Merton Council
Health and Wellbeing Board
29 January 2019
Supplementary agenda
Information Tabled at the Meeting

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South West London Health & Care Partnership

CYP Emotional Wellbeing Programme: Whole Schools Approach and trailblazer

Programme Update January 2019

Highlights

- Whole Schools Approach
  - Cluster Plans – emerging themes
  - Feedback from Stakeholders
  - Developing the Digital Offer
  - Recruitment
  - Developing Training Offer: Empowering Parents, Empowering Communities; Mental Health First Aid
- Trailblazer
  - Introduction of new Mental Health Support Teams – Merton, Wandsworth and Sutton
  - Student mental health support workers – beginning training and on-site presence from January 2019
- Governance
- Engagement and Communications
  - Draft Communications and Engagement Plan
- Evaluation
  - Evaluation partner
  - Feedback/ Learning (to-date)

Summary of the whole school approach

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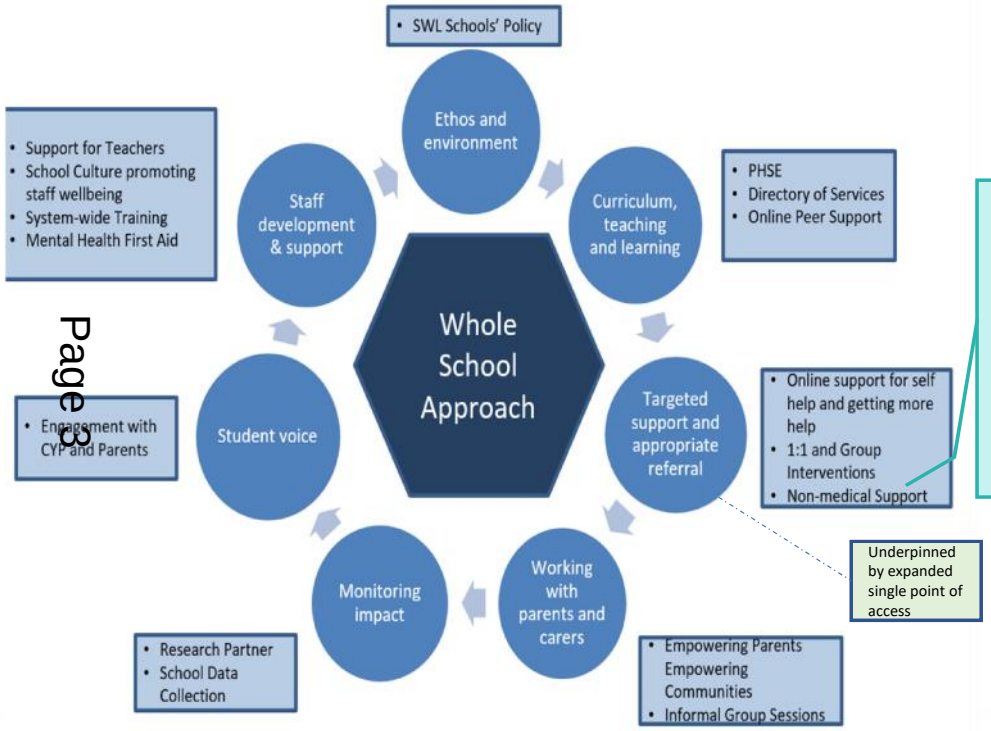

The Mental Health Support Teams will enhance the targeted support within the Whole School Approach

School clusters will deliver a whole school approach and each school cluster to have Clinical Psychologist who will support the following:

- *An ethos and environment that promotes respect and values diversity. A common SWL Mental Health policy to be implemented for schools.*
- *Curriculum, teaching and learning to promote resilience and support social and emotional learning*
  - *Delivered as part of PSHE education*
  - *Access to information via Directory of service, as above*
  - *Access to online peer support programme*
  - *Using additional online tools/resources – these need to be agreed*
- *Targeted support and appropriate referral*
  - *Online support to be provided (e.g. from Kooth who already provide services in Kingston)*
  - *Additional support for those with mild to moderate MH needs will be required. Clinical psychologist will provide some 1:1 and group interventions. This will be enhanced for the boroughs who are delivering the pilot for Mental Health Support Teams as there will be an additional team of 4.5 trained staff.*
  - *Access to non-medical support in community settings*
- *Working with parents and carers*
  - *Delivery of Empowering Parents, Empowering Communities (EPEC) across SWL*
  - *Group sessions (e.g. exam stress, internet safety) to be led by Clinical psychologist*
- *Identifying need and monitoring impact of interventions*
  - *Research partner to assess impact of pilot*
  - *Schools to support data collection (We will ask schools to do a baseline survey this term using a validated tool and to carry out another survey at the end of the pilot to monitor the impact of the intervention)*
- *Enabling student voice to influence decisions*
  - *Engagement programme with CYP and parents – to be developed*
- *Staff development to support their own wellbeing and that of students*
  - *Clinical psychologist to deliver programme of support for teachers*
  - *School culture to promote staff wellbeing*
  - *System-wide training programme (content to be developed based on training needs)*
  - *Mental health first aid to be rolled out across schools (to inclusion teams and head of year)*
- *Leadership and management that supports and champions efforts to promote emotional health and wellbeing*
  - *System leaders attending the Yale University development programme*
  - *System leaders championing the programme by engaging strategic leaders across SWL and identifying opportunities to innovate*
  - *Cluster leads supporting their cluster schools to complete audits, develop and implement their action plan*
  - *CAMHS partnership boards overseeing this work at a strategic level to ensure that the programme is aligned with borough priorities*
  - *Working with NHS leadership academy to develop a programme for the school designated leads so that they have the capacity and capability to develop their strategic roles in schools.*

Next steps

- Roll out of the whole school approach pilot commences from spring term 2019.

We believe in an inclusive and innovative approach to care.

www.swlondon.nhs.uk

What have we achieved so far?

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Governance:

- ToR for clusters approved by Cluster Leads
- Draft MOU drafted , consultantion with all partners in progress
- Cluster Leads Group and
- Steering Group now BAU
- Project plan

Engagement & Communications:

- Draft Comms and Engagement plan
- Engagement Framework agreed with SWL Engagement leads

Recruitment:

- South West London and St. Georges Mental Health Trust has recruited Band 8a for Merton and Wandsworth
- Sutton band 8a recruitment in progress
- AfC recruited Kingston and Richmond Band 7 equivalents
- Croydon band 7 recruitment in progress

Evaluation:

- Baseline surveys for Yr5 and Yr8 to begin in next 2 months
- Awaiting NHSE decision on Evaluation partners
- CORC our prospective provider, quotation obtained
- Reading University has agreed to provide consultancy evaluation support free of charge with the view for joint appointment of PHD student in September 2019

School Clusters:

- Cluster Action plans approved by CAMHS Partnership Boards for Merton and Sutton
- Cluster action plans for Kingston, Croydon and Wandsworth scheduled for partnership boards
- Richmond cluster plan not yet developed
- Mapping existing services and current activities

Digital Offer:

- Procurement of Online Counselling at Bidder Presentation stage
- Contract and mobilisation sessions with Mee Two (Online Peer Support) and The Creative Team – Getting It On (Directory of Service)

Targeted Support:

- Trailblazer –Trainees starting their training on 21st Janaury 2019 and their placement in SWL 22nd January
- NHSE submission to secure funding submitted on 31st December 2018
- Office space identified for Merton (Ursuline Girls' High school) and Wandsworth (Southfield academy) MHST

Training:

- Preparation mtgs with SLAM/EPEC; scope rollout of training
- Preparation meeting with Mental Health First Aid (MHFA); build/ influence national Youth MHFA instructor training to ensure sufficient capacity for SWL

Emerging Themes

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- Spring Term 2019 – Mobilisation period, Summer term 2019 delivery of whole school approach interventions
- Link with existing Child Wellbeing Practitioners, Early Intervention services and the wider children's partnership is important to prevent fragmentation
- Positive and committed relationships between the Cluster Schools
- Safeguarding concerns – use of online services; issues of confidentiality and information sharing with schools
- How are other services and projects connected in?
  - Involvement of Health and Wellbeing Boards
  - Mapping of local services
- Deployment of the MHSW; induction, supervision and logistics
- Evaluation – carry out baseline surveys in spring term

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Trailblazer – Mental Health Support Teams in Schools

Mental health support teams

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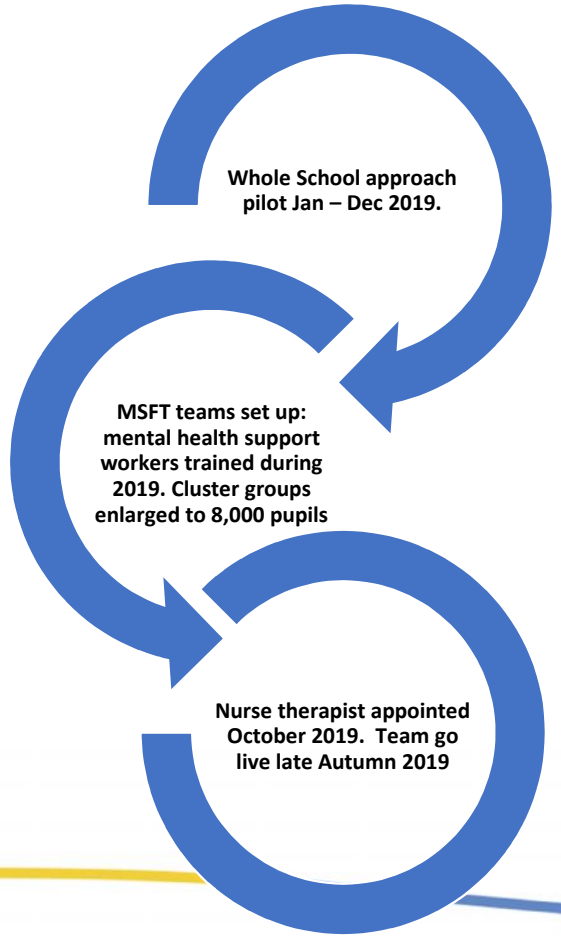
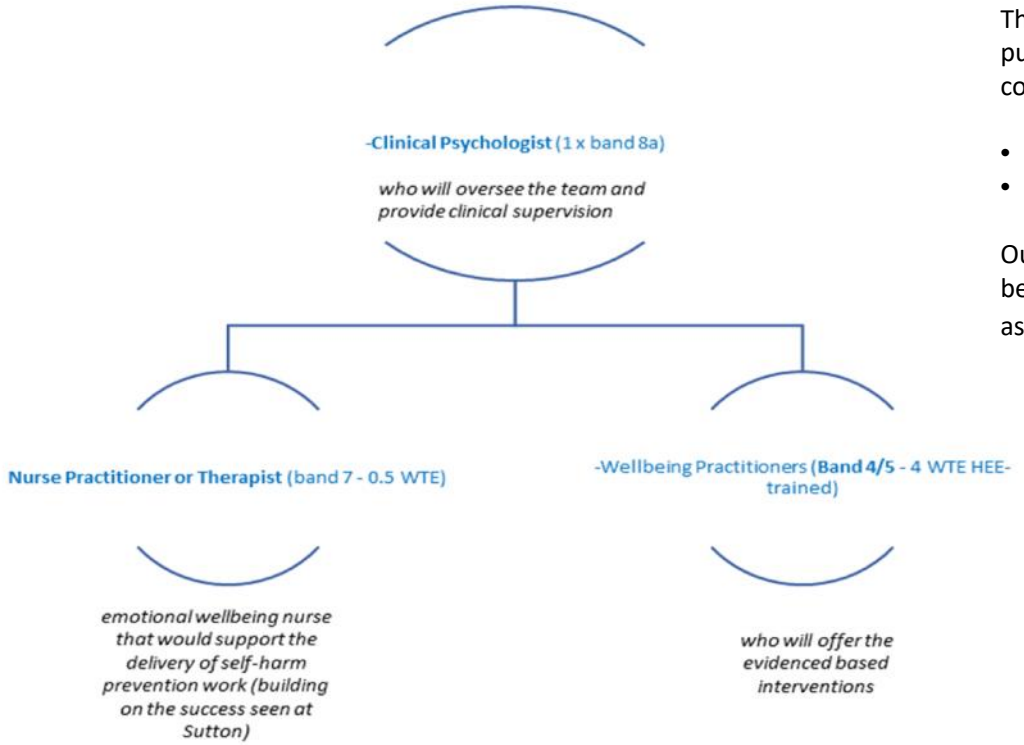
- THREE mental health support teams (“MHST”); Merton, Sutton and Wandsworth.
- Each MHST will cover a cluster group of schools, each with a population of approximately 8,000 children and young people.
- Phased roll out and teams to be fully live from late Autumn 2019.
- The MHST includes Mental Health Support Workers who will be trained by Health Education England (“HEE”) during 2019.
- Student MHSW start training and start on-site learning from January 2019
- Will deliver evidence based interventions in or close to schools for those with mild to moderate mental health issues (estimated at 500 interventions per 8,000 students per year).
- Help children and young people with more severe needs access the right support.



Mental health support team



The MHSTs will deliver consultation for teachers and assessments and treatment of pupils in primary schools and students in secondary schools and that treatments will comprise:

- 1:1 interventions
- group treatment programmes

Our teams will be trained in evidence-based practice including low level cognitive behaviour therapy, parenting work including multi family therapy group work such as the Marlborough Model to complement our current TAMH provision.

Next steps

- Determine the local delivery model (for each borough) – this will include mapping and integration of the MHSTs in the CAMHS pathway (including considering health inequalities)
- Engage with CYP/parents/schools/health sector how interventions will sit alongside current provision.
- Develop and implement the on-boarding programme for mental health support workers.
- Agreement across system for funding of administration

What does a successful bid commit us to?

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Commitment	Next steps	Governance
Use any funding allocated to SWL as part of the trailblazer exclusively for its intended purpose;	• Trusts and CCG to confirm as part of MOU	MOU to be overseen by Steering Group
To capture the current (18/19) investment into CYP MH across health and education and to at least maintain that level of investment. The new funding for MHST and/or waiting time pilots will therefore be an entirely additional investment into CYP MH services into schools	• To include in MOU • Maintain records of investment in current investment and resources in MH services from all commissioning partners • Measure base position	MOU to be overseen by Steering Group Submission to NHSE on current investment
Deliver the pilot of the MHST within the timescales specified;	• Programme plan to ensure delivery	To be overseen by Steering Group
Continue our engagement with CYP;	• Programme plan to ensure delivery	To be overseen by Steering Group
Have engaged the right stakeholders in the development of our proposal and have senior strategic commitment to this joint delivery;	• n/a	n/a
Share our learning with colleagues across sectors to support future MHST roll out;	• Work with NHSE and Healthy London Partnership to support this.	To be agreed with NHSE and HLP
Maintain good quality data and take part in the national evaluation.	• Requested early conversations with evaluation leads at NHSE to input into approach • Data flowing to the MHSDS from providers commissioned by CCGs to demonstrate access level above 20% of the CYP population. • Ensure that evaluation of whole school approach aligns with evaluation of trailblazer through discussion with research partners (option to have common provider for both)	MOU to be overseen by Steering Group
All schools in Merton, Sutton and Wandsworth to have Designated School Leads who will be trained using DFE resources.	• Schools to identify DSLs (agreement to do so will be part of MOU) • Schools to release staff for training • DFE to provide update on training for teachers (including dates)	MOU to be overseen by Steering Group

What are our success metrics?

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- Our MHST will collect CYP IAPT paired measures, using the same measures across all providers and pathways to make sure we can track improvements and also ensure that we have a consistent approach across SWL. We will also use school surveys and other evidence-based measures to track the impact of our interventions and make changes where things are not working.

- We will measure success based on both qualitative and quantitative measures. These will include:
  - Number of interventions delivered per MHST (target 500 per year)
  - Number of CYP who attend A&E as a result of self-harm per year (target to reduce by 20% per year from year 2)
  - Pre and post intervention score using school surveys
  - BAME access to services and experience of CAMHS
  - Time from referral to treatment for CYP referred to specialist CAMHS services
  - Pre and post intervention questionnaires to assess increase in confidence of young people to manage emotional wellbeing
  - Pre and post intervention questionnaires to assess improved knowledge and confidence from teachers and parents on supporting children with emotional wellbeing issues
  - School/college time lost

Next steps
- Baseline data will be collected from schools and healthcare before April 2019
- Score card / performance report to be developed to assess impact.

Evaluation

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- Awaiting details from NHS England on the approach to evaluation although we expect that the Child Outcomes Research Consortium (CORC). CORC is part of the Anna Freud Centre which is a child mental health research, training and treatment centre located in London. It is closely associated with University College London and Yale University.
- Developed our specification for evaluation of the whole school approach (which includes the initial base line assessment). Given the enhancement of the whole school approach with the Mental Health Support Teams it is critical that the scope of our base line assessment reflects the needs of the MHST evaluation. We have requested an early conversation with NHSE/CORC to discuss this.
- School/college online baseline survey needs to be completed by 30 April 2019.

Next steps
- Finalise arrangements with CORC for the provision of the evaluation of the whole school approach.
- Work with NHSE, once national evaluation partner agreed, to align the evaluations.
- Undertake baseline assessment questionnaire.
- Develop SWL reporting for metrics to be submitted to NHSE.

Which schools are involved?

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- Additional schools will need to be added to this cohort. We have agreed at the CYP emotional wellbeing steering group that the additional schools will be agreed on a borough by borough basis in conjunction with the Local Authorities.
- The students will be placed in the current school clusters for their placement
- The additional schools will need to join the current cohort delivering the *whole schools approach*. Work ongoing to determine how this will be delivered.

Next steps
- Borough meetings to be held to agree schools to be involved in clusters (majority of schools identified). These are in-train.
- Work with the "additional schools" to ensure that the foundations of the wider whole school approach is implemented.

Lead school - Merton	Primary schools	Secondary schools	Special schools	Independent schools	Total Number of Pupils
Ursuline High school	Sacred heart (345) St John Fisher (464) St Thomas of Canterbury (649) St Peters and St Paul's Catholic Primary school (467) St Teresa's (478) St Mary's (436)	Wimbledon College (1250) Ursuline High school (1360)			**5,449**

Governance arrangements for the implementation of mental health support teams

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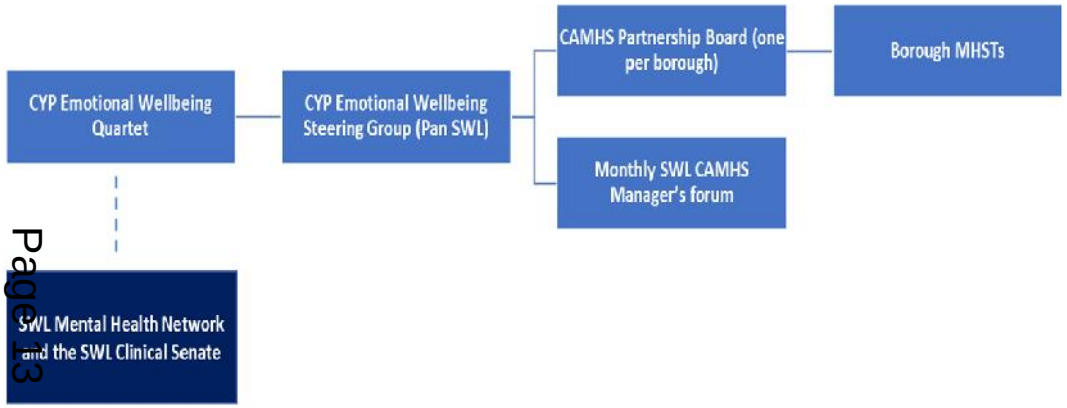

- **CYP Emotional Wellbeing Quartet** comprising Dr Andrew Murray (Merton GP, CCG Chair), David Bradley (CEO, SWLSGH), Ged Curran (CEO Merton Local Authority), John Goulston (CEO, Croydon Hospitals)
- **CYP Emotional Wellbeing Steering Group established** comprising representatives with lived experience, sector leaders from health (MH, acute, commissioner, primary care), voluntary sector, education (including state schools and independent schools), Local Authorities (including public health and children's services) will provide programme-wide guidance and direction.
- **CAMHS Partnership Boards in place to oversee delivery of the MHST within each borough**. These meetings are co-chaired by a clinical lead and the Director of Children's Services
- **Monthly SWL CAMHS Manager's forum** will ensure shared alignment and shared learning.
- **SWL Mental Health Network and SWL Clinical Senate** (which includes clinical representatives from across the system including Directors of Public Health) to provide further oversight and assurance of delivery.

Next steps

- Meeting plan to be developed for 2019 including all dates and forward looking agenda based on project plan.
- Terms of Reference to be agreed for all groups to ensure they reflect requirements of the pilot
- Development of MOU for all organisations to set out how we will work as a partnership to deliver the trailblazer (and commitment to maintain investment levels)

Draft Trailblazer Project Plan with Milestones

South West London Health & Care Partnership

Half day workshop planned for 7 January 2019 with stakeholders to develop these plans further.

2019 deliverables

Workstreams	Dec 18	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	2020
Integrated pathway agreement and service model (including equalities impact assessment) – for each borough			Map existing borough based pathways (to March)		SPA task and finish groups			Redesign pathway taking into account MHST delivery Equalities impact assessment	Implementation plan developed for future pathway model			Implementation of pathways		
Workforce		Mental health support workers (x4) placed in each borough*		Supervisors training begins*							Nurse therapist appointed Clinical psychologist funding commence*			
Technology		To be developed: focus groups with CYP to assess pilot and inform design of future support	Pilot of on line peer to peer support and counselling starts (phased roll out)		Peer to peer support and counselling fully rolled out across initial school clusters (tbc)									
Communications and engagement	See separate plan - it is integrated with the overall approach and will be included in overall plan from January 2019													
Evaluation	Align SWL evaluation whole school approach with national evaluation (by end Jan)	Undertake initial evaluation questionnaire for whole school approach			School online baseline survey needs to be completed									
Health inequalities	TO BE DEVELOPED													

*Ongoing discussions with NHSE to clarify expectations and alignment of on-boarding of team

Risks and Issues

Area of Risk	Details	Action
Safeguarding concerns; young people using online support services - issues of confidentiality	Schools concerned about sharing of information and duty of care	Discussion with Designated Safeguarding Leads, Schools and Providers to agree arrangements and where necessary a comprised position.
Recruitment of Band 8a, MHSW	Recruitment delays; Lack of interest	Escalation meetings as necessary
Engagement with Schools	Project limited to either 5k or 8k school population – concern amongst wider network of schools	Cluster leads/ Boroughs meeting with local schools network – identify additional schools for the Trailblazer areas – Wandsworth, Merton and Sutton
Alignment with existing CAMHS	Disjointed pathways and local service model; concerns about sustainability	Mapping existing services and co-producing service model with current CAMHS and Early Intervention services
Co-production and engage with CYP and Parents	Insufficient planning and early involvement with young people and parents to co-produce the local offer	Draft Communication and Engagement plan. Engagement leads for each cluster borough working with the schools and local stakeholders to start thinking about coproduction opportunities

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SUSTAINABLE COMMUNITIES PLAN 2019-25

Health and Wellbeing Board

Sponsor: Darren Tulley

Contact: John Dimmer or Jacob Lawrence

BACKGROUND

- Replacing the previous Community Plan, which ran from 2013-2019
- Being developed by the Merton Partnership

PURPOSE

- To set out the Merton Partnership's long term ambition for the borough
- To increase social capital across the borough
- To embed the 'Think Family' approach across the Merton Partnership
- Make the plan easily accessible to residents, councillors, and officers

OUR APPROACH

- We will undertake extensive engagement with residents, voluntary groups, community organisations, and the Merton Partnership
- We will use 28 indicators to build a picture of social capital across the borough
- The plan will have an online presence which will be updated throughout the plan's lifetime
- We will update the plan regularly with examples of 'You Said, We Did,' allowing for successes to be measured

ENGAGEMENT

- Children and Young People's Survey - has returned 1,700 responses
- Annual Residents Survey - will return 1,000 responses
- Targeted Engagement with hard to reach groups
- Workshop with voluntary sector and community groups
- Engagement with Merton Partnership – via thematic networks, away day, and conference

WHAT ARE WE ASKING?

- We would like the board to:
- Highlight any examples of projects which promote or build social capital
- Outline how the Board engages with the subsidiary groups and organisations that feed into it and any engagement channels that could be used to support the development of the Sustainable Communities Plan;
- Consider whether there are any places or communities they wish to prioritise for the engagement work with hard to reach groups and suggest any channels or mechanisms for how to engage with them; and
- Note the progress so far on the development of a new Sustainable Communities Plan for the borough and the links that can be built with the review of the Health and Wellbeing Strategy

Thank you

Contact: John Dimmer (john.dimmer@merton.gov.uk);
or Jacob Lawrence (Jacob.Lawrence@merton.gov.uk)

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Merton Health and Care Together: Start Well, Live Well, Age Well

Update to Merton Health and Wellbeing Board

January 2019

The Vision for Merton Health and Care Together:

"Working together, to provide truly joined up, high quality, sustainable, modern and accessible health and care services, for all people and partners of Merton, enabling them to start well, live well and age well"

We will deliver this through:

Supporting independence, good health, and wellbeing: *people are enabled to stay healthy and actively involved in their communities for longer, maintaining their independence. People will be at the heart of the system, and care will wrap around them. The effective use of technology and data will help us understand people and their needs to provide the right advice, support or treatment.*

Integrated and accessible person centered care: *Joint teams in the community will provide a range of joined up services, 7 days a week, that help people to understand how to take care of themselves and prevent the development or rapid progression of long-term physical and mental health illnesses and LTCs. People will be helped by their doctors and wider wellbeing teams, to make use of a much more accessible and wider range of lifestyle change services.*

A partnership approach: *Local communities will become more resilient, with voluntary sector organisations playing an increasingly important role in helping to signpost vulnerable people to the right service and in some cases providing that service. Peer support will have a vital role to play in counteracting loneliness and contributing to people's overall mental health and wellbeing.*

Merton Health and Care Together

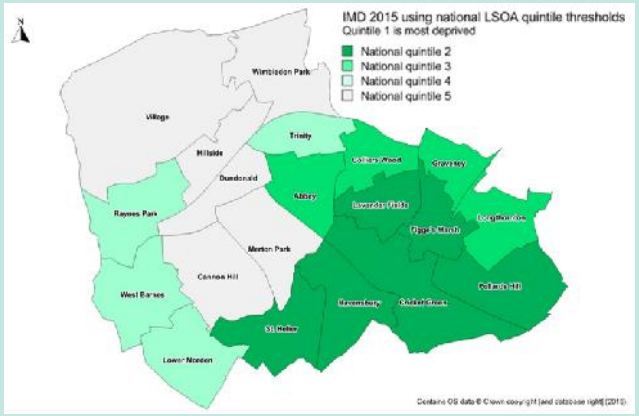
Demographics of Merton

Population by single age (all persons) 2018 and predicted to 2038

Source: GLA population projection housing-led 2016 base

Inequalities and health divide

"People in East Merton have worse health and shorter lives"



Healthy lifestyles and emotional wellbeing

Males

65.4

Longer than London (63.2) and England (63.5)

Females

66.3

Longer than London (64.0) and England (64.8)

However, the gap between the 30% most and least deprived wards is 9.4 years for men and 9.3 years for women

Exercise

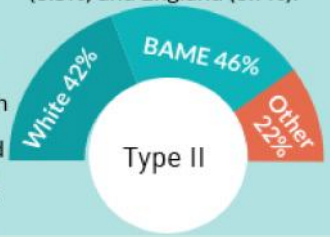
In 2016/17, just over 17% (28,000) of adults aged 19 and over were doing less than 30 minutes of moderate exercise a week. This is lower than London (23% and England 22%)

Increasing complex needs and multi-morbidity

Diabetes (Types I and II)

6.1% have diabetes which is slightly lower than London (6.5%) and England (6.7%).

Type II diabetes is more common in people of South Asian and African/Afro-Caribbean origin and affects people from BAME backgrounds at a younger age.



Dementia

An estimated 1,700 people aged 65 and over have dementia in Merton; 74.4% have received a formal diagnosis.

This is higher than London (71.1%) and England (66.4%).

Child and family vulnerability and resilience

Children in care

England 62 per 10,000

London 50 per 10,000

Merton 36 per 10,000

Merton has a lower rate than London and England

16-17 year-olds not in Employment, Education or Training

3.5%, lower than London (5.3%) and England (6%).

Emergency admissions due to injuries from falls

England 2,114 per 100,000

London 2,201 per 100,000

Merton 3,262 per 100,000

Falls are the leading cause of older people being admitted to hospital as an emergency.

Hidden harms and emerging issues

Air pollution

Tuberculosis

London 22.2 per 100,000

SW London 12.8 per 100,000

Merton 18.0 per 100,000 (about 40 people)

Seasonal mortality

More people die in the winter than the summer

Merton Health and Care Plan on a Page

Our Vision:

Working together, to provide truly joined up, high quality, sustainable, modern and accessible health and care services, for all people and partners of Merton, enabling them to start well, live well and age well:

- Supporting Independence, good health and wellbeing
- Integrated, person centred care
- A partnership approach

Prevention Framework across the life course

Responding to the needs of Merton Residents…		…Merton Health and Care Together will Focus on…	…to improve the lives of Merton residents
Start Well	**Integrated support for children and families** - More children in need due to abuse, neglect or family dysfunction, than London and England - Greater increase in children with special education needs than London and England . - Higher rate of A&E attendances in children under 18 years of age, than England. **Emotional Wellbeing and Mental Health** - Increase in children's use of substance misuse service, in contrast to a reduction across England - Rate of child admissions for mental health conditions higher than local authority nearest neighbours and England. - The fifth highest rate in London of emergency hospital admission for self-harm	**Emotional Wellbeing and Mental Health**: Children and young people to enjoy good mental health and emotional wellbeing, and to be able to achieve their ambitions and goals **Children and Young People's Community Services:** Create an integrated commissioning strategy identifying opportunities for integration **Developing Pathways into Adulthood**. Children and young people should continue to receive high quality services as they become young adults	Improved experience of and access to mental health provision Service tailored to individual and family needs Reduced need for emergency intervention
Live Well	**Wellbeing and Log Term Conditions** - The main causes of ill health and premature deaths in Merton are cancer and circulatory disease - Steady increase in diabetes prevalence; an additional 1,500 people in Merton - Fewer than 1 in 5 adults are doing 30 minutes of moderate intensity physical activity a week - 1 in 4 adults are estimated to be drinking at harmful levels - Over half of adults in Merton are overweight or obese - Only 16.5% use outdoor space for exercise/health reasons, lower than London and England - 10% of the working age population have a physical disability **Mental Health and Wellbeing** - Higher reported levels of unhappiness and anxiety than in London and England - 16% of adults estimated to live with common mental health disorders like depression and anxietyHigher rate of emergency hospital admission for self-harm than London and England	**East Merton Model of Health and Wellbeing:** Developing a wellbeing model that underpins a holistic approach to self-management of long term conditions **Diabetes:** life course, whole system approach. Focus on prevention and health inequalities. **Primary Mental Health Care:** Single assessment, primary care recovery, wellbeing and Psychological Therapies **Primary Care at Scale:** improve quality, reduce variation and achieve resilience and sustainability	Improved wellbeing and independence Greater LTC control and outcomes Improved access to primary and community services Improved access to mental health support
Age Well	**Complex health and care needs** - More people are living into older age with multiple long-term conditions - An estimated 1,686 older people have dementia in Merton - Merton currently supports around 4,000 adults with social care needs - Fewer people remain at home 3 months after reablement than both London and England - 11% of people have a long term illness, disability or medical condition - 5,900 people aged over 75 live alone. - Emergency admissions due to falls are significantly higher than London and England	**Integrated Health and Social Care:** Proactive and preventative services, rapid response, improving discharges, enhanced support to care homes, falls prevention, and high quality end of life care **Dementia Friendly Merton:** Improving the environment and day to day interactions for people with Dementia	Improved experience, and control of care Reduction in falls and ambulance callouts Fewer emergency admissions and A&E

Merton Health and Care Together

Merton Health and Care Plan Event

- Design groups held with representatives from Health, Social Care and the voluntary sector partners
- Took place on 21 November at Chak89
- 151 people attended the event
- Attendees invited:
  - Frontline staff – NHS, Local Authority, Voluntary Sector
  - Representative sample of local people of the borough
  - Community and stakeholder groups

We made a film at each borough to give people a flavour of the day …

https://youtu.be/HhrdyYs_RWs

We held a partnership health and care event on 21st November to get feedback on the areas of focus and come up with ideas to improve our work for people in Merton:

High level feedback from participants at the event …

- 94% found the event valuable or extremely valuable
- 90% felt their personal contributions were listened to during the day
- 96% felt they knew more about local health and care priorities

"Best event I've been to where providers and the public have been brought together to have valuable discussions on "heath and care together". Excellent way to engage"

"I didn't know what to expect upon attending the event today, but I have been pleasantly surprised about the genuine level of care the NHS and various companies have for the health and wellbeing of the community"

Next steps …

- **December/Jan 2018/19:** The film, illustration and evaluation is sent to all those who attended event.
- **December 2018 onwards:** Merton Health and Care Together Board will consider the outcomes of the day and agree ideas that should be explored further.
- **December 2018 onwards:** Merton Health and Care Together Board to continue to develop and agree the Merton Health and Care Plan

Updates/discussion at the Health and Wellbeing Boards during **January and February.**

- **Dec – March 2019:** analysis of health and care plan initiatives undertaken and priority actions identified.
- **March 2019:** Health and Wellbeing Board receive draft Merton Health and Care Plan *Discussion Document* for approval
- **May – June 2019:** Feedback considered and recommendations made for inclusion in the final health and care plan.
- **June 2019:** Final Health and Care Plan presented to the Health and Wellbeing Board for approval.
- **July 2019:** Publication of Health and Care plans.

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COUNCILLOR TOBIN BYERS
Cabinet Member for Adult Social Care and Health
(Labour, Cannon Hill Ward)

London Borough of Merton
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London Road
Morden SM4 5DX

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Email: tobin.byers@merton.gov.uk

Date: 30 January 2019

Khadir Meer
Chief Operating Officer
NHS England (London)
Skipton House
80 London Road, SE1 6LH

Dear Mr Meer

Merton Health and Wellbeing Board response

Thank you for your letter of 22 January and request for Merton Health and Wellbeing Board's view on the contribution of Merton CCG to the delivery of our joint Health and Wellbeing Strategy. This response was discussed and agreed unanimously at the Health and Wellbeing Board on 29 January.

As partners in Merton Health and Wellbeing Board both the Council and the CCG have been working hard and made significant commitment to build relationships and genuinely collaborate. This is not always straight forward but both recognise it is vital to make best use of the Board and the joint Health and Wellbeing Strategy.

In recent years the Health and Wellbeing Board has developed from being a formal committee style meeting which noted and ratified reports, to a lively engaged partnership giving strategic leadership to health and wellbeing in Merton including active local GPs and Councillors. In practice this has involved regular development sessions and seminars as well as careful planning of the agenda by myself as Chair, Andrew Murray, Chair of Merton CCG and key officers from both the CCG and Council. It has also involved close working with the voluntary sector at all levels and an on-going dialogue with our local community.

A particular example of good practice was a series of Diabetes Truth Conversations held in 2018 in which Health and Wellbeing Board members and local GPs were paired with our 'expert witnesses' who were either living with diabetes, at risk of diabetes or caring for someone with diabetes. Through a series of one to one conversations Health and Wellbeing Board members were able to gain a real insight into the lives of people dealing with diabetes and how it impacted on them. This work has informed the development of the new Diabetes Action Plan which is now feeding into the new Health and Wellbeing Strategy. Recent joint work on the Suicide Prevention Framework has

also involved local GPs, councillors as well as officers across the CCG, Council and voluntary sector.

Merton Health and Wellbeing Strategy is an important tool in delivering the Health and Wellbeing Board's agreed priorities. Our previous Health and Wellbeing Strategy ran from 2015 to 2018 and implementation of this was tracked in an Annual Report to the Health and Wellbeing Board. We are currently in the process of updating the Merton Health and Wellbeing Strategy which will run from 2019 to 2024 and our joint work and thoughtfulness in how we align this new Strategy with the Merton Local Health and Care Plan is evidence of how we jointly approach strategic leadership for health and wellbeing across our borough.

The CCG has played an active and constructive role in all of this work, through the clinical Chair (who serves as Vice Chair of the Board), Managing Director and others who sit as members of the Board. The CCG has also ensured a wide breadth of representation from different disciplines at the workshops we've held to develop the Health and Wellbeing Strategy, which the discussions have greatly benefited from.

Yours sincerely

Councillor Tobin Byers
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Cabinet Member for Adult Social Care and Health
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cc: Sarah Blow, Accountable Officer, Kingston, Richmond, Merton, Sutton and Wandsworth CCGs