air quality contributes to shortening the life expectancy of all Londoners, disproportionately impacting on the most vulnerable. Air quality in London is the worst in the country. Poor air quality exacerbates heart and lung conditions such as asthma, and chronic obstructive pulmonary disease. It is thought that the effects of air pollution contribute to many thousands of premature deaths of people who have serious illnesses.

The number of residents aged 60 or over is projected to increase 11% between 2011 and 2017. One of the key concerns is the increase in older people living alone, which has implications for health and social care since 57% of the 'fuel poor' are aged 60 and over; poorly insulated homes and the continual rise in heating bills contribute to fuel poverty.

While the Merton Excess Winter Deaths for all respiratory diseases is similar to England and London, Merton is ranked second worst out of all London boroughs. For chronic lower respiratory diseases, Merton is ranked the worst in London.

Housing quality is an important determinant of health and a marker for poverty. The condition of the housing stock is a major influence on the borough's capacity to reduce inequality. Where people live and the quality of their home have a substantial impact on health; a warm, dry and secure home is associated with better health. The cheapest forms of accommodation are houses of multiple occupation, including bedsits, hostels and shared houses. These premises are occupied by many of the poorest and most vulnerable residents; an improvement in the management, provision of amenities (such as kitchens, bathrooms and toilets) and the repair of the properties themselves have a clear and positive impact on the health and wellbeing of those occupying them.

Merton's social housing stock is amongst the lowest in London at 14% of total stock. The London average is around 22% with social housing stock as high as over 59% in large boroughs such as Southwark. The profile of stock differs between owner-occupied and social housing in Merton, with 58% of social housing and 63% of private rented homes being flats compared with only 24% in the owner-occupied sector. Social housing and private rented homes also typically contain fewer rooms than those that are owner-occupied.

We Will Achieve by 2018

Outcome	Baseline 2015	Target 2018
Positive health and wellbeing outcomes are embedded within major developments as a condition of granting planning permission in Merton.	0	100% of significant plans have health impact assessment
Fuel poverty is reduced through collective energy switching programmes	25 households participate per action	Increased participation to 10% annually
Pollution is reduced through increased number of trees in parks	5.5%(5.9%) to 6.5%(6.9%) tree cover by LBM managed trees and woodland (2012/14)	3% increase in LBM managed tree canopy cover
The quality of houses of multiple occupation (HMOs) will be improved		80% of HMOs licensed

Management of the Strategy

While overall responsibility for this strategy lies with the Health and Wellbeing Board, responsibility for the individual themes lies with the relevant partnership board; i.e.,

- Best Start in Life — Children's Trust Board
- Good Health — Health and Wellbeing Board
- Life skills, lifelong learning and good work — Sustainable Communities and Transport

- Community participation and feeling safe — Safer Stronger Merton
- A good natural and built environment — Sustainable Communities and Transport

For each theme a number of objectives are set out in the section What We Will Do - a detailed action plan for Year 1 of this strategy, attached at Appendix A. These will be reported to the Health and Wellbeing Board to allow the Board to track progress.

Toward the end of each year, these actions will be reviewed and a new detailed plan developed for the following year.

Merton Joint Strategic Needs Assessment http://www.merton.gov.uk/health-social-care/publichealth/jsna.htm

More information on Merton Health and Wellbeing Board can be found at http://democracy.merton.gov.uk/mgCommitteeDetails.aspx?ID=184

HEALTH AND WELLBEING STRATEGY **APPENDIX A**
WHAT WE WILL DO - DRAFT DELIVERY PLAN 2015/16

Priority Theme 1: Good start in life – early years development and strong educational achievement for children and young people

Outcome 1.1 – All babies have the best start in life						
Action	**Indicator**	**Baseline**	**Target 2018**	**Reporting cycle**	**Lead Officer**	**Governance Lead**
Review recommendations from the Merton Scrutiny of Childhood immunisations. Engage GP practices in strategies to increase uptake and coverage of childhood immunisations. Increase parental access and awareness of immunisations.	Immunisation: MMR at 5 years	72.2% 2013/14	87.6%	Quarterly	CCG/NHS England/Public Health LBM	Children's Trust Board
Outcome 1.2 - All children and young people have good emotional wellbeing and resilience						
Action	**Indicator**	**Baseline**	**Target 2018**	**Reporting cycle**	**Lead Officer**	**Governance Lead**
Undertake a review of all (Tier 1-3) CAMH services across Merton, developing and improving pathways and links across partner agencies to improve joint working and transition across services. Through commissioning and performance management of Tier 2 and 3 services, ensure that those children at greatest risk of developing mental health problems	Integrated CAMHS pathways in place, reduced waiting times from referral	No CAMHS Strategy	Integrated CAMHS pathways embedded and average waiting times from referral < 5 weeks	Quarterly	CCG/LBM	Children's Trust Board

have access to prompt and appropriate assessment and intervention. (Tier 2 & 3).						
Outcome 1.3 - Children and young people make healthy lifestyle choices						
Action	**Indicator**	**Baseline**	**Target**	**Reporting cycle**	**Lead Officer**	**Governance Lead**
Review National Child Measurement Programme (NCMP) data to ensure full understanding of inequalities and inform effective targeting of services. Re-commission Tier 2 weight management services and for children and young people, including a focus on prevention. Ensure effective prevention programmes are delivered, focusing on schools in the east of the Borough, and the most at risk cohort between 5-10 years.	1.3.1 Excess Weight in 10-11 year olds	36.4% 2013/14	35.7%	Annual	Public Health -LBM	Children's Trust Board
	1.3.2 Gap between % of 10-11 year olds with obesity weight between east and west Merton	6.2% 2010/11-2012/13	6%	Annual	Public Health -LBM	
Outcome 1.4 - Children and young people fulfil their educational potential						
Action	**Indicator**	**Baseline**	**Target**	**Reporting cycle**	**Lead Officer**	**Governance Lead**
Promote and deliver children centre services that focus on families living in deprivation and those less likely to engage, to enhance school readiness. Increase the uptake of free quality 2	1.4.1 Gap between % of Pupil premium children achieving a good level of development in early Years	13.1% (2013/14)	Tbc* indicator is due to change, further work required to define target	Annual	CSF - LBM	Children's Trust Board

year nursery places as part of the 'disadvantaged children' offer. Develop clear referral and support pathways for children identified with Special Educational needs (SEN) in early years settings Work with early years settings and schools through support and challenge to ensure the pupil premium is used effectively to raise children's achievement	Foundation stage and children not eligible for pupil premium		measure.			
	1.4.2 Gap in % children achieving 5 GCSE's a-c including English and maths between pupil premium children and children not eligible for pupil premium	24.8% (2009/10-2013/14)	20%	Annual	CSF -LBM	Children's Trust Board

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

Outcome 2.1: **A prevention strategy will set the framework to embed prevention into local public policy and make health everyone's business to ensure that every contact counts and that influences on health make a positive impact**						
Action	**Indicator**	**Baseline**	**Target**	**Reporting cycle**	**Lead Officer**	**Governance Lead**
Train frontline staff across Merton (council, CCG, GP, fire, police, voluntary sector and other partners) to become health champions, enabling them to understand and apply their role in prevention and signpost to relevant services	No. frontline staff trained as health champions within HWB partner organisations	0	Y1: 100 staff trained	Quarterly	LBM Public Health/ MCCG/ HWB	HWB
Develop a prevention strategy to include consideration of: • Role of frontline staff across HWB partners in prevention. • Embedding prevention in local public policy.	Jointly owned HWB Prevention Strategy developed.	N/A	Prevention Strategy in place	Annual	DPH	HWB

Outcome 2.2 **Settings across the borough where people spend their time, including workplaces, schools and high streets are healthier and enable individuals to make healthy choices.**						
Action	**Indicator**	**Baseline**	**Target**	**Reporting cycle**	**Lead Officer**	**Governance Lead**
Promote healthy workplace schemes with employers in the borough	Number/% of employers delivering healthy workplace schemes and / or signed up to the London Healthy Workplace Charter • SMEs (<250 employees) • Larger (>250)	 0 1	TBC (once healthy workplace outreach mobilised)	Annual	LBM Public Health	HWB
Implement the GLA Healthy Workplace Charter in LBM	Action plan developed by LBM Workplace Steering Group based around the 8 LHWC themes	'Commitment' level	Action plan agreed	Annual	LBM Public Health	HWB
	Council sickness absence rates	9.92 days lost per FTE (2014/5) 9.29 days lost per FTE (2013/4)	8.0 days lost per FTE[4]	Annual	LBM Public Health	HWB
Work with planning and licensing to promote healthy high streets	• Statement of Licensing Policy explicitly	N/A (review	SLP includes	Annual	LBM Public Health /	HWB

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

• Ensure the review of the Statement of Licensing Policy (SLP) explicitly considers health and wellbeing. • Develop a best practice approach for health input to planning	considers health and wellbeing.	of SLP being undertaken in 2015/16)	HWB		E&R	
	• Gap in alcohol-related harm (Standardised Admission Ratio) between east and west	31.7[5]	TBC (25 by 2018)	Annual	LBM Public Health	HWB
	• Public Health process for responding to planning applications developed	N/A	Process developed and implemented	Annual	LBM Public Health	HWB
Develop a pilot in Pollards Hill to test approaches to deliver this HWB strategy	• Build on Living Street audit to engage community organisations and residents to agree joint action plan • Deliver activities and monitor delivery through a community oversight group	N/A	Pollards Hill community working together with formal sector partners to improve community	Annual	LBM Public Health/ Commonside Community Development Trust	HWB

[5] East Merton SAR: 101.44; West Merton SAR: 69.78

Outcome 2.3 **Adults make healthy lifestyle choices, including taking up clinical prevention services.**						
Action	**Indicator**	**Baseline**	**Target**	**Reporting cycle**	**Lead Officer**	**Governance Lead**
Implement coordinated Tier 1, Tier 2 and Tier 3 healthy lifestyle and healthy weight programme, fully integrated with healthy eating/ physical activity programmes in the borough	Service commissioned with single point of access The percentage of obese residents who achieve a 5% weight loss	N/A N/A	Service in place by April 2016 N/A in first year	Annual Annual	LBM PH LBM PH	HWB HWB
Support food establishments, particularly fast food outlets, to deliver healthier options	No./% eligible food outlets signed up to Healthy Catering Commitments	TBC (audit planned in 2015)	Y1: 20 outlets	Annual	LBM PH / E&R	HWB
Develop a food partnership to improve coordinated action on all aspects of the food environment in Merton	Food network or partnership set up	0	Food partnership in place	Annual	LBM Public Health	Sustainable Communities Partnership
	Action plan or charter developed and agreed by network	0	Charter agreed	Annual	LBM Public Health	Sustainable Communities Partnership
Conduct independent assessment against the PHE physical activity strategy and explore opportunities/findings	Assessment undertaken and recommendations agreed to address inequalities in provision / access	N/A	Assessment completed, recommendations agreed	Annual	LBM PH	HWB
	PHOF 1.16 people using outdoor space for exercise / health reasons	15.0 (Mar 2013-Feb 2014)	15/16: 16 16/17: 18 17/18: 20	Annual	LBM PH	HWB

	PHOF 2.13 Percentage of active and inactive adults - inactive adults	2012: 31.5 2013: 24/2	15/16: 22 16/17: 20 17/18: 18	Annual	LBM PH	HWB
Improve uptake of smoking cessation services by: • Undertaking insight analysis around attitudes towards smoking cessation by smokers, ex-smokers and professionals • Use insight to increase referrals from health and non-health partners (GPs, pharmacies, frontline staff) and target outreach using appropriate comms messages	Insight completed, pilot implemented, action plan agreed	N/A	Insight completed	Annual	LBM Public Health	HWB
	Smoking prevalence – adults (18+) (PHOF 2.14)	2013: 13.9	2015: 12.7 2016: 12.0 2017: 11.3 2018: 10.6	Annual	LBM Public Health	HWB
Work with Responsible Authorities to promote a sensible and safe drinking environment in Merton	PHOF 2.18 Alcohol-related admissions to hospital	502 (2012/13)	15/16: N/A 16/17: 469 17/18: 458	Annual	LBM PH / E&R	HWB
	Regular Responsible Authorities meetings	N/A	Meetings held bi-monthly	Annual	LBM PH	HWB
Develop an alcohol strategy working across prevention to rehabilitation closer to home	Alcohol strategy developed	N/A	Strategy completed	Annual	LBM PH	HWB
Increase alcohol prevention in primary care through IBA targeted in areas with highest risk drinkers	Number alcohol IBA conducted	0	TBC	Annual	LBM PH	HWB
Conduct Health Needs Assessment to identify non-Class A drug users (e.g. uses of 'legal highs') and develop actions to address risk behaviour	Conduct HNA and develop action plan	N/A	HNA completed	Annual	LBM PH	HWB
Improving testing/screening and links between commissioned sexual	Increase uptake of Hep B, Hep C and HIV and other	TBC (DOMES	Y1: 10% improveme	Annual	LBM PH	HWB

heath and substance misuse services.	testing in clients of substance misuse services	system currently down)	nt on baseline			
Clinical prevention –initiatives to increase screening for cancers starting with bowel screening: ACE Cancer Screening pilot	Pilot developed, implemented and evaluated • Number of GP Practices participating in the pilot • Percentage of patients sent a bowel screening test (FOBT) and did not submit the test, who were engaged through the pilot	N/A N/A N/A	15 GP Practices 80% of patients Pilot developed, implemente d and evaluated	Quarterly	LBM PH and MCCG	HWBB
Health Facilitation and Promotion provided Community Nurses in LBM Learning Disability service	A range of Health facilitation and promotion activities delivered to support people with learning disabilities	0	Range of activities and support in place	Annual	LBM Learning Disability Service	HWB

Outcome 2.4 **Improving access to Mental Health services through integrated locality working, resulting in improved parity of esteem.**						
Action	**Indicator**	**Baseline**	**Target**	**Reporting cycle**	**Lead Officer**	**Governanc e Lead**
Building on the successful implementation of localities as part	• Mental Health clearly reflected in the Merton		For year 1 the	Annual	MCCG	HWB

of the Better Care Fund, develop a programme of mental health integrated pathways in Merton localities, starting with East Merton where the highest levels of inequalities in mental health are evidenced, improve waiting times for referral to treatment where the primary and secondary diagnosis is mental health and a physical condition or vice-versa and reducing the number of contacts with services that mental health patients have (Right Care, Right Place, Right time), and align commissioning processes to deliver more coordinated patient outcomes in mental health	Integration Programme governance at all appropriate levels. • Patient experience • Implementation of mental health key workers in multi-disciplinary teams (MDTs) • Mental health specific integrated care pathways developed • Baseline waiting times • Subsequent waiting times • Before and after comparisons of the number of contacts • Maintenance or the reductions in the number of contacts		process objectives are the baseline			
Align commissioning processes to deliver more coordinated patient outcomes in mental health (e.g. through the Mental Health Transformation Board)	TBC		For year 1 the process objectives are the baseline	Annual	MCCG	HWB

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

Action	Indicator	Baseline	Target	Reporting cycle	Lead Officer	Governance
Develop model of care for East Merton - that responds to East Merton health and wellbeing needs will be ready and implementation underway. A Proactive GP pilot will influence development of the model, which will seek to embed prevention and to move care out of expensive acute settings to primary and community settings where disease can be diagnosed earlier and managed by the patient and/or their GP or other primary care provider. London Borough of Merton Adult Social Care will support the co-designing of the East Merton Model of Care and ensure that an integrated East Merton Locality is is part of the East Merton Model of Care.	Model of care developed and plan in place to with resources to deliver actions.	N/A	Model of care developed and plan in place with resources to deliver actions	Annual	LBM Public Health	HWB
Deliver Proactive GP pilot in GP practices in E Merton and feed lessons into development of E Merton model of care	Pilot developed, implemented and evaluated	N/A	Pilot developed, implemented and evaluated	Annual	MCCG / LBM Public Health	HWB

Priority Theme 3: Life skills, lifelong learning and good work

Outcome 3.1 – Reduce the number of JSA claimants at Mitcham JCP to 1.6% of total residents and ESA claimants to 5k			

Action	**Indicator**	**Baseline**	**Target**	**Reporting cycle**	**Lead Officer**	**Governance Lead**
Refresh the Employment and Skills Action Plan for 2015-2017	Completed document	Plan ready by February 2015	Completed document by June 2015	Annually	S Williams	Sustainable Communities and Transport Partnership
Work with Jobcentre Plus through a partnership agreement to reduce the number of claimants of job seekers allowance by 2017	Labour Market Bulletin	As of Nov 2014 JSA count is 2375 (1.7% of working population)	1.6% By 2016/17	Figures are provided monthly from JCP (NOMIS)	FutureMerton	SCTP
Work with Jobcentre Plus through a partnership agreement to reduce the number of claimants of Employment Support Allowance (ESA) and Incapacity Benefit (IB) by 2017	Labour Market Bulletin	As of May 2014 5160 people were claiming ESA/IB	5000 (1 year)	Figures are provided monthly from JCP (NOMIS)	FutureMerton	SCTP
People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation	ASCOF 1E. Proportion of adults with a learning disability in paid employment	50 residents engaged in IT and 150 residents engaged in employability skills	18 people with a Learning Disability per year into permanent paid employment	Annual	Andy Ottaway-Searle	HWB

Outcome 3.2 - Support residents through targeted initiatives a. to improve their soft skills and b. to deliver skills in growth sectors with the intention of 50 job outcomes per annum						
Action	**Indicator**	**Baseline**	**Target**	**Reporting**	**Lead**	**Governance**

				cycle	Officer	Lead
Deliver a programme of training through the Economic Well Being Group and the 2015 Employment and Skills Action Plan	2-5 programmes of training per year	100 residents in IT 200 residents in employability skills	To exceed baseline	ITT in Feb/Mar 2015 Award contracts by May/June 2015 Delivery over 12 months	J Ogunade	Sustainable Communities and Transport Partnership

Outcome 3.3 Create 160 jobs in Merton by assisting business start ups and growth of existing businesses enabling local unemployed to access the new jobs created.						
Action	**Indicator**	**Baseline**	**Target**	**Reporting cycle**	**Lead Officer**	**Governance Lead**
Deliver a programme of business forums throughout the year as part of the Economic Development Strategy Support Programme (EDSS)	6 forums per year	120 businesses	360 businesses over 3 years	Every 6 months	S Williams	SCTP
Work with employers through the Merton Business Support Programme (MBSS)	Number of businesses who participate in the programme	120 businesses	360 businesses over 3 years	Every 6 months	E Osei	SCTP
Work with employers to "Take One" young person either through a traineeship, apprenticeship , work experience or into employment	No of apprenticeships/ traineeships in post	100 pa	300 over 3 years	Quarterly or annually	S Williams	SCTP

Outcome 3.4 - Provide opportunities for more people to make a positive contribution to their own wellbeing through access to adult learning and development of skills.			

Action	Indicator	Baseline	Target	Reporting cycle	Lead Officer	Governance Lead
Bridging the adult skills gap – increased participation in adult education programmes among those living in disadvantaged wards	Enrolment numbers	Current figures: 36% of learners on qualifications live in a disadvantaged ward 27% of learners on non-qualification courses in a disadvantaged ward	Increase in enrolment and qualification achieved	Annual academic year	Y Tomlin	SCTP
Employability - Percentage of participants that went into employment after attending an adult education course	%	Current figures: 11% including self employment	Increased number of employed	Annually	Y Tomlin	SCTP
Increase number of ESOL students, using health theme materials	Number of ESOL students	60	240		LBM Public Health	HWB

Priority Theme 4: Community Participation and Feeling Safe

Outcome 4.1 Increase volunteering in the borough						
Action	**Indicator**	**Baseline**	**Target**	**Reporting cycle**	**Lead Officer**	**Governance Lead**
Refresh Merton Partnership Volunteering Strategy for 2015-17,	Resident's Survey volunteering participation.	20% 2014	21% from 2015 Residents Survey 22% 2016 23% 2017	Annually	Head of Policy & Partnerships - LBM	Merton Partnership Executive Board
Residents who require extra support to volunteer e.g. with disabilities, long term health conditions, mental health problems, 16-18 year olds, and the long term unemployed are supported to volunteer	MVSC Statistics	800 2014/5	900 for 2015/6 900 2016/17 900 2017/18 subject to end of year reviews	Annually	Head of Volunteering – MVSC	MVSC Board of Trustees
Residents are able to easily identify volunteer opportunities and approach organisations	MVSC Statistics	1000 2014/5	1,200 for 2015/6 1,200	Annually	Head of Volunteering – MVSC	MVSC Board of Trustees

			2016/17 1,200 2017/18 subject to end of year reviews			
New web based portal for volunteering and community action developed and launched	New system up and running	No portal in place	Portal fully active and promoted	Annually	Head of Volunteering – MVSC	Merton Partnership Executive Board
Recruit volunteers to support LBM Adult Social Care Staff: Merton's Direct Provision day services actively recruit volunteers to work with staff supporting customers to participate in a range of activities	Number of volunteers recruited		Target figure of 40 volunteers by 2017	Annually	Andy Ottaway-Searle	HWB

Outcome 4.2 Sustainable voluntary and community organisations partner with the public sector to strengthen community capacity and cohesion.						
Action	**Indicator**	**Baseline**	**Target**	**Reporting cycle**	**Lead Officer**	**Governance Lead**
Workshops on specific funding opportunities delivered	Workshops delivered Groups participating	2 workshops delivered 10 groups participating	Double activity across these areas 2015/16 4 workshops	6 monthly	Head of Development & Funding Advice – MVSC	MVSC Board of Trustees

			10 groups 2016/17 4 workshops 10 groups 2017/18 4 workshops 10 groups			
Increase in finance levered into Merton for health and wellbeing activities within the voluntary & community sector in the east of the borough	Value of finance levered in	£100,000	£125,000 2015/16 £125,000 2016/17 £125,000 2017/18	Annually	Head of Development & Funding Advice – MVSC	MVSC Board of Trustees
Organisational health checks of small community groups in East of borough conducted	Health checks completed	0	21 2015/16 21 2016/17 21 2017/18	Annually	Head of Development & Funding Advice – MVSC	Director of Public Health
Capacity building support and training delivered to community organisations in the east of the borough	Number of groups supported	8	21 groups supported 2015/16 21 groups supported 2016/17	6 monthly	Head of Development & Funding Advice – MVSC	Director of Public Health

			21 groups supported 2017/18			
New small groups forum developed to enable greater partnership between groups and public sector organisations	Forums delivered	0	2 forums 2015/16 2 forums 2016/17 2 forums 2017/18	6 monthly	Head of Development & Funding Advice – MVSC	Director of Public Health
Support collaborative and partnership bids from community groups for work linked to public health agenda	Number of partnership bids submitted	1	2 2015/16 – no guaranteed funding 2016-18	Annually	Head of Development & Funding Advice – MVSC	Director of Public Health
Community Health Champions trained and supported	Qualified Health Champions working in the community	8	12	6 monthly	Health Champions Project Worker – MVSC	Director of Public Health
Review and refresh of Community Cohesion Strategy	Community Cohesion Strategy		Completion Community Cohesion Strategy delivered	Annually	Head of Policy & Partnerships - LBM	Merton Partnership Executive Board

Outcome 4.3 People remain independent or regain independence as far as possible after reablement						
Action	**Indicator**	**Baseline**	**Target**	**Reporting cycle**	**Lead Officer**	**Governance Lead**
Ensuring that the right people receive reablement services	ASCOF 2D. The outcomes of short-term services: sequel to service	This is a brand new service, so we currently have 12 clients on the books. However, we aim to increase this as the service evolves	25 clients	Monthly	Director of Housing and Community Care	
Enable adults with mental illness to live as independently as possible.	ASCOF 1H. Proportion of adults in contact with secondary mental health services living independently, with or without support			Monthly	Director of Housing and Community Care	
Improve the provision of mental health peer support services for adults				Monthly	Director of Housing and Community Care	

Outcome 4.4 People feel safer through tackling both crime and fear of crime						
Action	**Indicator**	**Baseline**	**Target**	**Reporting cycle**	**Lead Officer**	**Governance Lead**
Metropolitan Police to work with partners through Local Multi-Agency Problem Solving Panels to put measures in place to improve perceptions of crime and ASB.	Perception of crime measured through The Public Attitude Survey and Resident's Survey	75% of residents surveyed think that police in Merton do a good job.	76% 2015/16 78% 2016/17 80% 2017/18	Quarterly	Chief Inspector Partnership, MPS	Merton Safer and Stronger Executive Board
Metropolitan Police to maximise usage of community messaging and social media to promote perceptions of safety in Merton	Number of contacts for Merton on Neighbourhood Link community messaging service. Number of followers on Twitter.	Neighbourhood Link contacts - 18,000 Twitter followers - 6,400	Neighbourhood Link contacts - 20,000 Twitter followers - 7,500	Annually	Chief Inspector Partnership, MPS	Merton Safer and Stronger Executive Board

Outcome 4.5 Causes of crime are addressed through a place based approach in three hotspot areas identified through the Vulnerable Localities Index						
Action	**Indicator**	**Baseline**	**Target**	**Reporting cycle**	**Lead Officer**	**Governanc e Lead**
Metropolitan Police to work with partners through Local Multi-Agency Problem Solving Panels to deliver bespoke action plans to reduce crime and fear of crime in three hotspot areas identified through the Vulnerable Localities Index	Action plans agreed and delivery of outcomes through LMAPs.	Total crime in ward areas 6 months before interventions.	5% decrease in specific ward area 6 months after intervention	Varies as per intervention	Chief Inspector Partnership, MPS	Merton Safer and Stronger Executive Board

Outcome 4.5 People remain independent or regain independence as far as possible after reablement						
Action	**Indicator**	**Baseline**	**Target**	**Reporting cycle**	**Lead Officer**	**Governance Lead**
Ensuring that the right people receive reablement services	ASCOF 2D. The outcomes of short-term services: sequel to service	This is a brand new service, so we currently have 12 clients on the books. However, we aim to increase this as the service evolves	25 clients	Monthly	Director of Housing and Community Care	HWB
Improve the provision of mental health peer support services for adults- Pilot Project	Pilot developed, implemented and evaluated	N/A	Pilot developed, implemented and evaluated	Annual	Director of Housing and Community Care	HWB

Priority Theme 5: A good natural and built environment

Outcome 5.1: Positive health and wellbeing outcomes are embedded within major developments as a condition of granting planning permission in Merton.						
Action	**Indicator**	**Baseline**	**Target**	**Reporting cycle**	**Lead Officer**	**Governance Lead**
Undertake Health Impact Assessments for masterplans and significant planning applications in accordance with the Mayor's Social Infrastructure SPG	Every masterplan and significant planning application will have a HIA.	0	100% of significant developments and masterplans	Annually each June for the previous financial year	Future Merton / Public Health	Future Merton / Public Health

Outcome 5.2 – Promotion of collective energy switching programmes leads to reduced fuel poverty for Merton's residents.						
Action	**Indicator**	**Baseline**	**Target**	**Reporting cycle**	**Lead Officer**	**Governance Lead**
Promote and facilitate the Big London Energy Switch in Merton	That Merton will enable residents, especially those without internet access, to access collective energy switching programmes	25 households participate per action.	Increased participation of 10% annually	Annually	Future Merton	Future Merton

Outcome 5.3 – Increased number of trees in parks leads to reductions in pollution in Merton.						
Action	**Indicator**	**Baseline**	**Target**	**Reporting cycle**	**Lead Officer**	**Governance Lead**
Increased tree planting and increasing tree canopy cover across the borough.	Canopy cover surveys of LBM managed trees and woodland	Aerial photography surveys indicate 5.5%(5.9%) to 6.5%(6.9%) tree cover by LBM managed trees and woodland (2012/14)	3 percentage increase in LBM managed tree canopy cover	3 years depending on availability of aerial imagery	Greenspaces Arboriculture	Sustainable Communities

Outcome 5.4 – Residents have greater access to quality private sector housing.						
Action	**Indicator**	**Baseline**	**Trajectory**	**Reporting cycle**	**Lead Officer**	**Governance Lead**
Analyse the Building Research Establishment (BRE) data to determine the total number of licensable HMOs to help protect those vulnerable residents.		0	Analysis complete		Environmental Housing	Sustainable Communities

Commence licensing the unlicensed HMOs identified from the BRE survey data	% unlicensed HMOs	0	80%			
Use the BRE data to analyse the possibility of additional or selective licensing in part or all of the borough, with the intention of improving the standard of those HMOs that are outside the criteria of the mandatory scheme (i.e. less than 3 storeys and/ or with fewer than 5 residents).		N/A	Analysis complete			
Encourage landlords to license their HMOs, but where necessary, to seek to prosecute all landlords who refuse to license their HMOs.						