Merton Council
Health and Wellbeing Board

Date: **25 November 2014**

Time: **12.30 pm**

Venue: **Committee rooms C, D & E - Merton Civic Centre, London Road, Morden SM4 5DX**

Merton Civic Centre, London Road, Morden, Surrey SM4 5DX

1	Declarations of pecuniary interest	
2	Apologies for absence	
3	Minutes of the meeting held on 30 September 2014	1 - 8
4	Local Authority role in reducing particular vulnerabilities faced by girls	9 - 24
5	Development of the Joint Strategic Needs Assessment (JSNA) - verbal update	
6	HWB Priority 3 (Enabling people to manage their own health and wellbeing as independently as possible): Update on progress	25 - 36
7	Better Care Fund update	37 - 40
8	Winterbourne View update	41 - 44
9	Better Healthcare Closer to Home: Nelson and Mitcham - verbal update	
10	Annual Public Health report	45 - 50
11	London Health Commission report and NHS Five Year forward view - presentation	
12	Health and Wellbeing Strategy Refresh 2015	51 - 58
13	Community Health and Wellbeing Fund progress report	59 - 70
14	Healthwatch Merton work programme - verbal update	

Date of next meeting: 27 January 2015 at 1.00 pm

This is a public meeting – members of the public are very welcome to attend.

Requests to speak will be considered by the Chair. If you would like to speak, please contact democratic.services@merton.gov.uk by midday on the day before the meeting.

For more information about the work of this Board, please contact Clarissa Larsen, on 020 8545 4871 or e-mail democratic.services@merton.gov.uk

Press enquiries: press@merton.gov.uk or telephone 020 8545 3483 or 4093.

Note on declarations of interest

Members are advised to declare any Disclosable Pecuniary Interest in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that mater and must not participate in any vote on that matter. If members consider they should not participate because of a non-pecuniary interest which may give rise to a perception of bias, they should declare this, .withdraw and not participate in consideration of the item. For further advice please speak with the Assistant Director of Corporate Governance.

Health and Wellbeing Board Membership

Merton Councillors

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

Council Officers (non-voting)

- Director of Community and Housing
- Director of Children, Schools and Families
- Director of Public Health

Statutory representatives

- Four representatives of Merton Clinical Commissioning Group
  Eleanor Brown, Adam Doyle, Howard Freeman, Geoffrey Hollier
- Chair of Healthwatch
  Barbara Price

Non statutory representatives

- One representative of Merton Voluntary Services Council
  Ian Beever
- One representative of the Community Engagement Network
  Melanie Monaghan

Quorum

Any 3 of the whole number.

Voting

3 (1 vote per councillor)
4 Merton Clinical Commissioning Group (1 vote per CCG member)
1 vote Chair of Healthwatch
1 vote Merton Voluntary Services Council
1 vote Community Engagement Network

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HEALTH AND WELLBEING BOARD
30 SEPTEMBER 2014
(13.00 - 15.00)

PRESENT Councillors Councillor Caroline Cooper-Marbiah (in the Chair), Councillor Gilli Lewis-Lavender, Councillor Maxi Martin, Kay Eilbert, Yvette Stanley, Simon Williams, Eleanor Brown and Beever, MVCS

Dave Curtis (for Barbara Price), Healthwatch Merton

ALSO PRESENT Chris Lee, Clarissa Larsen, James Corrigan, Anjan Ghosh, Susanne Wicks (LBM officers)

Matthew Trainer, NHS England

Ranjit Kaile (Head of Communications) and Sharon Spain (Head of Nursing) from the South West London and St George's Mental Health NHS Trust.

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies were received from Melanie Monaghan and Howard Freeman.

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

No declarations of interest were made.

3 MINUTES OF THE MEETING HELD ON 24 JUNE 2014 (Agenda Item 3)

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

4 SCHOOL NURSING SERVICES IN MERTON (Agenda Item 4)

Julia Groom introduced the report and outlined the key findings including positive aspects and challenges. She also highlighted the recommendations and actions detailed in paragraph 2.7 of the report.

Councillor Maxi Martin noted the challenge for the local authority in taking over not only this function but also all other functions included within the public health remit. She welcomed the report but suggested that the visibility of the service section could be amplified. She also asked for an update on negotiations with LB Sutton on the workforce allocation. Julia Groom confirmed that a paper outlining Merton's view of a fair allocation has been submitted to LB Sutton and their response is awaited.

Julia Groom amended the third recommendation to read:

"To welcome the £36k increase in funds to provide additional capacity to address higher needs schools in the east of the borough".

Councillor Maxi Martin outlined the work she has undertaken with the Baitul Futuh Mosque in Morden to encourage parents in the local community to take up free school meals where appropriate. This will not only benefit the children, but also increase levels of funding to schools. Ian Beever suggested similar work should be carried out with the Korean, Polish, and Tamil communities.

Yvette Stanley advised that the report has been delivered to the Children's Trust and the Local Safeguarding Board, and welcomed the £36k funding. There are 3.5k more primary school children in the borough than in 2008 so any additional resources must be carefully allocated.

Kay Eilbert advised that a post has been created in the CSF department to support and develop pathways with health visitors, midwives, GPs, and children centres. Eleanor Brown recommended that the report be shared at locality level.

RESOLVED:

1. That the HWB note the findings from the review of School Nursing Services in Merton and progress following the review.

2. That the HWB welcomes the £36k increase in funds to provide additional capacity to address higher need schools in the east of the borough.

5 PROGRESS REPORT ON MERTON HEALTH AND WELLBEING STRATEGY - PRIORITY 1: GIVING EVERY CHILD A HEALTHY START (Agenda Item 5)

Julia Groom introduced the report and highlighted the areas of good progress and areas for improvement. She directed the Board's attention to the four outcomes and invited comment and questions.

In response to a query from Councillor Gilli Lewis-Lavender, Julia Groom advised that a low birth rate is below 2500g (5 lbs 8 oz).

Eleanor Brown welcomed the report and commended the inclusion of measurements and data. She highlighted the recent outstanding Ofsted report for Acacia Children's Centre and asked how children's centres can be more closely aligned with primary care. Julia Groom advised that when recruited, the co-ordinator's role will be to develop pathways and establish improved referral and communication routes. Kay Eilbert added that representatives from Public Health attend monthly GP locality meetings and provide data regarding the outcomes, for example rates of immunisation broken down by GP practices. Yvette Stanley explained that eight of the eleven children's centres are based in schools and 70% of the children who need the services on offer are based in the east of the borough. She advised that all children's centres have been Ofsted rated at good or above.

Councillor Maxi Martin noted that work must be done to ensure children from all communities are school ready (immunised, toilet trained, etc.). She asked that routes of funding be explored in order to produce leaflets in a range of community languages to be shared among parents in the borough. Julia Groom undertook to investigate any sources of funding.

Report received.

6 DOMESTIC VIOLENCE AND ABUSE STRATEGIC NEEDS ASSESSMENT (Agenda Item 6)

Yvette Stanley introduced this report and advised of the intention to establish a VAWG governance board to ensure Merton is fully compliant with best practice. She invited comments and questions.

Yvette Stanley confirmed that the Violence against Women and Girls Strategy does include men and same sex abuse, and undertook to ensure that this is made very clear.

Councillor Maxi Martin noted her concern about the possible stereotyping of victims of domestic violence and reminded all present that victims can be in any socio-economic group, or from any cultural background. Yvette Stanley confirmed that those involved in this area do not make such generalisations.

RESOLVED:

1. That the HWB agrees the recommendations in the needs assessment.

2. That the HWB agreed the way forward, with further work to be done in the light of potential changes to Safer Merton.

7 MERTON CCG COMMISSIONING INTENTIONS 2015/16 (Agenda Item 7)

Adam Doyle presented this report and invited comments and questions.

Adam Doyle undertook to include CAMHS in the plan on a page, and also to ensure prevention of obesity is given a high priority.

Kay Eilbert commended the CCG on their use of the JSNA.

Report received.

8 TRANSFORMING PRIMARY CARE - VERBAL REPORT (Agenda Item 8)

Eleanor Brown delivered a short verbal report on the plans for CCG co-commissioning, and on transforming primary care. She undertook to bring a formal report to the November meeting of the Board.

With regard to co-commissioning, Eleanor Brown explained that Merton, Kingston, Sutton, Croydon and Wandsworth have submitted an expression of interest to be co-commissioners. The process will start with a needs assessment, and CCGs will work closely with NHS England. She noted that the governance arrangements will require a lot of thought, and local authorities are considering how they may assist.

The transformation of primary care programme will launch in November and will focus on prevention, reactive care and the adoption of new initiatives and technology. Focus will be given to workforce, estates and affordability. CCGs are considering how GPs could join together to change the way they deliver services, for example offering seven day cover. A task and finish group will be established, to be chaired by Howard Freeman.

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

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

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

Eleanor Brown thanked the Board for their comments.

9 BETTER CARE FUND (Agenda Item 9)

Simon Williams introduced this report and thanked James Corrigan, Programme Manager for leading on this piece of work. Eleanor Brown and Matthew Trainer echoed those thanks.

Adam Doyle advised NHS England's local area team have confirmed the Plan is cohesive, robust and achievable. They asked to see full risk register which has been provided and some more information on one scheme has already been supplied.

The Board approved the resubmitted plan, noting that the Chair, due to time constraints, had approved it as chair's action.

Report received.

10 MERTON MENTAL HEALTH NEEDS ASSESSMENT (Agenda Item 10)

Anjan Ghosh delivered a short presentation on the key findings of the Merton Mental Health Needs Assessment, and then invited comment and questions. The presentation covered:

- Headline findings;
- Where Merton is doing well;
- Gaps in Merton;
- Gaps expressed by service users and carers;
- Ethnicity of in-patients, in-patients by deprivation, and of East/West of the borough;
- Health and social care recommendations;
- Promoting mental health and wellbeing;
- Parental and child mental health;
- Tackling dementia.

Ian Beever noted his concern at the lack of continual contact with people suffering from mental ill-health, as this can lead to crisis. He suggested that, given the gap in drop-in and day centre care, an alternative model of intervention should be developed.

Ian Beever warned that the voluntary sector for mental health in Merton is at very low capacity and funding is needed to build up the capacity to continue to play a vital role in supporting people with mental health issues.

Ian Beever reported that MVSC will launch a mental health forum in January, which will bring providers together. The project has been funded for two years

Councillor Maxi Martin noted the need to ensure that people from all ethnic backgrounds are adequately supported and access services.

Adam Doyle thanked Anjan Ghosh for his presentation and noted the challenge faced in closing the gaps identified. He advised that the CCG will devise a programme to take forward the work required, but a full partnership approach is needed.

Councillor Gilli Lewis-Lavender noted that when she chaired the Healthier Communities and Older People Scrutiny Panel, special meetings were regularly held to focus solely on mental health. She noted that she will be suggesting that this practice be reinstated. She also noted that day centres should be renamed activity clubs, in order to remove the stereotype of day centres and encourage people to attend.

Councillor Cooper-Marbiah invited all present to visit the Dementia Hub and to consider becoming a dementia friend.

Report received.

11 PUBLIC CONSULTATION - INPATIENT MENTAL HEALTH SERVICES IN SOUTH WEST LONDON (Agenda Item 11)

The report was introduced by Ranjit Kaile (Head of Communications) and Sharon Spain (Head of Nursing) from the South West London and St George's Mental Health NHS Trust. Ranjit Kaile outlined the proposed consultation, explained where it could be found and how it was being carried out, and invited comment and questions.

Dave Curtis noted his concern that the consultation launched on Monday 29 September but he was not aware of it. Ranjit Kaile detailed the range of people and groups consulted and undertook to discuss the consultation further with Dave Curtis after the meeting.

Yvette Stanley asked if young people would be affected by the changes, given the requirement in the Children and Families Act for services to be provided up to 25 years of age. Ranjit Kaile undertook to find out more information and report back on this issue.

Councillor Gilli Lewis-Lavender noted her concern that residents do not all receive local newspapers so may not be aware of the engagement events in October. The Merton event will take place on 10 November at 7 pm in Drake House, Wimbledon.

Simon Williams asked how Merton residents will be affected, given that most patients are directed to Springfield Hospital. Adam Doyle responded that the impact on Merton's residents should be minimal.

Simon Williams asked if the HWB will be asked to give their view on the proposals. Ranjit Kaile advised that a Joint Health Overview and Scrutiny Committee (JHOSC) has been formed, and will meet three times in October and November, and carry out site visits. The final meeting before making a recommendation will be on 21 December 2014. It is expected that the views of this Board should be fed into the JHOSC, and it is possible that the HWB will be given a report on the final decision. Yvette Stanley noted the problems of the HWB feeding into the JHOSC, given that the HWB makes recommendations to the Executive, not to Scrutiny and Ranjit Kaile undertook to check the process.

Report received.

12 NELSON AND MITCHAM LOCAL CARE CENTRE DEVELOPMENTS (Agenda Item 12)

Adam Doyle introduced this report, detailing progress to date with the Nelson and Mitcham local care centres.

With regard to the Mitcham care centre, Adam Doyle outlined the current dilemma; the available sites in the town centre may not be large enough to accommodate all of the services wanted, but a full suite of services can be provided in one of the sites outside the centre of Mitcham. On 2 October, a public event will be held to outline the process and discuss options.

SW congratulated the CCG on their efforts into this project and acknowledged the difficulties faced. He noted there is no perfect solution and advised that the Board would need to show collective support for the option which is on balance preferred and adopted.

Councillor Maxi Martin, whilst thanking the CCG, expressed frustration at the time the project has taken and will take. Eleanor Brown reminded the Board that the Nelson project took a huge amount of time. She appealed to the Board members to push the project forwards, for example in areas such as planning. Whilst noting that councillors cannot influence the planning process, Chris Lee undertook to discuss this matter further with Adam Doyle and to ensure that the CCG receive planning advice when required.

Councillor Gilli Lewis-Lavender suggested that the Board look to the future rather than the past.

Report received.

13 PHARMACEUTICAL NEEDS ASSESSMENT CONSULTATION (Agenda Item 13)

Kay Eilbert presented this report.

RESOLVED:

1. That Public Health respond on behalf of the HWB to consultation documents from neighbouring boroughs.

14 REVIEW OF ONE MERTON GROUP TERMS OF REFERENCE (Agenda Item 14)

Kay Eilbert introduced this report.

RESOLVED:

That the HWB agrees the terms of reference for the One Merton Group.

15 HEALTHWATCH ANNUAL REPORT (Agenda Item 15)

Dave Curtis introduced this report. He noted that Healthwatch are already involved in many of the areas on the agenda for the meeting. He advised that Healthwatch have built up a good level of trust with local groups and aims to remain transparent in order to retain that trust.

Councillor Maxi Martin congratulated Dave Curtis on the achievements made.

Ian Beever advised that approval has been given for MSVC to change the governance model for Healthwatch Merton. A sub-group will be constituted, with an independent chair, to lead on this piece of work.

Eleanor Brown thanked Dave Curtis for the help of Healthwatch with patient and public involvement.

Dave Curtis offered to share Healthwatch's reports and data with any party that may find it useful.

Report received.

Committee: Health and Wellbeing Board

Date: 25th November 2014

Wards: All

Subject: Local Authority role on reducing particular vulnerabilities faced by girls

Lead officer: Yvette Stanley, Director of Children, Schools and Families

Lead members: Cllr Maxi Martin, Cllr Martin Whelton

Forward Plan reference number: N/A

Contact officers: Promote and Protect Chair & QA & Practice development -Lee Hopkins (CSF); Education Inclusion – Keith Shipman (CSF); Mawuli Beckley-Kartey – MASH & First Response (CSF); Curtis Ashton - FAS (CSF); VAWG – Zoe Gullen, Safer Merton Kay Eilbert – Director of Public Health (C&H)

Recommendations:

A. Members of the Health and Wellbeing Board to note the contents of the report.

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report provides members of the Health and Wellbeing Board with information on some of the work Children Schools and Families, schools and the wider Council undertakes in relation to girls and vulnerability including: violence against women and girls (VAWG); child sexual exploitation (including trafficking) (CSE); female genital mutilation (FGM); girls and the criminal justice system including girls and gangs; and forced marriage.

2 VIOLENCE AGAINST WOMEN AND GIRLS – STRATEGIC RESPONSE

2.1 The Council has a number of statutory duties relating to tackling and effectively responding to domestic abuse and violence against women and girls, duties which are delivered across a number of departments and in partnership with a range of partners. At a partnership level the overarching historic domestic violence strategy has been led by the Safer Merton Partnership who have the lead on prevention, prosecution, overseeing and performance managing the Multi- Agency Risk assessment Committee (MARAC) and commissioning any Domestic Homicide Reviews (DHRs) agreed by the partnership including reporting to the Home Office on such matters. The Merton safeguarding Children's Board (MSCB) has statutory oversight of a range of related issues including child sexual exploitation, child trafficking; girls and gangs and the safeguarding aspects of FGM. The Health and Wellbeing Board also have an interest, due to your leadership of our overall Health and Wellbeing Strategy.

2.2 In terms of service responses, CSF department provides a broad range of services from acute end safeguarding and child protection, to work with schools

around young people's wellbeing which prevent or respond to domestic violence and violence against women and girls and other related work with vulnerable girls and young women. Community and Housing commission our local refuges and have a role in relation to vulnerable adults who experience abuse including domestic violence. Safer Merton have historically led the strategic needs analysis process, commission the Independent Domestic Violence Advisor (IDVA) Service, administer the MARAC, oversee any DHR process and support the overall strategic response including governance of the strategy overall and supporting work groups such as the practitioners forum.

2.3 Given the need to have an up to date strategy and response to DV encompassing the various partnerships and roles of specific service departments the Director of E&R and Director of CSF commissioned an up to date needs assessment which was undertaken by a specialist consultancy during spring and summer 2014. The following paragraphs detail some of their key findings.

2.4 Domestic abuse is in particular a key feature of the work of the CSF department as DV is one of the "toxic trio" featuring in the majority (60%+) of child protection cases and the department has a strong track record of working with partners tackling domestic violence within families. However, in relationships where children are not present there are limited identified resources to support the victims of abuse. The review established that the partnership's response to this small but important group is limited and less coherent than the current response to families.

2.5 The review noted that Merton's population has been changing rapidly over time. 35% of our adult population are BME but 55% of our child population are BME. The fastest growing populations are the overall Asian population, which grew by 6% between 2000 and 2011, specifically those with Pakistani ethnicity which increased by 1.3% and other Asian ethnicity which increased by 4.4%. The overall Black population grew by 3% over the same time period, with the Black African population growing by 1.8%. They recommend that any future service commissioning needs to respond to these changing profiles.

2.6 The review also looked at services available to victims of domestic abuse that are not commissioned directly by the council and are either funded by external agencies (HO and LGA) or are direct provision from the voluntary sector. The full needs assessment covers some 170 pages but is available on request. The assessment recommended that Merton in future has a Violence Against Women and Girl's Strategy incorporating domestic violence but encompassing:

- Domestic Violence (including men, same sex relationships, and people with and without children); rape and sexual violence; female genital mutilation; forced marriage; crimes in the name of "honour"; sexual harassment; stalking; trafficking; prostitution and sexual exploitation of adults; and children and young people at risk of sexual exploitation.

2.7 The Director of CSF has been tasked with putting in place the partnership governance arrangements to oversee this broader agenda. The board will be

supported by a working group of commissioners from Public Health, CSF, C&H and partners whose task will be to ensure we have a joined up commissioning and by a practitioners forum which will share good and best practice and strengthen our risk assessment and response. The first meeting of the new board will take place before Christmas subject to partner agencies making appropriate nominations.

3 CHILD SEXUAL EXPLOITATION – MSCB PROMOTE & PROTECT SUB GROUP

3.1 Following the recent Jay report into child sexual exploitation in Rotherham, and at the prompting of the Independent Chair of Merton's LSCB, the council's Chief Executive and the Director of CSF, agencies in Merton are reviewing the effectiveness of local arrangements to identify children at risk and to intervene robustly with both victims and perpetrators of child sexual abuse. At a national level, Ofsted has recently begun a bespoke programme of sample thematic inspections on this issue with two London boroughs so far included. The inspectorate has announced that future inspections of local children in need, looked after and safeguarding services will all include specific enquiry into the arrangements for responding to child sexual abuse.

3.2 The responsibility for identifying and responding to issues of known or suspected child sexual exploitation in Merton has been led by the Promote and Protect Young People steering group which reports to the Safeguarding Children's Board. Specialist services have been commissioned to support CSE victims and to support vulnerable children who go missing with the providers being Jigsaw4U and Barnardos. The following paragraphs are taken from the latest monitoring information from the group to the Chair of the MSCB and DCSF.

3.3 In 2013 Merton launched its first Child Sexual Exploitation (CSE) Strategy which sets out local multi-agency working arrangements under the MSCB. This strategy promotes a multi-agency approach to addressing CSE through a shared understanding which better supports prevention through information sharing and improved identification and interventions to protect those most at risk of being sexually exploited. The current CSE Strategy was refreshed and approved by the MSCB in January 2014 and incorporates the multi-agency operating protocol for identifying and responding to CSE concerns. It includes arrangements for multi-agency information sharing and collaboration. Monthly case tracking meetings are minuted and distributed to partners on a password protected document to then incorporate into relevant agency records.

3.4 The PPYP group has a broad multi-agency membership including representation from: Barnardos, Jigsaw4U, Catch22, Education Welfare, Youth Offending Service, Police (Missing Persons Officer and the new Central CSE team), Primary Health (School Nursing and Health Visiting), Pupil Referral Unit, MASH and the 14+ Looked After Team.

3.5 Over the last year we have worked with 67 cases. There are currently 30 open cases.

Age at time of Referral

Age	Open Cases	Closed Cases
11	1	0
12	2	1
13	3	2
14	4	8
15	11	13
16	2	11
17	7	2
18	0	0
Total	**30**	**37**

Of the Open cases 5 are assessed as High risk: 15 as Medium risk and 10 as Low risk.

3.6 CSE Cases

- All 30 cases are or have been open to CSC&YI.
- 1of the open cases is male.
- 3 cases have been or are subject to a child protection plan.
- 8 cases are looked after young people 7 of which are placed out of Borough
- Ethnicity is broadly in line with the changing demographics in Merton with just over 50% from a White/British or White background
- The age distribution shows 13% of young people referred for possible sexual exploitation are aged 13 and under.
- The majority at 35% were aged 15 at the time of referral.
- Risk factors include 5 cases with drug and alcohol concerns and 6 with mental health issues.
- Routes of victimisation include 6 gang related: 14 older male and 9 victimised through peers and 1 trafficked young person.
- 5 of the cases have been identified as at risk because of images and messages posted on social media.

3.7 The mid-year analysis of the outcomes for the cohort of young people that received specialist support showed that:

- Satisfactory school/college attendance baseline has improved from 17% to 83%
- Episodes of missing from home/care have reduced from 77% to 11%
- Family has access to support services has been maintained at 100%
- Stable and secure accommodation has improved from 6% to 89%
- Remains in regular contact with the service has increased from 61% to 89%
- Reduced association with risky peers/adults has increased from 39% to 83%
- Recovery from sexual abuse/exploitation has increased from 33% to 83%
- Able to identify abuse/exploitative behaviour has increased from 39% to 94%
- Reduced/safer consumption of controlled substances has increased from 11% to 89%
- Knowledge of sexual health strategies has increased from 33% to 89%
- Enhanced parent/carer/adult – child relationships has risen from 22% to 78%

3.8 In recent months we have been reviewing our LAC children placed outside the borough to ensure arrangements for their support are robust. In all the cases there was evidence of the involvement and support from the specialist commissioned services Jigsaw4U and Barnardos providing direct work and consultation to address concerns as young people were reported missing through to detailed relationship based work to address self esteem and risk awareness.

3.9 **Police engagement**. Merton supported the draft and launch of the Metropolitan Police Pan London CSE protocol. The local PPYPO group has membership from the central CSE police team to support identification and escalation of any potential significant high profile investigations and to make sure there is effective local Borough Police action to disrupt CSE activity.

3.10 The Central Police CSE team are delivering a programme of briefings to local Police and multi-agency colleagues on their role in combatting CSE led by a Detective Sergeant from the service.

3.11 **Health and wellbeing.** ADAD Theatre Company have presented an interactive play focussing on sex and relationships and drugs and alcohol with interactive workshops in Merton Secondary Schools and youth services. The project reached approximately 1000 young people and incorporated workshops for young people to discuss the issues arising in the play.

3.12 **Multi-agency training:** Up to 75 professionals have attended sexual health and drugs and alcohol related training as a part of the MSCB training programme. Evaluations were good.

3.13 The Teenage Pregnancy and Substance Misuse Partnership Board have agreed to continue the above projects into this year.

3.14 **BASHH – British Assoc. of Sexual Health & HIV** have worked on and circulated a risk assessment pro forma to support identification and referral of potential cases of CSE, to be circulated to the group for information.

3.15 **Education –** CSE Champions in schools were identified as a priority and the matter was taken to the secondary heads meeting in June. The CSE Champions have been identified and an induction is being planned for September 2014. There are currently 16 CSE champions located in all the special schools, all secondary schools and a number of the primary schools. Stonewall guidance has been launched to all schools and CSF have commissioned the Christopher Winter Project to deliver training to teachers and staff in schools on SRE and Drugs and Alcohol Education. The training has been prioritised and uptake has been good. They are also producing borough guidance for schools and have delivered training for governors.

3.16 **Voluntary sector** Barnardos began its partnership with Merton in 2010 when, with funding from City Bridge Trust, offering a service to boroughs in the South West of London where services for sexually exploited children were needed.

Merton became a key member of the steering group, which includes members from London Councils, the GLA and SWL&ST Mental Health Trust and neighbouring LA's including Richmond, Kingston, Sutton, Wandsworth, Croydon, Hammersmith and Fulham and Hounslow.

3.17 Barnardos Service operates an Assertive Outreach Approach, which is the Barnardos model of practice in our sexual exploitation services, which has been researched and evidenced as being a successful methodology in engaging with this client group (Reducing the Risk, Scott & Skidmore, Barnardos 2006). The regular consistent contact provides opportunity for the young person to develop trust with their worker, which is particularly important as this persistent engagement technique helps to counteract the influence from the abusive adults or peers. Our practitioners are skilled in working with young people and in engaging the most hard to reach.

3.18 Direct one on one key work with children using the core features of Barnardos evidenced and researched model of practice which can be summarized in the 4 A's:

- **Access**: provide services in a space that the child feels comfortable and safe; support young people on their own terms; build trust
- **Attention**: give young people time and positive attention, focusing on what matters to them
- **Assertive Outreach**: make consistent and persistent attempts to contact the young person through a range of methods
- **Advocacy**: support young people to get the support they need from multi agency protocols

3.19 Jigsaw4U and Missing – The Jigsaw4U Project Worker plays a significant and important role in safeguarding for young people in Merton who go missing and especially those experiencing sexual exploitation. This includes advocating for a child protection response, providing information to social workers which enables them to form a more coherent picture of what is happening to a young person, helping to locate and safeguard vulnerable young people who are missing. The worker also provides information and intelligence increasing the ability of the multi-agency network including the police to identify hot spots, potential perpetrators and gangs and through this the worker develops local intelligence links and supports best practice. The report on their activity for the last year shows:

- 75 young people received a service (43 young people had a 1:1 service)
- 56 adults had a service (53 had a 1:1 service)
- 64 independent return interviews conducted
- 282 x 1:1 sessions were delivered to young people
- 156 x 1:1 sessions were delivered to adults
- 48 mediation sessions were delivered

- 2 group work programmes were delivered.
- 86 meetings were attended including Promote and Protect Operational and Strategic Groups, Core groups, Sexual Exploitation Strategy Meetings. Professionals meetings, LAC reviews.

3.20 Persons of Interest and Perpetrators

Merton has successfully bid for MOPAC funding for a full time worker with responsibility for coordinating work to tackle child sexual exploitation by gangs and groups, support sharing information and mapping data between agencies and to help develop systems for identifying and acting against persons of interest/perpetrators.

3.21 The MOPAC worker supported the recent Gangs and Violence awareness raising event and the link to CSE mapping being undertaken jointly by the MOPAC Gangs and Girls worker and the Gangs workers in Merton.

3.22 There are a number of routes into sexual exploitation. The following figures are compiled from information of 151 individual cases (aged 11-18 yrs) that Barnardos practitioners worked with in 2012 in 23 London boroughs including Merton:

- Older boyfriend/male (face to face) – 28 (18.5%)
- Older boyfriend/male (internet/social media) – 13 (8.5%)
- Adult Criminal Gang – 7 (5%)
- Street Gangs – 20 (13%)
- Peer (face to face) - 25 (17%)
- Peer (internet/social media) – 17 (11%)
- Opportunistic – 24 (16%)
- Familial – 12 (8%)
- Trafficked – 5 (3%)

3.23 This data provides a useful base from which to benchmark local data on 'persons of interest or perpetrators' for Merton in conjunction with colleagues in Safer and Stronger.

3.24 There has also been an increase in children and young people reporting that technology was used in their exploitation. A snapshot survey of 29 Barnardos specialist services has shown that during September last year, technology was used in the exploitation of 370 children while 285 were reported missing on more than one occasion. Of the total number of children supported by the Barnardos Pan London Service for Child Sexual Exploitation, Missing and Trafficked Children, 85% reported that technology was used in their exploitation.

3.25 Training and awareness raising Barnardos has provided training to a broad multi-agency audience aimed at raising awareness of the risks and prevalence

of CSE and making sure partners are aware of how to refer in to the CSE services in Merton.

3.26 Since 2010 when Barnardos worked within Merton it has offered group work to schools and a number of schools have engaged with this service and made close links to the service often seeking support and advice.

3.27 During 2014 Barnardos linked with the MOPAC worker for Girls and run joint workshops within schools looking at Sexual Exploitation and Girls within Gangs. Barnardos has also provided a number of training sessions for Merton both social work focused and multi- agency. These have consisted of lunch time seminars and full day trainings. Feedback given to the Local Authority has always been of a positive and productive nature (see attached)

4 WORK WITH SCHOOLS

4.1 Schools work with vulnerable girls

Safeguarding is a key responsibility for schools and governors. The LA works to both challenge and support schools in their work on safeguarding and with vulnerable pupils including vulnerable girls. To provide schools with a robust self assessment framework the LA has refreshed the safeguarding checklist for schools to ensure that they have the correct policies and procedures to to keep their pupils safe. This includes work around CSE and other safeguarding issues. Schools complete the audit and are challenged by Governors and LA officers to ensure the subsequent actions are followed up and completed.

4.2 Designated Teachers: All schools must have designated teachers for child protection and safeguarding. Termly designated teacher child protection training events are held, facilitated by the LA, and they regularly include updates on CSE, FGM and forced marriage.

4.3 Prevention: Schools are involved in a range of preventative work with their whole school and targeted groups of young people as well as individual case work. This work is supported by a wide range of CSF services: education inclusion; SENDIS; school improvement; EWS; CSC, VBS and from a range of partner agencies: Police; Health, VCS.

4.4 Schools work with the Education Welfare Service, Virtual Behaviour Service, CAMHS, and Vulnerable Children's team to identify children at risk - this is done through school panel processes or team around the child meetings. Secondary school representatives and in particular Melbury College are well embedded in multi-agency panels such as Prevent and Protect. In addition if girls are identified as missing education they are referred to the Children Missing Education Panel.

4.5 Children Missing Education: The breakdown by gender over time shows CME applies equally to boys and girls (current open cases 37 boys, 37 girls.) A new prevention pilot between the Education Welfare Service and Transforming Families is identifying and supporting children in primary schools whose attendance has been below 90% for 3 years. The initial case loads of this new

team targeting chronic absence has 26 girls against 20 boys. The aim is to change this pattern of attendance prior to transfer to secondary schools and prevent future risk.

4.6 **Personal Health and Social Education** in secondary schools covers a range of risk issues such as “sexting”, e-safety and safe peer relationships. Safer Merton’s annual Youth Conference was planned with secondary heads last in 2013/14 and commissioned a National Organisation Tender to work with mixed gender groups from secondary schools on safety in peer relationships and teenage domestic violence. A touring theatre company commissioned by the council has visited a number of secondary schools looking at issues of consent. Schools run targeted prevention programs such as “leading ladies” empowerment programme and aspiration.

4.7 **Growing against Gangs and Violence (GAGV):** a Met Police PSHE project has also begun to roll out whole school work on risk to girls to compliment the work that they have previously done on gangs and knife crime.

5 GIRLS AND GANGS

5.1 A recent study by the Centre for Social Justice (CSJ) said the "daily suffering" of thousands of women and girls "goes largely unnoticed" and that girls in gangs are leading "desperate lives" in which "rape is used as a weapon and carrying drugs and guns is seen as normal" and that:

- Female gang members in their teens are being pressured to have sex with boys as young as 10 to initiate males into gangs.

- Young women associated with rival gangs are targets, in some cases forced to take part in a "line up", where they are made to perform sexual acts on several men in a row.

- Girls and young women are frequently used to hide weapons and drugs - sometimes in pushchairs - because they are less likely to be stopped and searched by police.

5.2 The research was carried out by the CSJ with London youth charity XLP. Although Merton has not experienced a large number of cases in this regard, the issue is not being ignored by the borough as it is recognised that it is an issue that is increasing London-wide and nationally. It is therefore important to ensure that the issue is recognised, tackled and prevented.

5.3 Merton has strategies and systems in place to address the issue of gangs and girls. As detailed above our a Child Sexual Exploitation (CSE) strategy sets out local multi-agency working arrangements under the MSCB

5.4 Our Offender Management Panel (OMP) is a monthly multi-agency meeting which tracks and monitors the highest risk adolescents in Merton. With representation including the Police, Youth Justice/Offending Service, secondary education, the My Futures education, training and employment team,

Transforming Families, colleges, housing and children's social care, the panel discusses cases in detail and decides upon the best plan of action to reduce the risk presented by each young person (and their respective gang where necessary). The OMP has a successful track record and whilst ultimately the objective is to formulate exit programmes for offenders in the community and to fuel rehabilitation plans, the panel has contributed to intelligence gathering and sharing. The local Police are very effective at increasing enforcement measures where appropriate on particular high risk young people, which disrupts youth violence and the impact of gang activity.

5.5 Merton has also recruited to some key posts within its Children's Services to assist with this agenda including that of Gangs worker and Young Women and Girls Worker which we have recruited with funding from the Mayor of London's Police and Crime Committee (MOPAC). The Young Women and Girls' Worker has been appointed and engages with a cohort of young women who are offending or who are at risk of offending behaviour. In addition, the cohort are young women who are at risk of sexual exploitation. The outcomes agreed with MOPAC in relation to the identified cohort are:

- 50% of the young women who the VAWG worker works with will report a reduction in substance and/or alcohol misuse;
- There will be a reduction in police reports in relation to 50% of the young women who the VAGW works with;
- 80% of the young women who are being worked with through VAGW will express satisfaction with the service delivery and the support that is being provided to them;
- The number of CSE borough prosecutions will increase by 20% ;
- 70% of the VAWG workers caseloads of young women will be engaged in a form of education, training and employment at the end of the period; and
- 90% of the young women who are being worked with by the VAWG worker in will receive a sexual health intervention as part of their VAWG intervention plan/package.

6 FEMALE GENITAL MUTILATION

6.1 It is estimated that 60,000 girls under 14 have been born in England and Wales to mothers who have undergone FGM: a major risk factor for them becoming victims ourselves. In common with other critical child safeguarding issues our response across London is agreed through pan London protocols over seen by the London Safeguarding Children's Board and our own local SCB.

6.2 Merton Children's Safeguarding Board has convened a multi-agency task and finish group comprising of partner agencies from health, children's social care, education, police and the voluntary sector to produce a multi-agency FGM policy to provide a proactive response in Merton to FGM as a child protection issue. The aim of this group is to:

- Establish community links

- Scope all agencies in MSCB to establish support services currently available for girls/women who have undergone FGM
- Raise awareness of FGM amongst professionals and the community, including the legal aspects of FGM
- Identification of young girls at risk of FGM
- Identification of women and girls having undergone FGM and the provision of appropriate health services
- Undertake a training needs analysis for professionals

6.3 A briefing produced by the task and finish group is attached as an appendix.

6.4 Numbers of FGM cases in Merton remain low. FGM is often first discovered when female adults report to maternity services when they are pregnant. Health make appropriate referrals and then Children's Social Care have to assess the risk to any female child in the family. Our response will be determined by the risk. The Police have to assess whether any offence has occurred under UK jurisdiction. An issue with mothers presenting has been that the offence took place in another country and the victim was not at the time a UK national. The Police and all partners on regional and local SCBs are committed to ensuring perpetrators are actively pursued where UK laws have been breached.

7 TRAFFICKING

7.1. Merton operates within the London safeguarding Children Board Pan London protocols regarding trafficked children and young people. Most of these young people (excepting un-accompanied asylum seeking YP) are referred to us through the Police when they have taken action against a specific address/adult operation. Sometimes operations are undertaken jointly with the Police when they have a suspicion children may be involved. Examples include young people brought here to work in cannabis farms, for domestic servitude or to work in the sex industry. In all cases we would undertake a child protection investigation and normally the young person would become looked after. Numbers of children in this category have been and continue to be in single figures.

7.2. The most significant group who could be considered as trafficked would be our unaccompanied asylum seeking children. Again there are Pan London agreements and cases are allocated to boroughs on a rota basis. Merton usually gets 1 young person allocated each month and the countries of origin change reflecting the international situation. Currently we are mostly receiving Afghan and Albanian young men. Following an age assessment local authorities would accommodate a UASC as looked after and they would receive care and leaving care services. Once they reach adulthood if their status has not been agreed they are usually returned home by the UK Border Agency.

8 CONSULTATION UNDERTAKEN OR PROPOSED

8.1. None for the purposes of this report.

9 TIMETABLE

9.1. N/A

10 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

10.1. No specific implications.

11 LEGAL AND STATUTORY IMPLICATIONS

11.1. No specific implications.

12 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

12.1. No specific implications.

13 CRIME AND DISORDER IMPLICATIONS

13.1. No specific implications.

14 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

14.1. No specific implications.

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

Appendix 1: Information on FGM

16 BACKGROUND PAPERS

16.1. None

Appendix 1

The World Health Organisation (WHO) defines FGM as:

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (WHO, UNICEF, UNFPA, 1997). [i]

The practice is medically unnecessary, extremely painful and has serious physical and mental health consequences, both at the time when the mutilation is carried out and in later life. FGM is not a matter that can be left to be decided by personal preference or tradition; it
is an extremely harmful practice. FGM is child abuse, a form of violence against women and
girls.

FGM in England has been illegal since 1985, and in 2003 the Female Genital Mutilation Act increased the penalty for aiding, abetting or counselling to procure FGM to 14 years imprisonment. [ii] Despite this, it was not until April 2014 that a prosecution was brought. .

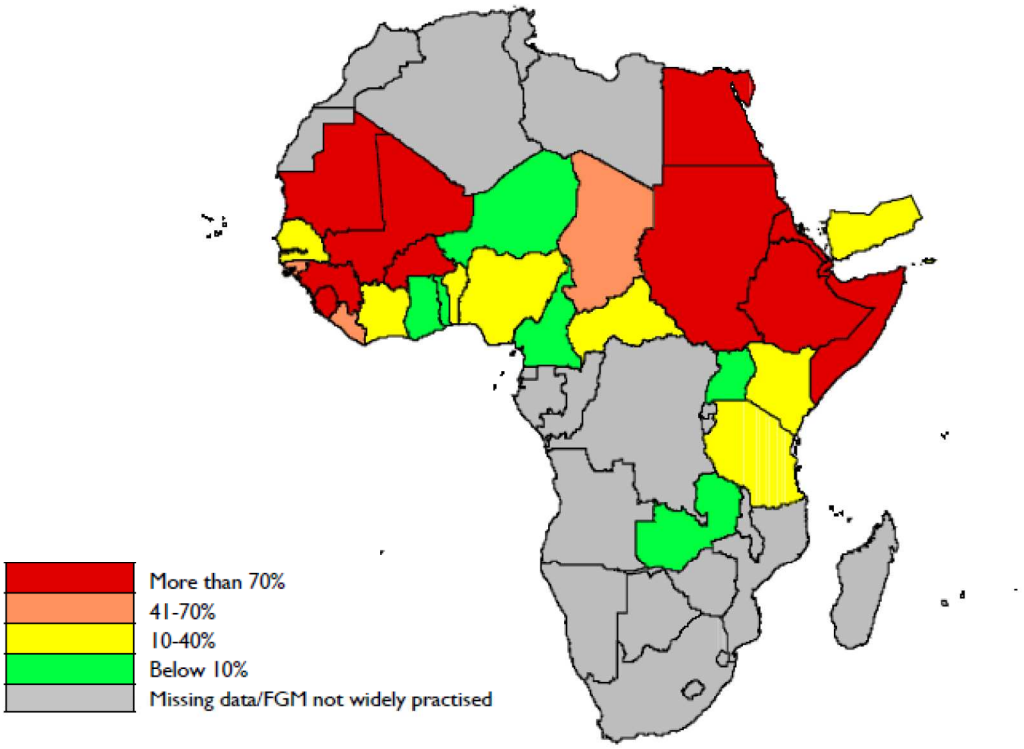
How Widespread is FGM?

In 2013 UNICEF estimated that about 100 to 140 million women and girls have undergone FGM across the globe, and a further 3 million girls undergo FGM every year in Africa.[iii] The map on the next page shows that the practice is most common in 28 African countries and some parts of the Middle East and Asia. National FGM prevalence rates vary from as low as 1% to 90% or more. In the UNICEF Survey, FGM was conducted on girls under 5 years of age in half of the countries surveyed. In the rest of the countries, it was done between the ages of 5 to 14 years.

As people immigrate abroad, girls and women who have suffered FGM or are at risk are now either British citizens born to parents from FGM practising communities or girls resident in the UK who were born in countries that practice FGM.[iv] While the full extent of the problem in UK is not known, a 2001 estimate revealed that about 66,000 residents in England and Wales had undergone FGM and over 23,000 under the age of 15 are at risk of FGM.[v]

FIGURE 1: PREVALENCE OF FGM AMONG WOMEN AGED 15-49 IN AFRICA

Source: UNICEF (October 2010), global databases based on data from Multiple Indicator Cluster Survey, Demographic and Health Survey and other national surveys, 1997–2009.



DATA YEAR	COUNTRY	FGM PREVALENCE
2006	Somalia	97.9%
2005	Guinea	95.6%
2006	Djibouti	93.1%
2008	Sierra Leone	91.3%
2008	Egypt	91.1%
2006	Sudan	89.3%
2002	Eritrea	88.7%
2006	Mali	85.2%
2005/06	The Gambia	78.3%
2005	Ethiopia	74.3%
2006	Burkina Faso	72.5%
2007	Mauritania	72.2%
2007	Liberia	58.3%
2004	Chad	44.9%
2006	Guinea-Bissau	44.5%

DATA YEAR	COUNTRY	FGM PREVALENCE
2006	Côte d'Ivoire	36.4%
2008	Nigeria	29.6%
2005	Senegal	28.2%
2008/09	Kenya	27.1%
2006	Central African Republic	25.7%
1997	Yemen	22.6%
2004/05	Tanzania	14.6%
2006	Benin	12.9%
2006	Togo	5.8%
2006	Ghana	3.8%
2006	Niger	2.2%
2004	Cameroon	1.4%
2005	Zambia	0.9%
2006	Uganda	0.6%

Factors that Increase Risk of FGM

- Level of integration of family within UK society
- Any girl born to a woman who has been subjected to FGM and other female children in the extended family.
- Any girl who has a sister who has already undergone FGM
- Any girl withdrawn from Personal, Social and Health Education or Personal and Social Education

Roles of different Professionals

- Health professionals are key to providing support to victims of FGM and intervening to prevent girls and women from being harmed.
- Police Officers have a duty to investigate any suspicion of FGM
- Children's social care has a clear duty to safeguard children and so should work to prevent FGM taking place, and offer support to any girls affected by the practice.
- Educational professionals can create an environment where students feel safe and know that their concerns, including FGM will be taken seriously.

What Can We Do to Reduce the Practice of FGM?

FGM is not a matter that can be left to be decided by personal preference; it is illegal. Professionals should not let fears of being branded racist or discriminatory get in the way of their important role in protecting vulnerable girls and women. The child's safety and wellbeing is the priority.

FGM is a cultural practice, deeply embedded in communities. A community—led approach is most appropriate to reduce the practice of FGM. This approach includes not only women themselves but community leaders and male partners

The UK Intercollegiate report, launched on the 1st of November 2013, made the following recommendations for tackling FGM in the UK:

1. Treat FGM as child abuse.
2. Document and collect information on FGM.
3. Share information on FGM systematically.
4. Empower frontline professionals to ensure prevention and protection of girls at risk of FGM, and provide quality care for girls/women who suffer complications of FGM.
5. Identify girls at risk and refer them as part of child safeguarding obligations.
6. Report cases of FGM – all girls and women presenting with FGM must be considered potential victims of crime and should be referred to the police and support services.
7. Hold frontline professionals accountable.
8. Empower and support affected girls and young women - both those at risk and survivors.
9. Implement FGM awareness campaigns.

What We Are Doing in Merton

Merton Children's Safeguarding Board has convened a multi agency task and finish group comprising of partner agencies from health, social care, education, police and the voluntary sector to produce a multi agency FGM policy to provide a proactive response in Merton to FGM as a child protection issue. The aim of this group is to:

- Establish community links

- Scope all agencies in MSCB to establish support services currently available for girls/women who have undergone FGM
- Raise awareness of FGM amongst professionals and the community, including the legal aspects of FGM
- Identification of young girls at risk of FGM
- Identification of women and girls having undergone FGM and the provision of appropriate health services
- Undertake a training needs analysis for professionals

If any professional have concerns that a girl/woman is at risk of FGM please contact MASH on 020 8545 4226.

The task and finish group would welcome information regarding services currently available in Merton for girls/women who have undergone FGM, including any community contacts who would like to be involved. Please contact Louise Doherty, Named Nurse Safeguarding Children, Sutton and Merton Community Services (Chair of FGM task and finish group) louise.doherty@smcs.nhs.uk

Dr Kay Eilbert, Director of Public Health, Merton

Louise Doherty, Named Nurse Safeguarding Children, Sutton and Merton Community Services

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[i]. **World Health Organisation (2008).** Classification of female genital mutilation. Available at http://www.who.int/reproductivehealth/topics/fgm/overview/en/index.html. Accessed on 22 November 2013

[ii] Multi-Agency Practice Guidelines Female Genital Mutilation HM Government February 2011.

[iii]. **United Nations Children's Fund (2013).** Female Genital Mutilation/Cutting: A statistical overview and exploration of the dynamics of change, UNICEF, New York.

[iv]. **Bristol Safeguarding Children Board (2011).** FGM Multiagency Guidance. Available at: http://www.bristol.gov.uk/sites/default/files/documents/children_and_young_people/child_health_and_welfare/DRAFT%20Revised%20%20Bristol%20FGM%20Multi%20Agency%20Guidance%20FINAL011111.pdf . Accessed on 2nd October 2013.

[v]. **Dorkenoo, E, Morison, L, Macfarlane, A, (2007).** A Statistical Study To Estimate the Prevalence of FGM in England and Wales. FORWARD, London

Committee: Health and Wellbeing Board

Date: 25 November 2014

Wards: All

Subject: HWB Priority 3 – Update on Progress

Lead officer: Adam Doyle, Director of Commissioning and Planning – Merton CCG

Lead member: Howard Freeman, Chair, Merton CCG

Forward Plan reference number: N/A

Contact officer: Adam Doyle, Merton CCG

Recommendations:

To note and consider progress on the development and delivery of the Health and Wellbeing Strategy Priority 3: Enabling people to manage their own health and wellbeing as independently as possible.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of this report is to update the Health and Wellbeing Board on progress on the delivery of the Health and Wellbeing Strategy Priority 3: Enabling people to manage their own health and wellbeing as independently as possible.

1.2 The HWB previously received an update report on this Priority Area in January 2014 where progress on plans and development plans were set out. In the intervening period, the CCG has agreed its two-year Operating Plan (2014-16) and submitted its Better Care Fund Plan, under which documents a significant number of the initiatives outlined in this Priority Area are being actively managed. Progress with schemes under the Better Care Fund are reported under cover of a separate HWB paper and managed by the Merton Integration Board and the One Merton Group.

1.3 Progress in delivering outputs set out in the Operating Plan is managed through the CCG's Executive Management Team and, ultimately, the Governing Body. Consequently, this report provides a summary of outputs that support the HWB Priority Area but will also be reported elsewhere.

1.4 This priority has been broken down into 6 key areas

- Improve the health related quality of life and level of control for people with long term conditions
- Enable people with dementia and their carers have access to good quality early diagnosis and the support to live well with dementia.
- Ensure people with mental health issues have access to timely assessment, diagnosis, treatment and long term support for their mental and physical wellbeing.

- 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.

1.5 The report sets out progress and plans under each of these headings.

2. INTRODUCTION

2.1 The CCG's aim is to deliver high quality, patient-centered services and this will be against a backdrop of transition. Merton will play a key role in assisting to shape the local health economy, in order to deliver a clinically led and patient focused delivery programme.

2.2 Our mission is to improve the health outcomes of our population, by addressing the diverse needs of people, and improving patient experience. This will be done in a way that is clinically and financially sustainable.

2.3 Our vision is to deliver the right care at the right time and place with the right outcomes.

2.4 With the implementation of its Operating Plan for 2014/16, Merton CCG has committed to a number of strategic commissioning initiatives and continues to develop clinical cases for change in the following areas:

1. Older and Vulnerable Adults
2. Mental Health
3. Keeping Healthy and Well
4. Early Detection and Management
5. Urgent Care
6. Children and Maternity Services

2.5 Each of these initiatives is supported by detailed aims, budgets and objectives and some are already beginning to deliver outputs to meet the CCG's aim and visions for Merton.

2.6 Additionally, the impact of many of these schemes is being managed in an integrated way alongside the Better Care Fund (BCF) Plan, progress on which is reported separately on this agenda.

3. OUTCOME 3.1

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

- ***Increase the proportion of people effectively supported to manage their own condition***

  The Merton Integration Programme continues to focus on delivering a new model of care that will enable as many people as possible to manage their own condition outside an Acute hospital environment. A broad range of schemes based around both reactive and proactive services is being developed in localities and as 'whole-Merton' services.

  Support to achieve this includes jointly developed care planning, where patients and their carers understand what actions they need to undertake to keep themselves well and where their condition deteriorates, what actions they can take.

  Integrated locality teams and surgery-based multi-disciplinary teams have been developed to drive this work and additional staff will be recruited to support this work, including dementia nurses to help support patients with dementia and their carers in the community as well as closer links to the voluntary sector and the Age Well Programme detailed below.

  The indicator/success measures are being developed through the Integration Programme and the Better Care Fund Plan and include:

  - Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population.
  - Number of new placements to Permanent Care Homes 65+ (C72) (monitoring of number of people).
  - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services.
  - Proportion of older people (65 and over) who were offered a Reablement or Intermediate Care Service during the period Oct. to Dec.
  - Number of older people (65 and over) who were offered a Reablement or Intermediate care service - (clients Reablement services started per month).
  - Delayed transfers of care from hospital per 100,000 population (average per month).
  - Number of delayed transfers of care from hospital.
  - Social care-related quality of life (User Survey) Enhancing quality of life for people with care and support.

  The Expert Patient Programme, designed to promote and build people's confidence and self-management skills, empowering them to take control of their health and improve their quality of life has been expanded in Merton, with 3 programmes delivered so far in 2014/15 and a further 5 programmes planned for the remainder of the year.

- **Increase the support taken up by carers of people with long term conditions**

  A funded scheme within the Better Care Fund Plan aims to improve access to support for carers. The value of the scheme is £551,000 and it will increase the capacity of the Night Nursing Service, providing additional skilled support which is available to carers between the hours of 7pm and 7am in order to prevent unnecessary emergency admissions. This will primarily be through remote advice provided from a hub, extended to mobile / visit support in appropriate cases. The scheme is integrated with Merton Social Services.

  Additionally, the Ageing Well Programme that is now part of the Better Care Fund Plan focuses on support services for carers provided by Carers Support Merton such as:

  - Neighbourhood peer support groups/networks;
  - Self-financed activities for carers as respite;
  - Carry on caring workshops; Emotional Support and Coaching.

  Currently metrics are being developed to be in place by April 2014 to measure success.

  One of the Expert Patient Programmes that ran this year was specifically designed for carers to help build their confidence and coping skills, empowering them to support their caring role and improve the quality of life of both the patient and the carer.

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

  Within the Integration Programme (BCF) work, user and carer views have been sought and captured on the proposals. This included an insight into the delivery of the model through user and carer views on what brilliant looks like. Through the implementation of the model of care, for example, key worker training, we have focused on how we can achieve more joined up working, looking in a more holistic and integrated way to support people with long term conditions, which should help improve people's experience.

  The Integration Project Team also worked with HealthWatch to undertake a joining up health and social care event in September, where we gained valuable feedback about to inform how patients and carers think services should and could work together better. The main themes on the day looked at; Dementia, End of Life Care, Carers, Crisis, Keeping Well at Home and Discharge from hospital.

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

All GP practices in Merton's now have access to the risk profiling tool and have received training in its use. In 2013/14, 23 of our 25 practices submitted a return to confirm the practice had undertaken a review of patients with two or more long term conditions or dementia and where appropriate support these patients through multidisciplinary team working.

With the BCF Plan submission process focusing intensively on avoiding non-elective admissions, a piece of work is currently being planned to assess the effectiveness of the risk-management process for the highest risk patients. The process will examine how to make the assessment process more consistent and to improve the overall outputs across all practices in Merton.

- **Monitor emergency admissions and measure and compare emergency admissions especially for key long term conditions.**

  The CCG monitors performance against a range of key indicators including overall emergency admissions. Unpublished data indicates that we achieved a 4.2% reduction in avoidable unplanned admissions in 2013/14 compared to 2012/13. We are continuing to reduce admissions and, at month 5 in 2014/15, we are below the target trajectory for avoidable unplanned admissions.

  We have also implemented a health coaching pilot for COPD patients. The aim of the one year pilot is to support patients who have high levels of unplanned admissions to manage their condition as well as reduce unplanned admissions. The Health Coaching Service is a telephone based service which it is hoped will improve care by supporting patients through direct access to dedicated clinical Health Coaches. Health Coaching aims to build on the patient's knowledge of COPD to facilitate an understanding of how healthy behaviours impact on the disease and can improve their quality of life whilst living with the condition. Patients on the Health Coaching pilot will be encouraged and supported to set achievable goals towards behaviour change which, when met, will build their confidence in their own ability to manage their conditions.

  The CCG continues to monitor performance against a range of key indicators including overall emergency admissions and the focus of the BCF Plan reporting on the reduction in non-elective admissions means that the preventative agenda is embedded in all that the overall health economy in Merton sets out to achieve.

  The Ageing Well Programme was launched in April 2013, and an important part of this programme is the provision of support services for carers. Carers Support Merton is one of the Ageing Well organisations and provides services such as peer support groups, 'Carry on Caring' workshops and coaching.

4. 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.

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

  A range of initiatives with the goal of increasing Merton's dementia diagnosis rate are being undertaken.

  Well attended dementia education events for primary care took place at the Merton Dementia Hub during November 2014. These included sessions which explored the benefits of early diagnosis from different perspectives (patient, family, medical, social care and public health) and the variety of support services that are available in the borough.

  Searches for primary care clinical systems have been built which can support practices to identify patients who have a high or reasonable likelihood of having dementia but who do not have a formal diagnosis recorded. The current rate is at 51% with and expected trajectory by the end of the financial year of 67%.

  Work is underway to introduce a skilled Community Nurse with additional dementia health training into each of the three localities. The nurses will have an extremely valuable role in improving the health and wellbeing of individuals living with dementia and their carers, and they will be a valuable asset for primary care. These nurses will also have a role in overcoming some of the barriers that may be encountered in the process of an individual receiving a diagnosis.

  The ambition is for memory clinics to run from the new Nelson Local Care Centre in order to facilitate greater access to local dementia services and work is underway to achieve this.

  The CCG's main acute providers (St George's, St Helier and Kingston hospitals) have a range of areas of focus which relate to dementia and there is emphasis on the identification of potential dementia patients, their assessment and the appropriate onward referral.

  Efforts are underway through the Merton Dementia Action Alliance and other avenues in order to work towards Merton being a Dementia Friendly borough and increasing awareness around the condition.

  It is recognised that further work is required to understand the reasons behind low presentation of ethnic groups with dementia to ensure equity of diagnosis and access to services.

- **Improve quality dementia care in a residential setting**

  There are various training and education opportunities from which care home staff can benefit and Dementia Friends sessions are being promoted across the borough. A Care Home Forum has recently been established in Merton with the aim of promoting continuous improvement and facilitating shared learning. The forum also supports the effective usage of healthcare

services and the development of valuable relationships between the homes and a range of statutory and non-statutory organisations. Plans are underway to deliver a session relating to dementia care at one of the upcoming forums.

One key objective is to reduce across all care homes the use of anti-psychotics for people with dementia who exhibit challenging behaviour. A pharmacist will review medications of people in nursing and residential homes, which will include those with dementia. Where anti-psychotic drugs are administered, and it is appropriate to do so, recommendations relating to alternative management strategies or pathways will be made, for example drawing upon the expertise of the challenging behaviour team.

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

  Staff from Carers Support Merton and the Alzheimer's Society are present at memory assessment clinics run by South West London and St George's Mental Health NHS Trust. This enables the needs of carers to be identified at the initial stages when an individual is diagnosed with dementia. Carers Support Merton and the Alzheimer's Society offer an array of services across the borough which support carers, and they are aware of other available services and so can signpost carers to appropriate services bearing in mind their needs and wishes.

  The Alzheimer's Society delivers many of its services from the Merton Dementia Hub which is located in Mitcham. This was created through refurbishing the former Cumberland Day Centre using DH dementia-friendly environment funding. A significant number of people with dementia and carers benefit from the services available and several of these, including tailored training courses, are specifically designed to meet the needs of carers.

5. 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.

- **Ensure mental health services commissioned are person-centred increasing self-defined recovery outcomes.**

  The Merton Mental Health Needs Assessment was signed off by the Health and Well-Being Board in September 2014.

  As part of its findings the Assessment made a number of recommendations for health and social care commissioners to ensure that those with mental ill health have better access to services as well as continuing support for both their mental and physical wellbeing.

  Whilst some of these recommendations (like re-procuring the current IAPT services with robust engagement of service users/carers and a revised

service specification, as well as commissioning the complex anxiety and depression service for patients for whom IAPT is not suitable) are already being implemented, others will be a subject of discussion with the Mental Health Workstream Delivery Group, prioritised with other schemes and developed into additional work packages.

The joint commissioning arrangements in respect of learning disabilities are being reviewed to ensure that in the move from the PCT to CCG clinical governance arrangements in respect of the Community Learning Disability team are robust and a series of performance measures is being developed in relation to the delivery of health services to people with learning disabilities.

Work is underway to ensure that there is clarity around commissioning arrangements for people with learning disabilities requiring a placement entailing high levels of support which are not available in the locality, in the light of the Winterbourne View report and subsequent action plans. The aim is to achieve a situation where people needing high levels of support do not need to be placed a long way from their own home area and can receive the care they need in a setting which is, as far as possible within a community setting.

Work is also underway to identify a pathway into appropriate in-patient services when required for people with learning disability and mental health needs. This affects a very small number of people on an infrequent basis but without a clear pathway can lead to delays in people receiving the appropriate care.

The Learning Disability Self Assessment, which reviews a number of measures in relation to local services, due to be submitted to NHSE in February 2015, is currently underway and an action plan will be developed from that self assessment. It is already highlighting that information from primary care about the health status of people with learning disabilities could be improved to enable improved service planning. People with learning disabilities are known to be at higher risk of developing health problems in later life but information on their take up screening and preventative health measures is limited.

6. OUTCOME 3.4

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

- **Improve timely access to good quality diagnosis treatment and care through the development and delivery of Local Care Centres**

The Nelson LCC is on track to be open by March 2015, where the Holistic Assessment and Rapid Investigation (HARI) service will further enhance the current Older People's Assessment and Rehabilitation Service, including more medical input through an Interface Geriatrician and the introduction of an urgent pathway as a potential alternative to A&E, where an individual needs urgent assessment but not acute admission.

In respect of the development of services in East Merton, the initial public engagement on this was through a stand at the Health Hub at the Mitcham Carnival in June. As a result, none members of the public indicated that they would like to be involved in further engagement events.

As part of the site assessment process, a patient and public engagement event was attended by 40 people on 2 October. The event set out aspects of the proposed development and set out the intention to involve members of the public at all stages of the project, from the design of the East Merton facility to how it will operate when it opens its doors.

The economic business case is being reviewed by the CCG's Governing Body in November 2014.

7. OUTCOME 3.5

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

The Community Prevention of Admission Team (CPAT) has been in operation since October 2013 and the service has seen 408 referrals from Merton patients (up to the end of August 2014). This service delivers an urgent response to prevent an unnecessary admission to hospital and where possible supports patients in their usual place of residence.

Work is also taking place to support nursing and residential care homes to provide more proactive support and make use of services like CPAT, where an admission to hospital can be avoided.

An in-reach nursing service has been commissioned for Merton patients at St George's, where nurses with extensive knowledge of what is available in the community can help identify and support patients in their discharge arrangements from hospital back into the community.

LBM is currently undertaking a review of the reablement service. This is set to be completed by end of February 2015 and will inform the further work on this outcome area.

Further investment has been identified to increase the number of intermediate care beds in Merton and work to secure them is underway.

The Adult Social Care Ageing Well Programme was launched in April 2013. The key features of the programme are:

- Enabling people to live for longer in their own homes and delaying or reducing spend on Council funded social care.

- It is based on the evidence of triggers that cause people to go into care homes – such as incontinence, dementia, isolation, loss of mobility and depression/anxiety.
- It is outcome-focused and takes an asset-based approach.
- Building social connectedness - instead of relying on services which keep older people segregated from others, it actively encourages people to mix.
- Promotion of stronger local neighbourhoods and putting older people in touch with local people and opportunities.
- Its effectiveness will be measured by a set of metrics - a combination of inputs by voluntary groups, individuals or objective assessment of "wellbeing" among older people against certain key factors and whether the services are actually having a "preventive" effect.
- Cross-borough coverage for outcomes, whether by one organisation or through collaboration between organisations.
- Consultations with older people on what they actually want.

The services funded by the Ageing Well Programme are:

- Age UK Merton – 'Life After Stroke'; continence awareness and support service.
- Carers Support Merton - Neighbourhood peer support groups/networks; activities for carers as respite; 'Carry on Caring' workshops; emotional support; coaching.
- Merton & Morden Guild of Social Service - 'Fit for Life' exercise programme; falls prevention programme; opportunities for volunteering.
- Merton Community Transport - Volunteer community car service.
- Merton Mencap – 'Evolutions' support service for non-FACs eligible people with autism; activities club; carers community advice service.
- Merton Vision - Buddying programme; emotional support and counselling; training to use equipment.
- Volunteer Centre Merton - Supported Volunteering Programme for mental health service users and people with learning, physical or sensory disabilities.
- Wimbledon Guild of Social Welfare - Community coaching sessions; menu of services; informal drop-in café

The Ageing Well programme has been incorporated into the BCF Plan and work is underway to evaluate the programme as a whole and its services effectively from quality and productivity perspectives.

8. OUTCOME 3.6

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

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

  A new service specification for the Community End of Life Nursing Service has been drawn up and agreed with the service provider. This includes the requirement for each nurse to be responsible for named Nursing Homes and GP Practices to provide education and support in advance care planning and to facilitate patients achieving their preferred place of care and death. In addition, the specification also requires the service to participate in health promotion and education to patients and members of the public to raise awareness around End of Life Care.

  The CCG recently supported a successful bid to the South London Membership Council for Innovation and Excellence in Health Care which enabled St Raphael's Hospice to deliver training to improve the quality of care for people who are thought to be in the last year of life. This course is for staff who work in care homes, social services professionals and those who work for agencies which provide community care, and includes areas such as physical assessment, communication skills, caring for people with dementia, advanced care planning and spiritual awareness.

  Various engagement events have taken place recently which have acted to raise awareness about the choices that are available for those who are approaching the end of life. An event entitled 'Joining Up Health and Social Care' was co-ordinated by Healthwatch and took place on 11th September 2014; at this event End of Life Care was one of the six main themes explored. An engagement 'marketplace' formed the second half of the 'Engage Merton' which took place on 16th October and was led by the CCG; at this marketplace there was a stand for End of Life Care and attendees were given the opportunity to ask questions and provide feedback. Further, two dedicated engagement events regarding End of Life Care took place on 6th November 2014.

  A number of proposals have been put forward which relate to communication, awareness raising and information dissemination; these will be considered and the suggestions deemed to have the most potential will be taken forward.

- **Raise awareness of Co-ordinate My Care register and increase the number of people on the register**

  Coordinate My Care (CMC) is an electronic urgent care record enabling details of a person's illness and their wishes to be shared in order to improve the coordination of care and allow people's choices to be known to emergency and out-of-hours services. CMC is being used in all 25 Merton GP practices, hospitals, hospices and community services.

The most recent CMC report (October 2014) shows that 1484 patients are registered on CMC. The most recent dataset showing utilisation across London revealed that Merton CCG ranks fourth out of the 32 London CCGs in terms of the proportion (37%) of the population estimated to be in the last year of life who have a CMC record.

An End of Life Care Local Enhanced Service has been running since 2012/13 and sixteen practices are currently signed up to deliver the service. One component of the service promotes raising awareness of CMC and the development of CMC records for patients. Work is underway to revise the service specification so that it encourages better use of the functions that are available, for example the opportunity for the development of robust cross-organisational care plans which can be updated throughout the patient's journey.

The new Community End of Life Nursing Service Specification includes the requirement for the team to monitor and support the use of CMC in the Nursing Homes. As a result, increasing numbers of patients are offered a CMC record and have been registered on CMC. Members of the team also attend End of Life Care MDT meetings in general practice and they support discussions about the management of patients who have CMC records.

Through the recent engagement events and opportunities, the valuable role of CMC has been conveyed and useful discussions have taken place about the tool and how it can be used.

9. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

9.1 None specific for this report

10 LEGAL AND STATUTORY IMPLICATIONS

10.1. None specific for this report.

11 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

11.1. None specific for this report

12 CRIME AND DISORDER IMPLICATIONS

12.1. None specific for this report

13 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

13.1. None specific for this report

14 APPENDICES

14.1. None.

15 BACKGROUND PAPERS

15.1. Merton Operating Plan 2014/16

15.2. Commissioning Strategic Plan 2014/16

15.3. Merton Health & Wellbeing Strategy 2014/15

Committee: Health and Wellbeing Board

Date: 25 November 2014

Wards: All

Subject: Better Care Fund Update

Lead officer: Simon Williams, Director of Community and Housing

Lead member: Councillor Caroline Cooper-Marbiah

Forward Plan reference number:

Contact officer: Simon Williams, Director of Community and Housing

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Recommendations:

A. That progress with the Better Care Fund plan, as described in this report, is noted.

B. That agreement of the section 256 funding transfer between Merton CCG and LB Merton for 2015/16 is formally noted, having been transacted outside the meeting cycle for reasons of timing.

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1 **Purpose of report and executive summary**

1.1 The purpose of the report is to present progress with implementing the Better Care Fund Plan.

1.2 The resubmitted plan has been 'approved with support' by the 'Nationally Consistent Assurance Review Team' (NCAR) and the programme manager is working through the small number of issues that need to be resolved before the Plan moves to fully 'approved' status.

1.3 This report also formally notes that the Board has previously received details of the section 256 funding transfer between Merton CCG and LB Merton for 2015/16 for agreement outside the formal meetings cycle for reasons of timing.

2 **Progress**

2.1 The BCF Plan resubmission process completed on 19 September and the initial response has been an approval with support (as anticipated) and final commentary is being reviewed with NHS England to move the plan fully to 'Approved' status.

2.2 The programme manager has subsequently returned to assessing the components of the work that needed to be delivered both to meet the overall objectives of integration and to ensure that a workable set of services would be functioning with effect from 1 April 2015 when the initial performance measures will start to be formally reported.

2.3 The rest of this report will focus on the specific work streams within the BCF Project.

3 Work Stream 1: Finance and Performance

3.1. The Finance and Performance work stream is running well with good coordination between CCG and local authority colleagues. There is a regular, monthly meeting, at which issues are reviewed and discussed. There are no significant actions that cannot be resolved within this work stream and work is continuing to refine the process metrics under the headings of 'proactive' and 'reactive' schemes in order to produce the first, fully accountable baseline performance report for the Merton Integration Board in December 2014.

3.2. Understandably, given the focus on performance metrics in the BCF Plan resubmission process, there is assured robustness in the methodology for measuring performance and the final piece of this development is to confirm the activity measures and reporting schedule for the overall integration measures.

3.3. As the integration agenda develops, some of these measures may change but there is a healthy framework to manage this change.

4 Work Stream 2: The Merton Model

4.1. The Merton Model covers the largest component of the project and operates through regular meetings of its own development group. Workshops and special task groups have taken place and delivered outputs as part of this work stream and it is well managed by the work stream lead, with support from other colleagues.

4.2. Two areas have received particular attention recently to ensure that progress is maintained: the interface geriatrician for the Community Hub service and the procurement of Intermediate Care beds.

4.3. Good progress has been made in November in discussions with St George's regarding the appointment of a geriatrician within their frailty model of care and the risk level of this has been reduced accordingly.

4.4. Risks around the procurement of additional intermediate care beds are being managed by a request for expressions of interest from providers but also by a focus on further developing with SMCS a pathway for intermediate care in the patient/service user's own home. Longer term solutions are also being investigated within the Development Group.

4.5. The Merton Model is also coordinating the development of the Integrated Crisis Response Service that is combining some of the outputs of the existing prevention of admission services, e.g. CPAT, in-reach nursing, etc.

4.6. Other risks and issues within the Merton Model are being managed appropriately within the project framework and recorded on the relevant registers.

5 Work Stream 3: IT and Data

5.1. This area has been developed effectively and good progress is being made.

5.2. At the suggestion of the programme manager and the work stream lead, the SW London Collaborative Commissioning team (SWLCC) is leading across SW London and has engaged a consultancy to tackle the issues and opportunities for

data sharing across SW London as a whole, which is an excellent and very welcome move. An initial meeting has taken place with the consultant.

5.3. The one remaining work package to be developed is around Telecare and Telehealth and there are good opportunities to build on LBM's well-established and successful 'Mascot' Telecare offering. Progress has already been made and this will be a specific focus in the coming months.

5.4. As the overall work on developing a SW London-wide solution will necessarily take a longer time to deliver than the initial 1 April 2015 deadline, work is also progressing to develop a local data-sharing initiative using the 'Coordinate My Care' (CMC) system to enable professionals supporting patients with a care management plan under the GP risk stratification work to share data on those patients. CMC is an 'opt in' system that requires patients and service users to give specific consent to their data being shared so there are no information governance issues connected with this beyond the usual one of using the data for its proper purpose.

6 Work Stream 4: Workforce

6.1. The principal deliverables required for 1 April 2015 are training for all staff in each others' specialities and for agreement on key roles and responsibilities for key workers. These will be the focus of the work stream over the winter to ensure that integrated teams are able to operate effectively.

6.2. Development and sign-off of a roles and responsibilities document for key workers is targeted for the end of November for a draft and for final sign-off in January.

6.3. Development and sign-off of a document setting out responsibilities and duties of a generalist workers is scheduled by December, design of training programme by January and delivery of training by 31 March.

6.4. It has also been planned to develop and sign-off a workforce strategy for Merton by March 2015. This will build on the SW London Collaborative Commissioning strategy to create a locally-focused framework for delivering organisational change. This will also need to reflect seven-day working.

6.5. The programme manager and the work stream lead are having fortnightly progress meetings to maintain focus and to manage issues and risks within the workstream.

7 Work Stream 5: Engagement

7.1. Engagement has been a success with events both with professional colleagues around prevention of admission and discharge planning, and with service users, patients and carers. The level of feedback has been excellent and has been fed into the overall system development process, particularly in respect of mental health services and the voluntary sector.

7.2. Further engagement will take place as part of the data sharing work in order to review public perception of data sharing risks, although this has already been informally raised in consultation events and, where full explanation of need was given, has been shown to be relatively uncontroversial on a small sample size.

7.3. As the services prepare for go-live in April, public awareness will need to be raised and this will be planned with the relevant communications teams at LBM and the CCG, as well as through Healthwatch and the voluntary sector, which is well-engaged with the overall project.

8 Quality Commissioning

8.1. Following a review in the early stages of the project about this work stream's purpose, there are two principal outputs to be delivered: (a) a review of risk stratification and (b) overall quality, equality and privacy impact assessments of both the project as a whole and the Merton Model, in particular.

8.2. In reviewing the risk stratification process as part of the BCF resubmission, it was acknowledged that the scheme, originally introduced in 2013/14 was due for review and evaluation to ensure that best practice and learning can be shared between MDTs and practice teams across all of Merton's 25 practices. Any meaningful review would require a commitment of time and expertise for training and support for practices and this may require additional resource on a short-term basis.

9 Financial, resource and property implications

9.1. None specific for this report

10 Legal and statutory implications

10.1. The joint fund is under S75 of the NHS Act 2006.

11 Human rights, equalities and community cohesion implications

11.1. None specific for this report

12 Crime and Disorder implications

12.1. None specific for this report

13 Risk management and health and safety implications

13.1. None specific for this report

14 Appendices

14.1. None specific for this report

15 Background papers

15.1. Merton Better Care Fund Plan Resubmission: September 2014

Committee: Health and Wellbeing Board

Date: 25 November 2014

Wards: All

Subject: Winterbourne View Update

Lead officer: Simon Williams

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

Forward Plan reference number: n/a

Contact officer: Jonathan Brown

Recommendations:

A. Health and Wellbeing Board to confirm receipt of Winterbourne View update

B. Further update of progress against Winterbourne View action plan to be submitted to Health and Wellbeing Board in mid 2015

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1. Purpose of report and executive summary

   To update the Health and Wellbeing Board on action undertaken against the Winterbourne View action plan published in the wake of the findings of abuse within a registered hospital setting for people with learning disabilities.

2. Background

   'Transforming Care', The Department of Health's 2012 response to the Winterbourne View scandal outlined along with a Joint Improvement Plan, actions that must be taken by Local Authorities, Clinical Commissioning Groups and other partners to ensure that people with learning disabilities who currently live in hospital settings have their care needs reviewed and are supported to move to community placements where appropriate.

   'Transforming Care' also places a requirement on Local Authorities and Clinical Commissioning Groups to have a locally agreed joint plan to ensure high quality care and support services for all children, young people and adults with learning disabilities or autism and mental health conditions or behaviour described as challenging. It is expected that this action will reduce the need for hospital placements in the future.

3. Details

   The previous Winterbourne update to the Health and Wellbeing Board (09/2013) reported that LB Merton Learning Disability service at that time had responsibility for the care management of 3 people with learning disabilities whose current placements are considered to be in-patient hospital settings.

   There has been movement within this cohort with the status of one setting changing, one discharge into community residential care taking place, with the

remaining individual staying within an in-patient setting. There has also been a further admission into an assessment and treatment unit for a Merton resident as a result of a breakdown in her community placement and a mental health assessment leading to admission. The Merton Learning Disability service therefore currently has care management responsibility for 2 people within in-patient settings. Both individuals live in such settings due to the nature and intensity of their challenging behaviour. Both are on Section 3 of the Mental Health Act.

Merton CCG have reported on 2 individuals known to their services who are currently in such settings and have provided the following information:

There are 2 individuals who are funded by Merton CCG Mental Health in locked hospital registered rehabilitation services – both are currently detained under Sec 3 of the Mental Health Act and are considered to be “dual diagnosis”. The hospital provision they currently reside in is a specialist service for individuals with this profile. One of the individuals concerned has both a learning disability and a co-morbid mental health problem (schizophrenia) and the other is additionally considered to be on the autistic spectrum. Due to the level of their needs, the nature of their challenging behaviour and their potential risk to others, which includes in the latter case an identified sexual risk specifically to children, there is no doubt that they will require on-going support in the form of 24 hour staffed care services for the foreseeable future.

4. Alternative options

For the 2 people known to the Merton LD service, community placements will be actively considered. For one individual this planning process is relatively advanced. An assessment has been carried out by a community residential care provider which has confirmed very recently that it can potentially offer a placement. Plans now need finalising in terms of discharge from her section and funding arrangements require confirmation between Merton and the CCG.

Plans are not as advanced for the other individual known to Merton as his behaviour is currently unsettled and difficult to manage in his in-patient setting.

Merton CCG report the following on the 2 individuals known to them:

Discharge planning from their current inpatient service is actively taking place in both cases. The RC (Consultant Psychiatrist) however has indicated that both need to remain subject to detainment at the current time. To date a provision has only been identified for the individual with LD/ASD/MH, and whilst a step-down this is again into a hospital registered service but within the residential community. The other individual's primary need has been identified as being in relation to his mental health however to date a suitable facility which can also support his relatively mild LD has not felt able to offer him a service. A further CPA is planned for 1st December 2014 in relation to his discharge planning.

Whilst these two individuals remain in hospital registered services, Merton CCG mental health will continue to fully fund their care – on discharge into a non-hospital setting it is likely that they will be joint funded between the CCG and LBM under Sec 117.

5. Consultation undertaken or proposed

   Reviews of current care arrangements are undertaken with all individuals and their informal support networks on a regular basis.

6. Timetable

   NHS England has recently established further targets for discharge for people currently in in-patient settings. It has set out that half of those people who were in an in-patient setting on 1st April 2014 should be discharged by April 2015. This is a challenging target given the nature and intensity of the challenging behaviour exhibited by those within the cohort known to Merton and the CCG.

   To assist with meeting this target, NHS England plan to implement care and treatment reviews which will have the aim of supporting commissioners to consider the care that the individuals that they have responsibility for from an alternative perspective. NHS England are developing processes and recruiting staff to assist with this.

7. Financial, resource and property implications

   Due to the level of need and the nature of the challenging behaviour exhibited by all individuals as outlined above, there is no doubt that they will require on-going support in the form of 24 hour staffed residential care or supported living based care and support following any discharge.

   The financial implications of commissioning appropriate community settings will need to be carefully considered with the aim of identifying value for money, cost effective community based alternatives.

8. Legal and statutory implications

   The needs of the affected individuals will need to continue to be met within appropriate provision which takes into account the nature and intensity of their challenging behaviour and does not put them or others at inappropriate levels of risk.

9. Human rights, equalities and community cohesion implications

   These elements are intrinsic to the reviews already carried out with the individuals affected by this work and to the consideration of future placements appropriate to the level of their need and the assessment of risk to themselves and others.

10. Crime and Disorder implications

    None.

11. Risk management and health and safety implications

Risk assessments will be completed which will evaluate the health and safety implications and risk management considerations of the individuals leaving their current care settings and being accommodated within alternative care and support environments.

These risk assessments will need to include an appraisal of risks not only to the people directly involved in such potential moves, but to others who may subsequently be affected by the challenging behaviour of these individuals in potential community placements.

12. Appendices – the following documents are to be published with this report and form part of the report

None.

13. Background papers

As above.

Committee: Health and Wellbeing Board

Date: 25th November 2014

Wards: All

Subject: Annual Public Health Report and Update

Lead officer: Dr Kay Eilbert, Director of Public Health

Lead member: Councillor Caroline Cooper-Marbiah

Forward Plan reference number:

Contact officer: Kay Eilbert

Recommendations:

A To note Merton's first Annual Public Health Report and the work of Public Health as part of the Council.

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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

This report presents Merton's first Annual Public Health Report and gives an update on Public Health work.

2. DETAILS

2.1 Since transition to the Council, Public Health has focused on embedding health in Council services with a particular emphasis on addressing the wider determinants. This reflects increasing recognition, at national policy as well as local level, that prevention is key to sustainability.

2.2 A number of recent reports, including London Health Commission's Better Health for London and the NHS Five year Forward View recognise the need for a radical shift in our approach to health and wellbeing, away from a clinical focus, to working across the determinants of health and prevention.

2.3 Public Health in Merton is well placed to take forward these calls for change, as we have been advocating priority for services that prevent future problems, such as early child development, good school achievement, good work, a safe community and a healthy green and built environment. These are, in fact, the proposed themes for the refresh of the Merton Health and Wellbeing Strategy currently being developed.

2.4 This approach uses evidence that shows the biggest impact on health comes about by influencing the environment in which people make their health choices, where we attempt to make the healthy choice the easy one. This approach, set out in the figure below, has the most significant potential for local government as it controls many of these levers

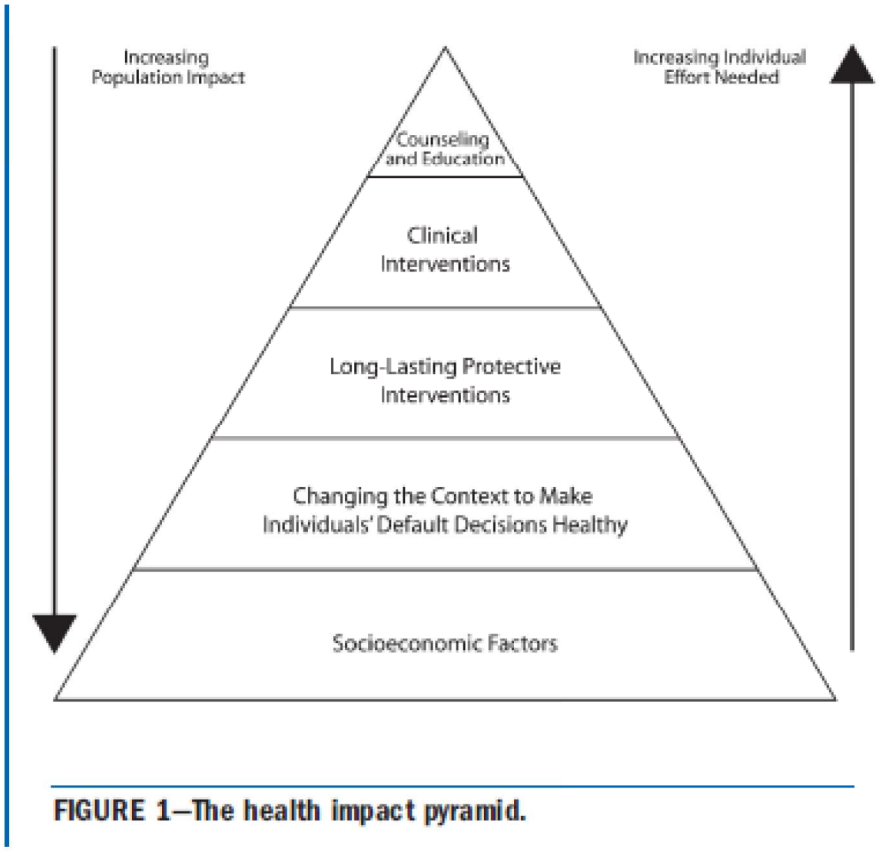

FIGURE 1—The health impact pyramid.

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2.5 Public Health Work Plan

The Public Health Team now has a consultant in Public Health specialising in prevention who will support the Director of Public Health to work across the Council with and with partners. A few examples of current work include:

2.6 In the Council

- signing up the Council to the London Healthy Workplace Charter that supports and recognises employers who invest in the health and wellbeing of their staff
- working to improve partner use of needs analysis and evidence to guide commissioning decisions, including proposals to develop of a 'knowledge hub' to provide support across the Council.
- Public Health staff working alongside colleagues across Directorates to add value to improve local people's health, with joint work plans agreed with all Directorates and joint working groups now established with Children Schools and Families and Environment and Regeneration with further plans to establish for all.

2.7 In the community

- promoting Community Health Champions within the Livewell service, through a range of community organisations, representing different groups of residents, mainly in the more deprived East of the borough. Community groups encourage their members to adopt healthier lifestyles and take up prevention services.

  the Community Health Champions programme recently won a local Compact award and was shortlisted for the national Compact awards.

- undertaking a community audit to identify assets that can be built on for a place-based pilot around Pollards Hill.

2.8 Working with Merton CCG:

- to advocate a focus on the east of the borough - the CCG is developing a new model of care in East Merton and are working towards developing a pilot 'Proactive GP Practice' model in the East of the borough.

- to support Merton CCG priorities, Public Health staff participate in five (Children. Early Detection and Management, Elderly and Vulnerable Adults – Merton Model, Mental Health and Prevention) of the six CCG Priority Groups achieving a close working relationship and bringing the public health approach of evidence based work.

2.9 Public Health integrated approach

Following transition, an integration approach was agreed, where Public Health staff work alongside Council colleagues across Directorates to add value to improve local people's health. There have been some successes in embedding Public Health but the actual configuration will be kept under review to ensure that it develops effectively.

The Public Health team is now up to full capacity, with the addition of four public health specialists to work on children, older people, public health intelligence and prevention. The full team is now working with each Council Directorate on agreed plans of work to deliver the Public Health investments. There will be no increase in the Public Health budget next year representing a real terms decrease making it even more important to find efficiencies through integrating and sharing work.

2.10 Annual Public Health Report 2013-14

Merton's first Annual Public Health report was launched on 21 October at Vestry Halls , Mitcham at an event attended by Council members and officers together with representatives of the CCG and the voluntary sector. A copy of the report is on the Council website at http://www.merton.gov.uk/health-social-care/publichealth.htm
The 2013-14 Annual Public Health report invites partners in the NHS, the voluntary sector and the Council to work together to reduce the significant

health inequalities across Merton. The report calls for a priority to the early years and school age, to ready children for their adult years by giving them the resources required to be independent and to make healthy choices. At the same time, a focus on the factors that create health in the environment in which we grow, work and live has the potential to increase availability of healthy options, making these the easier choice for individuals.

These are reflected in the 5 themes that were agreed at Merton Partnership Health Inequalities Conference as making up 'a good life in Merton' and It is planned to develop a brand around this for all Public Health work.

2.11 Next Steps

2.11.1 The Public Health TOM (Target Operating Model) will be finalised by the end of 2014, effectively integrating Pubic Health into the Council, demonstrated by, for example, taking on certain Safer Merton functions, considering a future Public Health role as a 'knowledge hub' for the Council and identifying further opportunities to take forward the role of Public Health in the Council up to and beyond 2015/16 when the ring fence is planned to be removed.

2.11.2 The focus on prevention and the wider determinants to tackle health inequalities will continue through a number of initiatives by the Public Health team and will be reflected in the review and refresh of the Health and Wellbeing Strategy 2015.

2.11.3 Public health will continue to work across our health partnerships in the Council, the MCCG and the voluntary sector by adding value to the work of each. It will seek new opportunities to embed health as everyone's business and use available levers and policies that impact on health.

3. ALTERNATIVE OPTIONS

None for the purpose of this report.

4. CONSULTATION UNDERTAKEN OR PROPOSED

Not for the purpose of this report.

5. TIMETABLE

Not for the purpose of this report.

6. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

Not for the purpose of this report

7. LEGAL AND STATUTORY IMPLICATIONS

Not for the purpose of this report.

8. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The work of Public Health is focused on addressing inequalities of health.

9. CRIME AND DISORDER IMPLICATIONS

Not for the purpose of this report.

10. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

Not for the purpose of this report. .

11. APPENDICES – the following documents are to be published with this report and form part of the report

Appendix I Merton Annual Pubic Health Report 2014
http://www.merton.gov.uk/health-social-care/publichealth.htm

12. BACKGROUND PAPERS

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Committee: Health and Wellbeing Board

Date: 25th November 2014

Wards: All

Subject: Health and Wellbeing Strategy Refresh 2015

Lead officer: Dr Kay Eilbert, Director of Public Health

Lead member: Councillor Caroline Cooper Marbiah

Forward Plan reference number:

Contact officer: Clarissa Larsen, Health and Wellbeing Board Partnership Manager

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Recommendations:

A To agree and support the work of the Health and Wellbeing Strategy Task Group on the 2015-18 Strategy refresh.

B To agree the five priority themes against which clear outcomes will be developed..

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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

To consider and agree the approach to the refresh of Merton Health and Wellbeing Strategy 2015-18.

2 BACKGROUND

2.1 Merton's first Health and Wellbeing Strategy has now been in place for eighteen months, having been developed in partnership and consulted on widely. A report to the Board in April 2013 set out arrangements for monitoring and progress reports on the delivery plan for each of the key priorities have been made. The report also gave a commitment to review and refresh the Strategy for 2015

2.2 The Strategy refresh is in line with the new JSNA, feedback from the Health and Wellbeing Peer Challenge, the Merton Partnership Conference on Health Inequalities 2013 and the focus on inequalities, prevention and integration specifically through the Better Care Fund.

3. DETAILS

HWB Strategy Task Group

3.1 In line with the approach in developing the first Health and Wellbeing Strategy, a short-life start and finish task group is proposed to refresh the strategy. The proposed Task Group has had an initial meeting and currently includes Council representatives from Public Health, Children Schools and Families, Environment and Regeneration and Communities and Housing , Merton CCG and MVSC.

3.2 The Task Group discussed making strategic priorities and outcomes more focused, specifically relating to the five themes that emerged from the Merton Partnership Conference on Health Inequalities that make up 'a good life':

- Best start in life - early years and achieving a strong educational base for children and young people
- Good health – preventing illness, ensuring early detection of illness and accessing good quality healthcare.
- Good life skills, lifelong learning and good work.
- Community participation and feeling safe
- A good built and natural environment

3.3 Members of the Task Group are now each developing a set of draft outcomes against each of the themes. It is proposed that these will form the basis of the new Health and Wellbeing Strategy and the Delivery Plan which will support it. A draft template that members of the Task Group are working to together with a draft timescale are included in Appendix 1.

It is suggested that the Strategy will run for three years 2015 to 2018 with regular updates to the Health and Wellbeing Board and updates of the Delivery Plan on an annual basis.

3.4 Core, cross cutting themes of the Strategy will be tackling health inequalities – bridging the gap between east and west Merton – focussing on prevention and working in an integrated way.

3.5 Initial discussions have taken place with HeatlhWatch on an engagement event to be held in early February 2015 and this will be supported by partner's own consultation and engagement.

3.6 If this approach is agreed the HWB Strategy Task Group will bring a draft strategy to the March meeting of the Health and Wellbeing Board.

4. ALTERNATIVE OPTIONS

It is a statutory requirement that Health and Wellbeing Boards have a Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment.

5. CONSULTATION UNDERTAKEN OR PROPOSED

It is planned to hold a partnership engagement event in February 2015 as outlined in the report.

6. TIMETABLE

The refreshed Health and Wellbeing Strategy will be for three years 2015 to 2018.

7. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None for the purpose of this report.

8. LEGAL AND STATUTORY IMPLICATIONS

The production of a Health and Wellbeing Strategy is statutory for each Health and Wellbeing Board.

9. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

Addressing health inequalities is a core, cross cutting principle of the Health and Wellbeing Strategy.

10. CRIME AND DISORDER IMPLICATIONS

None for the purpose of this report.

11. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None for the purpose of this report.

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

Appendix 1 – Draft Themes and Leads, Template and Timescale for Health and Wellbeing Strategy refresh.

BACKGROUND PAPERS

None

APPENDIX 1

HWB Strategy 2015 - 2018

Priority Themes and Leads

Priority Theme		Outcomes – **to be brought to 3 December Strategy Task Group for discussion and agreement**	Priority Lead	Task Group Lead
1.	**Best start in life - early years and achieving a strong educational base for children and young people**	1.1 1.2 1.3 1.4	Children Trust Board	Paul Ballatt
2.	**Good health – preventing illness, ensuring early detection of illness and accessing good quality healthcare.**	2.1 2.2 2.3 2.4	Merton Clinical Commissioning Group / Public Health	Caroline Farrar / Kay Eilbert
3.	**Good life skills, lifelong learning and good work.**	3.1 3.2 3.3 3.4	Sustainable Communities	James McGinlay
4.	**Community participation and feeling safe.**	4.1 4.2 4.3 4.4	Safer and Stronger	Ian Beever / Kay Eilbert (Janet Pinkney)
5.	**A good natural and build environment.**	5.1 5.2 5.3 5.4	Sustainable Communities	James McGinlay

Health and Wellbeing Strategy 2015-18

Template for Theme – in Strategy

Priority Theme 1: **Best start in life – early years and achieving a strong educational base for children and young people.**

Why is this important?

Short explanation of how the theme is a key determinant of health.

Outcomes

(a small number, no more than 6, of outcomes that can be delivered through actions that can be evaluated by indicators of success)

1.1

1.2

1.3

1.4

Template for Theme – in Delivery Plan

Outcome 1.1			
Action	Indicator	Timescale/ deadline	Lead Officer
List of actions that will deliver outcome 1.1			

Outcome 1.2			
	Indicator	Timescale/ deadline	Lead Officer
List of outcomes that will deliver outcome 1.2			

Draft Timeline for HWB Strategy 2015 - 2018

Date	Action	Lead
25 November 2014 Health and Wellbeing Board	Health and Wellbeing Board Meeting • Kay Eilbert to suggst approach and timescale for HWB Strategy refresh	Kay Eilbert
3 December 2014 Task Group meeting **KEY DATE** **DRAFT OUTCOMES DUE**	HWB Task Group Meeting • Draft proposed outcomes for each Priority Theme to be brought be lead. • Outcomes discussed and agreed at task group meeting	EACH LEAD OFFICER to bring prepared outcomes to be 3 December meeting Task Group meeting.
9 December 2014 One Merton Group	One Merton Group Meeting • Draft agreed HWB Strategy outcomes to be reported to One Merton Group for discussion and comment.	Kay Eilbert to take draft agreed outcomes to One Merton Group
December 2014 / January 2015	• Outcomes for each Priority Theme to be agreed by relevant lead Partnership / CCG / MVSC Board	EACH LEAD OFFICER to take Priority Themes and outcomes to relevant Partnership / Board for agreement by end January 2015
5 February 2015 TBC	• HealthWatch Consultation event on HWB Strategy Refresh proposals	Kay Eilbert / Dave Curtis
January / February 2015	• Updates / rewrites of HWB Strategy themes to be completed by lead officer with worked up actions against each outcome. • Update / rewrite of general HWB Strategy sections to be completed by Kay Eilbert and team.	EACH LEAD OFFCER to update/ rewrite relevant priority theme section for HWB Strategy Kay Eilbert and team to draft rewrite / update of general sections of HWB Strategy.
4 February 2015 Task Group Meeting **KEY DATE** **DRAFT THEMED CHAPTERS DUE WITH ACTIONS**	HWB Task Group Meeting • Draft Priority theme chapters to be circulated prior to meeting for discussion at task group. • Draft general HWB refresh strategy rewrite to be circulated prior to meeting for discussion at task group	EACH LEAD OFFICER to send draft priority theme to PH team for circulation by Friday 30 January.

16 February 2015 **KEY DATE** **FINAL DATE FOR COMMENTS ON DRAFTS**	• All comments on draft HWB Strategy Refresh to be received by 16 February	EACH LEAD OFFICER to ensure relevant comments received by deadline of 13 February
17 February 2015 One Merton Group	One Merton Group Meeting • Draft HWB Strategy refresh to be reported to One Merton Group for discussion and comment.	Kay Eilbert to take report to One Merton Group
20 February – 11 March 2015	• Draft HWB Refresh to be reported to CMT and as needed LSG / Cabinet on 9 March 2015 • HWB Refresh to be reported to other Partnerships / Boards as required	Kay Eilbert and team to establish reporting requirements for HWB Strategy Refresh and submit reports. EACH LEAD OFFICER to establish requirement and make arrangements to report DRAFT HWB Strategy Refresh to Partnerships / Boards
11 March 2015	• Deadline for reporting HWB Strategy Refresh to Health and Wellbeing Board. All comments to be submitted prior to deadline to ensure final draft.	Kay Eilbert and team to prepare final draft and covering report for agreement at Health and Wellbeing Board.
24 March 2015 Health and Wellbeing Board	Health and Wellbeing Board Meeting • Health and Wellbeing Board receives draft for comment / agreement	Kay Eilbert to present report and take any comments.
March – April 2015	• HWB Strategy Refresh to be finalised following comments of Health and Wellbeing Board and reported as required	Kay Eilbert and team. EACH LEAD OFFICER to consider any further reporting requirements.

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Committee: Health and Wellbeing Board

Date: 25 November 2014

Wards: All

Subject: Community Health and Wellbeing Fund – Progress Report

Lead officer: Ian Beever, Interim CEO, MVSC

Lead member: Councillor Caroline Cooper- Marbiah

Forward Plan reference number: n/a

Contact officer: Ian Beever

RECOMMENDATIONS:

i) To note the progress in the delivery of the Community Health and Wellbeing Fund in east Merton.

ii) To note that the East Merton Health Fund is now fully spent and consider the potential for future investment in similar programmes in the future.

1. EXECUTIVE SUMMARY AND PURPOSE OF REPORT

1.1 This report sets out the progress of the east Merton Community Health and Wellbeing Fund to date.

2. DETAILS

2.1 In November 2011 the Shadow Health and Wellbeing Board was awarded £315,000 from the Performance Reward Grant Fund, to set up a grants programme for health and wellbeing projects in the east of Merton. The fund is being delivered using compact-approved application packs and decision-making processes. The fund is administered by MVSC with decisions being made by a multi-agency panel.

2.2 The fund was launched in May 2012 at a specific event chaired by the council leader and attended by over 70 organisations with follow up publicity on Merton Connected.

Year One

2.3 A total of £70k was available in Year One and the maximum grant to an individual organisation was set at £10k for projects lasting up to 1 year. Although oversubscribed, few applications met the criteria – just £35,780 was awarded in July 2012. A list of funded groups is attached as Appendix 1.

2.4 A second round launched in October 2012 and 14 applications totalling £81,614 were received. The panel approved 7 grants totalling £39,220 and the Year One fund was committed. A list of funded groups is attached as Appendix 2.

Year Two

2.5 In May 2013 Round 3 was launched with a total of £105k available in the Fund as an extra £35k was added by the PCT. The panel met on 25 July to consider the 8 applications received totalling £60,237. 5 were successful and £31,813 was awarded. A list of funded groups is attached as Appendix 3

The criteria were looked at but considered to be broad enough. However, due to the disappointing number of applications received in Round 3 a MVSC Development Worker carried out some outreach work to target specific groups to develop projects that fitted the criteria well.

2.6 Round 4 has was launched in October 2013. The panel met on 11th December and awarded 9 grants totalling £63,206. This left an underspend of approximately £12K to carry forward into year 3.

As a result of the outreach the volume of applications increased but there were still some issues with the quality of submissions.

Year Three

2.7 MVSC has been funded by Public Health to conduct specific development work with small community organisations in the east of the borough. The aim is to build their skills and capacity to support more of the public health agenda.

MVSC is also sub-contracted by Richmond and Hounslow Community NHS Trust to recruit and train community health champions to work with residents, all of whom are associated with a voluntary or community group. This is mostly focused in the east of the borough and with those communities that are harder to engage or have specific health needs. The aim is to tackle health inequalities and support health promotion from within communities themselves. This approach also supports the aims and objectives of the Merton Partnership Volunteering Strategy and the Merton Health and Wellbeing Strategy.

As a direct result of both of these pieces of work, we have managed to identify organisations and project ideas that would really add value to the programmes identified above. The Development Team at MVSC have been working directly with these groups to formulate project ideas for the Community Health and Wellbeing Fund.

Following discussions with the Director of Public Health; it was proposed that for the year three allocation of £67,058, there would be merit in adopting a commissioning approach. This would ensure that projects linked to the Health Champions programme and the development support to smaller organisations could be funded.

This approach has also had real benefit by enabling MVSC to facilitate partnership bids, in some cases between organisations who have never worked together before. By enabling more joint working this will support more

collaboration in the future, something that will be essential in the current financial climate.

Year Three allocation:

2.8 Further to recommendation adopted by the board at our meeting on 29th July 2014, the funds for year three were divided between commissioned activity and open application. The panel received eight applications through the open application process, which was launched in September 2014. They met on the 15th October and approved four application, totalling £20,000. A further 6 projects have been commissioned (totally £47,058) to deliver specific initiatives and will work in conjunction with the growing cohort of Health Champions to ensure strong linkage to the programmes being delivered by public health and the Health and Wellbeing Strategy.

Monitoring

2.9 Monitoring of all groups funded in Year One and Two (up to and including round three awards) has now taken place and members are asked to note that, all the groups visited so far have reached or exceeded their delivery targets and have used the funding well.

Initial mid grant monitoring of projects allocated funds under round four has also taken place and again the panel is asked to note that these projects are progressing well and there are, with the exception of one project, the female swimming being delivered by The Women's Empowerment Project, no concerns with regards to achieving delivery targets.

With regards to the Women Empowerment Project, there has been change in personnel that has led to a disruption to the coordination and delivery of the project, assurances have been given that this will be back on track soon. A further monitoring meeting has been diarised for December 2014.

3.0 SUMMARY & RECOMMENDATION

A final evaluation of the programme and its impact will be prepared in April 2015.

APPENDIX 1 – 5

List of successful applications, including groups being commissioned) - rounds one, two, three, four and five.

Appendix 1: List of funded groups – Year One 1st Round, July 2012

Organisation	Outputs/Outcomes	Amount Awarded
Alzheimer's Society - Sutton & Merton Office	To co-ordinate and facilitate a 3 hour monthly dementia cafe for up to 40 people living with early to moderate dementia and their carers, providing information, activities and social interaction.	6,904
Jigsaw4U	To provide staffing hours to deliver a grief support service including initial assessment, 1:1 work, peer group support and referral to other agencies for 10 children and young people.	7,000
Merton & Morden Guild of Social Service	In partnership with the Merton African Caribbean Elders Organisation, to deliver 2 x 12 week specialist exercise courses for stroke survivors with 40 follow on exercise classes for up to 16 people who will then be encouraged to participate in other community activities.	5,128
Merton BMX Club	To pay for the start up costs of a new BMX club to operate at the new track in Acacia Road. The Council are working with British Cycling to support the formation of the club which will be run by local volunteers and will provide equipment and track time for up to 48 young people each week.	2,000
St Mark's Family Centre	To run 10 x Food-Fit-Fun sessions during school holidays focussing on healthy food awareness in a fun accessible format for parents who are suffering from mental health issues and their children aged 6 - 12. Providing a crèche for under 5's to support the activities	5,167
South Thames Crossroads	To provide a six week x 1 hour a week life coaching course for 50 carers to enable them to develop the life skills to cope with the reality of their situation and provide coaching training sessions for 12 volunteers.	5,000
United in Dance	To provide 4 street dance classes a week over 36 weeks for children and young people and a level 2 Dance leaders Award accredited through Sports leaders UK, offered to 12 over 16 participants to enable them to teach dance in the community.	4,581
	Total	**£35,780**

Appendix 2: List of funded groups – Year One, 2nd Round, December 2012

Organisation	Outputs/Outcomes	Amount Awarded
Association for the Polish Family	To provide information and advice to enable members of the Polish community to remain healthy. To employ a part time outreach worker to provide appropriate cultural and linguistic support around alcohol misuse and domestic violence with the aim of raising awareness of healthy living and increasing the reporting of domestic violence	6,150
Cardiac Exercise Club	To establish opportunities for residents in the east of Merton with cardiac and chronic obstructive pulmonary disease (COPD) to engage in supervised exercise activities leading to improved sense of well being, physical stamina and health	1,483
Colliers Wood Resident Association	To create a community garden on unused land which will provide weekly gardening activities and give opportunities for local residents and their families to learn about growing, cooking and preserving organic fruit and vegetables and increase healthy activity and healthy living	1,000
Jeremiah Project	To extend a monthly healthy breakfast club currently held at a temporary accommodation venue in Mitcham, to schools, community events and other sheltered accommodation. Funding also wanted for the salary of a parish nurse who attends the sessions and offers health checks, advice on healthier eating, holistic health care and makes referrals to other agencies.	3,500
Merton & Wandsworth Asylum Welcome	To deliver healthy multi-ethnic cooking sessions for refugee and asylum seeker families, culminating in the production of a recipe book. To take families to new outdoor spaces to encourage participation in physical activities.	6,800
Mitcham Cricket Club	To enable more local girls and boys to regularly participate in cricket sessions and to develop a girls squad. To enable more adults and children to coach and play cricket by developing their coaching capacity and providing winter, indoor training facilities.	4,772
North East Mitcham Community Association	To provide 48 weekly falls prevention exercise classes incorporating extended chair based exercise and cardiac rehabilitation and 48 social sessions, leading to a reduced risk of stroke, diabetes and high blood pressure.	6,000
South London African Women's Organisation	To provide a series of health and wellbeing workshops and seminars for BME women living with HIV. Also to arrange visits to walk in clinics and A & E departments, to reduce fear and understand the way they operate.	5,000
South London Tamil Welfare Group	43 drop-ins for Tamil elders including keep fit sessions, plus workshops to raise awareness of health issues in partnership with Merton & Sutton PCT and Livewell to improve health and well being.	4,515
	Total	**£39,220**

Appendix 3: List of funded groups – Year Two, 3rd Round, July 2013

Organisation	Outputs/Outcomes	Amount Awarded
Age UK	To create and run a sustainable programme of health and wellbeing focused activities for older people in east Merton including: gentle exercise, dance based groups, walking, board games and quiz & mental agility sessions. The sessions will reduce isolation, improve sense of wellbeing and motivation and provide a gateway to other opportunities and support.	9,640
Deen City Farm	Four multi-week pilot projects designed around the Five Ways to Wellbeing framework, two with local schools and two with adults. The projects will use interaction with animals and nature to enhance emotional literacy. The adult programme would include a heavier focus on healthy eating, physical activity through volunteering and learning new skills.	2,992
Ethnic Minority Centre	A series of workshops to promote healthier physical and mental lifestyles to east Merton communities, including 12 yoga sessions for older people, 12 dance sessions for young people, 12 multi-cultural music sessions and 4 'Live Well' sessions delivered in conjunction with LiveWell, SWL Recovery College and the NHS.	4,380
Personal Independence Support CIC	Provide young people aged 11-16 years of age, who have experienced domestic and sexual violence with support groups and drop in sessions to enable them to break destructive damaging cycles that are often embedded across generations.	6,600
St Mark's Family Centre	To develop, run and maintain a web based support forum for parents who are unable to get on-going support and do not meet statutory mental health thresholds. Supported and regulated by a qualified mental health support worker, the forum will enable members to access support at any time and lead to increased mental health resilience and improved coping strategies.	8,121
	Total	**£31,813**

Appendix 4: List of funded groups – Year Two, 4th Round, November 2013

Organisation/Group	Outputs/Outcomes	Amount Awarded
1. Association for the Polish Family	To employ an outreach worker for 16 hours a week to help Polish and East European communities increase their knowledge of health services available and how to use them which will influence a healthier lifestyle and enable them to overcome their cultural and social barriers to live a better life.	10,000.00
2. Attic Theatre	To put on 4 performances throughout East Merton of Ma Kelly's Game, the play that promotes health and wellbeing and encourages the uptake and increase of physical activity to over 55's.	2,235.00
6. Focus-4-1	The project seeks to promote health and wellbeing to Adult Mental Health Service users and carers, through delivering weekly sessions and events and producing an A - Z guide of mental health and physical health services and agencies available to Merton residents leading to a reduction in ill health and improved uptake of health and screening services, especially from people from ethnic minority communities.	9,895.00
9. Jigsaw4U	To provide staffing hours of 7 hours a week which will contribute to the delivery of a grief support service for young people in Merton, including initial assessment, 1:1 work, peer group support and referral to other agencies for 15 children and young people.	10,000.00
10. Merton Centre for Independent Living	To deliver 140 home visit advice service sessions primarily for people with multiple or complex support needs and to develop a monthly user-led support group run by volunteers which will encourage service users to share knowledge and skills, and enable them to gain confidence in their abilities.	10,000.00
11. Merton Street Pastors	To recruit and train 5 more street pastors to join the Mitcham team and equip them with the supplies they need to help people stay well and make a positive difference to the health and wellbeing of the people they engage with. To research and populate the 'Your Night' mobile phone application with the contact details of local support agencies.	3,100.00
12. North East Mitcham Community Association	To provide 48 weekly falls prevention exercise classes incorporating extended chair based exercise and cardiac rehabilitation and 48 social sessions, leading to a reduced risk of stroke, diabetes and high blood pressure.	5,551.00

13. North Mitcham Park Friends & Heritage Group	To employ a gardener to work with volunteers at a weekly gardening project for 3 hours which will include warm up exercises, gardening then a warm down. The project will promote health and wellbeing and sessions will finish with refreshments.	5,000.00
16. The Women's Empowerment Project	To provide subsidised opportunities for women to get involved in physical activities and acquire skills, specifically through providing swimming lessons for women who do not know how to swim or are weak swimmers and have been advised to lead a more active lifestyle, setting up walks across the east of the borough to utilise open and free spaces and to train volunteer walk leaders to lead groups. Also to train community sports leaders who can support their communities in being more active.	7,425.00
	Total	**£63,206**

Appendix 5: List of funded groups – Year Three, 5th Round, November 2014

Open Application		
Organisation/Group	**Outputs/Outcomes**	**Amount Awarded**
Home Start Merton	To provide a programme of exercise/ nutrition sessions and money for life sessions, leading to increased knowledge and practical skills around healthy diet, increase physical exercise amongst families and tools for better financial budgeting and management.	5000.00
Jigsaw 4 U	To provide sessional worker for ½ day per week to support and advise young people experiencing domestic violence, which will see an positive impact on their health and well-being and provide them with tools to aid resilience	5000.00
Personal Independence Support CIC	To work in collaboration with MPS (Police) to provide a 14 week frontline specialist support worker to attend 999 calls to domestic incidents in Merton. Providing crisis, post crisis support, risk assessment and signposting.	6000.00
South West London Law Centres Limited	To provide a programme of money management workshops in GP surgeries for adults, carers and family members who have money worries which are affecting their mental health and well-being. Working in partnership with Healthwatch, Livewell Merton, MVSC and complimenting other initiatives in the borough promoting financial resilience.	4000.00
	Total	**£20,000**

Commissioned Projects		
Organisation/Group	**Outputs/Outcomes**	**Amount Awarded**
Home Start Merton	To provide a programme of CHEW (Children Eating Well) cook and eat sessions for parents and carers of children, focusing on early year's diet and nutritional education.	3,500.00
Youth Partnership	Mitcham Youth Partnership (MiYP) – 6 members: - *Association for Polish Family* - *Colliers Wood Woodcraft Folk* - *Mitcham Town Community Trust* - *North East Mitcham Community Assoc* - *Uptown UK* - *Fulham F.C. Foundation* To augment the MiYP offer with focused projects and initiatives that will encourage healthy lifestyles and promote/provide wellbeing-enhancing youth activities. This will include working with Live Well Merton to train up Young Community Health Champions.	17,806.00
Positive Network	Working in partnership with Dig Merton, to facilitate elderly users, women with low to moderate mental health issues and local families on low income, design and develop a functional kitchen garden at Taylor Road Day Centre. Selection of produce to be grown will be used for the bases of a reminiscence project and once harvested, will be used in a programme of Healthy Cook n Eat sessions, surplus will be distributed free to users and local families.	6,5000.00
Fair Green Shoppers Health Hub (Consortium- Living Waters Parish, Fusion, Hope UK,	To provide a menu of open air health oriented information and exercise sessions in the heart of Mitcham town centre. These will include; fortnightly Zumba/dancercise sessions, healthy cooking demonstrations (with distribution of free food parcels), alcohol/drug awareness, smoking cessations and weight management information days.	5,000.00
African Education Cultural & Health Organisation	To provide a programme of Cook and Eat workshops, looking specifically at the nutritional and health properties of traditional multi-cultural diets. Providing complimentary exercise and craft sessions that will lead to increase physical activity and positive impact on cross cultural understanding and mental well-being.	7,5000.00

Friends In St Helier (F.I.S.H)	To provide regular Pilates and chair based exercise sessions for elderly users, plus a programme of health based information and advice sessions on; smoking cessation, keeping warm in winter, hearing problems and resolutions, mobility aids and home adaptations, fuelling the body on a budget .	6,751.00
	Total	**£47,058**

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