Merton Council

JOINT CONSULTATIVE COMMITTEE WITH ETHNIC MINORITY ORGANISATIONS AGENDA

Membership

Councillors Edith Macaulay (Chair), Stan Anderson, Laxmi Attawar, Logie Lohendran and Krystal Miller

Ethnic Minority Organisations

African Educational Cultural & Health Organisation (AECHO)	Revd Mrs H Neale
Deputy	Ms E Idienumah
Ahmadiyya Muslim Association	Mr S Ahmad
Asian Diabetic Support & Awareness Group	Mrs N. Shah
Asian Elderly Group of Merton	Mr M S Sheikh
Asian Youth Association	Mr T Hassan
Bangladeshi Association of Merton	Mr. N. Islam
Deputy	Mr J Choudhurry
Bengali Association of Merton	Mr M Rahman
Deputy	
Bengali Women's Association of Merton	Mrs M Ahmed
British Muslim Association of Merton	Mr I Rizvi
Ethnic Minority Centre	Mr A Savage
Euro Bangla Federation	
Deputy	Mr Q Anwar
London South West Chinese Community Association	Ms L Saltoon
Merton African Organisation	Mr C J Lusack
Merton Somali Community	Mr A. Ali
Merton Unity Network	Ms P Anderson
Mitcham Filipino British Association	Ms A Colquhoun
Deputy	Ms C Batallones
Morden Citizen's Advice Bureau	Ms F Poku
Pakistan Cultural Association of Merton & Wandsworth	Mr M A Shah
Pakistan Welfare Association	Mr S U Sheikh
Deputy	Mr H Ejaz
Positive Network	Ms G Salmon
South London Somali Community Association	Mr A Musse
South London Tamil Welfare Group	Dr P Arumugaraasah
Victim Support Merton and Sutton	Ms D Moseley
Wimbledon Mosque	Mr I Khan

A meeting of the Joint Consultative Committee with Ethnic Minority Organisations will be held on **12 December 2012** commencing at **7.15 pm** at **Merton Civic Centre, London Road, Morden,** in **the Council Chamber.**

This is a public meeting and attendance by the public is encouraged and welcomed. For more information about the agenda and the decision making process contact the Policy, Strategy and Partnerships Team by email at diversity@merton.gov.uk or telephone 020 8545 3156 / 4637.

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JCC with Ethnic Minority Organisations Agenda
26 September 2012

Future meeting dates: 20 March 2013

[1] Councillors and co-opted members who have a personal or prejudicial interest in relation to any item on this agenda are asked to complete a declaration form and hand it to the Democratic Services Officer. Forms, together with a summary of guidance on making declarations of interest, will be available around the meeting table. If further clarification is needed members are advised to refer to "The Code of Conduct – Guide for members May 2007" issued by Standards for England, which will be available at the meeting if needed.

JOINT CONSULTATIVE COMMITTEE WITH ETHNIC MINORITY ORGANISATIONS
26 SEPTEMBER 2012

TIME: 7.15 to 9.15

PRESENT: Councillors Councillor Edith Macauley (Chair), Laxmi Attawar, Mr Savage, Mr S Vukalic, Mr Islam, Dr Arumugarassah, Mr Rahman, Ms Anderson,

ALSO PRESENT: Councillors Agatha Akyigyina, Nick Draper
Evereth Willis, Equality and Community Cohesion Officer
Chief Inspector Mark Lawrence,
Eula Valentine
Mr Hall,
Sue Neville- Merton Priory Homes Community Development Manager
Angela Chu – LBM Housing Strategy Manager

1 DECLARATIONS OF INTEREST

No declarations were made.

APOLOGIES FOR ABSENCE, Councillor Millier, Mr S.U.Sheikh (Vice-Chair), Mr Rizvi, Revd Mrs Neale, Mr M.S. Sheikh, Mrs Colqhoun

Councillor Macauley led a minute's silence as a tribute for the late Mr Karim who was the JCC's vice-chair and for the two female police officers that were killed in Manchester.

2 MINUTES OF THE MEETING HELD 01 November 2011

RESOLVED: That the minutes of the meeting are agreed as an accurate record of the meeting.

3 MATTERS ARISING

The following corrections to the minutes were noted:

Councillor Attawar's name is mis-spelt

Page 2 should read, " One in four suspects have been charged for robbery."

RESOLVED: The minutes were approved

4 BAME Strategic Plan

Patricia Anderson presented a progress update of the BAME Strategic Plan. She gave the history of the development of the first plan in 2006 and informed the meeting that Mr Karim had been involved. The plan was established to be a legacy.

The plan was refreshed in 2010 and is the only one of its type in the country. The plan was developed through a thorough consultation process that involved representatives from partner agencies. It is being aligned with existing structures.

Appendix A sets of the report sets out the priorities for 2012/13. Ms Anderson stressed that the JCC is an important mechanism for contributing to policy and service development. Frustrations were expressed about the initial slow progress to deliver the plan's commitments. Ms Anderson reported that meetings have been held with Children, Schools and Families and Community and Housing and Partnership Boards.

The Stronger Communities Board has given a positive response by looking at the priorities and committing to some of them.

Patricia expressed concern that hate crime is not a priority for Safer Merton but is captured in the police statistics. She commented that the Safer and Stronger thematic board's priorities of burglary, robbery, anti-social behaviour, domestic violence and alcohol did not have a specific BME perspective.

There was a question about the representation of the BME community on the strategic partnership boards. It was noted that there is some representation but the issues discussed at the board meetings are not specific to the BME community.

Concern was expressed that a lot of the plan has not been accomplished and a plea was made to the Chair for the plan to be delivered.

A seminar was held in March to choose the key priorities for 2012/13. Patricia reported that although the implementation of the plan has been slow, some progress has been made. For instance the JCC reports on police statistics and the police have regular community meetings.

Concern was also expressed about issues such as parental involvement, employment skills and health. It was acknowledged that the JCC should be asked to comment on wider issues and it was suggested that all agencies should be invited to the meeting.

It was felt that the JCC should be used more effectively to give it a voice in the

5 CRIME STATISTICS

Chief Inspector Mark Lawrence presented the crime statistics. He stressed that the BAME Strategic Plan is relevant, appropriate and meets needs and the police want to support the plan. CI Lawrence stated that he was seeking views on third party reporting.

He gave an update on the Metropolitan Police changes. There has been a change in delivery with the emphasis being on having more frontline police officers and sargents – the final policing model is awaited.

In terms of hate crime the Borough Commander was the Metropolitan Police lead and takes these crimes very seriously. Also the Independent Advisory Group (IAG) is a mechanism by which the community feeds into critical incidents.

There has been a reduction in the number of stop and searches and this has had a positive effect on relations with the BME community and young People.

The police continue to be relentless on robbery and consequently16 warrants for drug offences were executed in one day.

Generally there continues to be a decrease in crime, there has been a 24% reduction in robbery, gun crime is negligible and there has been a reduction in knife crime; this year there has been79 crimes. The reduction is largely due to the partnership work to reduce youth crime.

There have been 348 less victims this year. Racist and religious offences are reduced 18% and off the reported incidents most were racially aggravated. Racially motivated offences is low.

CI Lawrence gave an example of an Asian family who were victims of racial abuse and attacks on their vehicle. The Safer Neighbourhood team gave excellent support, including technical support by installing CCTV. The police treat these crimes seriously and thoroughly investigate cases. It was stressed that people need to be encouraged to have the confidence to report these crimes.

The CI mentioned the concern about the increase in fraud and commented that communities need to be aware. Credit card fraud was given as an example. He urged people to ignore emails and some post and stressed the need for vigilance.

Burglary may increase as the nights get darker and everyone needs to be vigilant. The Abbey Ward statistics need to be monitored.

CI Lawrence asked how could the police disseminate information to local communities? Community Safe has 3000 households on its contact list, but twitter

and Merton Connected is also used for information is also used

A question was asked about criminals from South America committing crime and then leaving the country. The incidents have reduced but is still an issue.

CI Lawrence was asked how much training do Police officers receive about mental health? He replied that other than Training School, training is limited, however, Steve Murphy is going to roll out training over the next three months.

A further question was asked about whether an IAG representative could attend the JCC. The CI replied that there is a need to encourage the reporting of crime. He concluded by stating that the information flow between the police and housing providers has improved.

The police was commended for the good work in Mitcham.

RESOLVED:

6 Housing Strategy

Councillor introduced the item and informed the meeting that this is the first housing strategy that has been produced since the housing stock transfer. The council's role has now changed from control to persuasion. He stressed that the changes in the national policy is affecting the local strategy.

The delivery of the strategy will be measured through the achievement of commitments in the action plan. Councillor Draper gave details of priority 2.1 in the action plan – to have no more than 87 homeless households at anyone time and stressed that this may be a challenge.

The strategy is a guide to the council's intention. The Councillor stated that the JCC needed to keep challenging the figures and quality of service and work with the council.

The Localism Act presents a particular challenges and it is not known how it will affect residents and BME community in particular.

Angela Chu informed the meeting that input was required from the BME community. The BAME Strategic Plan is good and the housing team had input but need to reengage.

Angela asked how the JCC wants to council to engage? It was suggested that outreach work be done. Angela further commented that there was no strong BME representation on the delivery strategy.

Patricia stated that there were innovative ways to working to contribute to the framework and involving the community.

8. Community Fund – Sue Neville

Sue Neville gave an overview of the Community Fund which was a transfer promise to spend £1 million over 5 years to benefit Merton Priory Homes residents and the communities they live in. The fund has three elements:

- The empowering communities is a smaller programme with grants up to £3000 available twice a year May and September
- Creating sustainability is larger annual grant programme for up to 3 years with grants up to £10,000 available
- The one off legacy grant programme is a 2-year grant programme from April 2013 to March 2015 and closes in November 2012

The community fund's objectives were agreed before the transfer and were developed with residents and stakeholders. The objectives are outlined below:
•Children and Young People
•Economic Well-Being

–Jobs and Training

–Financial Inclusion

•Local Environment

•Community Cohesion or "Bringing People Together"

•Neighbourhood Working

•Health and Well-Being

Following a review in February 2012 the health and well-being objective was added.

Sue outlined discussed some of the challenges that small groups often face when they try to get funding. She gave details of the support that MPH offers. Since March 2012 45 groups were given support to apply for funding. Workshops are being held in October to give pre-application support.

Since 2010 the community fund has given 80 grants 25% were to BAME specific groups and 12% were to Disability specific organisations.

In 2011/126572 people have accessed community funded projects the end-of-year monitoring showed the following:
•41% of participants indicated their ethnicity to be BAME
•10% of participants said they had a disability

•31% of participants were children or young people

•28% of participants were older people

Clarity was sought about the deadlines for application and how to successfully apply for funding.

Sue explained that the applications had to arrive by the deadline date, which is always widely published. MPH sends the deadline dates and details of the application process to Merton Unity Network, the Council and also uses Twitter.

It was suggested that the timescales for applying for the grants should be communicated more effectively. Sue confirmed that this is done and that applications for the empowering communities are open in May and September and the sustainability fund opens in November.

Sue confirmed that unsuccessful applicants are given the reason for the grant being refused. There is no appeal process but a broad reason is given in the letter that is sent to the applicant. Also the applicant is invited to come and see officers to share the comments from the funding panel.

A number of representatives expressed concerns about the lack of publicity and were frustrated that some groups were being repeatedly turned down. A representative asked how does MPH give support to groups so that they get some funding before the grant programme finishes?

Sue stressed that the most effective thing to do is to seek feedback and that to be successful groups needed to meet the funding criteria in their applications. The grants are only available to organisations.

MPH is also delivering the Neighbourhood Renewal Strategy action plans and some of the activity includes employment and training.

Sue concluded that the grant process gives everyone the opportunity to apply based on the funding objectives. Sue undertook to provide further information that could be circulated to the JCC members.

RESOLVED: Sue to provide Evereth with further information about the funding that can be circulated to the JCC members.

9. Equality Objectives – refreshing he Equality Strategy

Evereth outlined that the Corporate Equality Scheme expires at the end of March and she has started work on producing a draft Equality Strategy that will be in place for April 2013. She outlined that the new strategy will have a themed approach and has following five high level objectives:

- Tackling Inequality
- Service Access and opportunity
- Improving engagement and empowerment
- Promoting community cohesion
- Workforce Development

Evereth asked for volunteers to participate in a focus group to contribute to the strategy. There were no volunteers and Evereth undertook to write to the JCC separately on the matter.

RESOLVED: Evereth to contact the JCC to seek representatives to attend a focus group meeting.

10. ANY OTHER BUSINESS

Eula informed the meeting that the Sickle Cell and Thalassaemia organisation has successfully secured funding from MPH for an Advocacy training programme.

Councillor Macauley commended the late Mr Karim for all his hard work over the years and expressed her appreciation of his great contribution to the council. Mr Karim made a difference. Condolences and best wishes were extended to his family.

A memorial service will be held on 21 October at Merton Hall at 3.00 pm.

Councillor Macaulay stated that the election of a new Vice-Chair would take place at the next JCC meeting.

RESOLVED: Elect a new Vice-Chair at the next meeting (12 December)

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Committee: Joint Consultative Committee with Ethnic Minority Organisations

Date: 12 December 2012

Agenda item:

Wards: All

Subject:

Lead officer: James McGinlay, Head of Sustainable Communities

Lead member: Councillor Andrew Judge, Cabinet Member for Environmental Sustainability and Regeneration

Forward Plan reference number:

Contact officer: Sara Williams, futureMerton (sara.williams@merton.gov.uk)

Recommendations:

That the Joint Consultative Committee with Ethnic Minority Organisations:

A. Encourages member organisations to support the delivery and implementation of the refreshed Economic Development Strategy 2012, the emerging Employment and Skills Action Plan and the aims of the Economic Well Being Sub-Group.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. To update the JCC on the creation of a refreshed Economic Development Strategy (EDS) 2012 and emerging Employment and Training Action Plan.

1.2. To request that the JCC consider ways that the Economic Well Being Sub Group of the Sustainable Communities and Transport Partnership can engage with ethnic minority organisations to reach residents that can be supported into employment and with training and skills development.

2 DETAILS

2.1 The 2010 Economic Development Strategy (EDS) set out a 20 year plan based on data from 2008. Due to the recession and the availability of more up to date information on Merton's economy it was felt necessary to review Merton's economy from 2008. The findings are shown in the Economic Narrative that accompanies the EDS Refresh of 2012. The 20 year plan is still very relevant but the Refresh has been produced to deliver short term actions (2012-2015) to tackle the current recession.

2.2 Some of the key new evidence that shaped the direction of the refreshed EDS includes:

- The lack of new job growth in the borough for nearly a decade despite an average London job increase of 4.1%.

- The forecast of between 4,000 and 8,000 jobs to be created within the next 10 years[1].
- The jobs and business opportunities presented by future physical development and investments in the borough in Merton's emerging Growth Strategy.
- The recognised weakness in the boroughs business base, relating low start-up and survival rates, over representation of micro-businesses (a vast majority employing less than 4 staff) and fewer medium and large companies in the local economy as well as lower business turnover compared to the rest of London.
- The marked increase in local unemployment, particularly youth unemployment and increased number of young people 'Not in Employment, Education or Training' (NEET).
- The continuing economic divide between the more affluent west and the poorer east of the borough and the need to address this widening divide.
- The changes in funding for employment, skills and business support infrastructure through the governments austerity measures.

2.3 The EDS identified six 'Components for Growth' to support Merton's economy. This included the need to reduce unemployment and recommended an Employment and Training Action Plan for the borough. The Action Plan is currently being prepared and will be available in Early 2013.

2.4 The Action Plan relies on partnership working and so as part of the delivery and implementation there is a newly formed Economic Well Being (EWB) Sub group of the Sustainable Communities and Transport Partnership. The core partner's include Job Centre Plus, Merton Adult Education, Merton Chamber of Commerce, Commonside Trust, Grenfell Housing, Merton Priory Homes, MOAT, Merton Housing Strategy, Merton Human Resources, futureMerton, Volunteer Centre Merton and Children, Schools and Families representatives.

2.5 The aim of the EWB Group is to deliver better frontline services but also to build strong links between suppliers and providers of skills training and employment and to monitor delivery of the Employment and Training Action Plan. The EWB would want to be able to reach all community groups and feel that the JCC will provide support in the engagement with BME residents in Merton.

3 ALTERNATIVE OPTIONS

3.1 None

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. The project coordinator is undertaking consultation with numerous voluntary and community groups and local employers.

[1] The GLA projection anticipates an additional 4,000 jobs between 2011 and 2021, whilst the Oxford Economics projects forecasts an additional 8,000 jobs between 2010 and 2020

5 TIMETABLE

5.1 The EDS and Employment and Training Action Plan is a programme of activity for 2012 to 2015.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1 The EDS will be delivered through funding from reserves, approved at Cabinet on 22 October 2012.

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. None

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. Pledging support to the Employment and Training Action Plan and the EWB Sub Group will assist in delivery of the action plan to BME groups across the borough.

9 CRIME AND DISORDER IMPLICATIONS

9.1. None specific, however it is recognised that economic well being has links to health and to crime. It is hoped that creating employment and opportunities for residents will reduce the risk of crime and disorder in the borough.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. None.

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

11.1 None.

12 BACKGROUND PAPERS

12.1 Economic Development Strategy Refresh can be viewed here:
http://www.merton.gov.uk/democratic_services/w-agendas/w-fpreports/1183.pdf

13 CONTACTS

• REPORT AUTHOR

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Committee: Joint Consultative Committee with Ethnic Minority Organisations
Date: 12 December 2012

Agenda item:
Wards: All

Subject: Shadow Health and Wellbeing Board Draft Health and Wellbeing Strategy

Lead officer: Simon Williams, Director Community and Housing
Lead Partner: Merton Shadow Health and Wellbeing Board
Lead member: Councillor Linda Kirby, Cabinet Member for Adult Social Care and Health
Forward Plan reference number:
Contact officer: Julia Groom, Joint Consultant in Public Health

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Recommendations:

That the Joint Consultative Committee with Ethnic Minority Organisations**:**

A. Note the draft Merton Health and Wellbeing Strategy and the public consultation and engagement programme.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 From April 2013 the Health and Wellbeing Board will become a statutory body, Merton Clinical Commissioning Group will be commissioning the majority of NHS services for the people of Merton and public health responsibilities will transfer to the Council. These changes provide new opportunities to tackle health inequalities. The draft Merton Health and Wellbeing Strategy has been developed to take advantage of these opportunities and takes a broad view of health to address the wider determinants of good health and wellbeing

The Strategy has been developed by a partnership of the Council, Merton Clinical Commissioning Group, NHS SW London and the voluntary sector. It builds on existing strategies and is informed specifically by the Joint Strategic Needs Assessment (JSNA)

1.2 Health and wellbeing strategies will be statutory documents for all local authorities from April 2013 and will be important in informing the commissioning of health and social care services The Merton HWB Strategy will provide the focus for the partnership work of Merton Health and Wellbeing Board and determine its core areas of influence.

1.3 The Health and Wellbeing Strategy will link closely to the Community Plan and to thematic partnerships of the LSP. A detailed Delivery Plan is being produced for each of the Priority Themes by lead delivery

groups. This will be monitored and evaluated by the Health and Wellbeing Board through 2013/14.

1.4 The Health and Wellbeing Strategy has recently been out to public consultation. The engagement programme for the Strategy was wide ranging and gave stakeholders, voluntary and community groups and local people the opportunity to get involved and give their views.

2. BACKGROUND

2.1 The Health and Social Care Act 2012 requires all local authorities to establish a Health and Wellbeing Board (HWB) which from 1 April 2013 will be statutory. It will be a statutory duty for each HWB to produce a Joint Strategic Needs Assessment (JSNA) and a Health and Wellbeing Strategy based on the evidence of the JSNA.

2.2 This first Merton draft Health and Wellbeing Strategy has been developed by a task and finish group of the shadow Health and Wellbeing Board including partners from the Council, Merton Clinical Commissioning Group, public health, NHS South West London and the voluntary sector, reflecting the requirement that the strategy is the joint responsibility of all members of the Board.

3. DETAILS

Merton Health and Wellbeing Strategy will provide a focus for the integrated work which the HWB must promote and must inform the Merton Clinical Commissioning Group and local authority commissioning plans from 2013.

The full draft Health and Wellbeing Strategy is attached to this report and is also available at http://www.mertonpartnership.org/mp-home/mp-themes/health_and_wellbeing_strategy_2012.doc.

Key parts of the Strategy include:

3.1 Vision

The vision for the Health and Wellbeing Strategy is:
By working with communities and residents, to increase the opportunities for all adults and children to enjoy a healthy and fulfilling life and reduce health inequalities

3.2 Core Principles

A set of core principles have been agreed that will underpin the strategy and provide the foundation through which it will be delivered.

- Supporting everyone to take greater responsibility for their health and wellbeing
- Encouraging everyone to make a personal contribution
- Raising aspirations
- Focus on tackling the worst inequalities in health and wellbeing

- Promoting equalities and diversity.
- Working in partnership to achieve more

3.3 Health and Wellbeing Priority themes

Four draft priority themes based on the evidence of local needs, local assets and existing strategies have been established. The Priority Themes are set out in the diagram below (which is also on P17 of the draft strategy) with their core draft outcomes, delivery lead and draft principles and enablers.

3.4 Links to JCC with Ethnic Minority Organisations

The priorities in the draft Health and Wellbeing Strategy have significant links to the work of Joint Consultative Committee. The need to address inequality in health and wellbeing is a core, cross cutting theme of the Strategy. The need to focus on tackling the worst inequalities in health and wellbeing and to promote equalities and diversity are both listed as core principles of the Strategy.

The Equalities Strategy was reported to the November meeting of the Health and Wellbeing Board and it was agreed that this and the Health and Wellbeing Strategy should link, specifically in terms of their respective delivery plans. A short life task group is also to be set up to consider the BAME Strategic Plan actions relating to health and wellbeing also linking to the delivery of the Equalities Strategy.

Merton Health and Wellbeing Strategy Draft Priority Themes			
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**
Draft Outcomes			
Ensure every baby has the best start in life. Promote and improve the personal, social and mental wellbeing of our children and young people and their parents. Promote and increase the proportion of healthy weight children and young people Enable and increase the number of young people making healthy life choices	Promote and deliver an integrated approach to health and wellbeing Increase the proportion of people achieving a healthy weight and participating in the recommended levels of physical activity Reduce the prevalence of people smoking Promote sensible drinking, reduce alcohol related harm and harm from substance misuse Improve sexual health and access to services.	Improve health related quality of life for people with long term conditions Enable people with dementia and their carers to have access to good quality, early diagnosis and support. Ensure people with mental health issues have access to timely assessment, diagnosis, treatment and long term support Deliver timely access to good quality diagnosis, treatment and care in the most appropriate location. Improve the preferred place of care and death for those who need end of life care services. Enable people to stay in their own home as long as possible.	Reduce poverty and increase income through economic development. Improve wellbeing through safer communities and community cohesion. Increase volunteering and make best use of local assets including parks, schools and leisure centres to promote wellbeing. More people make a positive contribution to their own wellbeing through access to learning and development of skills. Build a healthy environment including access to housing, local amenities and activities. Improve community connectedness, improve independence and resilience of local communities.
Delivery Lead			
Children's Trust	**Healthy Living Delivery Group**	**One Merton Group**	**Sustainable Communities Partnership**

Draft Principles		
Taking greater responsibility for personal health and wellbeing	Encouraging everyone to make a personal contribution	Raising aspirations
Promoting equalities and diversity	Focus on tackling the worst inequalities in health and wellbeing	Working in partnership to achieve more
Draft Enablers		
Workforce development	New technologies and IT infrastructure	Performance monitoring /metrics
Communication	Information and intelligence	

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1 The development of the draft Health and Wellbeing Strategy has involved key partners through the Health and Wellbeing Board and the task and finish group with representatives of Merton CCG, all Council departments, public health NHS South West London and the voluntary sector.

4.2 The consultation and engagement programme was wide ranging and gave stakeholders, voluntary and community groups, and local people the opportunity to be involved

4.3 Full details of the consultation programme are attached to this report in Appendix 1. The programme included liaison with a range of stakeholders, reporting to partnership groups, a special LINk community event and an on-line questionnaire. Though officially closed any comments from the members of the Joint Consultative Committee are still welcome and will be considered.

5 TIMETABLE

5.1 The table below sets out the timescale in finalising the Health and Wellbeing Strategy.

Date	**Activity**
October – December 2012	Consultation and engagement with stakeholders, residents and communities.
October – January 2012	Development and agreement of detailed Delivery Plans by lead group for each Priority Theme
December/January 2013	Analysis of consultation findings and input to revised final Health and Wellbeing Strategy
January/February 2013	Produce refreshed Merton JSNA 2013
5 February 2013	Health and Wellbeing Strategy reported to shadow Health and Wellbeing Board to be ratified and reported within all partner organisations.
18 February 2013	Health and Wellbeing Strategy reported to Cabinet.
April 2013	Statutory status - implementation of plans

5.2 The process for production of a full Health and Wellbeing Strategy and enhanced JSNA will become a statutory duty from April 2013. This initial Strategy is proposed to cover 2013/14. An updated Strategy will then be prepared building on this one and learning from experience.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1 N/A

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. It will be a statutory requirement from 1 April 2013 for each local authority to have a Health and Wellbeing Board and for each Board to have a Health and Wellbeing Strategy

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. The Health and Wellbeing Strategy is based on a vision to address health inequalities in Merton.

9 CRIME AND DISORDER IMPLICATIONS

9.1. The Health and Wellbeing Strategy considers the impact of crime and disorder as a wider determinant of health

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. N/A

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

Appendix 1 Draft Health and Wellbeing Strategy Consultation and Engagement Programme
Appendix II Draft Health and Wellbeing Strategy 2013/14

8. BACKGROUND PAPERS

Merton Draft Health and Wellbeing Strategy 2013/14
http://www.mertonpartnership.org/mp-home/mp-themes/health_and_wellbeing_strategy_2012.doc.

9. CONTACT OFFICERS
REPORT AUTHOR

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Appendix 1
Health and Wellbeing Strategy Engagement and Consultation Plan
October – December 2012

Partner Engagement	Purpose	Timescale
HWB		
Health and Wellbeing Board	HWB to agree Draft Health and Wellbeing Strategy for consultation	11 September 2012
Health and Wellbeing Board	Final Health and Wellbeing Strategy	5 February 2013
Council		
CMT	Chief Executive and Directors to agree Draft Health and Wellbeing Strategy for consultation	25 September 2012
Leaders Strategy Group	Cabinet to agree Draft Health and Wellbeing Strategy for consultation (by email by agreement)	September 2012
Healthier Communities and Older People Overview & Scrutiny	Special OSC Panel to consider draft Health and Wellbeing Strategy	20 November 2012
Safer and Stronger Communities Group	Consider Health and Wellbeing Strategy and ensure links to Safer and Stronger Strategy Group	28 November 2012
Children's Trust	Consider Health and Wellbeing Strategy and ensure links to Children's Trust	5 October 2012
Sustainable Communities and Transport	Consider Health and Wellbeing Strategy and ensure links to Sustainable Communities and Transport	6 December 2012
Merton Partnership Executive Board	Health and Wellbeing Strategy	27 November 2012
Merton Joint Consultative Committee	Consider Health and Wellbeing Strategy and ensure links	12 December 2012
Merton Partnership Newsletter	Article to outline Health and Wellbeing Strategy with link to on-line questionnaire	Deadline 23 October 2012
LBM Cabinet	Agree final Health and Wellbeing Strategy	18 February 2013
Clinical		
MCCG Executive Board	Consider and agree draft Health and Wellbeing Strategy	Oct-December 2012
GP Member's Forum	Consider and support Health and Wellbeing Strategy	Oct-December 2012
NHS Provider Trusts – by letter	Build awareness of Health and Wellbeing Strategy and links to provision through	Oct-December 2012

	letter and strategy to: Royal Marsden Hospital Trust Epsom and St Hellier South West London and St George's	
NHS SW London Newsletter	Outline draft Health and Wellbeing Strategy and link to on-line questionnaire	Oct/Nov 2012
Merton CCG Newsletter	On-line newsletter and website article to outline Health and Wellbeing Strategy with link to on-line survey	Oct/Nov 2012
Voluntary sector		
LINkS event	Half day conference focussing on partnership delivery of Health and Wellbeing Strategy organised by MVSC	21 November 2012
Interfaith Forum – by letter	Input to Health and Wellbeing Strategy by mailing	Oct/December 2012
Merton Connected	Article to outline Health and Wellbeing Strategy with link to on-line questionnaire	Oct/November 2012
Community Engagement		
Annual Residents Survey	Annual Survey in autumn. Opportunity to engage on strategy as well as gather baseline data on wellbeing which can be measured year on year. Includes young people's survey	Oct/November 2012
On-line survey	On-line open questionnaire to consider Health and Wellbeing Strategy hosted on LBM consultation hub. www.merton.gov.uk/consultations	Oct-December 2012
Social network dialogue	Twitter Facebook	Oct-December 2012
LBM Website	Links to on-line questionnaire as 'hot topic'	October 2012
Media and publications	Engagement/promotion in local press - opportunity for articles to highlight Strategy and work of the Board and signpost to on-line survey TBC	October 2012 and on-going
Joint consultation with Community Plan	Questions on Health and Wellbeing Strategy to be included in broader Community Plan consultation at community forums and other groups	Oct-December 2012

II

Merton Health and Wellbeing Strategy 2013/14

Draft for Consultation

'Working in partnership to increase opportunities for all to enjoy a healthy and fulfilling life and reduce health inequalities'

Strategy of Merton's Shadow Health and Wellbeing Board

Draft V.6. / October 2012

Contents

1. Introduction

In Merton residents are generally healthy and health outcomes are largely in line with, or above, the England average. However there remain stark differences in health between areas. Most strikingly there is a gap in life expectancy of nearly nine years for men, and over eleven years for women, between the least and the most deprived wards of Merton.

Our draft strategy aims to help residents improve their health and wellbeing by identifying key priorities for improvement. These are based on evidence in our Joint Strategic Needs Assessment, what can be done to address them and what outcomes are intended to achieve. These priorities will underpin commissioning plans and other agreements to undertake action together, in order to make the greatest impact across the health and social care system and wider Council and partner responsibilities.

The new Health and Wellbeing Strategy is the mechanism by which Merton Health and Wellbeing Board will establish preventative priorities, address identified needs and set out agreed outcomes for collective action by our commissioners. Our shadow Health and Wellbeing Board is a partnership of local Councillors, officers of the Council, Merton Clinical Commissioning Group, HealthWatch and representatives of the health and voluntary sector. Through better integration of service planning and service provision the Health and Wellbeing Board will avoid duplication and increase efficiency and quality of services for residents, whilst maximising use of resources.

This draft strategy has been produced fairly rapidly in order to provide a framework for wider consultation and engagement in Autumn 2012. It will provide a foundation on which to base further developments in 2013/14 and beyond, incorporating feedback from the consultation and engagement.

A detailed Delivery Plan will be developed with specific goals, actions and expected achievements to meet the outcomes once finalised.

2. Vision and Principles

Our vision is:

By working with communities and residents, to increase the opportunities for all adults and children to enjoy a healthy and fulfilling life and reduce health inequalities.

What do we mean by 'Health and Wellbeing'?

The World Health Organisation defines 'health' as:

> 'a complete state of physical, mental and social wellbeing, not merely the absence of disease or infirmity'

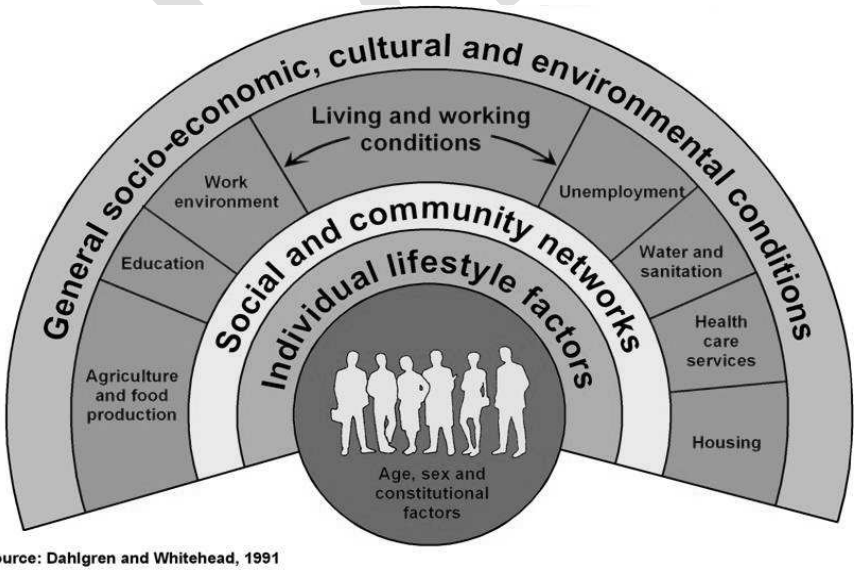
This definition implies that health is a positive concept to which government, public sector, community and voluntary groups, business and individuals can all contribute.

The Department of Health has defined 'wellbeing' as:

> 'a positive state of mind and body, feeling safe and ability to cope, with a sense of connection with people, communities and the wider environment'

Health is influenced strongly by our age, gender and genetic makeup, and our lifestyles. However other factors are also important. Education, housing, work, crime, the environment, income and access to resources all have a part to play in our health, so improvements in all of these factors are important to improve the heath of a population over time.

Diagram 1 illustrates the wider factors that impact on health and wellbeing.



Source: Dahlgren and Whitehead, 1991

Five Ways to Wellbeing

Individual wellbeing is about how people experience their quality of life, and includes family relationships, financial situation, work, community and friends, health, personal freedoms and personal values. Resilience is the ability of individuals and communities to cope positively with change, challenge and adversity. Five factors have been identified as key in achieving mental wellbeing and resilience:

- **Be active** - Participating in regular physical activity has been shown to improve both your mental and physical health.
- **Connect** - Building good relationships with those around you (friends, family, colleagues and community) will help to support you, improve your self-worth and enrich your life.
- **Give** - Helping others can make you feel good about yourself. This can be anything from a small act of kindness to volunteering at a local community centre or service.
- **Keep Learning** - Learning a new skill can build your confidence and enhance your sense of achievement. It can also be a great way to meet new people.
- **Take notice** - Taking the time out to think about yourself and what is going on around you can give you the opportunity to de-stress and recharge your batteries.

Core Principles

It is important that our Health and Wellbeing Strategy is underpinned by core principles that all partners on the Health and Wellbeing Board are signed up to. These have been agreed as:

- Supporting everyone to take greater responsibility for their health and wellbeing
- Encouraging everyone to make a personal contribution
- Raising aspirations
- Focusing on tackling the worst inequalities in health and wellbeing
- Promoting equalities and diversity
- Working in partnership to achieve more

3. Assets and Enablers

Merton shadow Health and Wellbeing Board recognises that only by working together and building on the resources we have locally we can work to make the changes needed to give residents a healthier Merton. Merton has a continuing commitment to its community based resources including libraries, children's centres and community centres. Assets we have in Merton which can help build a healthier population include:

- 26 General Practices with family doctors and practice nurses as well as pharmacies, dental practices and health centres
- 43 Primary schools, eight secondary schools, three special schools, one Pupil Referral Unit and 11 children's centres
- Seven Libraries
- Three Leisure Centres and a range of sports facilities
- Over 65 parks and open spaces (including Wimbledon and Mitcham commons), 28 conservation areas, 11 nature reserves and 17 allotment sites
- A strong and diverse voluntary sector supported by the Compact
- 7 Community centres and a wide range of places of worship
- Community groups and neighbourhood activity

These are just examples of the array of assets in Merton. Further information about assets and services in local neighbourhoods throughout Merton is available at

http://www.merton.gov.uk/community-living/areas-wards.htm

Enablers are the capabilities and resources that contribute to success. We have identified the following enablers to help ensure that this strategy is effective in delivering outcomes:

- Workforce development across all partners
- New technologies and IT infrastructure
- Information and intelligence
- Performance monitoring/metrics
- Communication

4. Scope and Purpose

The Merton Health and Wellbeing Strategy sets out our approach to improving the health and wellbeing of children and adults in Merton and reducing health inequalities.

The strategy works along side:

- Merton's Children and Young People's Plan
- Merton Community Plan
- Merton's Core Strategy
- Merton's BAME Strategic Plan
- Merton Clinical Commissioning Group Business Plan
- LB Merton Commissioning Plans
- The Safer Merton Partnership plan

For 2013 the strategy includes identified priorities based on the Joint Strategic Needs Assessment, performance management and those common to core partner organisations. It will provide a foundation on which to base further developments from 2013, incorporating feedback from wider consultation and engagement.

We will prioritise the issues requiring the greatest attention, not trying to do everything at once, and focusing on key areas that can make the biggest difference.

5. Context

National Context

The Health and Social Care Act 2012 fundamentally impacts on the way in which public health, health services and social care are delivered. It creates new organisations, structures and accountabilities with significant responsibilities moving from the Department of Health to the new NHS Commissioning Board.

Groups of GP practices and other professionals have formed Clinical Commissioning Groups (CCGs) which are seeking authorisation to commission health services. The newly established Merton CCG has been a partner in developing this Joint Health and Wellbeing Strategy. The legislation also creates a health specific economic regulator and moves all NHS trusts to foundation trust status

The Act creates Health and Wellbeing Boards (HWBs) which have a core role in encouraging joined-up commissioning across the NHS, social care, public health and other local partners. HWBs full statutory responsibilities will be in place by April 2013 but a Shadow Health and Wellbeing Board is already working in Merton and has steered this strategy.

The Healthy Lives, Healthy People White Paper 2010 sets out the Government's long term vision for the future of public health in England. It includes responsibility for public health transferring from the NHS to local authorities and Merton Council will have new statutory powers and a public health budget by 2013.

The changes link to Fair Society, Healthy Lives 2010 which reported Professor Sir Michael Marmot's analysis of health inequalities in the UK. The Marmot 'six priorities for action' offer a way of considering a total response to health needs. Social infrastructure impacts on deprivation which is the breeding ground for poor health; supporting community activity can improve people's confidence and resilience; positive behaviours keep people healthy. Appendix 2 sets out an illustration of the causal pathway of this relationship between social inequality and health inequality.

Wider Government legislation including the Welfare Reform Act 2012 will inevitably impact on factors which can determine health including housing and income, whilst the Localism Act 2011 links to opportunities to build on existing work with the voluntary sector to address health inequalities.

Local Context

Merton Clinical Commissioning Group (MCCG) is operating in shadow form while it develops to full authorisation to commission health services. It has worked closely in the development of this strategy and its commissioning intentions are closely aligned with this strategy.

Public health will become the responsibility of Merton Council in 2013 and a Director of Public Health for Merton will be appointed. This is an opportunity to strengthen how Council services impact on the determinants of health and there is also scope for increasing community capacity to support health and wellbeing through prevention and self care initiatives. The Public Health Team has worked in partnership with Merton Council for a number of years and the transfer of responsibilities to the local authority will help build a public health movement through engagement with a wider variety of organisations, professionals and decision makers.

This approach also builds on the work of Merton voluntary sector Compact and increases capacity and capability; addressing health knowledge and skills within local communities, across the wider workforce and in leadership of the Council, MCCG and other local organisations.

Providing effective services which meet the needs of our community is challenging. Both the Council and the NHS are facing a highly challenging financial position in the short and medium term. This involves delivering significant savings, whilst demand for services, particularly from those most vulnerable in our society, continues to increase.

Partners are experiencing significant budgetary pressure while operating in an environment of rising expectations and demand for high quality services. Demand for health and social care services is expected to rise due to demographic changes and this increases the pressures on finite resources.

Better Services, Better Value is the review of health services in South West London which is currently underway. Doctors, from hospitals and general practices, alongside patient representatives, are leading six clinical working groups to look at the following areas:

- Planned care
- Urgent, unscheduled and emergency care
- Maternity and newborn care
- Children's services
- Long-term conditions
- End of life care

As well as health professionals looking at these areas in depth, there has also been a wide engagement programme involving partners, patients and their representatives. Public consultation on proposals is due to begin in autumn 2012.

Better Healthcare Closer to Home (BHCH) is a programme that seeks to reshape health services in Sutton and Merton to provide healthcare designed around the needs of the local people by:

- Improving outcomes for patients
- Providing more care locally
- Tackling health inequalities
- Meeting changing demographic and healthcare needs
- Modernising estates
- Using resources more efficiently

BHCH proposes to meet its objectives through the development of local care centres (LCCs) at the old Nelson hospital site and in Mitcham to provide a wide range of improved outpatient, minor procedure and diagnostic services in a local setting. It also includes expansion of intermediate and post-acute care services, doubling of support for home-based intermediate and post-acute care services and development of a more flexible procurement model for intermediate care.

Local evidence and the direction of national policy highlights that partnership working between primary care, local authorities and the third sector to deliver effective prevention and early intervention services can bring important benefits including increasing quality and reducing costs.

We have achieved much together in partnership in Merton to deliver Merton's Healthier Communities strategy 2009-2012. The time is now right to take health and wellbeing forward to a new level. Based on existing work, but seeking to fully engage with all those with a contribution to make – in the public sector, voluntary and community sector and local businesses.

It also means involving local communities better in improving their own health. This approach will serve to develop the capability and capacity of the Merton Health and Wellbeing Board to provide a good foundation for Merton's future health.

6. Health and Wellbeing in Merton

The Joint Strategic Needs Assessment (JSNA) provides a picture of health and wellbeing for Merton. It provides a basis of sound evidence for the planning and funding of local services. It includes an overview of health and wellbeing needs and links to other in-depth needs assessments where available. It is accessible on line at: www.mertonjsna.org.uk. The JSNA draws out the most important challenges to our residents:

Population growth and changes to our population

Merton has a resident population of approximately 200,000 according to the results of the latest 2011 census, with a younger population profile than England. There have been significant changes to the demographics of the population in Merton over the past decade, most noticeably the increasing birth rate, which has increased by 39% between 2002 and 2010. As well as the increase in population size, the age profile is rising and by 2021 the number of over 65 year olds is predicted to increase by 15.3%.

Local communities have become more diverse over the last ten years, and it is estimated that overall 27% of the population are from Black, Asian and Minority Ethnic groups, with emerging new Polish and Tamil communities in the borough. Health inequalities exist both between and within ethnic groups and it is important to understand the different needs of all our communities so that when help is needed, we can ensure people can access the right services at the right time to meet their needs.

Health inequalities

Overall Merton health outcomes are among the best in London, and largely in line with the England average, for example life expectancy for men is 80.5 years and for women is 83.8 years. However, there are stark differences between different areas and life expectancy is nearly 9 years lower for men and 11 years lower for women in the most deprived areas (ward level) in east Merton than the least deprived areas in the west of the borough. Although overall deprivation has reduced across Merton, these health inequalities reflect the gap in multiple deprivation between east and west Merton.

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Children and young people

Around 22% of the population of Merton are under the age of 20. Around 61% of school children are from a black or minority ethnic group. The health and wellbeing of children in Merton is generally better than the England average, however inequalities remain, for example although deprivation is lower than the England average, about 7,400 children still live in poverty.

What a child experiences during the early years lays the foundations for the whole of their lives. Merton has a significantly lower level of babies with low birth weight (6.6%) compared with the regional profile (7.5%), but again there is variation at ward level, ranging from 3.7% in Village to 8.8% in Longthornton.

Breastfeeding is an effective way of ensuring child health and in 2011-12 over 82% of mothers initiated breastfeeding when their baby was born, and by 6-8 weeks after birth 69% of mothers were continuing to breastfeed. Immunisation is a very effective means of preventing infectious disease with protective benefits both for individuals and the community. In Merton the uptake of childhood immunisations is below the 95% that would be ideal, and is also generally lower than the London and England rates, and measures are being implemented to address this locally.

Obesity continues to be a national and local challenge. The National Child Measurement Programme results for 2010/11 show that nearly 1 in 5 Reception Year children are categorised as overweight or obese, and this rises to over a third of Year 6 children. 58% of children and young people participate in 3 hours of sport or more, which is above the national average.

There are strong links between emotional wellbeing of children and young people and their personal and social development and educational performance. Through the TellUs 4 survey 52% of young people in Merton perceive that they are emotionally healthy compared to 56% nationally. Rates of mental health admissions to hospital among 0-17 year olds is at 102.5 per 100,000 population, which is below the national and London averages.

Teenage pregnancy rates remain relatively low; with a 40.4% reduction in under 18 conception rates since 1998. Work continues to emphasise prevention, for example through the development of a standardised condom distribution scheme and the provision of easily accessible sex and relationship advice.

Hospital admission rates (under 18 year olds) for alcohol specific conditions, at 47 per 100,000 are well below national averages, and less young people reported having been drunk in Merton than nationally. Admissions specifically related to substance misuse for young people (15 – 24 years) are also well below regional and national rates, at 25.1 per 100,000 and this was again reflected in what young people told us in the ‘Tellus’ survey.

Lifestyle risks for adults

Lifestyle choices have a significant impact on current and future health and wellbeing of our residents and remain a significant challenge in Merton. It is estimated that nearly 1 in 5 adults are obese, but in some areas in the east of the borough this rises to nearly a third of adults. Overweight and obesity is associated with deprivation and costs the NHS in Merton about £50 million each year. Levels of physical activity in Merton are lower than regional and national averages, with only 1 in 10 adults taking part in enough physical activity to benefit their health. Overall it is estimated that just over 16% of adults are smokers in Merton, however in some areas in the east of the borough up to 24% of adults are estimated to smoke.

Although the estimated level of binge drinking in Merton is lower than the London average, the estimated levels of drinking at 'increasing risk' is higher than the London average. Evidence suggests that higher risk drinking is evident across both deprived and affluent areas of Merton. The rate of alcohol specific hospital admissions increased between 2008 and 2010, but is still below the London average. It is estimated that overall 5,024 people aged 18 to 64 are dependent on drugs, with most dependence on cannabis (PANSI - Protecting Adult Needs Service Information). It is estimated that there are 1,029 crack and opiate users in the borough (NDTMS -National Drug Treatment Monitoring System).

Sexual health priorities in Merton include reducing the late diagnoses of HIV, which made up 36% of all diagnoses in 2009; increasing access to contraception and access to sexually transmitted infection testing and maintaining coverage of Chlamydia testing. Sexual health is a fundamental right for the whole population, but inequalities exist in Merton, which is consistent with national evidence which show that women, men who have sex with men (MSM), young people (aged 25 and under) and people from BME (black and minority ethnic) communities are disproportionately affected by poor sexual health.

Local research into attitudes to healthy living among adults in Merton, including residents in east Merton wards, told us that the most important health behaviour was 'keeping happy' followed by 'not feeling stressed'. This shows the importance of good mental well being to residents. Residents seem to 'know the what, but not the how' and wanted support to make lifestyle changes.

Main causes of poor health and death

The way we live our lives can have a very significant impact on future health and wellbeing. Cancer, circulatory diseases, diabetes and respiratory diseases are the main diseases present in Merton. Cancers and circulatory disease remain the main causes of death. However deaths from cancer and circulatory disease in people aged under 75, many of which are potentially preventable, have reduced over the past 10 years. Only deaths from respiratory disease have shown a slight increase in

this age group. However, in line with the gap in life expectancy and lifestyle risks, there remains a gap in the rate of deaths from these causes between east and west Merton.

Mental ill-health includes conditions on a spectrum ranging from those almost entirely managed in Primary Care to conditions that are almost exclusively managed by specialists. Mental ill-health can be both the cause and the consequence of social exclusion leading to a cycle of homelessness, unemployment, and worsening physical and mental health. In Merton it is estimated that about 13,500 people of working age experience depression and/or anxiety, and Merton ranks 21 out 33 London boroughs for prevalence of depression/anxiety, where 1 is the highest.

Dementia is by far the biggest mental health issue for people over the age of 65 and this increases with age, with 68% of all people with dementia aged over 80 years. In Merton the prevalence of dementia in the older population is 5.2% for men and 7.3% for women (2007).

With an ageing population we are facing an increasing number of people needing support in their last days of life. For people approaching the end of their lives, as well as for carers, families and friends having a choice in where they receive care is important. A national survey indicated that 57% of respondents would prefer to die at home, for Merton less than 17% of deaths occurred in the home (2007-2009), however, this position is improving with 35% of deaths now in usual place of residence.

Our Living Environment – the wider determinants of health

The quality of the physical environment, the services that people receive and the connections that they make with each other all contribute to community resilience and the ability of neighbourhoods to be inclusive and care for everyone who lives there. The Council and its partners have a strong influence over certain aspects of our immediate environment: the air we breathe; the condition of living accommodation; our economic circumstances; and our sense of personal security. Addressing the wider determinants of health will create an environment which maximises the potential for healthy choices.

Being in good employment is generally protective to health, and people who are unemployed have higher rates of limiting long term illness, cardiovascular disease and health problems. In Merton, 3,960 people claimed Jobseekers Allowance (August 2011), 2.7% of the resident population aged 16-64 years. The percentage of claimants is lower than the London (4.4%) and Great Britain (3.9%) levels, but is concentrated in east of the borough.

Merton has the lowest number of accepted homeless households amongst all London boroughs. However, there is high level of housing needs amongst Merton residents. Merton's Housing Needs Survey identified a need to develop an additional

1,848 affordable homes per year between 2005 and 2010 if all housing need in the borough were to be met. The 2010 Merton Strategic Housing Market Assessment showed that across Merton, around 17.2% of households are unsuitably housed, equivalent to 13,860 households (including owner-occupiers), with much of the unsuitable housing being in the east of the borough.

Areas such as alcohol related disorder in town centres, anti-social behaviour, burglary and robbery are consistently highlighted by residents through survey activity as a cause for concern. Local consultation found that there has been an increase in residents believing that levels of anti social behaviour have not changed, although the residents survey showed an increase which may reflect the civic unrest of Summer 2011. There were 749 reported domestic violence offences in 2011, and there has been a reduction in Merton over the past three years, however, it should be noted that domestic violence is generally underreported.

7. Setting Priorities

Priorities have been set through a health and wellbeing prioritisation model that involves an explicit process.

Step One
A review of Joint Strategic Needs Assessment and wider evidence of health and wellbeing.

Step Two
A review of prioritised need against agreed criteria (this is widely used set from King's Fund framework):

- Is this an issue which affects a significant proportion of the population?
- Is this an issue which significantly affects vulnerable groups?
- Is this issue a significant contributor to inequalities in health and wellbeing?
- Is there evidence of unmet need?
- Is the need likely to increase if there is no intervention?

Step Three
Prioritisation results were reviewed and decisions made on the basis of the outcome of the process.

8. Our Priority Themes

Informed by our Joint Strategic Needs Assessment and the steps set out to establish key priorities we have identified four priority themes to achieve our vision:

By working with communities and residents, to increase the opportunities for all adults and children to enjoy a healthy and fulfilling life and reduce health inequalities

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 and wellbeing as independently as possible

Priority 4 Improving wellbeing, resilience and connectedness

The diagram below sets out the four priority themes with key outcomes, delivery leads, core principles and enablers.

Merton Health and Wellbeing Strategy			
Draft Priority Themes			
Giving every child a healthy start	**Supporting people to improve their health and wellbeing**	**Enabling people to manage their own health and wellbeing as independently as possible**	**Improving wellbeing, resilience and connectedness**
Draft Outcomes			
Ensure every baby has the best start in life. Promote and improve the personal, social and mental wellbeing of our children and young people and their parents. Promote and increase the proportion of healthy weight children and young people Enable and increase the number of young people making healthy life choices	Promote and deliver an integrated approach to health and wellbeing Increase the proportion of people achieving a healthy weight and participating in the recommended levels of physical activity Reduce the prevalence of people smoking Promote sensible drinking, reduce alcohol related harm and harm from drug misuse Improve sexual health and access to services	Improve health related quality of life for people with long term conditions Enable people with dementia and their carers to have access to good quality, early diagnosis and support. Ensure people with mental health issues have access to timely assessment, diagnosis, treatment and long term support Deliver timely access to good quality diagnosis, treatment and care in the most appropriate location. Increase the preferred place of care and death for those who need end of life care services. Enable people to stay in their own home as long as possible.	Reduce poverty and increase income through economic development. Improve wellbeing through safer communities and community cohesion. Increase volunteering and make best use of local assets including parks, schools and leisure centres to promote wellbeing. More people make a positive contribution to their own wellbeing through access to learning and development of skills. Build a healthy environment including access to housing, local amenities and activities. Improve community connectedness, improve independence and resilience of local communities.
Delivery Lead			
Children's Trust	**Healthy Living Delivery Group**	**One Merton Group**	**Sustainable Communities Partnership**

Draft Principles		
Taking greater responsibility for personal health and wellbeing	Encouraging everyone to make a personal contribution	Raising aspirations
Promoting equalities and diversity	Focus on tackling the worst inequalities in health and wellbeing	Working in partnership to achieve more
Draft Enablers		
Workforce development	New technologies and IT infrastructure	Performance monitoring /metrics
Communication	Information and intelligence	

Priority 1: Giving every child a healthy start

Why is this important?

We want to give every child the best start in life, as there is compelling and growing evidence that shows what a child experiences during the early years (including before birth), lays down a foundation for the whole of their life. (Marmot Review 2010, Centre for Excellence and Outcomes in Children and Young People's Services 'Grasping the Nettle' 2010). Birth weight is a good measure of infant health, and we know that disadvantaged mothers are more likely to have low birth weight babies. Low birth weight is associated with poor long-term health and educational outcomes. Two of the key factors for low birth weight are maternal smoking and poor nutrition.

Breastfeeding is one of the most effective ways to ensure child health and survival (World Health Organisation), with benefits to babies, (reduction in risk of infections, diabetes, eczema and asthma, obesity) and to mothers (reduction in risk of breast and ovarian cancers, and osteoporosis in later life), as well as helping create a special bond between mother and baby.

The ability to communicate underpins a child's social, emotional and educational development (The Bercow Report, 2008). It is therefore vital that children are given every opportunity to develop early communication skills through positive interactions through their parents or through prompt and early identification of delay, and age-appropriate targeted interventions.

Parents are the most significant influence on children, so it is important that parents can access the support they need to parent effectively. Support may take the shape of antenatal care, postnatal care, support to tackle alcohol and substance misuse, support for specific vulnerable groups (such as teenage parents) or support at specific ages and stages (such as transition from Primary to Secondary School). Evidence-based parenting programmes are a way to help parents better understand the needs and behaviours of their child; supporting them to be the best parents they can be and equipping the whole family with tools that will enable them to build resilience, and lead healthy lives.

Emotional difficulties and mental health problems in children and young people are associated with educational failure, family disruption, offending and anti-social behaviour. Untreated, emotional difficulties and mental health problems create distress, not only in children and young people, but also for their families, carers and the wider community. This can continue into adult life and affect the next generation. Healthy children with high self-esteem learn and behave better. School-based mental health promotion can help to improve self-esteem and reduce risky behaviours.

The teenage years are an important time for making significant life choices and decisions. Aspiration and attainment will frame these choices. Research shows that in early adolescence young people become more sensitive to reward, but it takes much longer before they develop their ability to control impulses, make strategic decisions and develop the ability to understand another persons point of view. These changes in behaviour occur at a time when influence from friends and peers is increasing and reliance on parents and family decreasing. This may help explain why young people are more likely to undertake risky behaviours and demonstrate why young people continue to need support to make healthy life choices (Positive for Youth, 2011).

Where are we now?

Many indicators relating to health outcomes are improving in Merton. Levels of breastfeeding and immunisations are rising. This has been achieved in part through our developing positive partnership relationships, including, the integrated delivery of a range of health initiatives through our 11 Children's Centres, (involving midwives, health visitors, stop smoking service, speech and language therapists), and through the establishment of our integrated service for children with disabilities.

Rates of obesity remain challenging although there has been some reduction in the number of children overweight or obese, in reception year. Progress has also been made in promoting healthy lifestyles with increasing take up of healthy school meals and PE and sport. Merton's new adventure playground has attracted high levels of use.

Partners have been engaged in developing a new emotional well-being strategy, focusing on lower level interventions supported by the re-commissioning of specialist Child and Adolescent Mental Health (CAMH) services, and the development of Targeted Mental Health in Schools.

We have delivered a large number of parenting programmes in Merton, but we know there is scope for better coordination of delivery of these across partner agencies, further improvements in targeting parents, and improvements in the number of parents that complete programmes, ensuring that the right parents get the right support at the right time.

We have been a pilot site for provision of free provision for disadvantaged 2 yr olds, and have introduced early language and communication interventions such as 'Every Child a Talker' (ECAT) and 'Chitter Chatter' in our Early Years settings and Children's Centres. We have continued to narrow the gap in attainment at the end of the Early Years Foundation Stage.

Integrating the commissioning of youth, substance misuse and teenage pregnancy services has improved targeting and value for money of these services. Merton continues to perform well in reducing levels of teenage pregnancy. We now have

the provision of accessible contraception advice, Chlamydia screening, and pregnancy testing for young people through the 'Check It Out' service.

Where do we want to get to?

We want to further strengthen our partnership approach to preventative strategies for health and well being, across all universal services and settings. We want to ensure the earliest identification of health and well being issues, (for example through the roll out of the complete 'Healthy Child Programme'), and through this, better targeting of services to those families that are in greatest need of support.

We want to ensure the workforce is equipped with the skills to:

- Promote healthy life choices
- Identify health issues at the earliest possible opportunity
- Intervene effectively when needed.

Priority 1 Giving Every Child a Healthy Start

Draft Outcomes

1. ***All babies have the best start in life.***
2. ***Promoting the emotional wellbeing of our children and young people***
3. ***Promoting a healthy weight***
4. ***Helping young people to make healthy life choices***

Outcome 1.1: All babies have the best start in life

What we are aiming for:

We want to provide every child with the best start in life, setting a foundation that helps to reduce health inequalities across the life course.

What we need to do:

To achieve this, we need to ensure that parents are supported to give birth to healthy babies by ensuring:

- women (especially younger women) have access to good contraceptive and sexual health services so that pregnancies are planned, and more women choose to have their babies after their teenage years.
- parents-to-be can access good antenatal support that prepares them for parenthood, as well as ensuring the health of mother and baby throughout pregnancy.

We need to continue to work in partnership to ensure the promotion of health initiatives including:

- Breastfeeding,
- Childhood immunisations
- Parenting support including the promotion of our Children's Centre offer, delivery of accredited parenting programmes and targeted support for parent carers of children with disability.
- The Healthy Child Programme.

Strategic Intentions for 2013/14:

- Further develop our partnership approach to targeting services within Children's Centres
- Implement our new Early Intervention Strategy for our most vulnerable families.
- Reviewing our focus on health and well being in our parenting strategy.

Outcome 1.2: Promoting the emotional wellbeing of our children and young people

What we are aiming for

We want children in Merton to enjoy good mental health. We want to see a pro-active approach to child mental health, with provision of prompt support and early interventions to promote good mental health. We want problems addressed at the lowest possible tier of provision by offering a prompt response to service users, families and agencies concerned with children's well-being.

What we need to do:

To achieve this we need to ensure that we work in partnership to build relationships with our vulnerable parents, helping them to develop a warm and stimulating environment so that babies can form secure attachment, and families can become

resilient. We need to identify early and provide the support needed for issues such as:

- Post Natal Depression
- Parental Alcohol and Drug Misuse
- Domestic Violence

We need to continue to promote emotional well being in our children through our Universal Settings such as Children's Centres and Schools through commissioned interventions and through universal delivery such as:

- PSHE (Personal, Social and Health Education)
- SEAL (Social and Emotional Aspects of Learning)

And we need to ensure that these settings are supported in this delivery, and have the skills to identify children that need additional emotional and mental health support.

We need to ensure that those children and young people that have a serious mental health issue/illness have prompt access to specialist assessment and treatment.

Strategic Intentions for 2013/14

- Review and refresh the CAMH Strategy.
- Maintain a sharp focus on the delivery of CAMH services as the lead responsibility for commissioning shifts to the Clinical Commissioning Group.

Outcome 1.3: Promoting a healthy weight

What we are aiming for

We want to tackle childhood obesity and help children and young people achieve a healthy weight as a key way to prevent future illness.

What we need to do:

We need to ensure that we work in partnership to deliver activities and messages that consistently promote and help our babies, toddlers and children to maintain a healthy weight. These may include:

- Children's Centre Activities that promote physical exercise
- The take up of Free School Meals

- Requiring all commissioned and directly provided activities and services to offer healthy food choices and promote healthy eating.
- Promoting and enhancing access to leisure and sport activities for children, young people and families.

We need to continue to monitor our levels of overweight and obesity through increased numbers of eligible children and young people taking part in the National Child Measurement Programme (NCMP), using this information to inform the development of support programmes which:

- Are age-specific
- Deliver a multi-faceted programme that includes healthy eating, exercise and behaviour change.
- Targets specific communities or geographical areas directly linked to the outcome of the NCMP
- Focus on completion and outcomes
- Review, enhance and promote the availability of leisure and sport activities for children, young people and families.

Strategic Intentions for 2013-14

- Close performance management of current commissioned interventions, to ensure continuity of service delivery during transition of public health responsibilities to the local authority.
- Review and re-commissioning of a children and young people's weight management programme to support the National Child Measurement Programme, for commencement in April 2014.

Outcome 1.4: Helping Young People to make Healthy Life Choices

What we are aiming for

We want young people to feel good about themselves, and feel confident and informed to make Healthy Lifestyle Choices as they move into adulthood.

What we need to do:

We need to ensure that our young people and their parents (carers) are fully informed during adolescence, encouraging and supporting them to make healthy life choices. At this time, many young people experiment, sometimes with risky behaviours. The areas of advice need to focus on:

- Sexual health advice including easy access to contraception, advice and information on sexually transmitted infections and pregnancy.
- Drug and Alcohol misuse including the dangers of binge drinking, recreational drugs, signs and symptoms of drug misuse.
- The hazards of smoking.

Alongside this, we need to have sufficient diversionary and positive activities for young people, including volunteering opportunities that will help them develop self-esteem and confidence, and increase their chance of future education and employment opportunities as they move into adulthood.

For those young people that already have issues associated with risk taking behaviours, we need to ensure that they have access to age-appropriate interventions and/or support such as:

- Pregnancy testing, termination advice and counselling, antenatal and postnatal support that includes access back into education, employment, or training (EET)
- 1:1, group work and parenting support for young people and their families to deal with substance and alcohol misuse.
- Smoking cessation services

Strategic Intentions for 2013/14

- Undertake an options appraisal for Young People smoking cessation services, and review future commissioning arrangements.
- Re-commission the substance misuse service.
- Explore the possibilities of commissioning a combined substance misuse, sexual health and smoking cessation service for young people.
- Establish volunteering opportunities for young people in cultural, sport and leisure activities.

Priority 2:

Supporting people to improve their health and wellbeing

Why is this important?

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 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.

Where are we now?

It is estimated that nearly 1 in 5 adults are obese but in some areas in the east of the borough this rises to 29%. Overweight and obesity is associated with deprivation and costs the NHS in Merton about £50 million each year. Levels of physical activity in Merton are lower than regional and national averages, with only 1 in 10 residents taking part in enough physical activity to benefit their health. Tackling obesity is complex having behavioural, genetic, environmental and social factors and promoting healthy weight requires a multi-agency response, including support for families, promotion of healthy food choices, building physical activity into our day to day lives, safe open spaces, promoting walking and cycling, promoting the role of employers and personalised advice and support for individuals. Locally progress has been made on these areas and support for people who are overweight and obese include the LiveWell service and weight management programmes.

Overall it is estimated that 16% of adults are smokers in Merton, however in some areas in the east of the borough up to 24% of adults are estimated to smoke. The impact of smoke free legislation has been positive in reducing exposure to second hand smoke and changing behaviour, with smokers cutting down tobacco consumption. Tobacco control in Merton includes reducing illegal sales of tobacco to

underage people and ensuring compliance with regulations on the display of tobacco products, as well as providing an NHS Stop Smoking Service for people wanting to quit, targeting areas and groups with higher levels of smoking.

Although the estimated level of binge drinking in Merton is lower than the London average, the estimated levels of drinking at 'increasing risk' is higher than the London average. Evidence suggests that higher risk drinking is evident across both deprived and affluent areas of Merton. The rate of alcohol specific hospital admissions increased between 2008-2010, but is still below the London average. It is estimated that overall 5,024 people aged 18-64 are dependent on drugs, with most dependence on cannabis. It is estimated that there are 1,029 crack and opiate users in the borough.

Sexual health priorities in Merton include reducing the late diagnoses of HIV, which made up 36% of all diagnoses in 2009; increasing access to contraception and access to sexually transmitted infection testing and maintaining coverage of Chlamydia testing. Sexual health is a fundamental right for the whole population, but inequalities exist in Merton and we know that women, men who have sex with men (MSM), young people (aged 25 and under) and people from BME (black and minority ethnic) communities are disproportionately affected by poor sexual health.

Local research into attitudes to healthy living among adults in Merton, including residents in east Merton wards, told us that:

The most important health behaviour was 'keeping happy' followed by 'not feeling stressed'. This shows the importance of good mental well being to residents.

- Walking and cycling, limiting alcohol intake and eating 5 a day were least important.
- 50+ residents perceived healthy weight, safe sex, regular exercise and not smoking as less important compared to the young age groups
- Residents seem to 'know the what, but not the how' and wanted support to make lifestyle changes.
- Residents wanted to build relationships with deliverers and wanted local activities delivered by local people.
- People with disabilities find it difficult to maintain a healthy lifestyle, but were very clear how important being healthy was for them

We know that people from BAME groups are disproportionately affected by poor health because of a range of complex genetic, social, cultural and environmental factors. We need to ensure that support for health improvement is accessible and appropriate for all Merton's diverse communities and consistent with priorities in Merton's BAME Strategic Plan.

Our ambition:

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

Priority 2: Supporting people to improve their health and wellbeing

Draft Outcomes

2.1 ***Promote and deliver an integrated approach to healthy living***

2.2 Increase the proportion of people achieving a healthy weight and participating in the recommended levels of physical activity

2.3 Reduce the prevalence of people smoking

2.4 Promote sensible drinking and reduce alcohol related harm and harm from drug misuse

2.5 Improve sexual health and access to services

Outcome 2.1: Promote and deliver an integrated approach to healthy living

What we are aiming for:

We want to support people to improve their health and wellbeing through an integrated approach, this means that all local partners should be active in promoting health and wellbeing as part of their day to day work –including the NHS, Council, voluntary and community sector and local businesses. By working together towards shared priorities we can make the greatest impact, reduce health inequalities and maximise the use of resources.

What do we need to do?

As well as promoting a healthier environment, we need to ensure that support is available at the right time and right level to help people lead healthier lives. We have developed a health improvement framework that sets out different levels of support enabling people to take care of themselves, access support to change, and access specialist help when needed.

In order to deliver an integrated approach to health improvement we need to:

- promote a healthier environment which supports physical activity and healthy food choices
- continue to commission effective integrated assessment and lifestyle services for the residents.
- target resources towards the east of Merton where we know there are the biggest health inequalities.
- ensure health improvement support and services are appropriate for diverse communities across Merton.
- ensure that health and other professionals deliver consistent health improvement messages and support as part of their day to day work.
- engage businesses and employers to promote health through their services and support employees.

Strategic intentions for 2013/14

- Increase the number of residents receiving an NHS Health Check and increase the number of health improvement outcomes from residents supported by the LiveWell service.
- Support communities to improve health through the East Merton Health and Wellbeing Community Fund.
- Support health and other professionals to promote health –make every contact count
- Engage business to improve health through the local Public Health Responsibility Deal
- Further develop our understanding of local population through social marketing research

Outcome 2.2: Increase the proportion of people achieving a healthy weight and participating in the recommended levels of physical activity

What we are aiming for:

We want to support more people to achieve and maintain a healthy weight. It is a key health inequality issue in Merton, with a gap of nearly 18% between the ward with lowest and the highest estimate of adult obesity (10.6% to 28.4%).

Regular physical activity can reduce the risk of many chronic conditions both physical and mental, even relatively small increases in physical activity are associated with some protection and improved quality of life. In Merton we want to turn around the low levels of physical activity among adults and build on the success of the 2012 Olympics to embed physical activity into our everyday lives.

What do we need to do?

To achieve this we need to ensure we have a strategic approach to healthy weight and physical activity, building on latest evidence about what works. We need to ensure that we work in partnership to deliver activities and consistent messages to promote healthy weight.

Strategic intentions for 2013/14

- Review the latest evidence about promoting healthy weight and prioritise resources towards further effective interventions
- Commission effective adult weight management services
- Extend opportunities for physical activity and active travel
- Support workplaces to promote healthy food choices and active travel

Outcome 2.3: Reduce the prevalence of people smoking

What are we aiming for:

More than 100 people still die every year from smoking related causes in Merton and adults who smoke lose an average of 13-14 years of their lives. It is estimated that 26,600 people smoke in Merton and spend approximately £47m per year on tobacco products. The estimated cost to wider society in Merton is £41.5m per year. We want to support more people to successfully quit smoking and in particular support those residents who are more likely to be smokers.

What do we need to do?

Building on the success of smoke free legislation, we need to normalise smoke free environments, we need to ensure that we are enforcing tobacco control measures, that front line staff are confident about encouraging people to stop smoking and that we are offering flexible and accessible support to people who want to stop smoking.

Strategic Intentions 2013/14

- Increase the number of people using the NHS Stop Smoking Service to make a quit attempt.
- Support smokers from target groups to quit (routine and manual workers, BAME groups, young people, people with serious mental health problems)
- Continue to tackle illicit tobacco sales and ensure compliance with advertising and promotion regulations.
- Explore opportunities to normalise smoke free environments.
- Provide further education around smoking cessation to key frontline staff e.g. midwives

Outcome 2.4: Promote sensible drinking, reduce alcohol related harm and harm from drug misuse.

What are we aiming for:

Evidence on the harm alcohol can cause to health is clear, it is related to types of cancer, liver disease and circulatory disease and we aim to reduce this harm. Tackling the root causes and finding solutions to prevent harm from substance misuse requires a partnership approach that is well established in Merton, we aim to build on this to focus on prevention and improve treatment recovery outcomes.

What do we need to do?

We need to promote a culture of sensible drinking drawing on local and national evidence, we need to reduce alcohol related crime, we also need to ensure that alcohol related prevention and treatment services are cost effective, targeted and deliver the best outcomes.

We need to focus on prevention to limit the predicted increase in drug misuse, as well as deliver robust Drug Treatment Plans for those at risk of harm.

The Safer Merton Partnership is currently recommissioning the local adult substance misuse treatment service so that it is integrated (drug and alcohol), recovery

focussed and outcomes based, and the proposed service will commence in April 2013.

Strategic Intentions 2013/14

- Improve the long-term mental and physical health and wellbeing and quality of life for people affected by substance misuse, including families, children and young people.
- Reduce substance dependency, improve health and reduce health inequalities as a result of substance misuse.
- Expand the LiveWell service to include a targeted alcohol practitioner.
- Pilot a social marketing campaign to reduce harmful drinking among priority groups (18-24 year olds and over 65s), with a view to rolling out wider preventative campaigns.
- Reduce proxy sales of alcohol to children through retailers signing up to the local Public Health Responsibility Deal.

Outcome 2.5: Improve Sexual Health and access to services

What are we aiming for:

We aim to ensure that people have good sexual health and access to high quality, timely services. We want to address priority needs including reducing the transmission and rate of undiagnosed HIV and sexually transmitted infections (STIs), improving access to sexual and reproductive health services and increasing the capacity of primary care. We want to address the inequalities in sexual health that impact on women, men who have sex with men (MSM), young people (aged 25 and under) and people from BME (black and minority ethnic) communities.

What do we need to do?

The growing incidence of HIV and Sexually Transmitted Infections (STIs) can only be arrested through the systematic introduction of health promotion, screening, STI testing, and prompt follow-up for both patients and their partners throughout the borough.

We need to reduce late HIV diagnoses because this tends to mean a poorer prognosis and premature mortality. We need to ensure that levers to promote HIV testing in General Practice, all general medical admissions and other settings are implemented.

We need to increase access to contraception and reduce the number of abortions, and repeat abortions. We need to reduce unplanned pregnancy locally and increase access to a range contraception including long-acting reversible contraception (LARC) and Emergency hormonal contraception (EHC). Over the last year much has been done to increase access, but more could be done including raising awareness and increasing access and uptake of services.

Chlamydia is the most common sexually transmitted infection in the UK, and can if left untreated result in pelvic inflammatory disease, ectopic pregnancy and infertility.

The National Chlamydia Screening Programme (NCSP) was established to control Chlamydia in under 25 year olds through early testing and treatment. To deliver this effectively we need to build capacity in general practice, contraceptive and sexual health clinics and a range non-clinical venues.

Strategic Intentions 2013/4

- Implement HIV testing initially in new medical admission at St Helier Hospital.
- Commission Contraception and Sexual Health (CASH) Service to deliver HIV testing within their services.
- Refresh local enhanced service for long acting reversible contraception and implementation.
- Improve quality indicators for Chlamydia treatment and partner management to reflect national percentages.

Priority 3

Enabling people to manage their own health and wellbeing as independently as possible

Why is this important?

More people than ever before live with one or more chronic health conditions. Through helping people to manage their own health and wellbeing as independently as possible, we aim to improve the quality of life for people living with health conditions and to help them to live in their own homes as long as possible.

People with long term conditions are intensive users of health and social care services. This has major implications for resources in a time of significant financial pressure. It also means there is a greater need than ever for effective preventative, community based services. Achieving the highest possible standards of care within increasingly scarce resources is a key priority for Merton.

Life expectancy is increasing and the number of older people in Merton is projected to increase, so the number of people with long term conditions is rising and particularly people having two or more conditions. At any age long term conditions can have a significant impact on a person's ability to work and live a full life and stay connected to the community and those who matter to them.

Building on the evidence that preventative services can produce significant gains in the quality of life of older people it has been calculated that provision of such services can reduce the need for more intensive and expensive services. (Wanless Social Care Review, Department of Health 2010).

Our aim is to help people manage health and social care issues better, by providing accessible support in the community, timely assessment and good diagnosis. This will help reduce inappropriate hospital admissions and length of stay. Effective reablement and support on discharge is also important to help reduce unnecessary readmissions.

Dementia is by far the biggest mental health issue for people over the age of 65. It is vital to support people with dementia, and their carers to enable them to live well with their dementia. The National Dementia Strategy sets out the broader context in which local initiatives are focussed.

It is also important that those people with wider mental health issues have access to timely assessment, treatment and long term support for both their mental and physical wellbeing.

People say that they wish to be treated as a whole person and for those that deliver services to act as one team The patient's experience of care needs to transcend the

organisational boundaries of social, primary, community and secondary care. (Modernising the NHS, Department of Health 2011).

Where are we now?

The highest percentage of spend in adult social care is on long-term support. With substantial financial pressure there is an increasing focus on investing in preventative measures and supporting people in the community in order to reduce the pressure for long-term support.

Merton performs strongly on the 'percentage of people supported in the community' consistently achieving over 80%. On 'the percentage of customers receiving individual budgets through self directed support' Merton is slightly below the London average though we started personalisation programme later than some boroughs and hope to achieve a significant increase over the next few years.

Merton Social Care for many years performed better than its comparator boroughs on the numbers of new permanent admissions to both residential and nursing care homes.

Investment in ensuring quality support in the community, prevention and recovery is delivered through efficient processes and partnership working with the voluntary sector. This includes the new Ageing Well Programme encourage people to take responsibility for their own lives as much as possible, using their own strengths, resources and local community assets to help find solutions to their issues.

The Joint Mental Health Commissioning Strategy aims to create an effective mental health system that is more joined up to improve people's outcomes and experience. We are working to reduce the number of people who experience a mental health crisis by delivering interventions that support people at an earlier point in the care pathway.

We know more work to support people who use services to manage their long term mental health condition is required. Changes made to in-patient mental health services have already had a positive impact for some people who now receive greater levels of support in the community.

The Sutton and Merton End of Life Network has been working together to deliver the Sutton and Merton End of Life Care Strategy 'A good end to life'. Through a partnership and collaborative approach between the NHS, voluntary sector, local authority, primary care, patients and carers services we have focused on delivering more resources in a community setting to enable more people to be cared for and die in their preferred place of care. We wish to ensure this work is continued and we enable more people and their families/carers to achieve their preferred place of care.

Priority 3 Enabling people to manage their own health and wellbeing as independently as possible.

Draft Outcomes

3.1 ***Improve the health related quality of life and level of control for people with long term conditions***

3.2 ***Enable people with dementia and their carers have access to good quality early diagnosis and the support to live well with dementia.***

3.3 ***Ensure people with mental health issues have access to timely assessment, diagnosis, treatment and long term support for their mental and physical wellbeing.***

3.4 ***Deliver timely access to good quality diagnosis, treatment and care in the most appropriate location.***

3.5 ***Increase the preferred place of care and death for those who need end of life care services.***

3.6 ***Enable people to stay in their own home as long as possible.***

Outcome 3.1: Improve the health related quality of life and level of control for people with long term conditions

What we are aiming for:

We want services to support people with long term conditions to have control to live as normal a life as possible and reduce the number of unnecessary emergency admissions and undue length of stay in hospital.

What we need to do:

To achieve this we need to ensure that people with one or more long term conditions have good access to the services they need to live independently and that those newly diagnosed have good information, advice and support:

- Increase the proportion of people effectively supported to manage their own condition.
- Increase the support taken up by carers of people with long term conditions

- Improve people's experience of services that support their long term conditions

- Increase the number of people taking up self directed support

We need to continue to monitor and reduce unnecessary emergency admissions:

- Increase the number of GP practices that monitor risk scores for patients to improve clinical outcomes.

- Monitor emergency admissions for key long term conditions, measure and compare accident and emergency admissions and monitor unplanned hospital admissions to outpatients.

Strategic Intentions for 2013/14 **(to be developed)**

- Deliver access to a range of information on support available to people with long term conditions and those newly diagnosed, including developing and launching the Merton Information Portal 'Merton-i', the Merton CCG website and wider communications for those with limited Internet access.

- Promote self-management for people with long term conditions including care planning, Expert Patient Programme and access to information and support.

Outcome 3.2: Enable people with dementia and their carers to have access to good quality early diagnosis and the support to live well with dementia.

What we are aiming for

We want to support people with dementia and their carers to live as well as possible. Our aim is to improve early diagnosis and early identification of carers together and to deliver better care and support plan for individuals and their carers.

What we need to do

We need to increase the early detection of dementia and improve the dementia care:

- Increase the percentage of people over 65 with a recorded diagnosis of dementia.

- Improve quality dementia care in a residential setting.

We need to improve the way we identify carers and the level of support that is provided to them:

- Improve early identification of carers and development of an early support plan

Strategic Intentions for 2013/14:

- Develop and deliver information to promote awareness and understanding of people with dementia
- Improve information systems to allow support collection of more meaningful data sets.
- Pilot a Dementia Hub for Merton.
- Establish Local Dementia Alliance in Merton

Outcome 3.3: Ensure people with mental health issues have access to timely assessment, diagnosis, treatment and long term support for their mental and physical wellbeing.

What we are aiming for

We are aiming to create an effective mental health system that is more joined up and seamless; to deliver support that will improve both outcomes and experience of services. We are also working to improve early interventions that support people at an earlier point in the care pathway.

What we need to do

We need to ensure that mental health services are person centred and need to work to improve the integration of primary and secondary care:

- Ensure mental health services commissioned are person centred increasing self-defined recovery outcomes.
- Improve integrated working between primary and secondary care to ensure physical health care needs are met with regular physical health assessments by GPs of mental health service users.
- Improve communication between primary and secondary care to ensure mental and physical health outcomes with discharge summaries and care planning reviews are sent promptly to GPs

We need to improve the care provided to people with mental health needs delivering timely assessment and treatment, and supporting their physical health:

- Increase timely assessment, diagnosis and treatment though the early intervention service

- Improve access to psychological therapies including access to services focusing on depression and anxiety
- Improve physical health of those with secondary mental health needs
- Improve support to young adults and the transition from child and adolescent to adult services.

We need to improve support for carers including young carers.

- Increase the proportion of carers included in the discussion about the person they care for.

Strategic Intentions for 2013/14

- Develop support for people with 'low-level' issues including isolation and loneliness; increase and help people to feel connected to their local community.

Outcome 3.4: Deliver timely access to good quality diagnosis, treatment and care in the most appropriate location.

What we are aiming for:

We aim to provide good quality diagnosis, treatment and care to people that is as appropriate as possible. In future Local Care Centres will allow for more timely access and is aimed to improve clinical outcomes and reduce waiting times for assessment.

What we need to do:

We need to increase timely assessments and treatment through the development of new local care centres.

- Improve timely access to good quality diagnosis treatment and care through the development and delivery of the Nelson Local Care Centre
- Improve timely access to good quality diagnosis treatment and care through the development and delivery of the Mitcham Local Care Centre

We need to continue to achieve timely social care assessments:

- Continue to deliver high levels of timeliness of assessments.
- Continue to minimise waiting times for assessments to domiciliary care
- Continue to reduce the waiting list for occupational therapy

We need to continue to keep the mortality rate from causes amenable to healthcare low:

- Continue to keep mortality rate from causes amenable to healthcare below the London and England average and keep the downward trajectory. (National Clinical Health Outcomes Knowledge Base)

Strategic intentions for 2013/14:

- Deliver programme of Local Care Centres

Outcome 3.5: Increase the preferred place of care and death for those who need end of life care services.

What we are aiming for:
We aim to enable people who need end of life care to achieve their preferred place of care and death.

What we need to do:
We need to increase the number of people in the last stage of their lives who achieve their preferred place of care and death.

- Raise awareness of options for care and place of death and dying across our population.

- Increase the number of people on the Co-ordinate My Care Register

Strategic intentions for 2013/14

- Continue to implement the Sutton and Merton End of Life Care Strategy 'A good end to life'.

- Ensure services are available to enable people to receive end of life care in out of hospital settings.

Outcome 3.6: Enable people to stay in their own home as long as possible

What we are aiming for:

We want to reduce inappropriate emergency admissions to hospital and the length of stay. We aim to support people to live in their own home for as long as possible.

What we need to do:

We need to deliver effective social care community support services to enable people to stay in their own home as long as possible to reduce the rates of unnecessary admission to care homes.

- Deliver good quality effective reablement and rehabilitation support following discharge from hospital which is flexible and where required specialist.
- Improve access to domiciliary care and personal assistance services.
- Deliver three year preventative plan in partnership with the voluntary sector – Ageing Well.

Strategic intentions for 2013/14:

- Deliver the Ageing Well programme working in partnership with the voluntary and community sector to improve community connectedness and resilience.
- Increase early identification of those at risk through greater GP risk profiling with targeted intervention and care management to improve people's quality of life and reduce unnecessary hospital admissions
- Develop work on the creation of integrated health and social care teams based around a local neighbourhood to provide joined-up and personalised services supported by the use of assistive technology including Telehealth.

Priority 4

Improving wellbeing, resilience and connectedness.

Why is this important?

Most people's individual wellbeing is influenced by the wellbeing of the community in which they live and the extent to which local services and infrastructure has the capacity to support wellbeing. It is well documented that people who live in disadvantaged areas experience poorer health, more illness and shorter lives. The economic downturn has placed pressure on local communities and reductions in public sector budgets creates a need to bolster the wellbeing and resilience of our population to reduce ever increasing demand for services.

This priority theme focuses on wider community wellbeing and resilience, building on community assets and prioritising enabling infrastructures. This will link with existing strategies in Merton .Improving opportunities for employment and skills, creating a safe and healthy environment with access to housing and infrastructure will support delivery of the strategy improving people's connectedness in terms of community engagement.

The relationship between social inequality and health inequality is recognised in the wider determinants of health analysed in Marmot's Causal Pathway. This argues that it is necessary to consider a 'total' response to health needs, over and above individual treatments. Social infrastructure can impact on deprivation, which is a cause of poor health; supporting community activity can improve people's confidence and resilience; positive behaviours keep people healthy. Obviously addressing material deprivation improves health in the long term, while treatment of individuals has an immediate effect.

A key trend within Merton is the significant divide between the west and east of the borough. As already noted, the area around Wimbledon and, to a lesser extent, Morden, is home to the vast majority of jobs in the borough, whilst Mitcham and the rest of the south east of the borough have far fewer jobs over a comparable area.

As far as data is available, it appears that other socio-economic indicators mirror the geography of employment. The positive association between education and health is well established. There are significant differences in skill levels between residents in the Wimbledon constituency and residents in the Mitcham and Morden constituency, which manifest themselves in terms of large differences in average annual pay, There are also significant differences in house prices between Wimbledon and Mitcham.

Deprivation is far more concentrated in the south east of the borough compared to the northwest. The proportion of benefit claimants is also significantly higher in the

South East of the borough compared to the North West, in terms of both job seekers and those on Employment Support Allowance (ESA).

Relative to the rest of London, Merton has relatively low numbers of jobs. Moreover, the number of jobs in the borough has remained almost static between 2003 and 2010, such that by 2013 Merton will have experienced a ‘lost decade’ without employment growth.

Sustainable neighbourhoods across the borough improve the quality of life for residents, workers and visitors. Merton’s planning policies and development management and enforcement support new development that improves inclusive access and feelings of safety, develops new and affordable homes, within the constraints of conserving and enhancing the existing quality and character of the borough's suburban areas, the historic environment and the wealth of green spaces while providing the necessary services and infrastructure.

Merton has a young and diverse population that can help improve the borough’s economic activity and convey its inherent cultural strengths through the delivery of high quality places of character and identity. Merton's older population is also increasing, which helps create stable communities. Merton’s Core Planning Strategy helps to deliver specific needs associated with this, such as accommodating larger households and specialist homes, providing a changing range of community and cultural facilities and the need for more school places. Community engagement is an essential element, and the process itself can have a positive impact on health and wellbeing.

Ensuring that people are resilient reduces their chances of being victims of crime and/or repeat victims of crime. By improving peoples life chances so that they are less likely to become perpetrators of crime and disorder. Crime and anti-social behaviour has a large impact on the mental and physical health of those who are affected by it. By working with communities in order to make them ‘safe aware’ we can reduce the likelihood of becoming a victim. Managing problematic drug and alcohol usage ensures that our communities are safer and individuals who misuse these substances are less likely to harm themselves. The work of the Safer Merton Partnership is to reduce crime and anti-social behaviour, reduce re-offending rates and victim numbers, at the same time as reducing fear of crime, which contributes significantly to wellbeing.

Where are we now

Merton’s Core Planning Strategy brings together a joined up approach with regeneration through planning, development and other measures to help reduce the inequalities identified in Merton. This includes access to jobs and services, including housing choices, healthy lifestyles and learning opportunities.

Merton Council's regeneration proposals for Mitcham and Morden will increase opportunities, improve people's quality of life, including housing choice, economic vitality, health facilities and the quality of the environment in the east and centre of the borough. Town centres across the borough provide accessible shops, services and opportunities to socialise in a safe environment, supported by Merton's Sustainable Communities Division and the Safer Merton Partnership.

Preventing further large out-of-centre retail developments through robust planning improves people's access to healthy food, especially for people without access to a car, and encourages walking, cycling and the use of public transport as well as helping to reduce congestion and pollution. Merton's planning policies and environmental health service also support healthy eating by minimising the concentration and impact of hot food takeaways.

Merton's Climate Change Strategy supports the changes in lifestyle and the nature of development that are necessary in order to combat the impacts of climate change. We are already feeling the effects of increased incidences of extreme weather conditions with flooding or drought affecting property and people and the consequent increase in energy and insurance bills, and effects on health. Merton's Climate Change strategy and planning policies ensure that the carbon footprint of existing and new development is reduced and new developments are built in a way that adapts to the inevitable changes to the climate. These planning policies require developers to take a holistic approach to building new homes which targets issues of flooding, waste, infrastructure, open space, design and transport.

Merton's Economic Development Strategy helps to tackle the skills shortage and improves job opportunities, which is especially important for deprived areas including those in the east. Addressing unemployment and educational attainment through Merton Council's education, economic development and planning powers all have an impact on physical and mental health.

The Localism Bill 2010 passes significant new rights direct to communities and individuals. The Bill introduced a new right for communities to draw up a Neighbourhood Development Plan. This enables people to come together through a local parish council or neighbourhood forum to have their say on development. Since the Bill was introduced no Neighbourhood Plans have been initiated in Merton.

Merton's Volunteering and Community Action Strategy's vision is for all individuals, groups and organisations to actively contribute within their means. Where volunteering and community action is recognised, encouraged and undertaken by diverse groups, individuals, and organisations. Volunteering and community action encourages community spirit, community contribution and a sense of ownership of Merton and supports partnership working

Safer Merton has a legislative responsibility to tackle crime and disorder. There is a strong partnership that works and delivers together in order to reduce crime and

associated issues. Each year the partnership undertakes a Strategic Assessment to assist the partnership in identifying the major issues within the local area, allocate resources and prioritise activities. The agreed strategic objectives are then taken forward through the Partnership Plan.

Priority 4: Improving wellbeing, resilience and connectedness. Draft Outcomes

4.1. Reduce poverty and increase income through economic development

4.2: Improve wellbeing through safer communities and community cohesion

4.3: Increase volunteering and make best use of local assets including parks, schools and leisure centres to promote wellbeing

4.4: More people make a positive contribution to their own wellbeing through access to learning and development of skills

4.5: Build a healthy environment including access to housing, local amenities and activities.

4.6: Improve community connectedness, improve independence and resilience of local communities

Outcome 4.1: Reduce poverty and increase income through economic development

What we are aiming for:

An economic development strategy that will provide equal opportunities to employment and reduce poverty

What we need to do:

- To do this we need to work closely with partners who deliver employment skills and training.
- We need to be able to understand the barriers that exist in Merton to employment and training opportunities, including financial, social and in particular the changes to welfare benefits that affect employment and economic wellbeing.

Strategic intentions 2013/14

- To prepare a refreshed Economic Development Strategy as part of the councils Growth Strategy that considers ways of reducing unemployment.

- To create a Work Readiness Programme including apprenticeships and volunteering opportunities that leads onto employment.

Outcome 4.2: Improve wellbeing through safer communities and community cohesion

What we are aiming for:

To reduce crime and disorder, the fear of crime, reduce re-victimisation and reduce re-offending in the borough.

To reduce the number of problematic drug users within the community and reduce substance misuse related crime, anti-social behaviour and re-offending (this agenda currently sits within the community safety partnership).

What we need to do:

The community safety partnership delivers a number of multi-agency multi-faceted approaches to current and emerging issues as well as implementing the new initiatives from central and regional government.

Currently the drug and alcohol services are being re-commissioned in order to ensure the highest level of service for the least financial input (as per best value principals). These contracts will need to be embedded and monitored.

Strategic intentions 2013/14

- 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.

- Deliver the Partnership Plan to ensure delivery of services that meet local needs and reduce the volume of higher crime types.

- Strategic action plan and local needs assessment, for drug and alcohol work, undertaken and implemented, including reduce substance misuse related crime, anti-social behaviour and re-offending.

Outcome 4.3: Increase volunteering and make best use of local assets including parks, schools and leisure centres to promote wellbeing

What we are aiming for:

The mission of Merton Volunteering and Community Action Strategy is to enthuse and enable individuals, groups and organisations to take part in their community by having accessible and effective opportunities for the benefit of all.

What we need to do:

We need to ensure that:

- Volunteering and community action is recognised, encouraged and undertaken by a high and diverse proportion of individuals, groups and organisations
- Volunteering and community action encourages community spirit, community contribution and a sense of ownership of Merton
- Volunteering and community action supports partnership working

Strategic intentions 2013/14

Deliver the Merton Volunteering and community Action Strategy 2012 –2014

- Protection and enhancement of open space creating no net loss of open space or sporting facilities unless justified in accordance with the Development Plan and National Playing Field criteria.
- To 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.
- Promoting culture, sport, recreation and play by safeguarding the existing (and working with partners to deliver more) cultural, leisure, recreational and sporting facilities.

Outcome 4.4: More people make a positive contribution to their own wellbeing through access to learning and development of skills

What we are aiming for:

Reducing the number of Merton residents that are claiming Job Seekers Allowance (JSA) and addressing the imbalance of skills in the borough including lifelong learning and encouraging adult education.

What we need to do:

To provide a coordinated offer of skills and training opportunities across the borough that is in line with employer requirements. This means having a clear understanding of employers needs and working with suppliers to provide the training that meets demand locally.

Strategic intentions 2013/14

- Preparation of a Skills and Training Strategy and Action Plan
- Creation of a Sustainable Communities and Transport Partnership sub-group that will be responsible for Economic Wellbeing

Outcome 4.5: Build a healthy environment including access to housing, local amenities and activities.

What we are aiming for:

- To make Merton a healthier and better place for people to live and work in by:
- Ensuring Merton is a well connected place where walking, cycling and public transport are the modes of choice when planning all journeys.
- Providing new homes and infrastructure within the town centres and residential areas, through physical regeneration and effective use of space.
- Promoting a well-designed high quality urban and suburban environment.
- Ensuring Merton is a municipal leader in improving the environment, taking the lead in tackling climate change, reducing pollution, developing a low carbon economy, consuming fewer resources and using them more effectively.

What we need to do:

We need to continue to work to the Local Development Scheme timetable of activities for implementation of the Local Development Framework. Merton has an Adopted Core Strategy (July 2011) and a Waste Plan (March 2012). It is hoped that by 2013/14 the Sites and Policies Development Plan Document, Proposals Maps and Community Infrastructure Levy will also be in place.

We also need to continue to monitor and report on the carbon emissions from our buildings and operations on an annual basis through our carbon reduction commitment.

Strategic intentions 2013/14

- To deliver the housing sites identified within the Core Strategy and Sites and Policies DPD and meeting the housing targets in the Core Strategy and London Plan (320 new homes across all tenures per year for the next ten years).
- Ensure all new housing developments deliver affordable housing units or financial contributions in accordance with the Development Plan policies.
- 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.
- To continue to maintain below the national average retail and vacancy rate in all our town centres.
- To have no net loss of employment land for which there is proven demand.
- To establish and provide the appropriate amount of pitches for gypsies and travellers by means of the Sites and Policies Development Plan Document.
- Delivering healthcare projects identified in the Core Strategy
- Waste Plan Annual Monitoring Report targets
- Adopting the Council's Climate Change Strategy by 2013 and implementing its targets and actions

Outcome 4.6: Improve community connectedness, improve independence and resilience of local communities

What we are aiming for:

To work closely in partnership with existing community groups to improve community connectedness.

To support the development of neighbourhood planning where communities feel that they would benefit from such locally led planning.

What we need to do:

We need to ensure that appropriate and effective public consultation is carried out when liaising with the public on community issues.

We need to inform and assist communities with the establishment of Neighbourhood Plans where the community is interested in forming Neighbourhood Forums and Neighbourhood Plans.

Strategic intentions 2013/14

- Conduct consultation exercises in accordance with Merton's Statement of Community Involvement.
- Carry out a presentation at all of the Merton Area Forums on neighbourhood planning and the Localism Bill 2010.

9. Future Direction

This draft Health and Wellbeing Strategy represents the first stage in a journey. It is the first Merton Health and Wellbeing Strategy and has been developed at a time of substantial change and transition. Once finalised, the Strategy will be monitored, reviewed and evaluated by the Health and Wellbeing Board.

10. From Strategy to Delivery

The Health and Wellbeing Strategy will be delivered through lead partnerships acting on identified outcomes, targets and indicators. It will be regularly monitored by the relevant partnerships with overview and evaluation from the Health and Wellbeing Board.

Priority 1 Giving every child a healthy start
Children's Trust Board

Priority 2 Supporting people to improve their health and wellbeing
Healthy Living Delivery Group

Priority 3 Enabling people to manage their own health as independently as possible
One Merton Group

Priority 4 Improving wellbeing, resilience and connectedness
Sustainable Communities Partnership

A full Delivery Plan for each of the Priorities will be developed with clear leads for each action and timelines.

Progress on each outcome will be performance managed by the lead partnership with the Health and Wellbeing Board having a strategic overview of progress against Priorities.

The Health and Wellbeing Strategy will be reported to the Health and Wellbeing Board twice a year for performance management of strategic indicators and evaluation of overall progress. The Strategy will be reviewed on an annual basis in line with the new JSNA and it is envisaged that the Health and Wellbeing Strategy will be fully reviewed in 2014.

Consultation and Engagement

The first draft Health and Wellbeing Strategy will be the subject of a full consultation and engagement programme in autumn 2012. This will include key stakeholders and the wider community. The programme includes:

- A specially convened meeting of the Health Overview and Scrutiny Panel
- Partnership leads taking the strategy to the Merton Partnership and thematic partnerships, management teams and Cabinet. MCCG Executive Board, NHS provider trusts, BAME, JCC, Interfaith Forum and the Chamber of Commerce (with care to ensure links with other consultations taking place).
- On-line engagement – to include an on-line survey, social network dialogue and links to all relevant websites including Merton Council, NHS SW London, Merton CCG, Merton Partnership and Merton Connected.
- Further engagement, subject to resources available, and communications in the local media and My Merton with links to the on-line survey.

Consultation will take place between 1st October - 1st December 2012

We would like to know what you think is important to health and wellbeing in Merton and you can give us your views by completing the online questionnaire at www.merton.gov.uk/consultations.

Further information on the Health and Wellbeing Strategy is available by emailing: **HealthandWellbeingBoard@merton.gov.uk**

Appendix 1
High Level Commissioning Implications from the Joint Strategic Needs Assessment 2012

Generally people living in Merton are very healthy; there is good life expectancy (exceeding the national and regional average) for both men and women. Merton has fewer people dying from conditions that could be avoided compared to the national and regional rates. In addition there are fewer people needing unplanned hospital admissions for diseases caused by smoking or alcohol or through suicide or unintentional injury, although the increase over time for some of these indicators is above regional or national rates.

Merton has significantly fewer children living in poverty than London as a whole and lower infant mortality, which is often used as a comparative measure of a nation's health and as a predictor of health inequalities. Currently there is less long term unemployment in Merton compared to national and regional rates and overall higher levels of employment, but the impact of the recession needs to be monitored on an ongoing basis.

However, these apparently favourable measures mask significant variation within the borough from east to west. Life expectancy is a very good measure of overall health and inequality, and across Merton there is a significant difference in life expectancy between different communities within the borough. Tackling health inequalities between east and west Merton remains a priority for commissioners, both in terms of targeting prevention, supporting vulnerable families and management of long term conditions to ensure greater quality of life and reduce unnecessary hospital admissions. Effective measures to raise life expectancy in east Merton should focus on:

- Reducing smoking in manual groups
- Tackling obesity - including families and children – getting more people eating healthily and more active
- Improving environmental factors such as housing conditions and reducing the risk of accidents
- Targeting the over 50s - among whom the greatest short term impact on life expectancy will be made

The main causes of the illness and early death result from our lifestyle choices; smoking, obesity and risky drinking behaviour. This means that many of these conditions are potentially preventable. With increasing pressure on resources, the focus for both social and health services needs to be on:

- prevention and early intervention by developing interventions and services (including information and advice services) to support and enable people to remain healthy
- Improving lifestyles across Merton focusing on reducing smoking, helping people maintain a healthy weight, and reducing alcohol related harm
- targeting the services to support people who are at risk of developing disease or needing social care
- supporting people to remain independent.

Although Merton has a relatively young population, similar to London rather than the England average, the population is ageing. With increasing age comes more complex health and social care needs; in our ageing population, if nothing else changes (for example the proportional prevalence of current long term conditions is unchanged) then there will be a significant increase in the absolute numbers of people who have a long term limiting illness such as Cardiovascular Disease, Diabetes, Osteoporosis, Dementia and Stroke and those who have Physical or Sensory Disabilities.

Commissioners need to focus on prevention and early intervention to help people remain as healthy and living as independently as possible, to help control increasing demand in future years. Supporting people to manage long term conditions and maintain independence through whole systems approaches by local partners includes primary prevention, access to health and social care, and support for rehabilitation to reduce overall prevalence of and disability caused by circulatory disease, stroke, respiratory disease and diabetes.

We also need to better understand the impact of the wider determinants of health in Merton and how we can work in partnership to positively influence these determinants; in particular how our living conditions (the environment and housing) impacts not just on our physical health but on our mental wellbeing and how we can work with local communities to improve mental wellbeing in our children and older people.

In addition to our increasing and ageing population our local communities are becoming more diverse and multicultural. We have to understand the different needs of all of our communities so that when care is needed, we can ensure people can access the right service at the right time and improve the outcomes of the care received. In order to understand how our communities are changing, not just culturally but for our vulnerable groups, such as some older people, carers, children, and people with disabilities, we need to have better information on our population. Next year when results of the 2011 census start to be published we will have more up to date information but we also need to get more detailed information through our

services and through other sources that are more responsive to changes in our communities.

While our aim is to help people stay healthy, we also want the best outcomes for those who need and use our services. People need to be able to access high quality services at the right time to meet their needs. We need to be better at evolving, adapting and targeting our services to meet the changing needs. To do this we need be better at collecting information on how our services are used and who uses them, and to have better insight into our diverse population to make services more equitable and more accessible to the people who need them.

Key to improving accessibility is the requirement for all partners to work together focusing on whole system pathways, including early intervention and prevention services and models of care delivery across health and social care for people with more complex needs so that people don't get lost between services and help and support is consistent.

Appendix 2

The relationship between social inequality and health inequality

Key intervention point

1. Address material deprivation

a. Income maximisation programmes

b. Improve housing

c. Reduce homelessness

d. Support the local economy

e. Increase employment

2. Promote resilience to inequality and deprivation

a. Increase social capital (people feel they are connected and can contribute to the everyday life of society)

b. Improve community cohesion (people feel different communities get on together, they feel they are accepted and treated fairly)

c. Promote personal well-being (people feel happy, fulfilled, valued, positive and in control)

d. Increase satisfaction with the local environment (people feel comfortable with their surroundings)

e. Increase community safety (people feel safe)

f. Increase skills (people are able to make a positive contribution)

3. Make healthier behaviours easier

a. Enforce smoke free legislation

b. Urban planning for active communities Improved access to affordable nutritious food

c. Use opportunities within the licensing law Implement healthier working practices

d. Enforce responsible alcohol sales

e. Social marketing

f. Provide behaviour change support to individuals

4. Provide accessible, equitable and effective support services

a. Prevention, treatment & support services reach, and are effective for, those in greatest need and are equitably resourced

b. Develop integrated one-stop shops

c. Provide accessible advice services

d. Commission effective health and social care services

e. Deliver effective health and social care services

f. Undertake equity audits about delivery of such services

Committee: Joint Consultative Committee with Ethnic Minority Organisations
Date: 12 December 2012

Agenda item:
Wards: All

Subject: Merton Community Plan Refresh 2012/13

Lead officer: John Dimmer, Head of Policy, Strategy and Partnerships
Lead Partner: Rev Andrew Wakefield
Lead member: Councillor Stephen Alambritis
Forward Plan reference number: N/A
Contact officer:

Recommendations:
That the Joint Consultative Committee with Ethnic Minority Organisations:

A. Notes this report.

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1. **Introduction**

1.1 From now until the end of December 2012, partners across Merton (including NHS, council, Job Centre Plus, Police etc) will be engaging with local people to find out how they want Merton to improve over the years to come.

1.2 Feedback from residents, businesses, and groups in Merton will be used to develop a new Community Plan for Merton which will set out the local needs and desires for the next 10-15 years for the communities that make up the borough.

1.3 The new Community Plan will be launched in Spring 2013.

2. Our key questions for you

2.1 We are particularly keen to find out how the council and its partners can work with local residents to make Merton a fantastic place to live, work and learn.

2.2 With this in mind, we are keen to hear your thoughts on the following questions:

1. **What do you value most about Merton?**
2. **What do you think most needs improving?**
3. **What do you think local public services need to do to help improve Merton?**

4. **What do you think you can do to help improve Merton, either as an individual, as a member of a group, or as part of an organisation?**

2.3 Rev Andrew Wakefield will be introducing an item on the Community Plan at the next meeting on 12 December 2012 with the aim of getting members' views on how they think the borough should be shaped over the next 10 years.

2.4 Members who are unable to attend this meeting can still get involved by completing a survey either online or by post. To complete the survey online just visit www.merton.gov.uk/community-living/communityplan/ and follow the instructions there. To request a paper copy of the survey, please contact 020 8545 4161. The consultation closes on 21 December 2012.

3. **Further information**

If you have any questions about Community Plan or this consultation please email getinvolved@merton.gov.uk or call the Merton Partnership Team on 020 8545 4161

Committee: **Joint Consultative Committee (JCC) with Ethnic Minority Organisations**
Date: **12 December 2012**
Agenda item:
Wards: All

Subject: **Draft Equality Strategy and Action Plan**
Lead officer: Kate Martyn, Head Policy, Strategy and Partnerships
Lead member: Councillor Edith Macauley, Cabinet Member for Community Safety, Engagement and Equalities
Forward Plan reference number: N/A
Contact officer: Evereth Willis (evereth.willis@merton.gov.uk)

Recommendations:

That the Joint Consultative Committee with Ethnic Minority Organisations (JCC):

A. Considers and comments on the draft Equality Strategy and Action Plan.

B. Contributes to the development of priorities for action.

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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. To give an opportunity for the JCC to review the draft Equality Strategy and Action Plan and contribute to the development of the action plan.

2. DETAILS

2.1 Merton's current Equality Strategy will expire at the end of March 2013. The Equality Act 2010 introduced the Public Sector Equality Duty (PSED) which requires the local authority, when exercising its functions, to have due regard to the need to eliminate discrimination, harassment and victimisation and to advance equality of opportunity and foster good relations between persons who share a "protected characteristic" and those who do not. "Protected characteristics" are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

2.2 The Equality Act 2010 also requires the council to publish equality objectives every four years to demonstrate how it will meet the PSED. The Council's Corporate Equality Steering Group (CESG) met on 12 September 2012 to discuss the refresh of the equality objectives and identified issues that broadly fell into the following five themes:

- Tackling Inequality
- Service Access
- Improving Engagement
- Promoting Community Cohesion
- Workforce Development

2.3 The CESG agreed to use the five themes outlined in 2.2 as the refreshed 'Equality Objectives' for the draft strategy. The bullet points against each theme in the draft strategy will be developed further to populate the action

plan. It is envisaged that the action plan will be developed during the consultation period.

2.4 The draft Equality Strategy 2013-2017, attached at Appendix I, is a four-year strategy that sets out what Merton will do to tackle discrimination and inequality and promote equal opportunities in Merton.

2.5 The approach of the draft strategy is a departure from the structure of the current Corporate Equality Scheme. Instead of including objectives against each protected characteristic, generic themes have been identified and they in turn were informed by using available statistical evidence and priorities highlighted in departmental service plans.

2.6 The activity that will populate the action plan will be much closer linked to the council's performance framework. The aim is to set smart targets and, where no baseline information exists, improving data collection and analysis will itself become a target. The action plan will be reviewed annually and the targets refreshed as appropriate.

2.7 Note that reference to census data in the strategy will be revised when the latest census data is made available.

Next steps

2.8 Therefore the JCC is invited to consider the draft strategy, comment on the key priorities, contribute to the development of appropriate actions and consider its role in the delivery of the strategy.

3. ALTERNATIVE OPTIONS

3.1 On 6 April 2011 the Equality Act 2010 introduced the Public Sector Equality Duty (PSED) which requires the Local Authority, when exercising its functions, to have due regard to the need to eliminate discrimination, harassment and victimisation and to advance equality of opportunity and foster good relations between persons who share a "protected characteristic" and those who do not. "Protected characteristics" are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

3.2 With effect from 12 April 2012 the Act requires the council to prepare and publish equality objectives and subsequently at least four-yearly. Failure to do so would mean the Council is not fulfilling its legal obligations and could be subject to legal action.

4. CONSULTATION UNDERTAKEN OR PROPOSED

4.1 Extensive consultation is being undertaken with the voluntary and community sector and partner agencies, details of which are outlined in 5.1 below.

5. TIMETABLE

5.1 The consultation timetable is outlined below:

Action	Date
General communications: articles on Merton Connected and Merton Together, press release, Merton website	Ongoing
Joint Consultative Committee (JCC) with Ethnic Minority Organisations	26 September 2012
Black and Minority Ethnic Forum	2 October 2012

Lesbian Gay Bisexual Transgender (LGBT) Forum	3 October 2012
Corporate Management Team	23 October 2012
Document to go to Leaders Strategy Group	29 0ctober 2012
Draft document out for public consultation	1 November 2012 – 31 December 2012
Merton Shadow Health and Wellbeing Board	13 November 2012
Citizenship and Inclusion Board	20 November 2012
Go Forum	21 November 2012
Document to go to Overview and Scrutiny Commission	28 November 2012
Interfaith Forum	5 December 2012
INVOLVE	5 December 2012
Stronger Communities Board	5 December 2012
Sustainable Communities and Transport Board	6 December 2012
Youth Parliament	10 December 2012
Updated document to be presented to Corporate Equality Steering Group meeting.	12 December 2012
Joint Consultative Committee (JCC) with Ethnic Minority Organisations	12 December 2012
Safer and Stronger Executive Board	12 December 2012
Centre for Independent Living	18 December 2012
Make changes to document in light of public consultation process	January 2013
Document to go to CMT	22 January 2013
Document to go to Leaders Strategy Group	5 February 2013
Final draft document to Cabinet as a key decision	18 February 2013
Document to be presented to Council for adoption	27 March 2013
Launch and publicity for new objectives	April 2013

5.2 During the consultation views will be sought on:

- The priorities we have identified;
- What Merton can do as an employer to promote equality of opportunity in the workplace
- Developing the action plan and;
- General views on the content of the strategy

6. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1 It is envisaged that identified priorities will be undertaken within existing resources.

7. LEGAL AND STATUTORY IMPLICATIONS

7.1 On 6 April 2011 the Equality Act 2010 introduced the Public Sector Equality Duty (PSED) which requires the Local Authority, when exercising its functions, to have due regard to the need to eliminate discrimination, harassment and victimisation and to advance equality of opportunity and foster good relations between persons who share a "protected characteristic" and those who do not. "Protected characteristics" are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

7.2 Developing and publishing Equality Objectives setting out the council's equality commitments will support the council to meet the PSED.

8. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1 By setting out its equalities commitments and publishing Equality Objectives the Council is re-affirming its commitment to human rights, equality and community cohesion.

9. CRIME AND DISORDER IMPLICATIONS

9.1 There is a risk of increased hate crime activity directed towards certain groups if there is no commitment to eliminate discrimination and harassment.

10. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1 Failure to publish Equality Objectives is a breach of the Equality Act 2010.

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

11.1 Appendix I: The draft Equality Strategy 2013-2017 for comment

11.2 Appendix II: The Equality and Diversity Statement and Policy for information

12. BACKGROUND PAPERS

12.1 The Corporate Equality Scheme 2010-13

http://www.merton.gov.uk/council/plansandpolicies/corporate_equality_scheme_pdf.pdf

13. CONTACTS

13.1 **REPORT AUTHOR**

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Equality Strategy

For

London Borough of Merton

2013-2017

Consultation draft

Draft Equality Strategy - Developing Equality Objectives for 2013 - 17

1. Introduction

The Equality Strategy sets out the council's equality objectives in one document and outlines how we will embed equalities considerations into our day-to-day business.

The Equality Act 2010 (the Act) came into force on 1 October 2010 and replaced previous anti-discrimination laws. The Act simplified the law making it easier to understand and comply with. It also strengthened the law to protect individuals from unfair treatment.

At the decision-making stage councils are required to assess how changes to policies and service delivery will affect different people. Therefore the Act requires that we provide accessible services to all our customers.

In 2011 the Act extended protection against discrimination to nine 'Protected Characteristics; age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation. It also introduced a Public Sector Equality Duty to ensure that in exercising our functions and delivering services and partnership work we:

1. eliminate discrimination, harassment, victimisation
2. advance equality of opportunity between persons who share a protected characteristic and persons who do not share a protected characteristic
3. foster good relations between persons who share a relevant protected characteristic and persons who do not share it

Therefore, the Council has a key role to play to promote a fair and more equal society by putting equalities considerations central to the decisions we make about service delivery, contract arrangements and employment.

In producing this strategy we have taken a different approach from the previous Corporate Equality Scheme. The objectives that have been identified as priorities reflect the issues of concern in the borough. The Equality Act underpins the strategy and the objectives apply to all the protected characteristics.

2. Merton the place

The Census 2011 estimate population figure for Merton is 199,700**,** an increase of 11,792 or 6.3% compared to the 2001 Census (186,600).

The borough's growing diversity is complex and interesting but brings challenges because of the variety of people from different backgrounds. Issues of social class are also apparent and it is evident that there is affluence amongst some of the new migrant communities. The east of the borough has more diverse communities, some of which are still experiencing discrimination and tensions.

There is some spatial segregation of Black Asian and Minority Ethnic (BAME) communities in Merton: 61.4% of the total Black or Black British population live in just five wards.[1]

In 2009 the Office of National Statistics (ONS) estimated that 62.5% of the population were white British, compared to 64% in 2001. A report by the Institute of Community Cohesion (ICOCO) found that the Black Asian and Minority Ethnic population was unusually diverse with significant numbers of Indian, Pakistani, Bangladeshi, Sri Lankan, Black Caribbean, Black African, Korean, Thai, Gypsy Roma Traveller and mixed heritage. There are also significant Polish, Irish, and South African populations in Merton. It is also notable that 110 languages are spoken in Merton schools. A large and diverse school population (55.8% of secondary and 60.1% of primary pupils are BAME) is moving into adulthood.[2]

According to the 2007 Index of Multiple Deprivation, Merton is the sixth least deprived London borough. Nationally the borough is ranked 222 out of 354, where 1 is the most deprived. This overall lack of deprivation does, however, hide stark inequalities in the borough between the more deprived wards in the east of the borough (Mitcham) and the more affluent wards in the west (Wimbledon).

The Joint Strategic Needs Assessment for Merton highlights health inequalities that are based on gender, ethnicity and where people live. Although life expectancy at birth in Merton is higher than the England average, there is a difference of about 9 years for men and about 11 years for women between the most and least deprived areas within the borough. Low birth weight and infant mortality is below the national average but is high for Caribbean and Pakistani residents (8.4 and 7.9 deaths per 1,000 live births respectively). This is double the rate of babies born in the White British group, which is 4.2 deaths per 1,000 live births (ONS, 2009). This is of particular significance in Merton, where some wards in the east of the borough have ethnic minority populations exceeding 30% of the ward population. In the commissioning of health services there is a need for greater focus on services for younger people and ethnic diversity.

There are significant differences in skill levels between residents in the Wimbledon constituency and higher numbers of people in the east of the borough are in receipt of benefits such as Job Seekers Allowance.

The 2011 Annual Residents Survey results show that only 39% of respondents feel that the council tackles racism (a 3% decrease on the 2010 results) and BAME groups are more likely to disagree with the statement than white respondents. This

[1] iCoCo Report: "The Merton Story".
[2] iCoCo Report: "The Merton Story".

indicates that as a council we need to ensure that we promote the positive things that we are doing to reduce inequality and raise public perception.

3. About the council

Merton is committed to delivering quality services, however due to the financial challenges we face we recognise that the way we currently provide services will have to change.

The economic climate and welfare reform is having an impact on service provision. With reduced resources now more than ever there is a need for more targeted services. We will deliver services that customers need and involve our customers in service specification and design.

Public health will become the responsibility of Merton Council in 2013 and a Director of Public Health for Merton will be appointed. This is an opportunity to strengthen how Council services impact on the determinants of health and there is also scope for increasing community capacity to support health and wellbeing through prevention and self care initiatives.

Merton has an award-winning Compact[3] and over the years we have developed effective partnership working and increasingly use this approach to deliver services.

We recognise that this strategy is a Council document but the delivery of many of the actions to improve outcomes for local people rely on partnership working and we will continue to work closely with our partners to achieve this.

4. What do we want to achieve?

The aim of the Equality Strategy 2013-17 is to address keys issues such as:

- bridging the gap between the levels of deprivation and prosperity in the borough particularly focusing on:
    - raise educational attainment for all children and young people and reduce attainment gaps for target groups including children with special education needs or disabilities, those who are looked after in care, specific BAME groups, and those who are excluded from school
    - tackling rising unemployment particularly among young BAME adults and supporting those who are long term unemployed back into work
    - reducing health inequalities particularly the issues affecting some BAME communities and disabled residents
    - increasing education and economic opportunity in the east of the borough
- improving understanding of the borough's diversity and foster better understanding between communities.
- supporting those who do not usually get involved in decision-making to better understand how they can get involved and get their voices heard
- providing services that meet the needs of a changing population

[3] The Merton Compact is a partnership agreement between local public bodies and the voluntary and community sector to improve their relationships and provide a framework within which the sectors can understand what to expect from each other.

- employing staff that reflect the borough's diversity

5. Our achievements

Over the past three years progress has been made towards embedding equality practice throughout the Council. Outlined below are some of our successes:

- Community mapping work that has produced comprehensive data on the local community and identified areas of concern and suggestions for focusing resources. This data is a resource to assist officers in developing evidence for their equality analysis
- Partnership working has produced some positive equalities outcomes. An example of this is the Heath Diversity Officer and Bi-Lingual Advocates Project funded by the Department of Communities and Local Government (DCLG). The council and Merton Healthcare Practice Based Commissioning Group secured funding from the DCLG to deter newly settled communities from attending A&E with minor injuries and instead encourage them to register with local GPs. The projects have improved equalities data, provided equalities best practice guidance to GP staff and provided outreach to the Tamil and Polish communities in the borough.
- Our employment commitments are particularly encouraging and we have made good progress employing young people and have exceeded our target for the percentage of women in leadership roles.
- Pupil attainment at Key Stage 4 (GCSE) is now in line with the national average, and progress measures for target groups (economic disadvantage, Special Educational Needs without statement, White British, Black Caribbean and Mixed White and Black groups) are positive. There is also good attainment and progress at Key Stage 2 (end of Primary) across all groups.
- A further achievement is Merton Adult Education has exceeded its target for the take up of English as a Second or Other Language (ESOL) classes and the provision of a wide range of courses to support new migrants to settle in the borough.
- The take up of 'short breaks' by disabled children and young people continues to be on target, and the service works to ensure sufficient provision for those with moderate to severe needs. The refurbishment of Brightwell Respite Care Home is complete and has improved 'short break' facilities for those with higher level needs.
- Increased take up of children's centre services by families from the 30% most deprived areas, with 68% of targeted families taking up the service (2011/12).
- A peer translation project is running in 2 schools; resources are in place to roll this out to other schools. A pool of bi-lingual support assistants continues to be maintained to provide support to children in schools and to provide interpreter support to parents on school related issues.
- Implemented a Deaf Arts Group and specialist groups for visually impaired children operational at the adventure playground via the Short Breaks commissioned service
- Engagement mapping undertaken to identify gaps and develop a plan to encourage representation that reflects the borough's diverse communities.
- Living street audits have been undertaken to improve accessibility in town centres.

- Capacity developed in the voluntary and community sector to lead community cohesion events, e.g. Lesbian Gay Bi-Sexual and Transgender History Month and Holocaust Memorial Day
- The Muslimah Project successfully increased the number of Asian young girls participating in youth services
- Youth service provision for the Pollards Hill area has expanded to provide football coaching in order to meet the needs of all young people in the area
- The Anti-Bullying Strategy is in place, and in the Young Resident Survey 2011 there was a significant decrease in the number of young people reporting bullying as a concern.

6. Equality Objectives

One of the reasons that inequality exists is because not everyone starts life from the same point. As a council we recognise that understanding this difference is key to addressing some of the complex issues that create barriers and exclusion for some of our residents. Therefore we are committed to ensuring that:

- Everyone has an opportunity to fulfil their potential
- Individuals have choice and control to improve life chances and outcome[4]
- Everyone has ways to tackle the barriers that lead to inequality

It is evident[5] that some families experience inter-generational disadvantage that results in individuals experiencing inequality throughout their lives. Some disadvantaged people often lack basic information and skills. The challenges of disadvantage is felt by a range of people including teenage pregnancy, those who experience difficulty in the transition from being a young people to adulthood, gypsies and travelers, the long-term unemployed, disabled people and young adults leaving care.

The council's equality objectives have been developed to improve the life chances of our residents and create a more level starting point for all.

The equality objectives (our priorities) have been developed from work in the departments. The use of Equality Analysis to assess how changes to our policies and service provision affect different groups of people has identified gaps and particular issues to focus on.

Additionally, we have used the findings of commissioned work, such as the Community Mapping report produced by the Institute of Community Cohesion, analysis of statistical data and survey results to inform our work.

The equality objectives are grouped into five themes, which are: tackling inequality, service access, improving engagement, promoting community cohesion and workforce development.

6.1 Tackling Inequality

Merton remains committed to addressing the economic inequality that exists between the east and west of the borough. The number of young unemployed people who are Not in Education, Employment, or Training (NEET) has risen over the past few years. Reducing youth employment by supporting young people into employment is vital if the borough is to avoid young unemployed people becoming disengaged from the labour market in the long term. A disproportionate number of people who are NEET are disabled and/or black and minority ethnic residents.

[4] Dimensions of equality as defined by the Equality Review published in 2007: longevity, health, physical security, education, standard of living, productive and valued activities, individual and family life, participation, influence and voice, identity, expression, and self-respect, legal security.

[5] Equality and Human Rights Commission (EHRC), (2010) How fair is Britain? equality, human rights and good relations in 2010: the first triennial review.
Marmot (2010). The Marmot Review: Fair Society, Healthy Lives. Strategic review of health inequalities in England post-2010

We want equal access to services for all our residents and equal service outcomes for all. We know that inequality of access currently exists and will work with local communities to improve knowledge of the services that exist and the routes to access them.

The borough has a number of anti-poverty initiatives aimed at tackling multiple deprivation and supporting families to access services and improve their skills to contribute to improved life chances. We will undertake targeted work to focus on improving service outcomes for under performing groups and support some of these groups into employment.

Even prior to the recession Merton had issues with long-term unemployment. Many people who have been unemployed for significant periods of time have significant barriers to overcome and require intensive support. We are therefore committed to working in partnership with other organisations to develop effective pathways into employment.

What do we want to achieve?

- Schools attainment – improving attainment levels for all and narrowing the gap in achievements for some groups
- Improving outcomes – targeting services to improve the outcomes for those most in need.
- Anti-poverty initiatives – to reduce deprivation and inter-generational disadvantage
- Health inequality – reducing health inequality and the issues affecting particular communities
- Economic development – implementing the Economic Development Strategy to improve employment opportunies
- Access to employment – developing the Employment and Skills plan to develop pathways to employment for local people

6.2 Service Access

We aim to not only improve service access to those currently under represented. We are committed to taking a needs based approach to service provision and will use available evidence to inform service development. We recognise that there are gaps in evidence and we need to improve data collection and analysis. As we review services we will embed equalities commitments to ensure that we deliver services that meet identified needs.

There are some areas of the council's functions where we aim to reduce the disproportionate number of people coming into contact with a service. Preventative work is key and we will work with the more vulnerable members of our community to support them to improve their access and in some cases reduce them coming into contact with the service, i.e. a reduction in the number of BAME children in the Looked After Children statistics.

The more control we have regarding our own lives, the more independent, self sufficient and satisfied we will be. When major changes in life are faced it is important to support people at the earliest stage to maintain their freedom and independence.

Service development or reduction will be assessed using equality analysis to support our members to have all the available facts required to make difficult decision.

Each year, the Council enters into contracts worth millions of pounds buying goods, services, and works on behalf of the people of Merton. The Council's commissioning and procurement function is subject to the statutory duties of the Equality Act 2010 to make sure public money is spent in a way that advances equality of opportunity, promote good community relations and eliminate unlawful discrimination as well as ensuring services, goods and works are value for money.

We will ensure that equality obligations are part of the terms of a contract and that they are brought to the attention of suppliers of goods, services or works on our behalf. Contractors will be expected to monitor the impact on service users and staff.

What do we want to achieve?

- Undertaking Equality Analysis (EA) and targeting the gaps identified
- Ensuring that savings proposals all have thorough EAs
- Prevention and independence (Direct payments)
- Building equality considerations into Public Value Reviews
- Building equality considerations into the Commissioning process – ethical issues in contracts, e.g. encouraging contractors to employ more disabled people

6.3 Improving engagement

The council has a Community Engagement Strategy that informs much of the work that we do in this area and over the past three years much progress has been made to improving engagement. However we want to do more to get a wider range of our residents involved in the decision making process and contributing to policy development and service delivery.

We have undertaken engagement mapping and identified some gaps. Through this policy we aim to give every one an opportunity to get their voice heard. We will develop new engagement models and work with our residents and encourage and support those groups who have not always been represented, to get involved in decision-making.

A challenge that we face is – how do we ensure people feel their voices are being listened to? We aim to demonstrate that the views expressed by our residents actually make a difference and influence what we do.

What do we want to achieve?

We are particularly keen to improve engagement in the following areas:

- Young people – building on existing groups and processes that enable young people to take part in the local authority governance of services, to ensure that the needs of all young people are represented.
- Disabled people – encouraging more disabled people to get involved
- Carers/Links and other groups, Older People – improving the mechanisms to reach these groups
- BAME engagement e.g. BAME Governors

- Voluntary and Community Sector support for engagement
- Lesbian Gay Bisexual and Transgender community – promote the LGBT forum

6.4 Promoting Community Cohesion

Merton's population is growing and diversifying, with new communities arriving and the issues affecting established groups changing all the time. Reaching some of these sections of society can be difficult, particularly when community leaders are not prominent lacking or when communities exist across borough boundaries.

Improving cross-community relations will help to reduce this discrimination and lead to a more cohesive borough. We recognise the need to improve understanding and promote cultural competency and faith literacy in the council and other public agencies, ensuring that they can engage effectively with Merton's diverse communities and provide services that meet the changing population needs.

The 2011 Residents Survey showed that 87% of respondents feel that people from different backgrounds get on well together, and this is the case for both White and Asian respondents. However, only 76% of Black respondents agree with this statement. We therefore have work to do to improve the perceptions of some of our Black residents.

We are proud of the diversity in the borough and the rich cultural mix and will work with communities to celebrate that diversity and foster better understanding between communities.

What do we want to achieve?

- Celebrate diversity
- Partnership work with each other in the community
- Delivery of Community Cohesion Strategy action plan
- Using the Annual Residents Survey results to inform service delivery and improving perceptions
- Address demographic change
- Equal access to volunteering opportunities

6.5 Workforce Development

As the largest employer in the borough, the council is committed to recruiting and retaining staff that reflect the diversity in the borough. We recognise the need to reduce barriers to work, tackle long-term unemployment, reduce the number of young people who are Not in Education, Employment or Training (NEET) and offer more apprenticeships to young people.

As an employer we want to support staff to progress in their careers and will continue to support them to understand the diverse population that they serve and to give them the skills to provide a high quality and efficient service.

We value our staff and want to develop a culture where staff feel valued and safe to raise sensitive issues such as their mental health, without fear of being victimised.

We recognise that some managers may need support to give them the skills to confidently hold difficult discussions with staff.

What to do we want to achieve?

- Becoming an employer of choice
- Learning and Development - Developing staff from under-representative groups
- Pathways into employment
- Apprenticeships for young people (Looked After Children, mental health, offenders)
- Raise awareness of mental health
- Valuing staff diversity / staff appreciation of diversity in the community

7. Making it happen

Leadership – responsibility and accountability

Merton's elected members have overall responsibility for the Council's Equality Strategy. The Cabinet Member for Community Safety, Equalities and Engagement has the executive responsibility for promoting equality and diversity across the partnership and all council services, including those delivered on its behalf by businesses, voluntary, community and faith organisations.

Our Corporate Management Team and project management boards will have responsibility for the strategic implementation of the strategy. This includes making sure that equalities is central to all work done by the council, communicating and promoting the strategy to others inside and outside the council, setting out what we aim to achieve in terms of equality and diversity, and holding departments to account through performance reviews.

All managers must be familiar with the strategy and be responsible for ensuring equality and diversity is an integral part of any policy development, service design and delivery, employment practices; and procuring and commissioning of goods and services.

All staff including those we work in partnership with, and who are contracted or commissioned to work on our behalf, have a responsibility to promote equality, eliminate discrimination in their day-to-day work, and recognise and respect the different backgrounds and circumstances of people.

Monitoring the strategy

The strategy will be monitored through the governance structure outlined below:

Corporate Equality Steering Group is comprised of the CMT equalities champion (the Director of Children Schools and Families) and departmental representatives. The group will take the lead in monitoring the delivery of the strategy's commitments and where necessary highlight issues of concern and make recommendations to CMT for further improvements.

Departmental Equality Steering Groups - each department has a steering group comprised of representatives from across the department. They will be responsible

for local delivery of the corporate objectives and will review and revise the priorities based on assessment of service need

Reports to Departmental Management Teams - departmental teams will be responsible for the delivery of the strategy through service, teams and personal development plans.

Corporate Management Team - will receive progress reports twice a year.

Overview and Scrutiny Commission - will receive annual updates on our progress towards achieving the priorities identified in the strategy.

8. Performance Management

We will develop a range of robust equality and diversity related performance indicators that we will use to help us monitor our performance. This will help us identify if there are any areas of our performance that are notably different when looking at particular groups (for example, overall satisfaction related to ethnicity or disability).

Action Plan

Equality Objective 1- Tackling inequality			
Priority Area	**Key activity**	**Performance Measure**	**Dept/Lead Officer**
1.1 Schools attainment - improving attainment levels for all and narrowing the gap in achievements for some groups			
1.2 Improving outcomes - targeting services to improve the outcomes for those most in need.			
1.3 Anti-poverty initiatives			
1.4 Health inequality - reducing health inequality and the issues affecting particular communities			
1.5 Economic development - implementing the Economic Development Strategy			
1.6 Access to employment - developing the Employment and Skills plan			
Equality Objective 2 Service Access			
Priority Area	**Key activity**	**Performance Measure**	**Dept/Lead Officer**
2.1 Undertaking Equality Analysis (EA) and targeting the gaps identified			
2.2 Savings all have thorough EAs			
2.3 Prevention and independence (Direct payments)			
2.4 Building equality considerations into Public Value Reviews			
2.5 Building equality considerations into the Commissioning process			
Equality Objective 3 – Improving engagement			
Priority Area	**Key activity**	**Performance Measure**	**Dept/Lead Officer**
3.1 Young people – to ensure that the needs of all young people are represented.			

3.2 Disabled people			
3.3 Carers/Links and other groups, Older People			
3.4 BAME engagement e.g. BAME Governors			
3.5 Voluntary and Community Sector support for engagement			
3.6 Lesbian Gay Bisexual and Transgender community			
Equality Objective 4 – Promoting Community Cohesion			
Priority Area	**Key activity**	**Performance Measure**	**Dept/Lead Officer**
4.1 Celebrating diversity			
4.2 Maximising the opportunity to work in partnership with each other in the community			
4.3 Delivery of Community Cohesion Strategy action plan			
4.4 Using the Annual Residents Survey results to inform service delivery and improving perceptions			
4.5 Addressing demographic change			
4.6 Equal access to volunteering opportunities			
Equality Objective 5 – Workforce Development			
Priority Area	**Key activity**	**Performance Measure**	**Dept/Lead Officer**
5.1 Becoming an employer of choice			
5.2 Learning and Development - developing staff from under-representative groups into senior management roles			
5.3 Pathways into employment			
5.4 Apprenticeships for young people (e.g. looked after children, those with mental illness, young offenders)			
5.5 Raising awareness of mental health			
5.6 Valuing staff diversity / staff appreciation of diversity in the community			

Glossary

BAME
Term currently used to describe a range of minority ethnic communities and groups in the UK – can be used to mean Black and Asian and Mixed racial minority communities and can be used to include all minority groups, including white minority communities such as Gypsies and Travellers

Compact
The Compact is the agreement between the government and the voluntary and community sector, which sets out key principles and establishes a way of working that improves their relationship for mutual advantage. Merton has a local version of the compact which is a partnership agreement between local public bodies and the voluntary and community sector to improve their relationships and provide a framework within which the sectors can understand what to expect from each other.

Deprivation
Deprivation is not just about poverty but also the social and economic problems caused by a general lack of resources and opportunities

Disability
Disability is defined as a physical or mental impairment, which has a substantial and long-term effect on an individual's ability to undertake normal day-to-day activities

Discrimination
Treating an individual or group differently and/or less favourably than others under comparable circumstance. It may be based on a person's race, ethnic origin, disability, age, religion or belief, or their sexual orientation.

Diversity
Is about all the ways in which people differ and about recognising that differences are a natural part of society. Diversity is about treating people, as individuals and making them feel respected and valued.

Duties
These are things the law says a public body must do.

Equality
This means everyone having the same chances to do what they can. Some people may need extra help to get the same chances.

Equality Act 2010 or the Act
This is the Government's new law to make sure all people are treated fairly.

Equality Analysis (Equality Impact Assessment)
Is a tool used to identify the potential impact of a new or revised policy, service or function on different stakeholder groups. This exercise also helps the council to ensure it fulfils the requirements of the Equality Act 2010.

Equality Duty
This is a law for public bodies telling them they must think about how they can make sure their work supports equality. For example, in their services, through their jobs, and through the money they spend. Public bodies already needed to think about treating people of different races, disabled people, and men and women fairly and equally.

Gender reassignment
The process of changing or transitioning from one gender to another

Harassment
This is unwanted behaviour, which has the purpose or effect of violating the dignity of a person on the grounds of racial or ethnic origin, gender, disability, age, religion or belief or sexual orientation.

Lesbian, gay and bisexual
Lesbians are women who are attracted to other women. Gay men are attracted to other men. Bisexual people are attracted to women and to men.

Marriage and civil partnership
Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated no less favourably than married couples.

Not in Education, Employment or Training (NEET)
NEET is a government acronym for young people aged 16- 24 currently "not in education, employment, or training".

Pregnancy and maternity
Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Protected characteristics
These are the grounds upon which discrimination is unlawful. The characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Victimisation
Treating an individual less favourably than another because they have brought or supported a complaint of discrimination.

Vulnerability
A combined range of factors could make people more vulnerable or place them in situations that lead to greater vulnerability. For example some people are vulnerable due to a particular condition such as mental or physical illness as well find themselves placed in vulnerable situations such as living in a poor area with a lack of access to jobs, healthcare or housing. It is a combination of social and economic factors that place them at a disadvantage.

Consultation response form

You are welcome to use this form to record any comments or observations you would like to make in response to the consultation document. Please note that use of this form is not obligatory – responses are welcome in any format.

Consultation Question: 1
Do you think we have set the right priorities for Merton Council to focus on over the next four years? If not what should our priorities be?

Consultation Question: 2
Are there any other issues you think should be included in this Equality Strategy?

Consultation Question: 3
What else do you think we can do to promote equality of opportunity in the workplace and as an employer of choice for local people?

Consultation Question: 4
Merton Council is currently developing an Action Plan with priorities set against the objectives. What actions would you like to see included?

Consultation Question: 5
Do you have any other comments you would like to make about this draft Equality Strategy?

Please send your responses by e-mail to:
diversity@merton.gov.uk

Or by post to:

Equality and Community Cohesion Officer
Policy, Strategy and Partnerships
Corporate Services Department
7th Floor, Merton Civic Centre
London Road, Morden
SM4 5DX

Name:	
Organisation: (if applicable)	
Address:	
E-mail address:	

Appendix II

Equality and Diversity Policy Statement

Policy statement

Merton Council is committed to promoting equal opportunity and valuing diversity in the community, as an employer and as a provider of services to the people of the borough and its visitors.

The London Borough of Merton is committed to carrying out our legal responsibilities including:

- promoting equal opportunities, social inclusion and human rights;
- eliminating unlawful discrimination and disadvantage;
- eliminating harassment and victimisation;
- promoting a positive attitude towards people of different backgrounds, disabled people and others;
- encouraging participation by people of all backgrounds in public life;
- valuing diversity and promoting good relations between individuals, communities and employees of all backgrounds; and
- taking the necessary steps towards meeting the needs of disabled people and others.

Our aims and values

As a **Community Leader** we are committed to creating a socially inclusive and cohesive community by:

- working with others to ensure that Merton is a safe place in which to live, work, study or visit;
- promoting equal opportunity and equal access to employment, services, information and facilities;
- listening and responding to the views of our communities through appropriate and widespread consultation and participation mechanisms which are accessible to all;
- encouraging and supporting people to be active in social, cultural and political life;
- ensuring the information we produce and the events we hold positively reflect and promote the diversity of our communities; and
- ensuring organisations and businesses that provide goods and service on behalf of Council have appropriate equality procedures in place.

As a **Service Provider** we are committed to ensuring that our services are responsive and accessible to all by:

- providing fair and appropriate services that meet the wide range of needs of everyone in the community;
- making it easy for, and encouraging people to use our services, including people who are vulnerable, disadvantaged or harder to reach;
- ensuring our buildings and open spaces are accessible to everyone, making reasonable adjustments were appropriate;
- consulting and involving all sections of our community in the design, development and monitoring of our policies and services;

- monitoring take-up and evaluating services to ensure they do not discriminate or exclude individuals or groups;
- making sure our policies and procedures for giving grants, and for commissioning and buying in goods and services follow this policy; and
- making sure that we always consider equality and diversity when planning and delivering services.

As an **Employer** we value the diversity of our workforce and are committed to ensuring fair practice in employment by:

- making sure our workforce is representative of the local community;
- ensuring recruitment and selection processes are non-discriminatory and encouraging applications from all groups in the community;
- providing a safe and accessible working environment that values and respects the identity and culture of each person;
- creating a culture and working environment free from discrimination, harassment and bullying;
- ensuring that all staff has access to learning and development opportunities so that their contribution and potential are maximised;
- supporting disabled staff to carryout their work and making reasonable adjustments where appropriate to do so;
- applying fair and equitable processes to pay and reward schemes, ensuring equal pay for equal work;
- providing support and training on equality and diversity to all our employees and Councillors; and
- monitoring the diversity of the workforce with regard to, age, disability, gender reassignment ,pregnancy and maternity, race sex, ,religion and belief sexual orientation, and salary.