

Merton Council Healthier Communities and Older People Overview and Scrutiny Panel



Date: 13 March 2018
Time: 7.15 pm
Venue: Committee rooms C, D & E- Merton Civic Centre, London Road, Morden
SM4 5DX

AGENDA

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2 Declarations of pecuniary interest	
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**This is a public meeting – members of the public are very welcome to attend.
The meeting room will be open to members of the public from 7.00 p.m.**

For more information about the work of this and other overview and scrutiny panels, please telephone 020 8545 3390 or e-mail scrutiny@merton.gov.uk. Alternatively, visit www.merton.gov.uk/scrutiny

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Healthier Communities and Older People Overview and Scrutiny Panel membership

Councillors:

Peter McCabe (Chair)
Brian Lewis-Lavender (Vice-Chair)
Laxmi Attawar
Mary Curtin
Brenda Fraser
Suzanne Grocott
Sally Kenny
Abdul Latif

Substitute Members:

Stephen Crowe
Joan Henry
Najeeb Latif
Ian Munn BSc, MRTPI(Rtd)

Co-opted Representatives

Diane Griffin (Co-opted member, non-voting)
Saleem Sheikh (Co-opted member, non-voting)

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 matter 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.

What is Overview and Scrutiny?

Overview and Scrutiny describes the way Merton's scrutiny councillors hold the Council's Executive (the Cabinet) to account to make sure that they take the right decisions for the Borough. Scrutiny panels also carry out reviews of Council services or issues to identify ways the Council can improve or develop new policy to meet the needs of local people. From May 2008, the Overview & Scrutiny Commission and Panels have been restructured and the Panels renamed to reflect the Local Area Agreement strategic themes.

Scrutiny's work falls into four broad areas:

- ⇒ **Call-in:** If three (non-executive) councillors feel that a decision made by the Cabinet is inappropriate they can 'call the decision in' after it has been made to prevent the decision taking immediate effect. They can then interview the Cabinet Member or Council Officers and make recommendations to the decision-maker suggesting improvements.
- ⇒ **Policy Reviews:** The panels carry out detailed, evidence-based assessments of Council services or issues that affect the lives of local people. At the end of the review the panels issue a report setting out their findings and recommendations for improvement and present it to Cabinet and other partner agencies. During the reviews, panels will gather information, evidence and opinions from Council officers, external bodies and organisations and members of the public to help them understand the key issues relating to the review topic.
- ⇒ **One-Off Reviews:** Panels often want to have a quick, one-off review of a topic and will ask Council officers to come and speak to them about a particular service or issue before making recommendations to the Cabinet.
- ⇒ **Scrutiny of Council Documents:** Panels also examine key Council documents, such as the budget, the Business Plan and the Best Value Performance Plan.

Scrutiny panels need the help of local people, partners and community groups to make sure that Merton delivers effective services. If you think there is something that scrutiny should look at, or have views on current reviews being carried out by scrutiny, let us know.

For more information, please contact the Scrutiny Team on 020 8545 3390 or by e-mail on scrutiny@merton.gov.uk. Alternatively, visit www.merton.gov.uk/scrutiny

Agenda Item 3

All minutes are draft until agreed at the next meeting of the committee/panel. To find out the date of the next meeting please check the calendar of events at your local library or online at www.merton.gov.uk/committee.

HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

13 FEBRUARY 2018

(7.15 pm - 8.25 pm)

PRESENT: Councillors Councillor Peter McCabe (in the Chair),
Councillor Brian Lewis-Lavender, Councillor Laxmi Attawar,
Councillor Brenda Fraser, Councillor Sally Kenny,
Councillor Abdul Latif, Di Griffin and Saleem Sheikh

ALSO PRESENT: Councillor Tobin Byers (Cabinet Member for Adult Social Care and Health) .

Hannah Doody (Director of Community and Housing) and Amy Potter, (Consultant in Public Health) James Blythe (Managing Director, Merton and Wandsworth Clinical Commissioning Group) Jill Anderson (CCG Commissioner) Stella Akintan, (Scrutiny Officer)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence were received from Councillor Mary Curtin

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of pecuniary interest

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

Councillor Peter McCabe gave his apologies for the last meeting but this was not recorded in the minutes. The Scrutiny Officer apologised for this error

4 SERVICES FOR PEOPLE WHO HAVE EXPERIENCED BRAIN INJURY (Agenda Item 4)

The Managing Director said this report is an update on the work presented to this Panel by NHS England on the 7th November 2017. The previous paper identified some concerns with neurorehabilitation pathways and lower levels of psychology provision within Merton Clinical Commissioning Group (MCCG). This has been reviewed and MCCG found there is a gap in provision compared with neighbouring boroughs. MCCG is looking at how to increase service provision and will be working with local groups

A panel member asked if support for families is being considered. The Managing Director said MCCG promote talking therapies and carers can gain support through the social prescribing service.

A panel member asked if the social prescribing model is successful. The Managing Director said they have received positive feedback and the service is being rolled out permanently across East Merton. Longer term analysis will determine if it is reducing reliance on GP services.

A panel member highlighted the importance of involving the patient voice in service change. The Managing Director said they are working with community groups and will be able to demonstrate involvement before the service is finalised.

A panel member asked if extra resources had been allocated to fund the increased provision that is needed. It was also highlighted that work in Aylesbury has been identified as a good practice for their role in helping people with brain injury get back to work. This addresses the high rates of incarceration among this group as a result this service helps society as a whole. The Managing Director said there is a general investment pot of funding which can support brain injury patients. Health tries to provide as much cross public sector benefit as possible but their first priority is to their health responsibilities.

A panel member asked if MCCG had addressed the issue in delayed transfer of care which was raised by NHS colleagues on the 7th November. The Managing Director said he is working closely with the Director of Community and Housing to address this issue and they are monitoring this on a weekly basis.

A panel member asked when MCCG will be in a position to provide an update on this issue. The Managing Director said he would be able to report to the Panel in six months.

RESOLVED

The Panel thanked officers for their report.

5 PREVENTING DIABETES IN THE SOUTH ASIAN COMMUNITY TASK GROUP - PROGRESS WITH IMPLEMENTING RECOMMENDATIONS (Agenda Item 5)

The Consultant in Public Health gave an overview of the report and stated that Panel members are asked to consider how the useful work of the diabetes task group fits into the wider strategic framework for diabetes.

A panel member asked why there had been a focus on one community when this issue affects a number of different ethnic communities. The Consultant in Public Health said the South Asian Community was the focus of the task group as they had identified that this group had the highest incidence of the condition, however the strategic framework will focus on all communities.

A panel member highlighted that education will play an important role in supporting people with diabetes. The Consultant in Public Health agreed and welcomed the task group's recommendation six which asks public health work with the voluntary sector to develop consistent messages. The CCG Commissioner said that an Education

Hub would be established to provide courses and information for all sections of the community.

A panel member asked if the officers were aware of the research conducted by Professor Taylor which had led to a significant decrease in diabetes rates. The officers said they had not seen the research but they recognise the important link between lifestyle and diabetes and the education programme will help to support people with this.

A panel member said it is important to use sound scientific understanding of diabetes as the condition can be prevented and controlled but not always cured.

RESOLVED

The Panel thanked officers for their work and attendance at the meeting

6 DRAFT SOUTH WEST LONDON HEALTH PROTOCOL (Agenda Item 6)

A panel member welcomed the protocol as it brings together all the relevant information and therefore is a helpful document.

RESOLVED

The Panel agreed to support the draft Health Protocol and send to health partners for comment and agreement.

7 WORK PROGRAMME (Agenda Item 7)

The Panel noted the work programme

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Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 13 March 2018

Wards: ALL

Subject: Personal Independent Payments Process

Lead member: Councillor Peter McCabe, Chair of the Healthier Communities and Older People overview and scrutiny panel.

Contact officer: Stella Akintan, stella.akintan@merton.gov.uk; 020 8545 3390

Recommendations:

- A. That the Panel discuss the reports from Merton Centre for Independent Living and Citizens Advice Merton and Lambeth on the Personal Independent Payments process and the impact on people with disabilities.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. The purpose of the attached reports is to provide an overview of the Personal Independent Payment application process and some challenges that people with disabilities have faced. Representatives from the Department for Work and Pensions (DWP) will attend to answer questions.

2 DETAILS

- 2.1. This issue was discussed by the Panel in September 2017 and although the Department for Work and Pensions Representatives provided a report to the Panel they were not able to attend the meeting.
- 2.2. Colleagues from DWP will attend this meeting and respond to the issues raised by Merton Centre for Independent Living and Citizens Advice Merton and Lambeth.

3 ALTERNATIVE OPTIONS

The Healthier Communities and Older People Overview and Scrutiny Panel can select topics for scrutiny review and for other scrutiny work as it sees fit, taking into account views and suggestions from officers, partner organisations and the public.

Cabinet is constitutionally required to receive, consider and respond to scrutiny recommendations within two months of receiving them at a meeting.

- 3.1. Cabinet is not, however, required to agree and implement recommendations from Overview and Scrutiny. Cabinet could agree to implement some, or none, of the recommendations made in the scrutiny review final report.

4 CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1. The Panel will be consulted at the meeting

5 TIMETABLE

- 5.1. The Panel will consider important items as they arise as part of their work programme for 2017/18

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 6.1. None relating to this covering report

7 LEGAL AND STATUTORY IMPLICATIONS

- 7.1. None relating to this covering report. Scrutiny work involves consideration of the legal and statutory implications of the topic being scrutinised.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 8.1. It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engaging with local partners in scrutiny reviews. Furthermore, the outcomes of reviews are intended to benefit all sections of the local community.

9 CRIME AND DISORDER IMPLICATIONS

- 9.1. None relating to this covering report. Scrutiny work involves consideration of the crime and disorder implications of the topic being scrutinised.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 10.1. None relating to this covering report

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

- Merton Centre for Independent Living Report
- Citizens Advice Merton and Lambeth Report.

12 BACKGROUND PAPERS



Merton & Lambeth

Personal Independence Payments in Merton

Citizens Advice Merton and Lambeth is the leading advice charity in Merton. We provide a range of advice and support services for individuals and families living, working and studying in Merton.

This report summarises our experience in supporting Merton clients with regard to Personal Independence Payments

Background

Personal Independence Payment (PIP) replaced Disability Living Allowance (DLA) for all people of working age. It was initially introduced in April 2013 for all new claimants and has slowly been rolled out to existing claimants on DLA. This includes claimants who were awarded life-long DLA awards. DLA continues to be in place for children and young people under 16 and Attendance Allowance for those 65 and over. As with DLA, people 65 and over can continue to receive PIP, providing they claimed before they reached 65.

PIP is not means tested or contribution based and is designed to help with the extra cost of living for those with a disability of long term illness. There are two components of PIP – daily living and mobility - and both can be paid at either standard or enhanced rate. It is possible to either receive one or both of these components (but only one rate can be paid). In order to receive PIP individuals need to have had the mobility/care needs for at least three months and expect to last for nine months or longer unless special rules in the event of a terminal illness apply.

Unlike DLA, most people who claim PIP will need to undergo a medical assessment to determine whether they qualify.

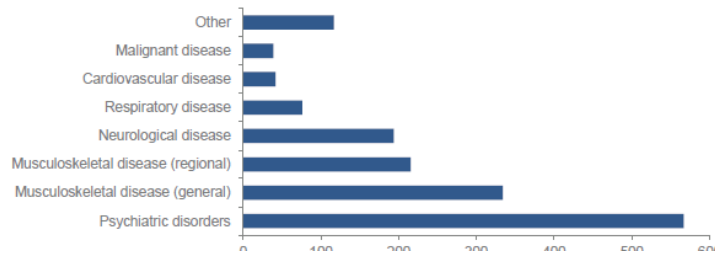
PIP is not designed to be an earnings replacement and other benefits can be claimed as well, for example Universal Credit or Employment and Support Allowance, providing qualifying conditions are met. An award of PIP can also passport claimants/other members of their household to additional premiums within UC/income-related ESA and/or Carer's Allowance. In addition, if an award of PIP or DLA is made to either the claimant or a member of their household it will exempt the client from the benefit cap for non-working households.

As with other benefits, to challenge a PIP decision the claimant needs to ask for the decision to be looked at again (a Mandatory Reconsideration), if this is refused the client needs to put in an appeal outlining the reasons why they disagree with this decision. The case will then be heard at a tribunal hearing.

UK-Wide Evidence

According to the latest Quarterly Benefit Summary (published in November 2017), as of end-May 2017 1.4 million people were in receipt of Personal Independence Payment (PIP) and a further 2.3 million people received DLA. From the report into Personal Independence Payment: Official Statistics (published December 2017). It shows the following breakdown of the type of condition, claimants are most commonly claiming PIP for:

Claims (normal rules) by main disabling condition, thousands, as at October 2017



Main disabling condition for people in receipt of PIP (normal rules):

- 567,000 (36%) were recorded with 'Psychiatric disorders' (which includes 'Mixed anxiety and depressive disorders' and 'Mood disorders').
- 334,000 (21%) were recorded with 'Musculoskeletal disease (general)' (which includes 'Osteoarthritis').

The main disabling condition of the claimant is reported by disability category and subcategory level. Further breakdowns are available from [StatXplore](#).

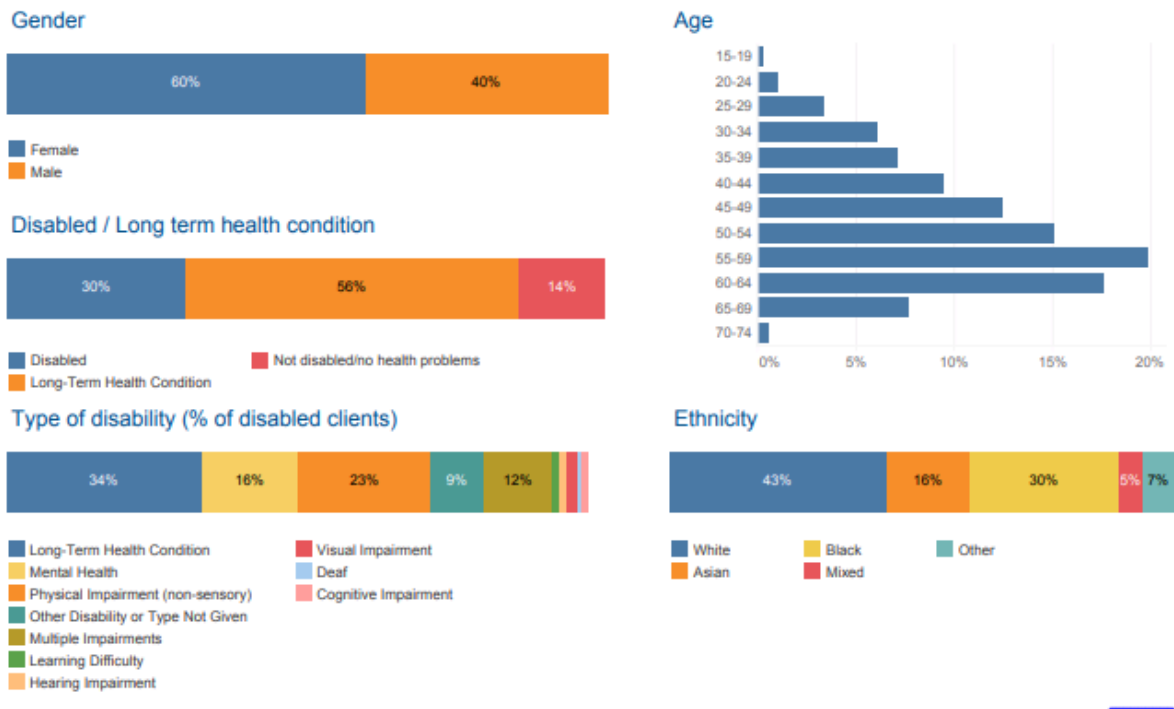
PIP support by Citizens Advice Merton and Lambeth

In calendar year 2017 we advised 407 clients (926 issues*) relating to PIP at our Mitcham and Morden offices. The 926 issues were broken down as followed:

Issue type	Number of issues
Eligibility - daily living	175
Eligibility - mobility component	159
Eligibility - DLA reassessment	15
Poor administration	2
Change of circumstances	14
Challenging a decision (not appeals)	93
Appeals	134
Backdating	16
Renewals & reviews	25
Motability	9
Not recorded/not applicable	18
Additional evidence (medical or other)	49
Face to face assessment	30
Making and managing a claim	173
Other	14
Total	926

*Clients may present with two or more issues

Profile of Merton clients requesting support from the charity with regard to PIP is illustrated as follows:



Our and Merton Residents Experiences with PIP

Mobility and Care component

In our Merton Disability Benefits service, we have seen many clients lose out on PIP, particularly in relation to the mobility award. Under DLA, the minimum distance a claimant could walk and claim the basic mobility award was 50 metres but this has been reduced to 20 metres to claim the mobility rate of PIP at standard rate. The amount that would have been awarded for both these is the same - £22.00 per week.

With the criteria changing for mobility under PIP, we have clients who had previously been in receipt of the highest rate (of the mobility component of DLA) being refused mobility under PIP. This includes one client who was awarded zero points. As a consequence we not only have clients who have had reduced income but also clients having their Motability car (often purposely adapted for their needs) taken away whilst they appeal the decision.

In the majority of cases with our support, clients win their appeal and highest rate PIP has been reinstated. However, the action of withdrawing specially adapted car whilst appeal ongoing has had significant negative impact for the client but also cost to DWP as it often is the case that a new car is then provided following appeal with adaptations. For reference, claimants who have the highest rate of mobility component in PIP or DLA for a minimum of 12 months can opt to receive a vehicle under the mobility scheme rather than the award of £58.00 per week.

With regard to claiming for care needs, our experience has been more positive. With the lowest rate of DLA care component being removed from PIP, we expected many clients to lose out on being able to claim for their care needs. This, however, has not necessarily been the case and we have clients, who previously would have only been awarded lowest rate care under DLA (£22 per week), now receiving the daily living component of PIP at standard rate (£55.65 per week). This would also enable someone caring for the disabled person to claim Carer's Allowance if they were not working, or severe disablement premium if they were claiming Employment and Support allowance.

Work capability assessments

We know some of our clients - particularly those with mobility issues - have struggled to walk the distance from the waiting room to the assessment room at the Balham DWO Assessment Centre. The distance is approximately 28 metres. We are aware (and have seen evidence) that assessors will sometimes use this to judge whether a client can walk 20 metres. Although clients explain to the assessor they struggle to walk the distance and indeed have had to stop several occasions in the Assessment Centre, this has not been recorded and the assessment will state the client can walk 20 metres.

We also hear from clients that assessors do not have an understanding of the impact of their health condition and therefore do not appreciate the immense challenges clients are facing on a day-to-day basis. This certainly appears to be the case with mental health conditions but also some physical health conditions.

Citizens Advice Merton & Lambeth is currently finalising two reports focusing on PIP and ESA experiences of individuals affected by mental health. The reports are due to be published end March 2018.

Medical evidence

Our experience is that most GPs/specialists are unwilling to provide medical evidence to us even when a form of authority has been enclosed. We therefore ask clients to request their own medical evidence, which sometimes places additional stress for the client.

Although some GPs produce reports of high quality that clearly state clients care and mobility needs, other doctors simply list medical conditions which is often insufficient to support a PIP application or an appeal.

PIP Application Form

We find that in contrast to the DLA claim form, the initial form to complete for a PIP application (PIP1) relies more on completing 'yes/no' answers rather than having free text boxes that allow for the claimant to clearly explain the mobility and care needs they have. This puts some clients who are affected by mental health at a significant disadvantage due to their care and mobility needs not fitting the 'boxes'.

Our Merton Disability Adviser works closely with clients in this regard. Of the PIP1 forms the adviser completes, around 80% of clients receive the award we believe to be correct for their care and mobility needs.

The Appeal Process

Due to cases very rarely being overturned at Mandatory Reconsideration stage, we normally only provide a short summary of why we feel the decision is incorrect when asking for a Mandatory Reconsideration Notice. Again we normally only list the points we disagree with briefly on the appeal form (SSCS1) as nearly all cases will be heard at tribunal.

Of the cases that we take to tribunal, around 90% are overturned in our clients favour.

Financial Outcomes

Financial outcomes achieved

		Number of outcomes	Client count	Amount	Average per outcome	Average per client
Achieved	Income gain	11	6	£27,616	£2,511	£4,603
Confirmed	Income gain	63	26	£162,158	£2,574	£6,237
Not Confirmed	Not recorded/not applicable	2	2	£0	£0	£0
Grand Total		76	32			

The above table shows the financial outcomes we're aware of for Merton clients solely in relation to PIP in 2017. These figures include PIP that has been awarded on initial applications and from appeals. To explain where the amount is listed as 'achieved' we provided specialist support/casework for the client including representation at tribunal. 'Confirmed' outcomes encompass support/advice for client and/or family/carers to progress, i.e. empowering clients to make informed decisions and take action. The level of our support varies from client to client, but also considers the clients ability to progress their own case and the charity's capacity.

If Citizens Advice Merton and Lambeth can assist further in explaining the experience of PIP for Merton residents, please contact Karen Brunger (Head of Advice Services) on karen.brunger@caml.org.uk or Alan Wylie (Merton Disability Benefits Adviser) on alan.wylie@caml.org.uk.

Our services and support for individuals and families throughout Merton are only possible with the support of Merton Council.

2 March 2018

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Merton CIL Briefing on PIP Assessment Challenges

Revised March 2018

In Summary

At Merton CIL we have experienced a range of significant issues supporting local Disabled people to access Personal Independence Payments (PIP), in particular around poor assessments and inaccessible assessment centres and practices.

We have identified that in Merton as a whole, the number of former Disability Living Allowance (DLA) recipients losing out in the transfer to PIP is significantly higher than the national average. For those who get to appeal stage, Merton also has a far higher overturn rate than the national average. The problem is so significant that we have experienced an increase in people being awarded their benefit on application to appeal even before attending the tribunal (ie pre-submission).

Despite the high number of people awarded the benefit on appeal, many of our service users are afraid to appeal, and we believe the number of Disabled people refused PIP who were actually eligible, could be far higher.

In Merton alone, 903 Disabled people who previously received DLA have lost their benefit or seen it reduced in the transfer to PIP. It is expected that at least a further 1,073 Disabled people in Merton are going to lose out in the full roll-out of PIP. In fact, since the last data review in April 2017, 198 former DLA recipients have lost out in the transfer to PIP. In addition, new applicants to PIP are being refused the benefit in more than 50% of cases.

At Merton CIL we believe we can challenge and address local problems with PIP in order to get a better and more accurate assessment process for local Disabled people. This is important because of the negative affect the PIP assessment process is having on Disabled people

financially, and in terms of their wellbeing. It is important also because of the sheer numbers involved.

What are some general issues with Personal Independence Payments (PIP)?

PIP is a benefit that helps with some of the extra costs caused by long term ill-health or disability. It is a replacement for Disability Living Allowance (DLA) and has different eligibility criteria, ie it is the benefit which has changed, and not people's impairments.

At Merton CIL we have supported numerous people through the PIP benefits process. Based on our direct experience supporting local Disabled People, we gathered evidence and raised concerns about problems with the process in October 2016. This was picked up by MP for Mitcham and Morden, Siobhain McDonagh, and raised in Parliament. We also covered the issue in our Spring 2017 newsletter¹, which includes personal testimonies from some of our readers.

Following the release of new DWP statistics, we have been able to identify that over half of Disabled People in Merton who previously received DLA, are having their benefit reduced or losing it completely in the changeover to PIP. The impact on people having their PIP cut is huge, and could amount to several thousand pounds over a year, because people also lose their entitlement to other support like Blue Badge, or Carers Allowance for the person caring for them.

Our casework evidence has found that the process of assessing Disabled People for PIP is unfair. We have found that assessment centres are inaccessible; this includes centres which are physically inaccessible, have no disabled parking, or are as far away as Barking. We found that assessment centres are being deliberately overbooked, so Disabled People face long waits and last minute cancellations. One assessor told us she had 20 assessments on her list, but she could only do 6 in the time available. Finally, we found that there was a worryingly high number of inaccurate assessments where people were being awarded zero points at assessment, but then awarded 30 points if they appealed and went to tribunal. In fact, following a Freedom of Information request, Merton CIL has discovered that 77% of PIP appeals are overturned by Sutton Tribunal, which is significantly higher than the

¹ <https://www.mertoncil.org.uk/assets/documents/cil-matters-newsletter-issue>

national average (65%). This means that although the DWP claimed people weren't eligible for PIP, the Tribunal awarded the benefit saying that the person had been entitled all along. This means that assessors are getting it wrong in over two thirds of cases.

In September 2017, Merton CIL were given the opportunity to formally present our concerns to the Merton Healthier Communities and Older People Overview and Scrutiny Panel, and we supported one of our service users to speak up about their experience too. Councillors were shocked by the report and experiences, making comments such as "we should challenge this"; "there is a harmful impact"; "its completely unacceptable"; "its wrong". Representatives from DWP had not attended the meeting.

Specific Issues with Personal Independence Payment (PIP) Benefits Assessments in Merton

Our work with local Disabled people has identified three key issues with assessments for PIP:

1. Inaccessible assessment centres. This includes centres which are physically inaccessible, or those located far away from the person's home
2. Overbooking of assessment centres. This leads to last minute cancellations or excessively long waits at assessment centres
3. Inaccurate Assessments. Many Disabled people are wrongly being found ineligible for PIP at assessment stage, and are being forced to go to tribunal

The scale of the issue

There are 2,103 working age people currently claiming DLA in Merton.² All of these people will be told to reapply for PIP if they want to keep receiving a benefit, even people who previously received lifetime DLA awards.

² DWP Statistics August 2017 – a reduction of 535 people since Feb 2017. A further 1,365 claimants of State Pension Age exist <https://stat-explore.dwp.gov.uk/webapi/jsf/dataCatalogueExplorer.xhtml>

Of the 1,752 Disabled people who were previously on DLA and have attempted to transfer to PIP since its introduction, 29% (518 people³) have been denied the benefit completely⁴. This is significantly higher (95% confidence) than the UK average of 27%⁵

A further 385 people are estimated to have seen their benefit decreased in the changeover from DLA to PIP⁶.

In addition to the **903 people who have lost** their benefit or seen it reduced already, it is expected that **at least a further 1,073 Disabled people in Merton are going to lose out** in the transfer from DLA to PIP over the next few months. This is in addition to new claimants deemed ineligible, of whom there have already been 2,014 people (52% of new applicants).

It should be noted that people who are turned down for the benefit can appeal, and many of these people are being wrongly turned down for the benefit and awarded it on appeal. Our own data shows that of the people who appeal this decision and reach the first "Mandatory Reconsideration" stage, nearly 9 in 10 will still be refused the benefit. This is in line with the national average and DWP targets for refusal at Mandatory Reconsideration stage.⁷ However, once people reach the Tribunal stage, 86% of our services user and 77% of Sutton tribunal cases will be awarded the benefit, and were **therefore entitled to it all along** (this is ahead of the national average of 68%⁸).

³ Oct 2017 - This is 124 additional former DLA recipients people who have lost PIP since the previous data release in August 2017. Note also the discrepancy between 535 people taken off DLA between Feb-Aug 2017 and 400 former DLA recipients applying for PIP between Aug-Oct 2017

⁴ DWP Statistics October 2017 <https://stat-xplore.dwp.gov.uk/webapi/jsf/dataCatalogueExplorer.xhtml>

⁵Data based on DWP stat-xplore site, however, other DWP statistics put the UK figure at 25%

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/666525/pip-statistics-to-october-2017.pdf

⁶ Based on national decrease rate of 22% this is also an increase of 74 people since the last data release in Oct 2016

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/666525/pip-statistics-to-october-2017.pdf

⁷ <http://www.independent.co.uk/news/uk/politics/dwp-benefit-appeals-target-reject-80-per-cent-outrageous-pip-jobseekers-allowance-department-work-a7740101.html>

⁸ This figure of 68% is an increase on the March 2017 quarterly statistics which was 64% https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/667449/tribunal-and-GRC-statistics-Q2-201718.pdf

It was highlighted at the Sutton Tribunal User Group by Tribunal Judge Jeremy Bennett that the percentage rate of DWP decisions being overturned at tribunal suggested something was clearly not right with the assessment and decision making process. "The Tribunal is overturning 60% of all appeals. This appears to be wrong. DWP should be making a greater effort to get the decision right first time. However DWP often quote that only 3 to 4% of their overall caseload is overturned at appeal. That is the wrong way to look at the issue. 3 to 4% is still upwards of 100,000 Appellants even when we were at the lowest number of appeals."⁹

The impact of losing PIP

Individuals in receipt of DLA/PIP are exempt from a number of other welfare changes: the single room rate change, the overall benefit cap and in some boroughs, council tax support. If entitlement to DLA/PIP is lost, not only will individuals lose their DLA/PIP income, but they could also lose income from other benefits.¹⁰ This includes some Housing Benefit, some disability premiums on types of Income Support, Job Seekers Allowance, Employment Support Allowance and Working Tax Credits. Somebody caring for the individual can lose their Carers Allowance, and the individual will also often lose 'passport' benefits such as blue badge and concessionary travel.¹¹ Overall, loss of PIP can also entail the loss of thousands per year in associated benefits, depending on the person's circumstances. Even though a high proportion of people who go to appeal are successful in getting the benefit back, this is a lengthy process and in many cases a lot of damage has already been done, such as the loss of a Motability car which someone might have used to get to work, or possession proceedings started and they risk losing their home.

These losses will have a knock-on effect on eg people's housing, livelihoods and incomes and impact people's health and wellbeing. There is a growing body of evidence that assessments themselves are having a

⁹ Minutes of the Tribunal User Group Meeting, held at Sutton on 20 December 2016 at 2pm, Jeremy Bennett, Regional Tribunal Judge Sutton

¹⁰ <http://www.londonpovertyprofile.org.uk/indicators/topics/receiving-non-work-benefits/dla-caseload-by-care-award-type/>

¹¹ Welfare Benefits and Tax Credits Handbook 2017/18, Child Poverty Action Group

negative impact on people's mental health¹². In fact, local research undertaken by Citizens Advice Merton and Lambeth found that many of their respondents "felt the worst aspects of the benefits system can be a major contributory factor to deterioration in some client's mental health and wellbeing."¹³

The Cost of Appeals

In addition to the stress and anxiety caused to the individual from having to go to all the way to Tribunal for something they are entitled to, there is a cost to the state, such as Tribunal costs, increased healthcare costs, cost of possession proceedings, etc. There is an impact on organisations supporting the individual too. For example, Council staff from Social Services may end up attending Tribunals with some Disabled people, and for Merton CIL, there is an organisational impact as every appeal takes on average an additional 20+ hours work. This is time taken away from other people who also need support, and costs us over £1,200 per appeal. In addition, the DWP spends £40.49 per Mandatory reconsideration¹⁴ and an estimated £100 per appeal, while the cost to the Tribunal service is £543¹⁵.

Inaccessible Assessment Centres

At Merton CIL we regularly get calls from Merton residents who are being asked to attend assessment centres which are difficult for them to get to. This includes being told to travel to Deptford, East London or Vauxhall, all of which require independent travel skills, and the ability to make lengthy journeys with multiple changes. Even closer assessment centres can be difficult to get to, with typical centres being located in Wandsworth and Croydon, neither very easy to get to for Merton residents.

¹² http://www.independent.co.uk/news/uk/politics/fit-to-work-wca-tests-mental-health-dwp-work-capability-assessment-benefits-esa-pip-a7623686.html?utm_content=buffer5a87e&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer

¹³ <https://caml.org.uk/wp-content/uploads/2017/11/Mental-Health-and-Benefits-Research-Summary-Report-FINAL-Spaced-short.pdf>

¹⁴

https://www.whatdotheyknow.com/request/321495/response/789429/attach/2/FOI%20956%20Reply.pdf?cookie_passthrough=1

¹⁵ <https://www.parliament.uk/documents/commons-committees/work-and-pensions/11.%20Response%20from%20Dominic%20Raab%20MP%20MoJ%20regarding%20OPIP%20and%20ESA%20appeals%204.12.17.pdf>

PIP assessment centres appear to have been set up with little consideration for the access needs of the people visiting them. For example, in a Wandsworth¹⁶ centre, there is no parking. The nearest disabled parking spaces are over 200 meters away, and the nearest general car park requires you to walk through a shopping centre before reaching the assessment centre (see pictures 1 and 2). We have had to resort to asking people to get dropped off outside the centre, even though this requires them to drive into a private road and wait on yellow lines and is in direct conflict with the information provided by the centre which tells people not to do this. In addition, this particular centre is very poorly marked and signposted and almost impossible to find unless you have been before. Another example is when assessment centres have wheelchair inaccessible buildings, as described in our case study below.

Inaccessible centres are also those which fail to take into account the communication, health or support needs of people attending the centres. For example, we have frequently witnessed people crying in waiting rooms, which is distressing for everyone, and on occasion distressed individuals displaying aggressive or challenging behavior. In one case we witnessed an individual repeatedly banging their head against the wall, which was ignored by staff at the centre. Our advocate was with someone with support needs, otherwise we would have intervened.

Case Study 1 – An Inaccessible Centre

A woman with severe learning difficulties had been invited to an assessment for PIP in Croydon¹⁷. Before her involvement with Merton CIL she had to rearrange her appointment twice¹⁸ due to being unable to get support to go to this appointment and on another occasion due to a hospital appointment.

When she came to Merton CIL to prepare for her assessment her assigned worker noticed that the centre she had been asked to go to was one that Merton CIL knows not to be accessible. Since her assigned worker is a wheelchair user they rang the provider to request that the appointment be moved.

¹⁶ PIP Consultation Centre, Unit 4 & 5 Ground Floor, The Filaments, Buckhold Road, London SW18 4AT

¹⁷ Synergy Centre, 1D Church Road, Croydon, CR0 1SG

¹⁸ People are now only allowed to rearrange an appointment once

The worker explained that the lady could not attend alone as she is unable to communicate without prompting. She cannot remember the names of her conditions. She is fearful of new places. The worker explained that a wheelchair user would therefore be attending the appointment with her.

The worker was told that the appointment could not be rearranged as it had been moved twice already. The worker said she was aware of that and the guidelines however she would like them to be clear that the inaccessibility of the property was not the fault of the claimant. The rep said he would speak to his manager. After a period on hold the rep came back online and explained that the building was accessible. The worker stated that both she and her colleagues had been to this building and that it was not. After the worker explained the multiple problems with the building the rep admitted he had not been there himself and was not aware of these problems. The rep at one point suggested the wheelchair user could fold up their wheelchair to access the assessment room. The worker explained that it was unacceptable to expect any wheelchair user to do this particularly without ever inquiring whether it was physically possible or safe to do so.

The worker was told that herself and the claimant would have to wait for the only accessible room in the building to become available to have the assessment. The worker suggested that this was impractical and asked why the provider could not book appointments based upon access needs. The worker explained that this was not the first time that this problem had occurred and that previously Merton CIL and their service users had had to wait hours for the accessible room to become available despite turning up at their appointment times. The worker suggested it might be more supportive for the Centre staff and claimants if the centre could ensure that access needs were accounted for before claimants turn up for their appointments. The rep said that the person should attend the centre at the time booked and wait for the accessible room to become available if she wanted to continue with the claim (see picture 3 for waiting room).

This is a clear example of centres adding needless stress to an already daunting process, and demonstrates that while the centre website¹⁹ and the DWP²⁰ claim the centre is accessible, this is not the case in practice.

Overbooking of Assessment Centres

We have identified that assessment centres appear to have moved in the last few years to a model that we compare to budget airline bookings, ie, they are overbooking appointments in the assumption that some people will not turn up. This was confirmed by one of the assessors who told us that she had 20 assessments on her list per shift, but that she could only reasonably do 6 in the time available. This means that a number of our service users are seeing last minute cancellations by the assessment centres – sometimes while they are en route or just as they are getting ready to leave. This is clearly distressing for people who have prepared for the assessment and may already have faced a lengthy wait to get to this point. For those who do get to the assessment centre we have seen long waits at the centres causing distress and anxiety for our service users. For example, we have had people vomiting at the centre due to anxiety over the wait.

Practical issues also arise such as people unable to take their medication or having difficulty with childcare arrangements.

Case Study 2 – Long Wait results in Cancelled Assessment

A mother of a toddler had had to change her initial assessment as she had no one to go with. When she re-booked her assessment she made it clear that she would only be able to attend with support as she suffers from pain, exhaustion and panic attacks.

Despite this, when she arrived for her assessment²¹, she was told there would be a 2 hour wait. During the wait she kept asking the receptionist how long she would have to wait and kept being told she was next. She was struggling with exhaustion and the seating was uncomfortable. She has fibromyalgia and sores, so the long wait on uncomfortable seating

¹⁹ <https://www.mypipassessment.co.uk/consultation-centres/details/13063-synergy-centre-inside-courtyard-house-croydon/>

²⁰ <https://democracy.merton.gov.uk/documents/s18716/DWP%20Report.pdf>

²¹ PIP Consultation Centre, Unit 4 & 5 Ground Floor, The Filaments, Buckhold Road, London SW18 4AT

caused significant pain and distress. There was a fire alarm during her wait and the fire meeting point was too far for her to walk and her advocate had to get involved when centre staff tried to force her to walk the distance.

When she was finally called in she had almost no time left as she had to collect her child from nursery, as no one else was available to pick them up.

She felt that the wait and cancellation had caused her stress and exhaustion, and she hadn't slept for days in anticipation.

Inaccurate Assessments

PIP works on a points system²² and at Merton CIL we are witnessing a growing number of assessments where people are being assessed as having zero or very few points at assessment, which is later overturned in tribunal. In a number of cases, people felt their assessment reports were so far removed from their situation and what had been discussed at the assessment itself, that they thought their details had been mixed up with someone else. Assessments for people with mental health needs or for people with fluctuating conditions seem particularly poorly done. Our observations about inaccurate assessments is backed up by the NAO report which highlights that only 13% of PIP and ESA assessment reports reached the necessary standard.²³

Despite these known issues, in some cases our advocates have been stopped from taking notes during the assessment or stopped from asking the person clarifying questions when they feel an issue hasn't been properly explored, in contravention of DWP guidelines²⁴. In one case the Disabled person said they had felt very uncomfortable throughout the assessment and that they had been frightened of the assessor who they felt had spoken to the advocate in an aggressive manner. They person felt they had not been listened to and in fact were denied the benefit, which on appeal was overturned and they were awarded PIP. In another case, a former DLA recipient was denied PIP

²² <https://www.citizensadvice.org.uk/benefits/sick-or-disabled-people-and-carers/pip/appeals/how-decisions-are-made/>

²³ <https://www.nao.org.uk/wp-content/uploads/2016/01/Contracted-out-health-and-disability-assessments.pdf>

²⁴

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/547146/pip-assessment-guide.pdf

despite having cancer, diabetes, physical impairments and a home resuscitation kit to help manage their health. We supported the person through Tribunal and they got the enhanced rate for both components of the benefit and the Tribunal recommended the award was given for 5 years.

Case Study 3 - One point to 28 points

A local Disabled mum was referred to Merton CIL support with an upcoming appeal PIP claim. Following the initial claim and mandatory reconsideration, she had been awarded just 1 point and was told she was not eligible. This was despite the fact that she lives with bipolar disorder, depression and borderline personality disorder. Her day-to-day challenges mean that she does not leave her home, answer her phone or read her post. She does not eat, cook, wash or change her clothing regularly due to her depression. She has to be supported to take medication and maintain her health, and she is unable to manage her finances.

The tribunal judges over-turned the original DWP decision and awarded 28 points and the enhanced rate for both daily living and mobility components of the benefit.

Case Study 4: The knock-on effect of changing from DLA to PIP

Mo got in touch for support with a benefits Health Assessment for PIP, having previously had DLA. Normally we offer people one or two sessions to prepare them for a Health Assessment so that they know what to expect, and we go along to the Health Assessment with them. When Mo got in touch with us before the assessment, we were fully booked. What we did do was explain his right to ask for an assessment closer to home – he had been told to go to Barking – and we signposted him to some guidance, which we also posted to him.

We stayed in touch with Mo and following the Health Assessment, Mo let us know that he was awarded PIP but only for the Daily Living component and not for the Mobility component. He said the assessor hadn't given him time to explain the impact of his different impairments properly, and had prevented his friend, who went with him, from making any notes. The decision was a real cause for concern for Mo because under DLA he had been entitled to the Mobility component and had used that money to lease an adapted car under the Motability scheme. Mo's disability had not changed, but the benefit had. Now Mo was in a

situation where he was no longer entitled to lease his adapted car, and was going to be forced to return it. He used that car to get to work, and Mo wasn't sure how he would get to work without it.

We supported Mo through the Mandatory Reconsideration process. The DWP decided to uphold their initial decision, so Mo went to appeal. This was a difficult decision for Mo because at tribunal, there is always the possibility that the whole award will be looked at again, and there is the risk that the award will be reduced or refused altogether, as well as the possibility of getting a higher award, which Mo was asking for. However, Mo felt that he had been unfairly assessed so he went ahead with the appeal. We supported Mo with a preparation session to go through what he could expect at the Tribunal, and we supported Mo to speak up at the Tribunal. The Tribunal found that Mo was eligible for the Mobility component at the standard rate. This outcome meant that Mo was not entitled to re-access the Motability scheme, but was entitled to access a range of other benefits such as Blue Badge and Freedom Pass, as well as seeing his award increase by £22 a week. Because of the long gap (about 7 months) between having his entitlement removed and it being reinstated, Mo had already had to leave the Motability scheme as there was a 7-week window in which you have to either hand back, or buy the leased car (this was extended to 26 weeks in April 2017). Following our advice around the Motability Transfer package, Mo was able to buy the car outright, rather than losing it. Now Mo is sorting out his road tax liability, which had been affected by the loss and reinstatement of his benefit.

In Conclusion – Significant Risk Factors for Disabled Merton Residents

There is a growing body of evidence indicating that the very process of forcing Disabled people to undergo an assessment is damaging to their wellbeing. Many Disabled people are not only being assessed for PIP, but also for Employment Support Allowance (ESA) and for Social Care, and in many instances being reassessed annually and, in the words of one of our service users, "being asked to prove I am needy enough all the time". In one example, we supported a man at a PIP assessment²⁵ which was quite lengthy because of the range of issues being discussed.

²⁵ PIP Consultation Centre, Unit 4 & 5 Ground Floor, The Filaments, Buckhold Road, London SW18 4AT

During the assessment, he needed to take numerous breaks as he felt a seizure may be coming on. At the end of the assessment it was our advocate who had to accompany him home (something we don't typically do) as we were so worried about his health.

In several other examples, people have told us about how they feel disbelieved and how they feel they are being accused of being liars following assessments. This is backed up by press coverage highlighting how negative the assessment experience can be.^{26, 27}

Sadly, our experience is by no means unique. Discussions at the Merton Health and Social Care Forum make it clear that other support agencies are seeing the same issues arising for the people they are supporting. This shared experience is further verified by recent national reports on PIP by Inclusion London²⁸ and Citizens Advice.²⁹ We have also submitted evidence to the Commons Select Committee PIP and ESA Inquiry³⁰ which has just reported, and concludes that poor assessments are at the heart of problems with PIP.

However, while there are clearly national issues, we must remember that **Merton has a higher than average number of former DLA recipients losing out in the transfer to PIP, and, for those who appeal, a far higher overturn rate.** We can challenge problems with the local experience and implementation of PIP in order to get a better and more accurate assessment process for local Disabled people. This is important because of the negative affect the PIP assessment process is having on Disabled people financially, and in terms of their wellbeing. It is important also because of the sheer numbers involved.

²⁶ <https://www.theguardian.com/commentisfree/2016/sep/26/i-feel-ashamed-in-a-way-i-never-did-before-your-stories-of-pip-assessment>

²⁷ <https://www.theguardian.com/commentisfree/2016/sep/22/we-cant-help-being-disabled-reassessment-hysteria-scroungers-cheating-system>

²⁸ <https://www.inclusionlondon.org.uk/campaigns-and-policy/facts-and-information/welfare-reform/evidence-pip-review/>

²⁹

<https://www.citizensadvice.org.uk/Global/CitizensAdvice/welfare%20publications/CitizensAdviceresponsetoPIPSecondIndependentReview.pdf>

³⁰ <https://www.parliament.uk/business/committees/committees-a-z/commons-select/work-and-pensions-committee/inquiries/parliament-2017/pip-esa-assessments-17-19/>

Suggestions for Next Steps

- 1) Establish the reasons for a significantly higher number of Merton residents being denied PIP in the changeover from DLA
- 2) Establish the full financial impact of the loss of PIP/DLA
- 3) Inspect Assessment Centres and insist on local and accessible assessments for local people
- 4) Challenge the practice of overbooking at Assessment Centres
- 5) Investigate the quality of local assessments and whether they are fit for purpose

Appendix 1 Background

Merton CIL are a user-led Disabled people's organisation run by Disabled people, for Disabled people. We deliver a range of services to Disabled people in London Borough of Merton, including advice and advocacy services. Through our case work with local Disabled people, we have gathered evidence of significant issues facing Disabled people who apply for benefits, and this briefing focuses on Personal Independence Payment (PIP) issues. This is in addition to the fact that Disabled people are facing disadvantage across key areas of their lives³¹, and are experiencing health inequalities as a consequence³².

This is an updated paper following on from work we first carried out in October 2016. In that time, we have seen an increasing number of people struggling with the PIP process.

It is not our intention to try to address or highlight all the issues with PIP which exist and which have been well-documented elsewhere^{33, 34}, including in Parliament during an Adjournment debate with MP Siobhain McDonagh³⁵. Our intention is to focus on specific local challenges and, where appropriate, show these within a national context.

³¹ The Equality Act 2010: The Impact on Disabled People, House of Lords Select Committee on the Equality Act 2010 and Disability, 2016

³² Is Britain Fairer? Equalities and Human Rights Commission, 2015

³³ <https://www.gov.uk/government/publications/personal-independence-payment-pip-assessments-first-independent-review>

³⁴ <https://www.gov.uk/government/publications/personal-independence-payment-pip-assessment-second-independent-review>

³⁵ <http://www.siobhainmcdonagh.org.uk/newsroom/news.aspx?p=105231>

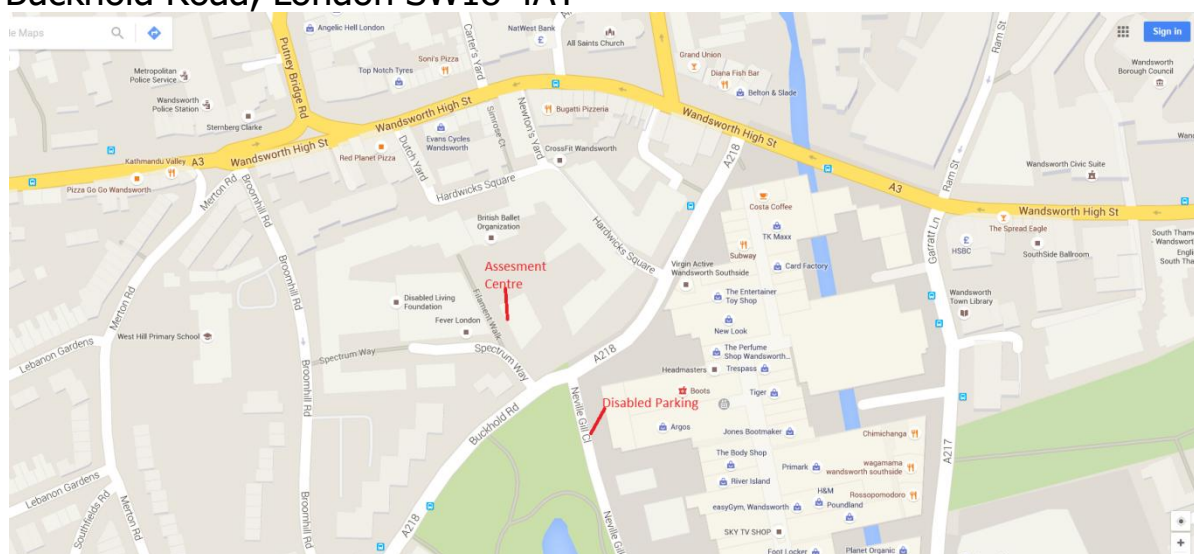
Picture 1 – Assessment centre on unmarked entrance on private road

PIP Consultation Centre, Unit 4 & 5 Ground Floor, The Filaments, Buckhold Road, London SW18 4AT



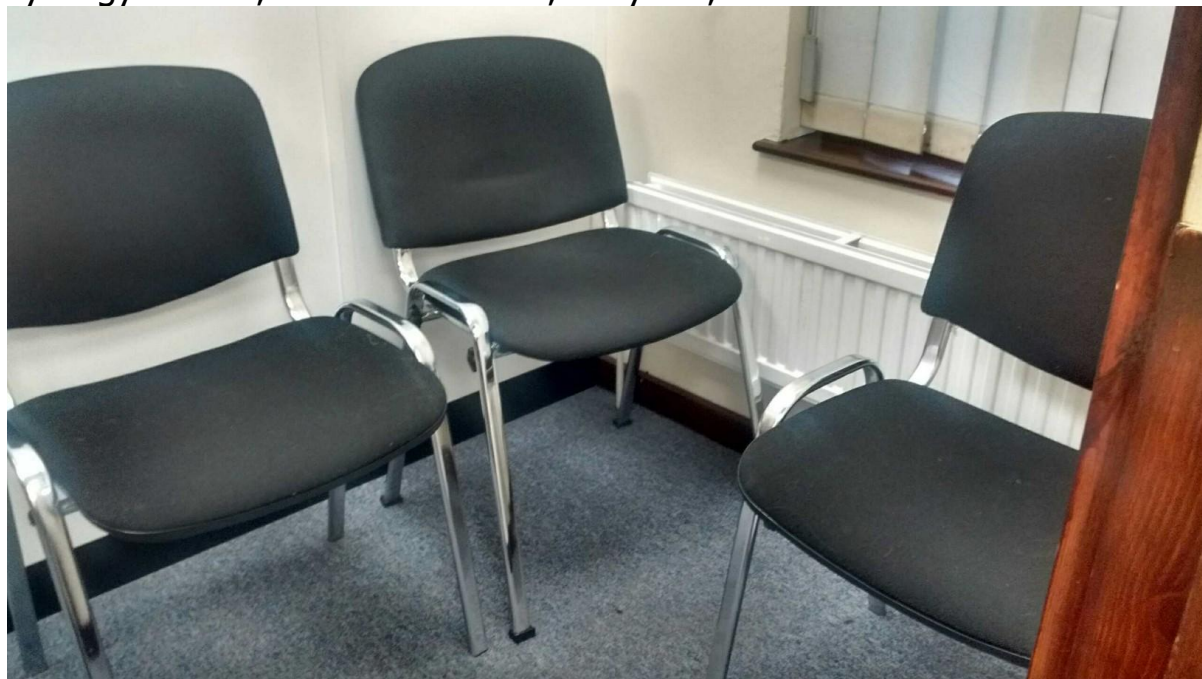
Picture 2 – Map showing distance between centre and parking

PIP Consultation Centre, Unit 4 & 5 Ground Floor, The Filaments, Buckhold Road, London SW18 4AT



Picture 3 – Small and uncomfortable waiting room

Synergy Centre, 1D Church Road, Croydon, CR0 1SG

**For more information contact:**

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Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 13 March 2018

Wards: ALL

Subject: Roll Out of Universal Credit in Merton

Lead member: Councillor Peter McCabe, Chair of the Healthier Communities and Older People overview and scrutiny panel.

Contact officer: Stella Akintan, stella.akintan@merton.gov.uk; 020 8545 3390

Recommendations:

- A. That the Panel discuss the reports from the Revenues and Benefits Team and Citizens Advice Merton and Lambeth on the roll out of universal Credit in Merton and the impact on people vulnerable people.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. The purpose of the attached reports is to provide an overview of the roll out of Universal Credit in Merton and if has had any significant impact on vulnerable people in the borough. Representatives from the Department for Work and Pensions (DWP) will attend to answer questions.
- 1.2. The scrutiny of welfare benefits falls within the remit of the Sustainable Communities Panel. However this Panel has an interest in this area given that the issues impact on vulnerable people and can contribute to health inequalities.

2 ALTERNATIVE OPTIONS

The Healthier Communities and Older People Overview and Scrutiny Panel can select topics for scrutiny review and for other scrutiny work as it sees fit, taking into account views and suggestions from officers, partner organisations and the public.

Cabinet is constitutionally required to receive, consider and respond to scrutiny recommendations within two months of receiving them at a meeting.

- 2.1. Cabinet is not, however, required to agree and implement recommendations from Overview and Scrutiny. Cabinet could agree to implement some, or none, of the recommendations made in the scrutiny review final report.

3 CONSULTATION UNDERTAKEN OR PROPOSED

- 3.1. The Panel will be consulted at the meeting

4 TIMETABLE

- 4.1. The Panel will consider important items as they arise as part of their work programme for 2017/18

5 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

5.1. None relating to this covering report

6 LEGAL AND STATUTORY IMPLICATIONS

6.1. None relating to this covering report. Scrutiny work involves consideration of the legal and statutory implications of the topic being scrutinised.

7 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

7.1. It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engaging with local partners in scrutiny reviews. Furthermore, the outcomes of reviews are intended to benefit all sections of the local community.

8 CRIME AND DISORDER IMPLICATIONS

8.1. None relating to this covering report. Scrutiny work involves consideration of the crime and disorder implications of the topic being scrutinised.

9 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

9.1. None relating to this covering report

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

- Merton Revenues and Benefits Team Report
- Citizens Advice Merton and Lambeth Report.

11 BACKGROUND PAPERS



Merton & Lambeth

Rollout of full service Universal Credit in Merton

Citizens Advice Merton and Lambeth is the leading advice charity in Merton. We provide a range of advice and support services for individuals and families living, working and studying in Merton.

This report summarises our experience in supporting Merton clients with regard to the rollout of full service Universal Credit in Merton

Background

Universal Credit (UC) was initially introduced in certain Jobcentres throughout the UK and replaced six of the main means tested income-replacement benefits available to working age people – Jobseekers Allowance, Employment and Support Allowance, Income Support, Housing Benefit, Child Tax Credit and Working Tax Credit.

The initial UC Live service was initially introduced in Merton in certain postcodes in CR4, KT3, SW16, SW17, SW19 and SW20, but was not introduced as full service across Merton until December 2017. This is later than neighbouring boroughs of Sutton and Croydon that have been full service UC since early 2016.

Number of clients seeking support by Citizens Advice Merton and Lambeth for UC issues in Merton

In calendar year 2017, we supported 213 clients in Merton with 325 UC issues.

We expect these figures to significantly rise in 2018 with more clients either claiming UC for the first time or needing to move to UC because of a significant change in circumstances.

Issues we are seeing at Citizens Advice Merton and Lambeth connected with UC

Digital exclusion – We are supporting clients who do not have IT skills to make and maintain their UC claim and complete journal entries. Although we assist with the initial claim and, as appropriate help the client to set up an email address, this does not necessarily enable them to check and update their journal so we are starting to see clients return for further support in this regard.

Waiting period of first payment – Although the waiting time was reduced from six weeks to five, this is still causing considerable hardship for many clients. We are therefore assisting clients with information of benefit advances, discretionary hardship schemes and foodbank vouchers to support them in this very difficult period.

Right to reside – We are seeing EU citizens (or spouses of EU citizens) being refused UC on the basis of not being habitually resident. One client with two young children, lost out on receiving UC for nine months whilst we successfully challenged she had the right to reside. The loss in UC resulted in the family facing considerable hardship for the nine month period.

Housing costs – Many clients do not add their housing cost to their UC claim, as they are used to housing benefit being paid direct to their landlord. This consequently leads to the housing element not being paid and the client falling behind with their rent.

Monthly payment – Although alternative arrangements can be made for payment, clients are not always aware of this and struggle with a single monthly payment.

Joint working with Jobcentre Plus (JCP)

Last month, we met with Mitcham Jobcentre Plus to discuss ongoing joint work. We've agreed both JCP and CA Merton and Lambeth teams will benefit from greater understanding of services/support on offer. In order to support vulnerable clients, it has been agreed that we can refer clients directly to JCP for further assistance if we have client's permission.

Looking forward

As full service UC is still relatively new in Merton, we are closely monitoring the number of clients and requests for support with regard to UC issues. As touched upon above, we are forecasting a significant step jump in client queries and support in 2018 as compared with 2017.

If you wish to discuss Citizens Advice Merton and Lambeth's support and experience of UC for Merton residents, please contact Karen Brunger (Head of Advice Services) on karen.brunger@caml.org.uk or Alan Wylie (Merton Disability Benefits Adviser) on alan.wylie@caml.org.uk.

Our services and support for individuals and families throughout Merton are only possible with the support of Merton Council.

Citizens Advice Merton and Lambeth
www.caml.org.uk
2 March 2018

Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date:

Wards: All

Subject: Rollout of Universal Credit – Experience in Merton

Lead officer: Caroline Holland

Lead member: Councillor Mark Allison

Contact officer: David Keppler

Recommendations:

1. For Healthier Communities and Older People Overview and Scrutiny Panel to note the contents of the report and advise of any further information required
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. To provide Healthier Communities and Older People Overview and Scrutiny Panel an update on the roll out of Universal Credit in Merton and the impact on residents as perceived and experienced by officers in the Benefits Service

2 DETAILS

- 2.1. The implementation of Universal Credit was always planned to be a phased and controlled roll out that only affected new claims to the benefits that were replaced by Universal Credit. The initial phase was for single claimants only, then families and households and then at a later stage the transfer of all other claimants that had not transitioned to Universal Credit.
- 2.2. Universal Credit is only for working age claimants and pensioners are not affected by the change.
- 2.3. Universal Credit has to be claimed on line and every claimant requires an on line account.
- 2.4. Initially Universal Credit was to be paid direct to the claimant including the rent element of Universal Credit. Early pilots saw increase in rent arrears and alternative measures were put in place so that the rent element could be paid direct to the landlord.
- 2.5. Universal Credit was implemented across Merton for single claimants only in January 2016 . These claimants had no rent liability and were classified as the simplest types of claims to move on to Universal Credit.
- 2.6. In November 15 Sutton Council commenced a pilot with the Sutton Job Centre for Universal Credit full service which was for families and household with children and included the rent element which meant that these claimants would cease claiming assistance for their rent from housing benefit.

- 2.7. This pilot was rolled out slowly with selected post codes only and a very small number of claims and with daily communication between the council, Job Centre and Department of Work and Pensions (DWP). .
- 2.8. In February 2016 the pilot was extended to all post codes covered by the Sutton Job Centre. Without anyone from the Job Centre or DWP advising the council this pilot affected all Merton residents living in SM4.
- 2.9. In effect all residents in SM4 making a new claim had to claim Universal Credit from February 2016 and could no longer claim housing benefit for assistance with their rent.
- 2.10. Initially there was a lot of confusion for Merton residents who thought that they had a choice whether to claim Universal Credit or housing benefit and we had many residents tell us that they did not want to claim Universal Credit.
- 2.11. We saw examples of where claimants had to wait 9 to 10 weeks for their Universal Credit to be paid.
- 2.12. Universal Credit is not paid for the first week of the claim, so in effect the claimant would not receive any help with their rent for the first week whereas under the housing benefit regulations assistance with the rent is paid from the following Monday from when the claim was made or in the first week of a new tenancy the Monday of that week.
- 2.13. The council were required to put in place a Universal Credit Support Framework to help and assist residents claim Universal Credit, maintain their on line account and help with budgetary management.
- 2.14. A multi agency approach was adopted for this framework with support being provided by residents individual council support workers, the council's Welfare benefits team, Libraries staff and the CAB.
- 2.15. Access to computers and assistance with on line applications is available at Merton Libraries
- 2.16. The CAB provides a budgetary advice on a referral basis.
- 2.17. Individual council officers and the Welfare Benefits team help residents with claiming Universal Credit and maintaining their claims.
- 2.18. The DWP provide the council with funding based on the number of residents assisted.
- 2.19. In addition to this the council can pay Discretionary Housing Payments to claimants in receipt of Universal Credit. This payments help claimants who have financial difficulties such as they are affected by the benefit cap, the under occupation charge (bedroom tax). To qualify the claimant has to be in receipt of Universal Credit.
- 2.20. The government allocate the council with funding for Discretionary Housing Payments and residents in receipt of housing benefit can also claim this.
- 2.21. From 1 April 2017 to 16 February 2018 we paid £41,645 to 123 claimants. This additional money is funded by the DWP and there is a limited fund only.
- 2.22. On 6 December 2017 Mitcham Job Centre went live with full service and claims for families and households and includes assistance with their rent.

- 2.23. The Manager at Mitcham Job Centre reported on 30 January 2018 that the implementation had gone very well and all new claims for Universal Credit had been paid on time. They had processed 266 claims in the 8 weeks since implementation. As a comparison for the same period the council processed 610 council tax support claims and 551 housing benefit claims.
- 2.24. He also reported that emergency payments were being made very quickly following the request from the claimant. In some instances if the request and meeting was held in the morning the payment would be made on the same day. Alternatively, emergency payments were made within three days of the request.
- 2.25. The emergency payment has to be paid back but the claimant has 12 months to repay this.
- 2.26. From 13 February 2018 Universal Credit is payable from day one of the claim rectifying the issue of claimants not being paid for the first week of a claim. This change also results in the average payment being made after 5 weeks reduced from 6 weeks.
- 2.27. Similar to the roll out in SM4 residents are contacting the office thinking that they can choose between Universal Credit and housing benefit.
- 2.28. There has not been any indication from residents claiming at the Mitcham Job Centre of delays in payment of Universal Credit.
- 2.29. There are some types of circumstances for working age claimants where they do not claim Universal Credit for help with the rent but they claim housing benefit. These types of claims are:
- 2.30. 1. Where the property is classified as supportive exempt accommodation, this is where the claimant receives counselling and support from the landlord or from an external provider arranged by the landlord
- 2.31. 2. Where the claimant has more than two children in the household, these claims were initially assessed for Universal Credit but from April 2017 they had to claim housing benefit.
- 2.32. 3. From April 2018 claimants in temporary accommodation will have to claim their housing costs through housing benefit. At the moment it is through Universal Credit.
- 2.33. From 1 April 2018 every claimant in receipt of housing benefit who moves onto Universal Credit will be entitled to have their rent paid for two weeks during the wait for their first payment; that payment is always non recoverable (even if the claimant is later not entitled to Universal Credit).
- 2.34. There are still some post codes in Merton where Universal Credit has not been implemented, these are KT3 (go live 20 June 2018) SW17 0, SW18 and SW19 (go live 5 September 2018)
- 2.35. Once Universal Credit has been rolled out across the country for all new claims the intention is to transfer of the remaining existing housing benefit claims for working age claimants to Universal Credit.
- 2.36. There is no indication yet as to the timeframe for this transfer. There are approximately 11,300 live housing benefit claims and of these 5,800 are for

working age claimants and the majority of these will be transferred to Universal Credit at some stage in the future.

3 ALTERNATIVE OPTIONS

3.1. None for the purpose of this report

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. None for the purpose of this report

5 TIMETABLE

5.1. None for the purpose of this report

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. There will be a reduction in the amount of housing benefit paid and subsidy claimed from the DWP.

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. None for the purpose of this report

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. None for the purpose of this report

9 CRIME AND DISORDER IMPLICATIONS

9.1. None for the purpose of this report

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. None for the purpose of this report

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

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12 BACKGROUND PAPERS

12.1.

Committee: **Healthier Communities and Older People Overview and Scrutiny Committee**

Date: **13th March 2018**

Wards: **All**

Subjects: Update on 'Tackling Loneliness in Merton'.

Lead officer: Dr Dagmar Zeuner, Director of Public Health

Lead member: Councillor Tobin Byers, Cabinet Member for Adult Social Care and Health

Contact officer: Daniel Butler, Senior Public Health Principal.

Recommendations:

- A That the Committee notes the progress made on the seven recommendations made in their report in October 2017.
 - B That the Committee notes the progress on wider work that contributes to tackling loneliness and isolation.
-

A. PURPOSE AND EXECUTIVE SUMMARY

- 1.1 To provide an update on progress against the recommendations made by the Committee and wider work that contributes to tackling loneliness and isolation'.

B. DETAILS

Context

- 2.1 At their meeting on 6th September 2017, the Healthier Communities and Older People Overview and Scrutiny panel made seven recommendations for reducing loneliness and isolation in Merton. These were subsequently agreed by Cabinet on 16th October 2017.
- 2.2 Positively, since the original recommendations were made there has been a national focus on tackling loneliness and isolation. In December 2017, the Jo Cox Commission on loneliness published its findings and in January 2018, the government outlined its commitment, including the acceptance and support for many of the Jo Cox Commission's recommendations.

Update on the recommendations

- 2.3 A progress report against each of the recommendations is provided below. It should be noted the recommendations were only approved by cabinet in October 2017, four months ago, and some are therefore in planning phase.

- 1) **To ensure loneliness is included within other strategies such as Falls Strategy, Hoarding Protocol and Volunteering Strategy**

The [Merton's Older People's Falls Prevention Strategy](#) 2015-2018 recognises living alone as one of the risk factors for falls and links our approach to falls to wider prevention activity, including Merton's befriending scheme. Falls Prevention and wider strength and balance classes for older people are provided by a range of organisations across Merton, including Voluntary and Community Sector providers such as Wimbledon Guild. These sessions also contribute to addressing social isolation amongst older people, by having weekly and regular classes where people can meet. The Falls Prevention Steering Group will be refreshing the action plan for the Falls Prevention Strategy during 2018 and we will ensure that links to isolation and befriending are included.

Merton's hoarding protocol is currently in the process of being refreshed and initial discussions have confirmed that the issue of loneliness affecting older people will be considered in the approach to tackling hoarding.

Loneliness and isolation will be considered as part of the review of the Strategic Partner funding programme. This work will consider the core priorities for our Strategic Partners, who the Council grant fund and will link to the Volunteering Strategy.

2) Merton Health and Wellbeing Strategy and the East Merton Model of health to make reference to current work connecting communities which will address loneliness.

The Health and Wellbeing Strategy 2015-2018 action plan includes a priority to 'Support older adults to reduce loneliness and isolation, and remain or regain independence' and included the delivery of a befriending pilot. This pilot, delivered by Age UK Merton and Wimbledon Guild, has supported over 200 residents to date and has recently been re-commissioned. This new service will build on the findings of the service evaluation, which showed that it is an important and valued service by older people. Although evidence is limited, a study by London School of Economics on befriending interventions and mental health found a return on investment of £3.65 for every £1 invested¹.

The development of the Wilson Campus as part of the East Merton Model of Health and Wellbeing includes a number of work-streams, of these the 'wellbeing service development' work stream which has recently been initiated will be the most appropriate mechanism to consider connectivity and addressing loneliness. In terms of the development of the Wilson site, initial proposals include space for community activity, events and a community garden, all of which will better aid connectivity and activities that promote interaction.

3) Public Health and Merton Clinical Commissioning Group (utilising existing infrastructure e.g. social prescribing and directories) develop an agreed list of voluntary and community sector groups who provide services to tackle loneliness and provide community activities for older people.

Funded by a combination of sources including Merton Partnership, Public Health and MCCG, the social prescribing pilot works alongside traditional

¹ Mental Health Promotion and Prevention: The Economic Case. Knapp M, McCain D, Parsonage M. Available from URL:

www.lse.ac.uk/businessAndConsultancy/LSEEnterprise/pdf/PSSRUfeb2011.pdf

medical interventions and allows GPs to make referrals to voluntary sector organisations to complement treatment e.g. to self-help organisations or fitness and wellbeing groups. The first year of the programme, initially piloted in two GP practices in the east of Merton (WideWay and Tamworth House), had shown good progress with an increase in self-reported health gains (shown via the outcomes star) and a reduction in GP visits. Launched in January 2017, the service has seen 206 residents for their first appointment and 129 for the follow appointment. Reasons for referral include frequent attendance at health settings, social isolation, mental health problems and wider social needs.

Following the success of the pilot project evidenced by the evaluation, Merton Clinical Commissioning Group (MCCG) is to fund an extension and expansion of the scheme for another year to allow for further detailed analysis of the benefits it brings to the health and care system. The longer-term aim is to roll the scheme out to cover the whole borough.

MCCG have developed 'A Practical Guide to Healthy Ageing' resource which provides advice and guidance to improve health and wellbeing. This includes information about a range of Merton community and voluntary sector services, including those which seek to address social isolation. The guide has now been distributed (hard copies) to a range of services/ teams/organisations across the borough including GP surgeries.

4) Merton Clinical Commissioning Group to use the Practice Manager's forum to have a session to highlight the issues around loneliness.

MCCG have agreed that a session on tackling isolation and loneliness will take place for all Practice Managers at their meeting in May 2018.

5) Public Health Team to lead discussions with partners such as the Chamber of Commerce on innovative ways to connect local communities to reduce loneliness. These discussions could draw on examples set out in this report. New approaches could use existing resources such as training material from Making Every Contact Count initiative and the Campaign to End Loneliness.

Building upon the pan London work on Making Every Contact Count (MECC) - see <https://www.healthylondon.org/resource/mecc/> - planning is underway to develop an approach to MECC that builds upon the evidence base, best practice from elsewhere and key guidance documents and resources. The plan in Merton will seek to add value to existing programmes e.g. the social prescribing service.

6) An Article in My Merton to profile the agreed list of community activities and services that lead to greater connectivity for older people with case studies from people who have benefitted from them.

We are planning for an article to go in 'My Merton' on befriending, community activities and services for the June 2018 edition.

7) Public Health to host lunchtime seminar for councillors on 'connecting communities with the aim of tackling loneliness' highlighting key issues and good practice.

As part of the programme for the well-received 'lunch and learn' sessions, the seminar is planned to take place in June 2018 and will be confirmed as soon as possible.

Wider work that contributes to tackling loneliness and isolation.

- 2.4 As well as the progress against the recommendations, there are other programmes in Merton that contribute to tackling loneliness and isolation. This section of the report provides a summary and updates on some of the key services available.
- 2.5 **HomeShare** The Healthier Communities and Older People Overview and Scrutiny Committee carried out a review of Home Share schemes, where an older person shares a spare room with a younger person in exchange for around 10 hours of work (such as cleaning or shopping). The scheme can promote independence for older people and allow them to remain in their own homes for longer. They also can address isolation and loneliness faced by older people through creating daily interaction of a house sharer. A report to Cabinet on 19th February 2018 recommended Community and Housing staff look to implement a Home share service locally. Cabinet has agreed that an action plan be drafted and reviewed again at a future Cabinet meeting.
- 2.6 **Home Visiting Service – Libraries.** The library service has a home visiting service, which can address loneliness and isolation. This service takes books and other materials to a resident's home if they cannot make it to their local library (due to either a physical or mental disability). The service has been established for a number of years and utilises trained volunteers to select and deliver stock to users. It acts as a valuable befriending service where required and for some clients it is one of the few external visitors they see regularly. The service also provides stock to care homes and a talking book postal service for blind or partially sighted residents. All of the services provided are free and special collections of stock have been developed to support people to live more independent lives such as specially designed books for people living with dementia and specially designed e-readers for those who find it difficult to read a book. Case studies on the impact that library services has on the lives of older people are available at 11- Background Papers.
- 2.7 **Fire Safe and Well Pilot.** Delivered by the London Fire Brigade, Safe and Well visits have started in Merton. Initially focussing on falls prevention, winter warmth and stopping smoking, these visits by trained staff aim to support residents' health and wellbeing and make referrals to a number of local services, including, for isolated older people, the Merton Befriending Service (a partnership between The Wimbledon Guild and Age UK Merton).
- 2.8 Appendix A provides information on additional services for older people that support greater connectivity and help address loneliness.

C. CONSULTATION UNDERTAKEN OR PROPOSED

N/A

D. TIMETABLE

N/A

E. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

N/A

F. LEGAL AND STATUTORY IMPLICATIONS

N/A

G. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

Work addressing isolation via a number of services will have positive impacts on the age, disability and ethnicity protected characteristics e.g. targeted work with BME communities, people with a long- term condition/disability and with older people generally.

H. CRIME AND DISORDER IMPLICATIONS

N/A

I. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

N/A

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

Appendix A is provided at the end of this report which outlines additional services that provide greater connectivity for older people and allow them to meet others.

K. BACKGROUND PAPERS

A number of case studies from the Library Visiting service and the Befriending service (Age UK Merton and Wimbledon Guild) are outlined below.

Case Study 1 – Library Visiting Service

Mrs P lives in Merton and has been using the Home Visits Library Service since June 2014. She is unable to get to the library, so CDs (talking books) are delivered to her house each month. Her Volunteer Driver is Mr A, who makes deliveries to 4 care homes and 15 clients. Mr A has been a volunteer for the Home Visits Library Service (in partnership with Merton Voluntary Service Council) since it started in 2008.

Mrs P says

“The talking books which the Home Visits Library Service brings to me provide me with a continuous source of entertainment, which I find very stimulating. If I didn’t have it, I would need another way of finding books to entertain me, which would be very difficult and I don’t know what I would do. I thoroughly look forward to and enjoy A’s visits to me with the books. I very much appreciate it and it makes a real difference to my life.”

Case Study 2 – Library Visiting Service

Mrs F says *"I love reading books but am housebound and can't get to the Library. I really value the Home Visits Library Service and read all the books which they bring to me. The books which Mrs C selects for me now are very much the sort of books I want to read. I enjoy seeing Mr A who is always very nice when he brings the books."*

Case Study 3 - Befriending Service, Age UK Merton

Mrs D was referred to the Befriending Service by the Merton rapid intervention team at the Wilson Hospital after being treated for depression. Mrs D is in her late 80's and lives alone in her house with her cat. She reports that she only has one living family member, her brother who lives in America. He returns to the UK once every 6 weeks to visit her and he arranges anything that she needs from abroad. She reported that she has one neighbour who is a friend and looks in on her every few days. Otherwise Mrs D does not leave the house and is very isolated after having a fall two years ago which has reduced her mobility. On assessment she reported that she often feels lonely and low.

We matched her with a befriender who is retired and visits her once a week. They have similar cultural interests. Their sessions mostly involve talking about films, theatre and eating cake. Mrs D has reported that she looks forward to this every week and is feeling happier. During the last few months Mrs D has been into hospital a couple of times due to falls in the home and the befriender continued to support her by telephone. They are very fond of each other and have built a strong bond. We have referred Mrs D to the Falls Prevention Service where she has been assessed and provided some support to improve her strength and balance.

Case Study 4 – Age UK Merton

Mr C was identified by the Living Well service at Age UK Merton and referred for Befriending in July 2017. He was 65 years old and living in a first floor studio flat alone. At the time of referral he was finishing chemotherapy treatment for lymphoma and returning home to his flat. Mr C had no family in the area and reported that the only family member he was in contact with was a sister who lived several hours away. On return home, he was feeling very weak from treatment and unsteady on his feet, his condition was so weak that he had a fall down the communal stairs of his flat. He lost confidence and he stopped going out at all for fear of having another fall. He was at risk of becoming completely isolated. As a result of his fall and physical conditions he was experiencing low mood and had no energy. He was not seeing anyone except for his sister who would come by once a week to deliver food.

We prioritised Mr C and matched him with a befriender who we felt suited him. The Befriender had similar health concerns and had wanted to volunteer to build their own social connection and confidence. To begin with they did chair based exercises together, then they moved on to going for short walks as Mr C's strength improved. After a few months of building up strength and confidence they now often walk to a local coffee shop together. Most recently they caught a bus to a local cinema together to watch a film. Mr C is reporting feeling less isolated, happier and more confident to leave his flat and engage in social activities. He is feeling physically stronger and better able to manage his recovery.

Case Study 5 – Age UK Merton

Mrs C was referred to Befriending by her Dementia nurse who was concerned about the amount of time that she was spending alone at home. Mrs C is 90 and lives in her home alone since the death of her husband. She has been diagnosed with dementia which severely affects her memory. She is physically mobile but unable to go out alone due to her memory and confusion. She has a nephew who arranges her care and visits twice a week and she has carers who come to prepare her meals twice a day so she doesn't forget to eat. Other than occasional visits from friends she is home alone.

She was matched with a younger befriender who owns his own business and visits her around his work. When he visits they read books together, chat and sit in the garden in good weather. At Christmas he helped her put up her Christmas tree and she likes to tell stories about when she was young. We provided him with information and guidance about how to support people with Dementia. They have a very positive relationship which has a positive effect on Mrs C's emotional wellbeing.

Appendix A – Additional services that support older people, providing greater connectivity and opportunities to meet others. The following information provides an update on existing services or maps potentially new relevant services.

- **Merton Befriending Service.** This service commissioned by Public Health provides befriending support to older people who are either housebound, live alone, have a long-term condition and who are isolated from social networks. Volunteers work one to one and offer either 'face to face' or telephone befriending. The contract was re-commissioned in February 2018 with Age UK Merton and Wimbledon Guild winning the contract to run the service.
- **Social Prescribing Pilot.** (See 2.3 (3) for description of the service).
- **Community Activity;** 'Friendship coffee' has been launched once a week at the Sound Lounge in Wimbledon (a music venue and café / social enterprise), offering a free coffee and chance to meet people and talk for those who are socially isolated. 'Meet up Mondays' has been launched (from January 2018) at the Alexandra Public House in Wimbledon offering sandwiches, bingo and tea/coffee for those that are lonely.
- **The Ageing Well Preventative Grants Programme,** funded via Adult Social Care this programme aims to provide a person centred service that will enable older people to live happy, healthy and fulfilling lives independently in their own

homes for as long as possible and to alleviate isolation and loneliness. Workers in Voluntary organisations (such as Wimbledon Guild, AGE UK, Merton and Morden Guild, Commonsides Trust) meet with people to determine how they can support them to promote their wellbeing and independence. Outcomes include accessing outreach and activity programmes in the community, providing advice and information, support with accessing benefits advice, transport options, shopping and housework support, befriending services, community activities, small grant applications, handy person service, counselling, health and wellbeing services.

Support via this grant programme is also provided to Friends of St Helier, Asian Elderly Group, Carers Support Merton and Merton Vision which all support older people's independence.

- **Housing associations;** Central & Cecil provide a creative arts service for older residents living in their sheltered housing and care homes. Central and Cecil believe the arts are a particularly effective way of building communities and targeting social isolation since they give people a reason to meet up, try new things, share stories and make friends. Activities include regular creative writing 'Read Aloud' sessions, outings including boat trips and recently a trip to parliament, seasonal arts activities, choir groups, concerts and entertainment. They also run weekly art classes and host Tai Chi classes.

Clarion housing association carries out a number of work streams that support older people to be better connected. They commission FISH to deliver weekly sessions in Mitcham and Morden. These are aimed to support health and wellbeing and reduce isolation. They include iPad training, keep fit, word and number games, arts, crafts and outings. They also commission the Ethnic minority centre to run a creative maths project. Finally Clarion just finished a grants round for the over 50's, with up to £1000 offered to organisations supporting older people.

Thames Valley Housing provide a holistic approach to the residents they house and support. Residents can access in house support services, wellbeing services and a range of community engagement programmes. They also provide a 'hand holding' service to older people needing to downsize or affected by welfare changes. Each year Thames Valley take a group of older residents on a day trip, which is chosen by the older people themselves.

ⁱ Socially isolated people are those who are isolated from normal social networks i.e. those who are not in regular personal contact with family, friends, community organisations and activities.

Loneliness can be defined as "an emotional perception that can be experienced by individuals regardless of the breadth of their social networks".

Generally social isolation is based on the connections and relationships between people whereas loneliness is a subjective experience or feeling caused by a perceived inadequacy of social relationships.

A practical guide to healthy ageing in Merton

You can access this guide (including digital format and other translations) online via:
www.mertonccg.nhs.uk/News-publications/Pages/publications.aspx

To reorder hard copies (subject to availability) please contact: communications@mertonccg.nhs.uk

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This guide has been prepared by NHS Merton Clinical Commissioning Group and Age UK Merton with support from CFOA, Carers Trust, Carers UK, Public Health England, local service contributors in the Borough of Merton and older people themselves. It contains general information which we hope will be of use to you.

Additional information about local services has been incorporated by NHS Merton Clinical Commissioning Group (CCG). Valuable contributions have been provided by Healthwatch Merton to reflect the wide variety of services available to local residents.

Your individual case may well have specific circumstances that apply to it and so this guide should not be read as specific advice given to you, it should not be relied on as a basis for any decision or action you take in respect of the matters it covers and it should definitely not be used as a substitute for seeking specific advice from an appropriately qualified and experienced professional (generally, your GP).

Neither Merton Clinical Commissioning Group or Age UK Merton nor any of their respective subsidiary companies accept any liability arising from this guide or its use by you, except where the law states otherwise. We aim to ensure the information contained in the guide is as up to date and accurate as possible at the time of publication, but it is inevitable that certain areas will be subject to change from time to time. Please see our website or contact us for more up to date information.

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Who is this guide for?



The advice in this booklet will help improve the health and general fitness of people of any age, but it is written to be particularly relevant for people who are about 70 years or older.

People of this age, and sometimes younger, begin a 'slowing-down' process related to the effects of ageing on their body.

We cannot stop the process of ageing, but the advice given here will help to keep you fit and independent.

Try this at home

Mrs Drakos: My Story



“ Looking back, I can see I’ve been a bit worried about myself for a while. It’s not as though I was ill or anything, but just a feeling that I’ve sort of slowed down – things being more of an effort. Like doing the weekly wash seemed to take all day. Or doing the family Sunday lunch would knock the stuffing out of me. And Doreen, the Post Office lady, seemed to be mumbling all the time. Anyway, I came across this guide.

Got my daughter to help with the walking speed test. Was surprised at how slow I turned out to be. But there it was! It was a real wake-up call! So I checked out the guide and sure enough found I needed new glasses, and the hearing aid has been a real boon. Rang Age UK in the town and they put me onto a local “Get Fit” group. Love the company and chat. All-in-all, feel I’m back in control again. Thank goodness.

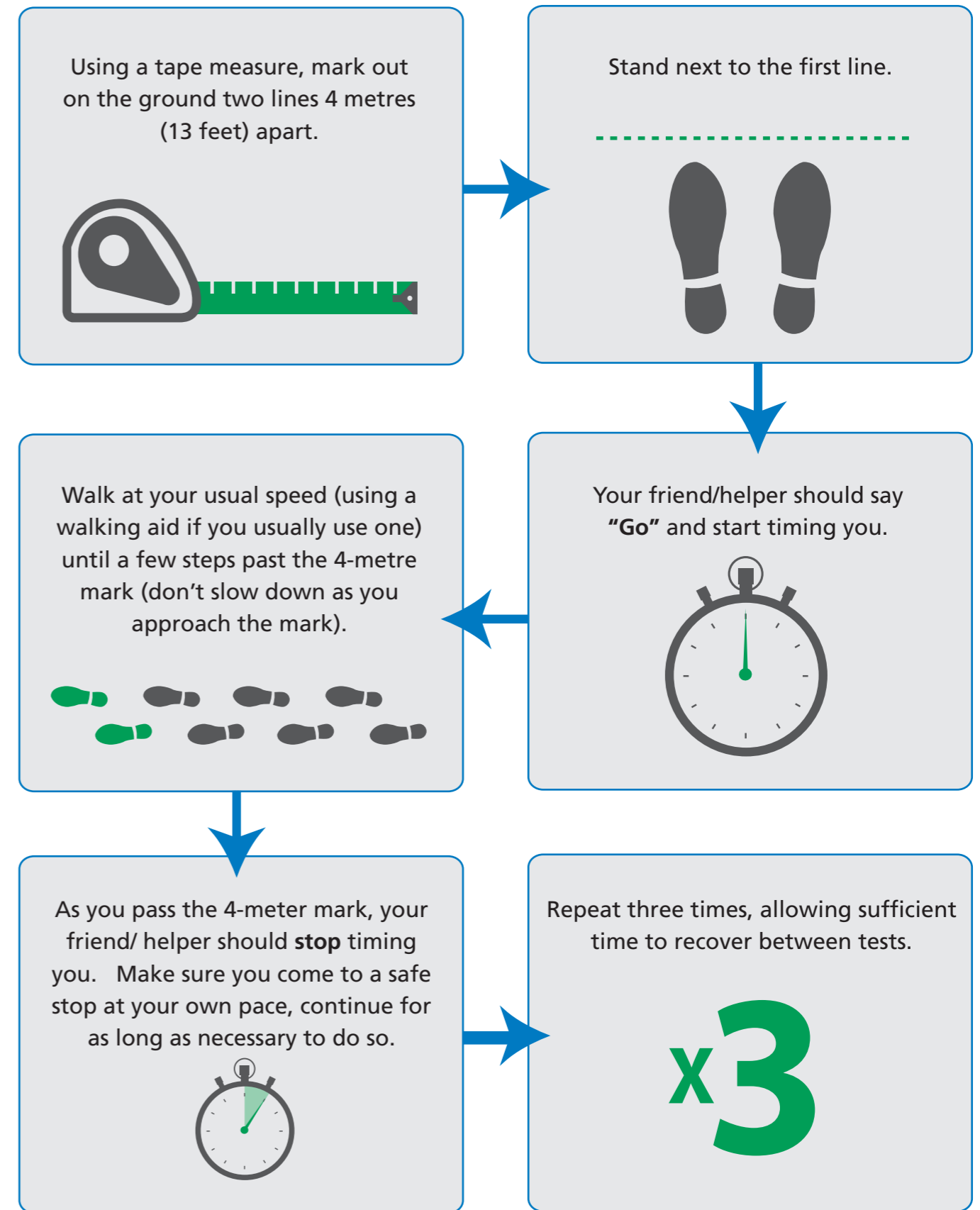
”

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Have you noticed it’s taking longer to get to the bus stop than it used to?
Or that your weekly supermarket shop takes longer than before?

These can be signs that you’ve started slowing down.

If you’ve noticed you’re a little slower than you used to be, or even if you haven’t, you may want to try the simple test opposite which will let you know if the ‘slowing-down’ process of later life is affecting you. It is called the Walking Speed Test. You can do it easily at home. All you need is a tape measure and a watch with a second hand or a mobile phone with a stopwatch function.



If you take more than 5 seconds, it’s likely you’re affected by the slowing-down process of later life. Of course, some of us walk slowly for other reasons, such as arthritis, but the test will give you a good indication of your general fitness. If you have slowed down then this guide will help improve your health and general fitness.

Look after your feet



Your feet have been constant fellow travellers throughout your life, but they may be showing signs of strain. Healthy feet are essential for comfort and safe walking and the good news is that there are lots of things you can do to look after them.

Painful and uncomfortable feet aren't a natural part of growing old or something to put up with.

A lot can be done to improve comfort, relieve pain and maintain mobility.

Wash your feet often

Wash your feet daily to help prevent any infections. If you leave dirt on the skin, it can become irritated and infected. Dry them well, especially between the toes to help prevent Athlete's foot. If you have some hard skin, apply moisturising foot cream (not body lotion).

Toenails

It can get harder to cut toenails as you get older, but keeping them short will help keep you mobile. When cutting your nails, trim them straight across, never at an angle or down the edge as this may cause an ingrown nail. You may need help with this from your chiropodist or a toenail cutting service. Ask your local Age UK if they provide or know of a local service.

Keeping warm

Try to keep your feet warm. Warm stockings or socks can help. Avoid anything too tight which can restrict your circulation or cramp your toes. Wearing fleece-lined boots or shoes or even an extra pair of socks will keep you warm but make sure your shoes aren't too tight as a result. Bed socks are also a good idea when the weather is particularly cold.

If your feet are cold, don't try and warm them up by putting them close to a fire or on a hot radiator as this risks chilblains.

Choosing the best footwear

If your shoes fit well they protect and support your feet and may improve your balance and stability. Poorly-fitting shoes or slippers can easily trip you up and cause a fall. Look for shoes with uppers made of soft leather or a stretchy man-made fabric which is also breathable. Also, try shopping for shoes in the afternoon and make sure they have adjustable fastenings so that they can adjust to your foot shape.

Avoid plastic 'easy clean' uppers which don't allow the foot to breathe and won't stretch to accommodate your own foot shape. Check that the heel is held firmly in place. You'll find that a lace-up or Velcro fastening shoe will give more support than a slip-on.

When trying new shoes on they should fit well and feel comfortable, don't buy them if they're too tight thinking you can break them in. If they don't fit well, they can make even minor foot problems worse.

If your feet swell during the day remove your shoes and try to raise them at an angle that is good for circulation, if in bed add a pillow underneath them. When pain and swelling subsides you can replace your shoes.

You can book private podiatry appointments at Age UK Merton (see page 28), Chiropody treatments at the Wimbledon Guild (see page 29), or general foot care services at The Merton & Morden Guild (see page 33).

Look after your eyes



Your eyes should give you a lifetime's service, but sometimes they can be affected by conditions that develop as you grow older.

Pages 1 It's easy to neglect your eyes because they rarely hurt when there's a problem. Having an eye test will not only tell you if you need new glasses, it will also check the health of the eye and can spot eye conditions before you become aware of them so they can be treated early. If you have a low income, you may be eligible for help with the cost should you need glasses or contact lenses.

An eye test can pick up eye conditions, such as glaucoma and cataracts, as well as general health problems, such as diabetes and high blood pressure.

You can help keep your eyes healthy by:

- not smoking – smoking damages the eye, making it more likely to develop age-related macular degeneration and cataracts
- eating lots of fruit and vegetables
- protecting them from the sun by wearing sunglasses.

The good news is that if you're 60 or over, you can have a free NHS eye test every two years. You can have a free test every year if you're 70 or over.

If you're unable to visit your optician due to mobility or health issues please contact the Morden Eye Centre to book a home visit (see page 37 for further details). If you have been diagnosed with permanent sight loss you can contact Merton Vision to access support services (see page 31 for further details).

Look after your mouth

Maintaining good oral health is important. It contributes to general wellbeing and allows you to eat, speak and socialise without discomfort or embarrassment.

Some top tips to improve your oral health:

- Reduce the amount and frequency of sugary foods and drinks you consume and avoid eating or drinking sugary foods and drinks just before bedtime.
- Using fluoride toothpaste is an effective way of preventing tooth decay.
- Brush your teeth at least twice a day, last thing at night and on one other occasion, with fluoride toothpaste.
- Your dentist may prescribe a toothpaste with a higher fluoride content if you have tooth decay or are at particular risk of tooth decay.
- Spit after brushing, and do not use mouthwash straightaway as this will rinse away the fluoride in the toothpaste.
- Avoid excess alcohol consumption and do not smoke (or use smokeless tobacco such as paan, chewing tobacco and gutka), as this can increase the risk of mouth cancer. If you would like help to stop smoking, ask your dentist to refer you to your local stop smoking service.

A dry mouth can increase your risk of dental decay and can impact on your quality of life through its effect on your ability to speak, eat and enjoy your food. It can also affect the comfort of your dentures, if you wear them.

- Take regular sips of water.
- Suck on sugar-free sweets or chew sugar-free gum.
- Suck on ice-cubes.
- Avoid alcohol (including alcohol-based mouthwashes).
- Ask your dentist, GP or specialist to suggest/prescribe an artificial saliva substitute.

If you're unable to visit your dentist due to mobility or health issues please contact The Domicillary Dental Practice, for services to housebound residents (see page 37 for further details).

For more information:

www.nhs.uk/conditions/dry-mouth/pages/introduction.aspx

Make your home safe



It is important to feel safe and comfortable in your home. There are some simple things you can do to ensure that you keep yourself and your possessions safe and reduce the risk of accidents, fires and other issues.

Have a look round your home and check for some simple things you can do to make your home as safe as possible:

- Consider getting and wearing a personal alarm, particularly if you live on your own. This will let you contact a 24-hour response centre at the touch of a button should you fall or become unwell. Don't be afraid or embarrassed to push the button if you need to. The response centre will be glad to reassure you or call for help.
- Have smoke alarms installed in hallways and living rooms of your home and a heat alarm in the kitchen. If you have a gas boiler or a coal or wood burning fire or stove you also need a carbon monoxide alarm. Test all alarms regularly (at least once a month).
- To receive a free home visit contact your local fire and rescue service who will provide fire and safety advice and fit smoke alarms. To receive a free home visit contact the London Fire Brigade on tel: 0800 028 4428 (see page 39 for more info).
- If you have an electric blanket, get it tested every year and replace it every ten years. Check for danger signs such as frayed fabric and scorch marks. You can ask the shop where you bought it about testing and servicing, or contact trading standards.
- It's easy to slip in the bathroom. Get a non-slip bath mat and a handrail to help you feel more stable.
- Remove any clutter on the stairs that might trip you up and ensure stair carpets or stair runners are secured in position. Age UK run an 'At Home' maintenance service (See page 28) and MASCOT offer a free handy man service for their customers (see page 38), for further details.
- Use plug-in night lights that turn on automatically at night. They provide a low light so you can see your way to the bathroom or stairs.
- Coil up any long or trailing electric leads, particularly around doorways or stairs, or tape them close to the wall. Don't overload sockets and make sure leads and cables aren't damaged – if they are, then have them replaced.
- Don't walk in socks, tights or bare feet. Wear well-fitting slippers.
- Don't wear loose-fitting, trailing clothes that might trip you up, such as a long dressing gown.
- Loose rugs and mats can be a trip-hazard and should be avoided. Replace frayed carpets or repair with double-sided carpet tape.

MASCOT telecare provide a range of services (including personal alarms) to help people remain safe in their homes (see page 38 for further details).

Worried about a relative, friend or neighbour? The London Fire Brigade provides free 'Home Fire Safety Visits' for Merton residents (please see page 39)

Read Age UK's free guide *Home safety checker* for more information. Call 0800 169 6565 or download it from www.ageuk.org.uk

Keep active



It can be easy to retreat into the pleasing comfort of an armchair, particularly during the colder months.

But taking life too easy can actually speed up the slowing-down process of later life. It's never too late to start being more active or begin an exercise program.

Keeping active is the key to staying fit, mobile and independent.

Regular exercise can help reduce the impact of several diseases, such as osteoporosis, diabetes, high blood pressure, heart disease and stroke. Regular exercise can also reduce arthritis-related pain, improve sleep, prevent falls and fractures, and improve low mood and memory. In fact, taking regular exercise is one of the best things you can do to remain independent.

The good news is that any exercise is good for you. You don't need to go to a gym! Try to find things that can be part of your everyday routine, such as simple chair-based exercises, walking to the shops, or things that are fun, such as dancing or playing bowls.

Why not contact your local leisure, community centre or Age UK Merton to see what they've got on, or if possible see if you can find an activity to do with friends or other people, such as walking and dancing. This is especially important if you are finding that you are spending a lot of time on your own.

If you haven't been very active, you should aim to minimise the amount of time spent sitting down for extended periods. You could do this by reducing the time you spend watching TV, taking regular walks around the garden or street, or swapping a bus or car journey for walking part of the way.

Your next aim should be to increase your activity so you build up to about 30 minutes activity on three to five occasions a week. Each activity should be sufficient to raise your heart rate and make you breathe faster and feel warmer.

Examples of the sorts of activity that improve or maintain health include:

- Brisk walking
- Ballroom dancing
- Climbing stairs
- Swimming

You should also aim to undertake activity to improve muscle strength on at least two days a week, such as:

- carrying or moving loads such as groceries
- gardening jobs such as pushing a lawn mower, digging, or collecting grass and leaves
- activities that involve stepping and jumping such as dancing
- chair-based exercises.

For further information on local organisations offering a large number of varied physical and social activities, please refer to our Local Services Guide (pages 27 to 45).

Read Age UK's free guide *Healthy living* for more information.

Call 0800 169 6565 or download it from www.ageuk.org.uk

Talk about your medicines



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You may be taking several different medicines, especially if you have a condition such as diabetes or asthma. It's important that your medicines and the doses are reviewed regularly.

Your GP, nurse or pharmacist will do this for you. They may recommend alternative medicines or lower doses, or sometimes suggest the medicine is stopped altogether.

Did you know that your pharmacist can help you with queries you might have about your medicines? They are experts on medicines, and often have extended opening hours and no appointment is necessary.

Don't simply stop taking a prescribed medicine if you are worried about side effects. If you think a medicine is causing side effects (perhaps dizziness, a fuzzy head, dry mouth, loss of appetite, nausea or constipation), get advice from your GP, practice nurse or pharmacist.

You should see your GP, nurse or pharmacist if you have not had your medicines reviewed for more than one year, or if you are concerned about the medicines you are taking.

Get your vaccinations



If you're 65 or over, get a free flu jab every year.

As we age, our immune system becomes less efficient at protecting us. A number of different vaccinations are available for older people. These are free on the NHS.

- Flu vaccination, commonly known as the flu jab, protects against influenza. Flu can be particularly serious in older people and cause complications such as pneumonia. It is free to people aged 65 and over and also to carers and younger adults with conditions that make them susceptible to complications if they have flu. So ask at your GP service if you think you could be eligible for an annual flu jab.
- People who are aged 65 and over should have a single pneumococcal vaccination which will protect you for life. This is a one-off jab that will protect you from pneumococcal infections caused by bacteria.
- You are eligible for the shingles vaccine if you are aged 70 or 78 years old. In addition, anyone who was eligible for immunisation in the previous three years of the programme but missed out on their shingles vaccination remains eligible until their 80th birthday. Talk to your GP practice for further information.

Preventing falls



Falls are a common concern as we get older, but they are not inevitable and there is much that can be done to reduce the chance of a fall, even if you have already had one.

The slowing-down process of later life affects our balance and makes our muscles weaker. This increases the risk of falling. But both balance and muscle strength will be improved simply by taking some of the actions already described in this guide.

Preventing falls

- Looking after your feet (see page 5)
- Staying active (see page 11)
- Looking after your eyes (see page 7)
- Getting your medicines reviewed (see page 13)
- Making your home safe (see page 9)
- Looking after your hearing (see page 16)

So each of these actions has a double benefit. All the more reason to consider them!

Dizzy spells or faints can be related to too much medication and should be discussed with your GP or pharmacist.

Read Age UK's free guide *Staying steady* for more information.

Call **0800 169 6565** or download them from www.ageuk.org.uk

Read SAGA's free guide *Get up and go*.

For more information download it from www.saga.co.uk

Get your hearing tested



Losing your hearing is a normal part of the ageing process, but because it happens gradually you may not notice any change.

You may realise that you need to have the TV on louder or find you can't always follow conversations, especially in a group.

Having trouble hearing can make it hard to understand and follow a doctor's advice, to respond to warnings, and to hear doorbells and alarms. This can sometimes be frustrating, embarrassing, and even dangerous.

NHS hearing tests are free and can be arranged through your GP.

It is important to identify hearing loss early as treatment is more likely to be effective when problems are diagnosed early. The problem may be as simple as earwax, which after removal can restore hearing.

To do a quick hearing check before seeing your GP, use the free hearing check provided by Action on Hearing Loss. It only takes five minutes and you can do it at home either by phone (0844 800 3838 (local rate), or online for free (www.actiononhearingloss.org.uk/hearingcheck). This check will indicate if you have hearing loss. If you have any concerns, speak to your GP.

You may wish to consider approaching other services, such as large pharmacies and opticians, who may also offer the service. In addition, Age UK is also able to accommodate requests.

Hearing aids are much more discreet than ever before and will enhance your hearing.

Keep warm and well



Keeping warm over the winter months can help to prevent colds, flu and serious health problems such as heart attacks, strokes, pneumonia and depression.

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- Heat your rooms to a minimum of 18°C (65°F). If you can't heat all the rooms you use, heat the living room during the day and the bedroom just before you go to sleep.
- Keep your bedroom window closed at night. Breathing in cold air is bad for your health and could put you at risk of a chest infection.
- Use a wheat bag or hot water bottle to keep warm.
- Make sure you are receiving any benefits you are entitled to. Your local Age UK Merton can provide advice and even help you to fill out forms.
- Hot meals and drinks help to keep you warm, so have regular hot drinks and eat at least one hot meal a day if possible. Eating regularly helps keep energy levels up during winter.
- Wear several light layers of clothes (rather than one chunky layer). Thermal underwear can be good as a base layer.

Read Age UK's free guides *Winter wrapped up* and *More money in your pocket* for more information.

Call **0800 169 6565** or download them from www.ageuk.org.uk

Get ready for winter

There are practical things that you can do to prepare for winter weather, which may bring cold, ice, snow and high winds. Remember that cold weather can start in October.

- Icy pavements and roads can be very slippery. Take extra care if you go out and wear boots or shoes with good grip on the soles. Rubber snow/ice grips that attach to outdoor shoes are very effective.
- Consider fitting a grab rail if you have steps at your front or back door. Age UK run an 'At Home' maintenance service (See page 28) and MASCOT offer a free handy man service for their customers (see page 38), for further details.
- Have your heating system serviced before winter arrives.
- Have some food supplies in a cupboard or freezer in case you can't go out for a few days.
- Ask your family, neighbours or friends if they could call or visit you more often if a period of cold weather stops you getting out and about.
- Keep simple cold, flu and sore throat remedies in the house.
- Speak to your friends, family or carer if you are feeling under the weather, down or need some practical help. They may be able to help you.
- Order repeat prescriptions in plenty of time, particularly if bad weather is forecast.
- Local pharmacists can help you manage long-term conditions and can offer advice if you have a bad cough, a cold or a sore throat. They have longer opening hours than GP practices, and most have a private consultation area. They'll also tell you if they think you should see a doctor.

Read Age UK's free guides *Winter wrapped up* and *Save energy, pay less* for more information.

Call **0800 169 6565** or download them from www.ageuk.org.uk

Eat well and drink plenty



Hot meals and drinks help to keep you warm, so eat at least one hot meal each day and have hot drinks during the day, especially during cold weather.

Wholesome soups make a warming snack. Include a good range of foods in your diet (for example wholegrain cereals, milk and cheese for calcium).

Aim for five portions of fruit and vegetables each day, so that you're getting plenty of nutrients and vitamins.

Remember that frozen vegetables are as good as fresh.

Having a glass of water within reach during the daytime will remind you to keep up your fluid intake. Having a hot drink before bed and keeping one in a flask by your bedside can be good ideas too.

It's important to eat enough, especially in winter. If you're worried about a poor appetite or losing weight, speak to your GP.

Read Age UK's free guide *Healthy eating* for more information.

Call 0800 169 6565 or download it from www.ageuk.org.uk

Bladder and bowel problems

People of all ages can experience bladder control problems – including over 2.5 million people over 60 – yet many people keep it a secret for years.



Bladder and bowel problems are not an inevitable part of ageing, or something you have to put up with. Start by talking to your GP. Symptoms such as frequency, urgency, not getting to the toilet quickly enough, or having to get up at night to pass urine are common so there's no need to feel embarrassed. Your doctor will assess your symptoms, identify the cause, and discuss what treatments or exercises may help. Or you could refer yourself directly to your local NHS continence service for an assessment, where a continence adviser can help you.

There are things you can try that may help improve your symptoms too.

- Drink normally, as cutting down on liquids will usually make urinary incontinence worse, not better.
- If you notice that tea, coffee and cola make your symptoms worse, cut down or try decaffeinated versions.
- Check whether any medicines you're taking could be affecting your bladder.

Urinary infections can be serious. Consult your GP or pharmacist if you think you have a urinary infection.

Symptoms include needing to urinate more often, pain when urinating, cloudy urine or blood in your urine, an unusually unpleasant smell, or back or groin pain.

Read Age UK's free guide *Bladder and bowel problems* for more information.

Call 0800 169 6565 or download it from www.ageuk.org.uk

Look after your mental health



Good mental wellbeing is important for all of us. Here are some things you can do to help or improve your mental wellbeing:

- **Begin a conversation** – Communication is key to wellbeing and we all respond to a friendly face
- **Invite friends for tea** – Make time for friends
- **Keep in touch by phone** – The next best thing to catching up in person
- **Learn to love computers** – Connect with others and browse the web
- **Get involved in local community activities** – Singing, walking, book clubs, bridge, bingo
- **Try do something every day** – Plan things to look forward to
- **Help others** – Volunteering can be a great way to stay involved and meet new people
- **Age UK's befriending services** – The service works by assigning each older person a befriender, who provides friendly conversation and companionship. Ask your local Age UK if they provide this service.

Depression

We all feel down from time to time, but if you are feeling low and out of sorts for longer periods of time, you may be suffering from depression.

Symptoms include:

- loss of confidence and feeling down
- feeling anxious or panicky
- not being able to enjoy the things you usually do
- unexplained aches and pains
- avoiding people, even those you're close to
- sleeping badly
- loss of appetite
- feeling bad or guilty, or dwelling on things from the past.

With the right help you stand a very good chance of getting better, whatever age you are and however long you've felt this way.

Depression is just as significant as a physical illness. You can speak confidentially to the NHS Service 'Think Action' and self-refer by calling: 0300 012 0012 to discuss your feelings. Think Action can also liaise with your GP on your behalf. Please see page 40 for more information on their services.

Bereavement

A common trigger for depression can be bereavement. People are affected by bereavement in many different ways. Remember that there is no right or wrong way to feel, and it can take time to adjust. However, if you feel things aren't improving for you, you might need help if:

- you neglect yourself or your family, for example you don't eat properly
- you feel you can't go on without the person you've lost
- the emotion is so intense it's affecting your life, for example you can't face getting out of bed or you're taking your anger out on someone else.

If you feel that you are not coping it is important that you talk to someone about it and share your feelings with someone that can help. For some the best way to cope is to discuss feelings with family or friends but if you don't feel this works for you then you can always contact local bereavement services through your GP.

For pre and post bereavement support and advice, please contact 'Compass' or the 'Raynes Park Bereavement Services' (see page 41 for further details).

Read Age UK's free guides *Healthy living* and *Bereavement* for more information. Call 0800 169 6565 or download it from www.ageuk.org.uk

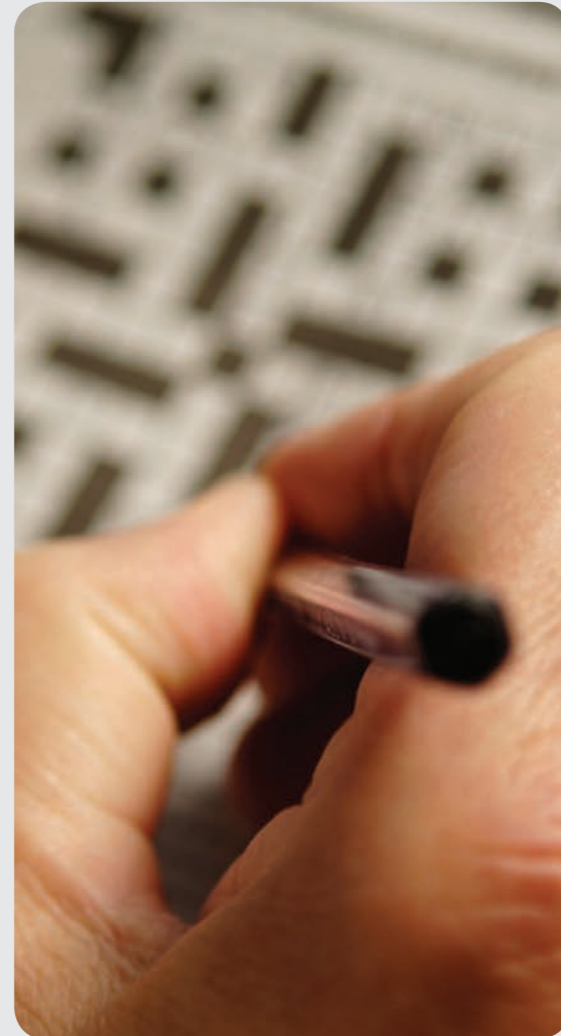
Looking after your brain

There's a lot we don't know about how to keep our brain healthy but we do know that what's good for our body is good for the brain.

There are some simple things we can do.

These include:

- eating a healthy diet
- maintaining a healthy weight
- exercising regularly
- not drinking too much alcohol
- Stopping smoking (if you smoke). You can contact 'One You Merton' (see page 27) for their smoking cessation service.
- making sure to keep your blood pressure at a healthy level
- getting enough sleep, including a day time nap if you need one
- keeping socially active with friends and family
- keeping your mind busy: learn new things; hobbies; volunteering; clubs; gardening; read books; attend plays; solve puzzles; learn a language



Memory loss can be annoying if it happens occasionally, but if it's affecting your daily life or is worrying you or someone you know, you should seek help from your GP or contact the Merton Dementia Hub on 020 8687 0922.

For more information on local clubs and groups offering a wide range of social and psychological activities please see our Local Services Guide (pages 27 – 45).

Caring and looking after yourself too



Lots of older people care for a family member or friend; this might be helping someone with eating, getting dressed or washed, or reminding them how to do day-to-day things. You may also be looking after the home or doing the shopping.

This is an important role which can be tough, and may affect your physical or mental health. Make sure you look after yourself. You should ask your local authority for a carers assessment to find out if you are entitled to any support, including time off from caring. Your GP or local carers group can support you too and help you get the information and support you need.

You can contact 'Carers Support Merton' on tel: 020 8646 7515, for more details see page 30.

To find support in your local area, visit www.carers.org
For further information and advice, visit www.carersuk.org
Read Age UK's free guide 'Advice for carers', call 0800 169 6565

Read Alzheimer's Society's Caring for the person with dementia handbook available from Merton Dementia Hub on 020 8687 0922.
For more information on the Hub's other services, see page 38.

Action plan



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Five things we recommend you do:

1. Check your walking speed.
2. Stay active or become more active.
3. Socialise regularly, spend time with other people and have regular chats.
4. Keep on top of your health (get your eyes and ears tested, have your vaccinations and get your medicines reviewed).
5. Look after yourself (keep your home warm, eat well and don't put off asking for help).

Five things I am going to do:

1.

2.

3.

4.

5.

Local Services Guide

The following is a selection of key local services that you may find useful, but is not intended to be an exhaustive guide. More information can be found at: <https://www.mvsc.co.uk/>

Practical Help, Advisory Services, Physical Activities and Psychological Support

Healthwatch Merton

Healthwatch helps Merton residents to get the best of out of their local services; firstly by providing information to help navigate the wide range of health, social care, voluntary and charitable services available within the borough (including finding advocacy services for patients who have a complaint). Secondly they collect feedback from patients and the public about real experiences of health and care services, and use their independent statutory position to help services make changes which will benefit their users both currently and in the future.

Tel: 020 8685 2282

Email: info@healthwatchmerton.co.uk

Website: <http://www.healthwatchmerton.co.uk>

One You Merton

One You Merton is here to give you friendly advice to a healthier you! They can support you to eat well, move more, drink less alcohol and stop smoking. Call our local health advisors for a friendly informal chat about the support available.

Tel: 020 8973 3545

Email: oneyou.merton@nhs.net

Website: <https://www.oneyoumerton.org/>

Age UK Merton

Based in Mitcham, Age UK Merton provides a range of services to support older residents across the borough. Most services are available to all aged 50 and over.

Services include but are not limited to:

- Activities, Social Club & Lunch – keep active, learn new skills and meet up with friends - catering to all interests and abilities
- At Home with Age UK Merton – domestic support, shopping and respite for carers to help you stay independent
- Befriending
- Handy person service
- At Home service which offers a range of maintenance and domestic support services to enable you to stay independent and maintain your home.
- Happy & Active - for over 75s living with long-term health conditions
- Information & Advice – covering benefits, housing, social care and local services
- Life After Stroke – rehabilitation for Stroke survivors & groups for carers
- Solemates professional podiatry (foot) service

Tel: 020 8648 5792

Email: info@ageukmerton.org.uk

Website: <http://www.ageukmerton.org.uk/>

The Wimbledon Guild

Wimbledon Guild aims to improve the wellbeing of people who live, work or study in Merton by providing a mix of personal support, activities, social opportunities and practical assistance. Here are just some of the ways in which they can help:

- Practical help and advice, for example on living safely in your home, transport options and form filling
- Social clubs, classes, talks and trips, ideally suited for complete beginners upwards
- Individual counselling; group, family and couples therapy; and emotional support groups
- Help with checking benefits entitlement
- Community café serving nutritious, home-cooked meals, and cakes
- Befriending for people who are housebound or living alone with a long-term health condition
- Bereavement support, (Compass service, page 41) for more information
- Small grants to help Merton residents buy items they need but cannot afford, often when they have exhausted all other avenues of help.
- Hairdressing
- Professional chiropody service

Tel: 020 8946 0735

Email: info@wimbledonguild.co.uk

Website: wimbledonguild.co.uk

Carers Support Merton (CSM)

Carers Support Merton is a friendly and accessible one-stop-shop for unpaid carers in Merton. CSM's Young Carers Service supports children and young people under age 18, who are looking after someone in their family. The Adult Carers Service delivers a Carers Support Hub that provides comprehensive, holistic support to adult carers and their families including:

- Information, support and advice about all aspects of being a carer including: rights, benefits, financial & legal entitlements, housing & employment
- Carers Assessments and Support Plans with eligible access to Carers Discretionary Grant and Carers' Personal Budget, community resources and services
- Training and workshops to provide help on how to navigate Health & Social Care systems
- Social events and peer networks, newsletters, email bulletins, carers packs
- Support to maintain or improve physical and emotional health and wellbeing
- CSM Counselling Service, tailored support for older carers and a telephone Support Service also.
- Specialist support and cafes for mental health carers as well as New to Caring Groups and Information Days
- Future planning and risk/crisis management strategies
- Life After Caring support
- Opportunities to shape and design carers' services, as well as feedback on service experience

Tel: 0208 646 7515

Email: info@csmerton.org

Website: <http://www.csmerton.org/>

Merton Vision

Merton Vision aims to support and empower people with a visual impairment, from their diagnosis of permanent sight loss through the entire rehabilitative process. Merton Vision provides a range of services such as:

- Life long learning and social activities.
- A resource centre where people can try out all the current tools and adaptations to assist with daily living.
- A rehabilitation service in partnership with Merton social services which promotes independence, choice and support for integration into the community.
- Tailored information in person or via audio newsletter on courses, agencies and schemes relevant to an individual's circumstances, including financial benefits and entitlements
- Recruitment, training and support of volunteers who can then work in any number of different services, including home visits, social clubs, office help, driving, and social activities

Tel: 020 8540 5446

Email: info@mertonvision.org.uk

Website: <http://www.mertonvision.org.uk/>

Merton Centre for Independent Living (CIL)

Merton CIL is a rapidly growing user led organisation for Deaf and Disabled people living in Merton. They provide Advice and Advocacy Support, Disability Hate Crime Prevention and Volunteering Opportunities. They also run a number of inclusive events and hold a monthly meeting, that is open to anyone.

Merton CIL provides Advocacy and Advice support in the following areas:

- Benefits: Applications, Assessments and Tribunals
- Housing
- Community Care and Independent Living
- Debt and Low Income
- Hate Crime: If you have experienced abuse, bullying or harassment because of who you are, then they can help.
- Health

Merton CIL can provide home visits to those that are less mobile.

You are also able to sign up to Merton CIL as a member to receive free monthly online updates , quarterly newsletter, become involved in community action groups, debate issues and participate in events.

Tel: 0203 397 3119

SMS: 0744 936 2233

Email: info@mertoncil.org.uk

Website: <http://www.mertoncil.org.uk/>

Merton & Morden Guild of Social Services

The Guild is a charitable organisation which offers activities to older people in the community to help them socialise, make friends, keep active, learn new things and have fun. Organised events include:

- Market days, coffee morning and lunches
- Card games (playing and learning)
- Exercise classes ranging from seated/chair assisted to dynamic classes with movement between the classes as appropriate
- Tap, line dancing and zumba
- Foot treatment clinic
- Massage therapy clinic

If you would like more information on the full range of services offered, please contact the Merton and Morden Guild directly for a copy of our yearly handbook where each activity is listed.

Tel: 020 8640 1640

Email: mandmguild@aol.com

Website: <http://mandmguild.wixsite.com/mandmguild>

Merton Council's Walk4Life Group

Walk4Life encourages and supports residents to walk more as it is beneficial for health and wellbeing. Our walks are free, suitable for all ages and abilities and suit both beginner and intermediate levels. The walks last for around 50 minutes to an hour and you walk at your own pace for as long as you want, within the safety of a group with trained walk leaders. All walks are led from the YMCA's Wimbledon Centre. Walks take place Monday to Friday at a range of locations; Morden Hall Park, John Innes Park & Rec Ground, Wimbledon Common and Mitcham Common.

Tel: 020 8545 3206

Email: road.safety@merton.gov.uk

Website: <http://www2.merton.gov.uk/transport-streets/roads-highways-pavements/roadsafety/walk4life.htm>

Merton's University of the 3rd Age (U3A)

U3A coordinates a wide range of intellectual, linguistic, art and physical activities such as: history, philosophy, arts and crafts, cycling, gardening, opera, bridge and even golf buddies.

Tel: 020 8648 2522

Website: <https://u3a.org.uk/>

Merton Libraries

Libraries in the Borough host a range of activities for all ages and are a great place to access free computers and Wi-Fi with support available if you need to get online. Other activities include coffee mornings, local history talks and sessions on keeping safe. A Home Visits Library Service and an online service is available for customers who cannot make it to the library. The Merton Libraries website has access to thousands of e-books, which can be downloaded for free if you have a suitable device for them to work on.

Tel: 0333 370 4700

Email: library.enquiries@merton.gov.uk

Website: merton.gov.uk/libraries

Friends in St Helier (FiSH)

FiSH is a volunteer organisation which aims to support users with long term conditions in order to maintain their health and independence through targeted activities, such as chair based exercise and yoga. The group meets on a weekly basis at venues in Mitcham and Morden.

Tel: 020 8640 0829

Email: fish.morden@googlemail.com

Friends in Lower Morden (FiLM)

FiLM is a subsidiary of the FiSH group (above), this group is based at Lower Morden Baptist Church and also run by volunteers. FiLM provide social lunches, day trips, games evenings, keep fit exercise sessions and holiday breaks, amongst other activities.

Tel: 020 8640 0829

Email: fish.morden@googlemail.com

'Going for a song' over 55's Choir

A group run by Attic Theatre Company at Vestry Hall, Mitcham and St. Mark's Church Hall, Wimbledon. The Group is led by Musical Director Christopher Killerby each Wednesday at 1pm and 3pm. Singing workshops are an excellent way to exercise the vocal chords and body. The group works towards different performances, including Age UK's annual 'Celebrating Age Festival'.

Tel: 0208 640 6800

Website: <http://www.attictheatrecompany.com/going-for-a-song>

Commonside Community Development Trust

The Trust holds weekly subsidised lunch clubs for older people to forge new friendships, at the New Horizon Centre in Pollards Hill.

Tel: 020 8764 9582

Website: <http://www.commonside.net/contact/>

Senior Fitness at NE Mitcham Community Association (NEMCA)

Senior fitness sessions are held at Every Thursday from 2pm – 3pm with free pick up and drop off via Merton Community Transport

Tel: 0208 685 9452

Email: info@nemca.org.uk

Website: <http://www.nemca.org.uk/senior-fitness.html>

Get Up and Go Exercise for over 55s (South Mitcham Community Centre)

Classes for over 55s take place on Mondays and Fridays.

Tel: 020 8648 3740

Website: <http://www.southmitchamcommunity.org.uk/content/activities-0>

Bowls Clubs (Merton Park, Mitcham Park and Wimbledon Park)

The local bowls clubs are mixed sex, constantly looking for new members and welcome new arrivals. The clubs provide a great opportunity for exercise and socialising. The bowling clubs play in the spring and summer seasons from April to September. Start dates may vary, so please contact each individual club.

Wimbledon Club (mixed sex teams):

Barry Willingham - Tel: 020 8265 5475 / Mob: 077333 75532

Mitcham Bowls Club (mixed sex teams):

Pauline Bond (Captain) - Mob: 07931 000174

Merton Park Club (single sex teams)

Derek Cox (Club Secretary) - Tel: 020 8542 2174

Pat Roll (Ladies membership) - Tel: 020 8542 9309

Community Volunteering

MVSC (Merton Voluntary and Community Service)

MVSC is an organisation aimed at people who are looking to stay healthy and active by taking on some form of volunteering to give back to the community. They have a website full of current opportunities, health and social initiatives and even training opportunities (i.e. trusteeship). They can also be contacted by phone and they hold regular open recruitment days for anyone who wants more information face to face.

Tel: 020 8685 1771

Email: info@mvsc.co.uk

Website: <https://www.mvsc.co.uk/>

Specialist Community Services

Optician Home Visits

The Morden Eye Centre

You may be eligible for a home visit if you have a physical ailment or disability, that prevents you from visiting your local optician. The service also provides low vision tests in the home. Weekly visits are scheduled every Wednesday, subject to availability with emergency appointments available 48 hours in advance.

Tel: 020 8648 3503

Website: <http://www.nhs.uk/Services/opticians/Overview/DefaultView.aspx?id=20525>

The Domicillary Dental Practice

Merton and Sutton patients can access home based dental and hygienist services for those who are housebound. The service is available for those who are elderly and housebound or have long term conditions such as alzheimer's or dementia. The service also caters for those with physical disabilities or learning difficulties. Appointments are available on a weekly basis subject to demand.

Tel: 020 8640 9673

MASCOT telecare

Mascot provides a range of services on behalf of Merton to help people to safely remain in their home. The personal alarm service (*Care Line) is 24/7 and can be combined with fall detectors, smoke detectors, carbon monoxide, chair and bed sensors. Property exit sensors can also be fitted for those with dementia and alzhiemers. Mascot can also provide its customers with a free handy man service to assist with minor DIY tasks.

Tel: 020 8274 5940

Email: mascot@merton.gov.uk

Website: <http://mascot-telecare.org.uk/>

Merton Dementia and Alzheimer's Hub

Merton Dementia Hub is a welcoming facility which offers a wide range of social, mental and physical support services, for residents with dementia and/ or Alzheimer's. We provide services at the Hub and around the borough. The Hub also provides Carer Information & Support programmes for carers, family or friends as well as a Life After Diagnosis programme for people with dementia who have been recently diagnosed. Other services include:

- Specialist on site dementia advice and support, our workers also visit people with dementia and carers in their own homes
- Support groups for people with dementia who have been newly diagnosed and a support group for younger people with dementia
- A number of support groups for carers including an evening carers support group and a support group for carers, family or friends of those with early onset dementia
- Specialist cognitive stimulation groups run by the Dementia specialist Nurses
- Weekly hub dementia café and a range of practitioners in the health suite and a range of Saturday dementia cafés
- Weekly hub activity groups offering gardening, crafts, darts, etc.
- Weekly table tennis sessions, Singing for the Brain and dance therapy for people with dementia
- A relaxing outdoor space for quiet time, gardening and organized practical activities

Merton residents and their Carers are able to refer themselves to the service by contacting the Hub directly or dropping in:

Tel: 020 8687 0922

Email: merton@alzheimers.org.uk

Website: <http://merton-i.merton.gov.uk/kb5/merton/asch/service.page?id=14CdS3TRjPI>

Home Fire Safety Visits by the London Fire Brigade

Trained staff will visit you at home, at a time that suits you and carry out a risk assessment. They will give you advice based on your home and individual needs, this includes; information on how to prevent fires, the importance of smoke alarms to detect a fire and your escape plan in the event of a fire.

A visit can take up to 90 minutes or longer if needed and we will fit free smoke alarms if required.

Specialist alarms can be fitted for people who may have a delayed response to escape for example; strobe light and vibrating pad alarms for those who have a hearing impairment.

How to book a Home Fire Safety Visit:

Freephone: 0800 028 4428

Email: smokealarms@london-fire.gov.uk

Text /SMS: 07860 021 319

Although everyone is eligible for a free home fire safety visit, some people with health problems or lifestyle behaviours can have an increased chance of a fire happening. To help you we have listed some of these examples below:

Increased risk factors can include:

Anyone that smokes; overloaded electrical sockets or poor wiring; unsafe use of candles or naked flames; previous fires or near misses; cooking left unattended; hoarding of any kind or someone who lives alone.

They are less able to react because of:

Conditions such as dementia or learning difficulties; no smoke alarms are fitted or they don't work; alcohol dependency or drug misuse (prescribed or recreational); physical health issues including sensory impairments eg. hearing or sight.

They have a reduced ability to escape:

Mobility issues due to a physical disability; age-related problems or as a result of a long-term illness; escape routes are not kept clear or are blocked due to actions such as hoarding or conditions that affect decision making.

If you know anyone who has any combination of these risk factors, give them our details to arrange a free home fire safety visit or simply ask them if they would like you to book a visit for them.

Remember - This is not an exhaustive list, if you are unsure please contact us for extra advice.

Mental Health

Silver Line Telephone Support

The Silver Line is the only confidential and free telephone helpline for older people, open day and night, 365 days a year including Christmas and New Year. No question is too big or small and there's no need to be alone.

Tel: 0800 4708090

Think Action

Improving Access to Psychological Therapies (miAPT)

A mental health therapy service that provides a wide range of treatment for people who are experiencing mild to moderate conditions including depression anxiety, stress and low mood.

The free and confidential treatment programmes are available for any resident who is registered with a GP in the London Borough of Merton. People can either visit their GP to be referred or they can self-refer. The service provides a full-range of evidence based interventions and treatments including:

- Counselling
- Cognitive Behavioural Therapy
- Interpersonal Therapy (IPT)
- Eye-Movement De-sensitisation Reprocessing (EMDR)
- Group work

Tel: 0203 823 9063

Self-referrals Tel: 0300 012 0012

Enquiries: mertoniapt@addaction.org.uk; **Referrals:** MERCCG.miapt@nhs.net

Website: <https://www.thinkaction.org.uk/contact-us/thinkaction-merton-miapt/>

The online referral system is now active via the website

Compass bereavement support

The Compass service in collaboration with the Wimbledon Guild and the NHS can guide you through bereavement. Compass offers a one-to-one service that can help you with advice, information and support pre and post bereavement. Compass provides face to face support, talking therapy, information and resources, as well as telephone and online support.

Tel: 020 8946 0735

Website: <http://www.compassbereavement.org.uk/>

Raynes Park Bereavement Service

The Raynes Park Bereavement Service provides free and confidential one to one support to people who have had a bereavement, recently or in the past. It's provided by volunteers who have been vetted, trained and are supported by professional counsellors, primarily for people living in the Raynes Park area, but it is open to requests from elsewhere.

The service is managed by Christ Church, Raynes Park, and is open to people of all faiths and none. Members are able to meet you in person at the Lambton Road Medical Practice, as often as needed. If someone is housebound they can also arrange to see them in their own home.

Tel: 07914 263420

Email: raynesparkbereavement@gmail.com

Website: <https://www.mvsc.co.uk/news/raynes-park-bereavement-service>

Minority Support Groups

Merton Ethnic Minority Centre

A voluntary organisation which provides advice and information for Black, Asian and Ethnic Minority (BAME) Centre on health, mental health and welfare, with an ever-changing program of activities and services for older people; currently includes yoga, dance and creative maths for active brains.

Tel: 020 8648 0084

Email: ethnicminority@btconnect.com

Merton Lesbian, Gay, Bi-sexual and Transgender (LGBT) Forum

The Forum aims to build a platform for LGBT people in Merton with the local authorities and other governing bodies and agencies on matters of interest or concern to them. It also runs social events and activities to forge new relationships, with their Sunday Brunch club proving particularly popular with all age ranges.

Tel: 07546 345392

(calls will be returned at a convenient time, as number is not continually manned)

Email: info@mertonlgbtforum.org.uk

Polish Family Association

The Association provides advice and support in the fields of hate crime, domestic violence, health and well-being, education, as well as social and economic deprivation. They offer a full range of services with the overall aim of preventing the worsening of members circumstances and to enable self-sufficiency. Extensive interpreting and translation services are also available for a wide range of stakeholders (i.e. hospitals, schools and the police) and as advocacy representation when needed. The Association also provides advice and support with respect to hate crimes and domestic violence.

Tel: 07917 401064

Email: info@polishfamily.co.uk

Website: <http://www.polishfamily.co.uk>

Asian Elderly Group of Merton

The group offers an advisory service to residents of 55 years and over in areas such as:

- Welfare, housing, finance, benefits, health/ exercise, talks, outings, events
- Cross cultural counselling service drop in sessions (for which transport can be pre-arranged) at Merton Hall, and also hold activities in the day care centre in Taylor Road, Mitcham.
- Staff and volunteers speak Urdu, Gujarati, Punjabi, Hindi and Tamil

Sayed Hussein - Tel: 020 8944 9545 / Mob: 07734110739

Positive Network

An inter-generational and multi-cultural group which organises recreation or other leisure time activities for individuals who have need of them due to their youth, age, infirmity or disability, financial hardship or social circumstances with the objective of improving wellbeing.

Tel: 0207 998 1005 / Mobile: 07508 505097

Email: hello@postivenetwork.co.uk

Website: <http://www.positive-network.co.uk/>

African Educational Cultural Health Organisation Group (AECHO)

AECHO is a volunteer- led charity for the black and minority ethnic (BAME) community. Services include; advice, support, counselling, mentoring, training workshops in basic skills and advocacy with statutory services, housing & health care agencies. The service also offers information on health, heritage, citizenship, diversity, health and safety, social enterprise, and financial management.

- Monthly Tuesday morning drop in session to 'listen' to concerns of older residents.
- Signposting appropriate local health services especially in the areas which affect older BAME residents e.g. Diabetes, Hypertension, Dementia.
- Counselling for older residents who experience language and culture barriers, as well as social isolation.
- Mediation between the older and younger generations within the BAME communities on issues of traditional values and codes of behaviour which can lead to isolation and mental health breakdown among older people.

Tel: 020 8648 5405

Email: info@aecho.org.uk

The South London Tamil Welfare Group

One of the aims of this organisation is to provide support services for healthy lifestyle and overall wellbeing for older people in the Tamil community, with the purpose of improving quality of life. This service provides biweekly drop in sessions for Merton residents on Wednesdays and Saturdays, with opportunities to:

- Socialise (reducing isolation and promoting mental wellbeing), and partake in workshops,
- Improve conversational English and other forms of training and discussion to support integration.
- Helping residents to access advice on welfare benefits, healthcare and other statutory services.

Tel: 020 8542 3285

Email: admin@sltwg.org.uk

Web: <http://www.sltwg.org.uk/contact-us/>

Merton Goan Senior Citizens Association

A befriending service for the elderly Goan community that hosts lunches, exercises, visits to the theatre, historical places of interest and public gardens. Meetings are conducted once a week at South Wimbledon Community Association, 74 Haydons Rd. SW19 1HL.

Tel: 020 8715 4763 (Joyce Vaz, General Secretary) or

Tel: 020 8946 3635 (Anne Remedios)

Committee:

Date:

Wards:

Subject:

Lead officer:

Lead member:

Contact officer:

Recommendations:

1.

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1.

2 DETAILS

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3 ALTERNATIVE OPTIONS

3.1.

4 CONSULTATION UNDERTAKEN OR PROPOSED

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6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

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8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

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9 CRIME AND DISORDER IMPLICATIONS

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10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1.

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

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12 BACKGROUND PAPERS

12.1.

Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 13 March 2018

Wards: All Wards

Subject:

Lead officer: Kris Witherington, Consultation and Community Engagement Manager

Lead member: Councillor Tobin Byers, Cabinet Member for Adult Social Care and Health

Contact officer: Kris Witherington, Consultation and Community Engagement Manager

Recommendations:

- A. That members note the progress made to date by Healthwatch Merton
 - B. That members comment on the plans for future procurement of Healthwatch in Merton
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. This report is to update members on the work of Healthwatch Merton and set out plans for continuing to procure and support the service.

2 DETAILS

Background

- 2.1. The Health and Social Care Act 2012 included a requirement on local authorities to establish a local Healthwatch in their area. This duty replaced the duty to establish a Local Involvement Network (LINK) from 1 April 2013.
- 2.2. Merton Voluntary Service Council (MVSC) was awarded the contract to deliver Healthwatch Merton in March 2013 following a competitive tender process. A two-year contract was agreed with options to extend for an additional two years if agreed by both parties. These options were taken up extending the contract to March 2017.
- 2.3. In February 2017 Merton Council agreed a further year's extension based on the same terms as the original contract. This was to allow addition time to explore long term procurement options for the service.
- 2.4. Healthwatch is the consumer champion for health and social care in Merton. Its remit includes:
 - Gathering the views and experiences of local people on the way services are delivered and has the power to enter and view adult health and social care services to see how they are delivering
 - Influencing the way services are designed and delivered based on evidence gained from patients and users
 - Providing information and advice about local health and social care services to residents

- 2.5. Healthwatch Merton carries out both ongoing work and short term specific projects. Appendix 1 provides a comprehensive evaluation of the impact of the work completed by Healthwatch Merton to date.

Highlights of Healthwatch Merton activity

- 2.6. Since 2013:

- 3509 people have spoken to Healthwatch Merton on a variety of Health and Social Care issues.
- 116 outreach visits with various community forums, groups and voluntary organisations.

Highlight of pieces of influential work:

2014: Strategies for improving GP services in Merton (Research report) – 209 local people directly fed into this research which has continued to influence MCCG. In particular, as reported to Health and Wellbeing board in March 2017 MCCG paper update on Primary Care Strategy whereby HWM research has been used to inform both the design of MCCG care pathways into their new primary care access hubs and also the quality initiatives that MCCG are working on in 2017 to improve patient experience of access.

2014/15: LGBT engagement workshop to gather and promote the voice of this seldom heard group. Recommendations from this made to Merton council which included the reformation and financial support for a Merton LGBT forum that has now been running since 2015.

2015: Healthy Highstreets - In partnership with Public Health as part of an ongoing consultation to help shape the Councils licensing policy statement in a part of east Merton, Healthwatch Merton gathered people's views of the kind of high street/town centre local people would like to have in their community as well finding out if people feel there are too many betting shops, places to buy alcohol and fast food outlets in the Mitcham area. This directly influenced the Licensing policy statement.

2016/17: Adult Social Care (ASC) Consultation on Savings to Services 2016-17. Between 23 October 2015 and 7 December 2015 Merton Council ran a consultation exercise about how, and from where, they aim to achieve the 2016/17 proposed cuts of £5.06 million to be implemented in 2016-17. We ran six focus groups for those most affected by the proposals and spoke with a total of 72 people who attended them to get their views. The report got both local and national attention.

2017: Enter and view - Mental Health – Authorised Representatives carried out E&V visit to the Jupiter Ward at Springfield University Hospital in Dec 2015. Raised recommendations with agreed action plan to support improvements based on patients' experience of ward. Follow-up E&V visit held in Jan 2017 to review patient experience since implementation of action plan and revise where appropriate to support further improvements.

2017: Community Navigator pilot - the Community Navigation Service is based at the Nelson Health Centre and works across the Nelson GP

Practice and Holistic Assessment and Rapid Investigation (HARI) team. The Community Navigator role is a pilot project funded by Merton Clinical Commissioning Group and is managed by Healthwatch Merton. Following a successful evaluation of the pilot Merton CCG has committed to continue supporting the Community Navigation Service.

Online:

- 16,484 unique users to HWM website with over 50,000-page views.
- 1,171 Twitter followers.
- over 2000 people signed up to receive quarterly e-newsletter and it has been shared over 28,000 times.

All reports for this work are available to view or download on the HWM website. <http://www.healthwatchmerton.co.uk/>

Future arrangements for Healthwatch in Merton

- 2.7. At Cabinet on 3 July 2017 members agreed to a new approach to the Strategic Grants programme, based on a commissioning approach with specifications drawn up in consultation with the voluntary sector and partners. This covers information, advice and voluntary sector support services, areas closely related to Healthwatch.
- 2.8. The new approach to Strategic Grants will be developed over 18 months with the existing arrangements extended for 2018/19. For Healthwatch to be included as part of this approach an additional extension to the current contract for 2018/19 would need to be agreed.
- 2.9. The timetable for this process was set out in the report to Cabinet:

Action	Timetable
Review existing departmental grants spend on advice information and voluntary sector support	Summer 2017
Start process for new commissioning specifications	Autumn 2017
Finalise one year grant agreements for 2018/19	Feb/March 2018
Consult on proposed specifications	Summer 2018
Seek grant applications	Autumn 2018
Appoint new Strategic Partners 2018/21	Winter 2018
Finalise Grant Agreements	Early 2019
New Strategic Partner Programme commences	April 2019

- 2.10. Adopting a commissioned grants model enables the council to ensure that the work of funded organisations is aligned to its corporate priorities and that there is greater transparency in what is being funded. This model also allows the commissioner to develop a strong set of performance measures to ensure delivery meets the objectives set out in the commissioning brief.
- 2.11. The procurement process should also be more streamlined and consistent, reducing overheads for both the Council and potential delivery partners.
- 2.12. This approach also means the Council can work with stakeholders to develop the specifications setting out the outcomes required and what will and will not be funded. Once awarded, the contract will then be subject to

more consistent monitoring of performance than it has been to date as a stand-alone project.

- 2.13. In consultations with the Voluntary Sector this approach for the Strategic Grants programme was broadly welcomed. The launch event on 30 November 2017 was well received and from that event a new Collaborative Working Group was formed. This met for the first time on 19 February 2018 and has begun the work on co-producing new specifications.

3 ALTERNATIVE OPTIONS

- 3.1. There are broadly three procurement options available to the council. These are recommissioning the service as a stand-alone contract; recommission the service in partnership with other boroughs; or recommission the service as part of a wider commissioning process.
- 3.2. Commissioning the service as stand-alone project would be in effect a repeat of the commissioning process from 2013. This would involve creating a specification, inviting the market to submit tenders and then appointing a provider based on an assessment of those tenders. There is evidence from other London boroughs that there is a limited market for the Healthwatch contract, particular in those areas where funding has been reduced or where there is a strong incumbent provider. In the last year Ealing, Sutton and Kingston received only two bids to their invitation to tender.
- 3.3. Commissioning jointly with other councils was explored with neighbouring boroughs including LB Sutton, LB Wandsworth and LB Richmond. Aside from logistical issues in the timing of different procurement projects there were a number of other potential issues. Part of the rationale for a joint commissioning approach is to reduce overheads through economies of scale, both for the commissioning councils and for the provider. However, Wandsworth and Richmond are not proposing to consolidate the existing Healthwatch structures, as a result the Healthwatch in each area will continue based on the current, very different, models with differing levels of funding from the authorities. In order to maintain the existing model of working in Merton it would difficult to realise any significant benefits from a joint procurement process.

4 CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1. The procurement options were considered by the One Merton Meeting, part of the Health and Wellbeing Board and outline discussions have taken place with MVSC. Further consultation with the Voluntary Sector and other Healthwatch stakeholder will take place through the Strategic Partner Funding programme.

5 TIMETABLE

- 5.1. The timetable for the Strategic Partner Funding is set out in 2.9.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 6.1. The contract for Healthwatch Merton is for £125,068 in 2017/18. This is met predominately from Corporate Services budget (£100,000) with the remainder met from the Department of Health Local Reform and Community Voices grant.

- 6.2. Local Reform and Community Voices grant has consistently increased with inflation since 2013 but no announcement on funding allocations beyond April 2018 has yet been made.
- 6.3. Funding to Healthwatch Merton has remained at the same level since 2014/15 with no inflationary increase. In 2012 the Department of Health (DoH) recommended indicative allocations for additional local Healthwatch funding in 2013/14 due to the increase in responsibilities compared to the previous Local Involvement Networks (LINK). For Merton the DoH calculated an additional allocation of £51,889 over and above the funding for the previous LINK organisation. Through the procurement process conducted in 2012/13 the agreed contract with MVSC increased funding for Healthwatch by £25,000 relative to LINK

7 LEGAL AND STATUTORY IMPLICATIONS

- 7.1. Merton Council has a legal duty set out in the Health and Social Care Act 2012 to commission a local Healthwatch organisation that is independent of the Council and the NHS

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 8.1. A core function of Healthwatch will be to represent patient, service user and public voices in health and social care services. Ensuring that all communities are engaged in this process will be a critical success factor that will need to be measured meaningfully

9 CRIME AND DISORDER IMPLICATIONS

- 9.1. There are no crime and disorder implications

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 10.1. Healthwatch has a key role in identifying issues with health and social care services and making recommendations to Healthwatch England and the Care Quality Commission to carry out special reviews or investigations into areas of concern. Ensuring that that is a robust process for challenging poor performance will reduce the risk to patients and service users

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

- Appendix 1 Healthwatch Merton Influence and Impact 2013-2017

12 BACKGROUND PAPERS

- 12.1. None

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DRAFT

This report is currently still being drafted, edited and developed. It is only to be viewed in its current state for the purpose to highlight work to scrutiny.

Final version will be officially launched in May 2018

DRAFT

Influence & Impact Healthwatch Merton 2013 - 2018

HEALTHWATCH MERTON INFLUENCE & IMPACT 2013-2018

About Healthwatch Merton

Healthwatch Merton is an independent organisation that exists to ensure local people of all ages, including children, young people, adults and older people, get the most out of their health and social care services whether they use them now or might need to in the future.

The work of Healthwatch Merton covers physical and mental health, social care and every kind of care service including hospitals, dentists, opticians, pharmacies, care homes, GPs, community health services and more.

Healthwatch Merton promotes and supports active involvement and participation of local people/service users in the borough of Merton in health and (social) care services. It does this by giving local people the opportunity to share and provide feedback about their views, concerns and experiences of their local health and social care services and the way in which they are designed and delivered, and uses the evidence gathered from them to make known to those involved in the commissioning, monitoring, provision and scrutiny of health and social care services. This is so that they can influence the way in which local services are designed and delivered and help to shape and improve services for the future to better meet their needs but also to encourage everyone to work together.

Healthwatch Merton has additional responsibilities which include:

- Providing information and advice to the public about health and social care services that they can access and choice in relation to aspects of those services; and also signposting to local health and wellbeing services which Merton residents and their carers can use.
- Making the views and experiences of local people known to Healthwatch England to help the national Healthwatch organisation to carry out its role, and also make recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern.
- Writing reports based on areas of health and social care using evidence gained from local people and makes recommendations about how these services could or should be improved.
- Representing the voice of local communities at the Merton Health and Wellbeing Board.

Since its launch on 17th July 2013, Healthwatch Merton has worked hard to position itself to best influence changes to local services for the benefit of local people. The impact of Healthwatch Merton is increasing and the benefits of listening to people who use local health and social care services is better understood.

This report showcases the influence and impact of Healthwatch Merton from/based on key activities undertaken from 2013 to present (2018) to support, promote and encourage local people to have a stronger voice in the policy, planning, commissioning and delivery of health and social care in Merton.

WORK PLAN

Every year Healthwatch Merton puts in an agreed work plan that sets out what we are going to do/focus on through research and feedback gathered from local people and others in the borough to ensure our work is clear, targeted and focused. Their workplan is based upon:


- Statutory activities we are required to undertake according to the Health and Social Care Act 2012. Local Healthwatch organisations; Activities relating to local care services; (Section 182).
- Feedback and patient stories received from residents of Merton alongside data and insight received through the external delivery of Independent Health Complaints Advocacy service.
- Local priorities which are set by the population of Wolverhampton to inform research projects. Healthwatch Merton conducts an annual priority setting engagement day and conducts a priorities survey to inform the decision on what areas to focus our projects on.
- Research into current priorities and strategies across Merton, including the Health & Wellbeing Board Strategy, Public Health Merton, Merton Clinical Commissioning Group and the Joint Strategic Needs Assessment.
- National strategies and priorities established by Healthwatch England, the Care Quality Commission and other local Healthwatch organisations.

Healthwatch Merton makes every effort to ensure that workplan priorities are set according to the needs of local residents of the borough of Merton.

GOVERNANCE & GOVERNANCE STRUCTURE

A significant/important part of the success of Healthwatch Merton to date is down to its good governance structure and operational arrangements.

Healthwatch Merton Operational Committee



Healthwatch Merton is governed by the Healthwatch Merton Operational Committee (HWMOC) which is a sub-committee in the Merton Voluntary Service Council (MVSC) arrangements. It involves a team of volunteer representatives from Merton's voluntary, community and faith organisations and representatives of Merton, and the MVSC CEO who sits on the committee without voting rights, which lead the strategic development of Healthwatch Merton and oversee its operations, taking delegated responsibility on behalf of the MVSC Board of Trustees for ensuring effective strategic development and operating under an evidence-based decision-making approach to promote good governance, focusing on, and overseeing performance and continuous improvement to drive excellence and impact.

Since its inception, the HWMOC has had a significant role in the influence and impact of Healthwatch Merton by:

- Enabling Healthwatch Merton to involve more local people in the running of the organisation and make their proceeding more transparent and accountable.
- Overseeing and influencing the development and establishment of Healthwatch Merton to ensure that local people have a voice in shaping and improving health and social care services, and encouraging members of the public, patients, carers and service users alike to work in partnership with Healthwatch to achieve the best quality of care and more choice in the borough.
- Acting as champions for Healthwatch Merton, liaising with key stakeholders where appropriate and representing Healthwatch Merton where appropriate and within their capacity to do so.
- Considering and making recommendations on all matters relating to Healthwatch Merton and concerning the function of Healthwatch Merton in relation to influence, engagement, volunteering and information.

Healthwatch Merton Chair

The HWMOC is independently chaired by the Chair of Healthwatch Merton who leads and works with the operational committee and Healthwatch Merton staff in setting the strategic plan and direction of Healthwatch Merton in line with the local authority, Department of Health and Healthwatch England requirements and agreed objectives. The Chair brings extensive skills and experience of public and voluntary sector finance and management and specific experience of Healthwatch and makes an impact through good governance and effective strategic development and planning.

Healthwatch Merton Staff Team

Within the governance structure is the Healthwatch Merton staff team. The small but thriving team comprises of highly skilled professionals including the Healthwatch Merton Manager, Healthwatch Merton Project Officer and Marketing and Communications Officer. The team work hard collaboratively, supporting each other and using their specialisms to grow and

develop the capacity and effectiveness of Healthwatch Merton (as a voice for service users, working with its voluntary sector partners), from its early years to become an even more influential force locally five years on which ensures that the views and experiences of local people are communicated to the major health and social care providers and are taken into account in the shaping of current and future service provision. Within clearly defined roles, they have individually contributed to the influence and impact of Healthwatch Merton.

Healthwatch Merton Manager

Healthwatch Merton's Manager oversees the development and establishment of Healthwatch Merton to ensure and encourage members of the public, patients, carers and service users alike are involved in/participate in shaping and improving health and social care services, and encourage them to work in partnership with Healthwatch Merton to achieve the best quality of care and services, and more choice in the borough.

Healthwatch Merton Project Officer

The Healthwatch Merton Manager is supported by the Healthwatch Merton Project Officer who takes independent responsibility for developing and leading on a number of Healthwatch projects and uses the intelligence gathered from work with the public and patients, partner organisations and other stakeholders through research, feedback and community engagement to draft written and verbal reports and briefings to bring the voice and influence of local people to influence health and social care services and impact on changes and improvements to care and services.

Information and Outreach Officer

Healthwatch Merton's Information and Outreach Officer is very active in the local community and does great work to develop, coordinate and develop successful outreach and engagement with local groups and people including voluntary organisations, patients, service users and the public, through organising a number of outreach activities and participation at community events throughout Merton to promote Healthwatch Merton and gather local people's views and experiences of health and social care services in the borough. The feedback gathered from this work is communicated to service providers and commissioners which has helped them to develop health and social care services that meet the needs of the people. Additional responsibilities include working with, and supporting Healthwatch volunteers as well as contributing to the wider operational team.

Marketing and Communications Officer

Our Marketing and Communications Officer delivers a range of communications and marketing support to the team to facilitate and promote the work of the organisation and ensure effective and wide distribution /dissemination and support of Healthwatch Merton's public events. This includes creating content for the Healthwatch Merton website, producing printed and electronic communications (including via social media), writing copy for articles, direct mailings and networking. This work has greatly raised awareness of Healthwatch Merton within the local voluntary, public and private sectors and the wider community.

Volunteers



Aside from/in addition to volunteer Trustees and Operational Committee members, incorporated within the governance structure are a small team of volunteers who are line managed by Healthwatch Merton staff (but mostly by our Information and Outreach Officer). They are involved in Healthwatch Merton's operational functions within defined roles and have played a vital role in influencing and impacting the organisation's

work by developing and adding value to Healthwatch Merton, making the organisation known in local communities, building connections and ensuring the organisation's (continued) success.

DRAFT

Aug 2013 – March 2017

3509 people have spoken to us on a variety of Health and Social Care issues



We have carried out **112** outreach visits with various community forums, groups and voluntary organisations.

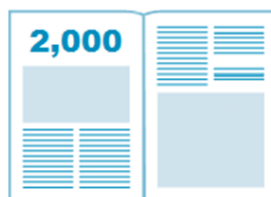


 **1,167**

 **85**

We have attracted **1,167** Twitter and **85** Facebook followers.

We have just over **2000** people signed up to receive our quarterly e-newsletter and it has been shared over **28,000** times



Our volunteers help us with everything from research to Enter & View visits.



Our reports have tackled issues ranging from high street licensing to changes in Adult Social Care and the attached demonstrates all our impact and influence



CONSULTATIONS

Healthwatch Merton participates in local regulatory processes such as local authority public consultations where the public's input on matters affecting them is sought prior to deciding a planning application, to involve local people in the policy making process. The two main consultations in Merton where Healthwatch Merton has had significant influence and impact are the Healthy High Streets Consultation and the Adult Social Care Consultation.

Healthy High Streets Consultation

In 2015, Healthwatch Merton worked in partnership with Public Health Merton, London Borough of Merton as part of a public health consultation which ran from ? to ? to help shape the Council's licensing policy statement in the east of Merton about how it can use its powers to shape the provision of alcohol, entertainment and late night refreshments in the Mitcham area. Healthwatch Merton visited high streets in Mitcham Town Centre to find out what the public (local people and passers-by) thought about their local high street and their thoughts on how they think the local area could be improved. The influence and impact of their participation and of involvement local people in the consultation process/this work can be found on page?

Adult Social Care (ASC) Consultation on Cuts to Services 2016-17

In 2015, Healthwatch Merton was greatly involvement in Merton Council's Adults Social Care (ASC) Consultation, which ran from 23rd October 2015 until 7th December 2015, about how, and from where, they aim to achieve proposed savings of £5.06 million for the period 2016/2017) in adult social care (and services). Cuts to services included meals-on-wheels, the South Thames Crossroads Service, which provides support and respite to carers and the Imagine Independence charity which works with vulnerable adults suffering mental health difficulties. Local stakeholders including Healthwatch Merton, MVSC and Merton Centre for Independent Living (MCIL) were invited to respond in full to the consultation process. To engage in the consultation, Healthwatch Merton ran X focus groups, supported by MCIL around the borough, including hosting a group at MCIL Regular Thursday Members Group, to engage with adult social care service users from 6 adult social care user groups (learning disabilities, mental health service users, physical disabilities, sensory impairments, family carers and older people) who will be affected, about the potential impact of proposed cuts to services on their lives. Healthwatch Merton prepared a written report titled '*The Voice of Those Affected*' which details/about the concerns of adult social care users, using evidence gained from 72 people who participated in the forums, which influenced some positive changes to the proposed cuts. More detailed information about the influence and impact of Healthwatch Merton in this consultation (process) can be found on page ?

Partnership working with Public Health Merton, Merton Borough Council to improve a local town centre in the east of Merton

2015

MERTON HEALTHY HIGH STREETS CONSULTATION

MITCHAM, EAST MERTON

What was the priority?

In July 2015, Merton Borough Council carried out a wider consultation with residents and local business owners to invite/encourage them to have their say on a revised draft statement of licencing policy that could lead to shops and other businesses seeking licenses to sell alcohol in Mitcham, having their applications rejected. The proposed licensing policy includes a Cumulative Impact Zone (CIZ) for/in Mitcham which would apply to 10 roads covering Mitcham Town Centre and the main roads leading in and out of Mitcham. As Merton currently has two CIZ in Merton for Wimbledon Town Centre and Wimbledon Village, the council wanted to find out from residents if they think that a CIZ in the Mitcham area would be of benefit.

The Council want to find out from residents and businesses if they think a CIZ covering Mitcham Town Centre and main roads leading in and out of Mitcham would be of benefit. The borough currently has two CIZs in Merton for Wimbledon Town Centre and Wimbledon Village.

What did Healthwatch Merton do?

In September 2015, Healthwatch Merton worked in partnership with Public Health Merton, Merton Borough Council to conduct engagement with local people to gather their views about the Mitcham high street and town centre area to support the consultation; help shape the Council's licensing statement in Mitcham about how it can use its powers to determine the provision and manage the availability of alcohol, entertainment and late night refreshments and set standards for the responsible management of premises and also to inform the decision both on the implementation and a new CIZ in Mitcham Town Centre and the area of the zone.

Healthwatch Merton used two main methods to gather people's views on the area of the proposed CIZ in Mitcham:

- 1) An online survey using questions provided by Public Health Merton - The survey was circulated to hundreds (number?) of organisations through the MVSC website, promoted on the Healthwatch Merton website and social media and sent to targeted audiences including local GP practices, local councillors and the Mitcham Town Centre police team.
- 2) Hosting two 'pop up' cafes over two days in Mitcham Town Centre - The Healthwatch Merton outreach team and Event Volunteers took to the streets of Merton to engage with local residents and visitors to the area to gather their views about the local area such as possible restrictions to fast food, alcohol and betting shops in the town centre and to have broader discussions about what people want from the Mitcham Town Centre and the kind of high street/town centre they would like to have in their community. Participants also had the opportunity to design their own healthy high street by (elaborate), choosing from a variety of pictures and also added ideas of their own by writing on a blank picture.

Healthwatch Merton spent time at Cricket Green Medical Practice on one day in September 2015 to speak with patients and staff of various ages, ethnicities and backgrounds to ensure that a fair snapshot of people's views were captured, using the survey created by Public Health Merton as prompts for discussion/conversation.

What did Healthwatch Merton identify?

Healthwatch Merton identified a number of key themes from their research. They include: 1) the number of betting shops (65% of people reported that there are too many); 2) number of fast food outlets (40% reported that there are too many); 3) number of places to buy alcohol (33% reported that there are too many and the same amount said that this is what they do like about Mitcham); 4) general high street/town centre environment and variety of shops (with more negative than positive comments about the town centre environment); 5) public toilets (most people reported insufficient/not enough access to toilets); 6) number of barber shops (10% of participants said that there are too many barber shops in the area and suggested an increase in the number of barber shops and crime); 7) lack of amenities and activities for children and young people reported by parents/caregivers, and the children and young people who participated (of ages ranging from 7-25 years of age); 8) lack of engagement by the local authority with residents and visitors to the area about the Rediscover Mitcham Regeneration Project to offer and share their views for improving the area along with uncertainty about the projects progress and outcomes and not well informed about the ongoing regeneration in the area that they live and work in.

What has been the influence and impact?

Healthwatch Merton prepared a written report which included a summary of research, analyses of findings and comments made by participants divided into the 8 key areas identified. The report can be found here:

http://www.healthwatchmerton.co.uk/sites/default/files/uploads/Healthy_High_Streets_Consultation_final_version.pdf. The report was shared with the public health team at Merton Borough Council to inform the end result of the healthy high streets consultation process.

The report was included as an attachment to the Draft Statement of Licensing Policy Consultation Response (which is the Public Health Response to the Statement of Licensing Policy Consultation), prepared by Public Health Merton on behalf of the Director of Public Health. The public health response states that the information gathered from Healthwatch Merton (in addition to an audit of 165 shops and premises in the proposed Mitcham CIZ conducted by a team of Youth Inspectors (YI) in August 2015), further supports acceptance of the proposal for the CIZ in Mitcham Town Centre as the evidence gathered shows a clear influence of alcohol on the negative perceptions of the local area and a concern for many residents.

In October 2015, the healthy high streets project and report was mentioned at the Morden Community Forum (a free forum for anyone with an interest in the local area to attend where meetings are taken up by the responsible organisation to follow-up and report back on how problems are resolved).

DRAFT

Influencing Merton Borough Council's consultation on adult social care services to reconsider their proposed decision to cut services that will affect the most vulnerable people in Merton

2015

ADULT SOCIAL CARE (ASC) CONSULTATION ON CUTS TO SERVICES 2016-17

'THE VOICE OF THOSE AFFECTED'

What was the priority?

Merton Borough Council ran a consultation exercise between October 2015 and December 2015 about how, and from where they can achieve proposed savings of £5.06 million by cutting many adult social care services in Merton. This is/was to be implemented for 2016-17 only, within the context of an 8 year programme of efficiencies and cuts to services. Merton Council wanted to hear local people's views about the proposed savings by inviting them to give their feedback by emailing their views to the ASC consultation address, completing a paper or online survey of views and attending public meetings at Vestry Hall, meeting with voluntary organisations, attending staff consultation meetings and small customer/carer meetings or "focus groups" run by Healthwatch and hosted by voluntary sector partners.

What did Healthwatch Merton do?

As part of the programme of consultation, Healthwatch Merton ran 6 focus groups to a) get an in-depth picture of the potential impact of proposed cuts to services from the perspective of service users; b) gain an understanding of how the impact of cuts could potentially be reduced; c) complement and add depth to the findings from other consultation methods; d) support service users to get their voice heard and e) support decision makers to make decisions by understanding the full potential impact they could have. Each focus group represented a section of the community that would be most affected by any cuts to services. They include people with learning disabilities, physical disabilities and sensory impairments, mental health service users, family carers and older people. Seventy-two people who fall under the above groups attended the focus groups. Healthwatch Merton engaged with all participants to gather their views about the proposed cuts to services.

Healthwatch Merton produced a report titled 'The Voice of Those Affected', commissioned by Merton Borough Council, about the opinions of the 72 Merton residents (service users and carers) who attended the focus groups.

What did Healthwatch Merton identify?

Very powerful feelings were voiced about the cuts. People told Healthwatch Merton that the cuts would affect every of their lives, impacting on their wellbeing negatively, worsening their physical health, putting families under immense strain, severing social connections, making disabled and older people more vulnerable with the ultimate consequence for some being that life is not work living. They also told Healthwatch Merton that they felt they could not influence the decision-making process and that existing services were seen as important but already of reduced quality. A number of alternatives were suggested by participants including raising council tax.

What did Healthwatch Merton recommend?

Healthwatch Merton made recommendations for the Council to 1) urgently review and reduce the scale of cuts proposed for adult social care; 2) commission a more detailed independent evaluation into understanding the impacts of the cuts to services on people who are disabled and older people and 3) suggested that those making decisions on the cuts spend time with those who will be affected by them to better understand their concerns and to facilitate connections between decision-makers and affected residents.

What has been the influence and impact?

Healthwatch Merton's report which can be found on the Healthwatch Merton website http://www.healthwatchmerton.co.uk/sites/default/files/hwm_asc_focus_groups_write_up_report.pdf fed into the consultation process and had very positive (media) coverage which influenced some positive changes to the proposed cuts.

At the Voluntary Sector (VS) Mental Health Forum in November 2015, the Healthwatch Merton Manager circulated consultation questionnaires and presented information on the consultation process regarding the proposed cuts to the local authority adult social care budget and services.

It was released just before a committee meeting that was held during week of 14th January 2017 where Councillors discussed the proposed cuts. During the committee meeting, six speakers including the Chief Executive of Merton Centre for Independent Living (MCIL), and two people with a disability who were affected by the proposals, spoke to the Council's healthier communities and older people's scrutiny panel about the report and the likely impact of the cuts. The speeches brought to life what was in the report, what had been happening to them and what was going to happen to them. Following on from the speeches and other presentations and discussions that took place during the meeting, the panel rejected three proposed cuts to 1) care and support packages; 2) staffing and 3) respite services. They also agreed to return the proposals(?) back to the Council Cabinet for "review and consideration".

The report was widely used by voluntary sector organisations and concerned individuals to reconsider the proposals, and to press for a public consultation after heavy lobbying by campaigners. A consultation was secured in time for the following year's 2017/18? budget. At that time, Healthwatch promoted the report again to make it visible and available to (who?) help people make an informed choice about the proposed

decisions regarding the cuts. The result was 86%? voted in favour of raising council tax to help fund adult social care. In face of this support, the Council changed its position and the budget was increased. The report also led to continued funding for Help for Carers (formerly Crossroads) which are home care specialists operating in South London and Surrey that provide personal care and companionship to a full range of ages from young children through to the elderly.

Healthwatch Merton also wrote two letters to the Council regarding adult social care savings 2016-17 and the 2% Social Care Precept. The first - dated 22nd January 2016 and the second dated 10th February 2016.

Letter from Healthwatch Merton in January 2016:

http://www.healthwatchmerton.co.uk/sites/default/files/adult_social_care_savings_2016-17_and_the_2_social_care_precept_22nd_jan.pdf

Letter from Healthwatch Merton in February 2016:

http://www.healthwatchmerton.co.uk/sites/default/files/adult_social_care_savings_2016-17_and_the_2_social_care_precept.pdf

In addition to the above, the report had very positive media coverage too. Details of the report was publicised in the Wimbledon Guardian on 12th January 2016 and was featured in a news service called Disability News Service (a service when has been reporting on disability issues for more than 20 years and focuses on addressing the issues that affect the lives of disabled people such as discrimination equality, independent living, benefits, poverty and human rights) on 14th January 2017.

DRAFT

RESEARCH PROJECTS

Healthwatch Merton looks for different ways of finding out about people's experiences of health and social care in Merton. This includes maximising the impact of undertaking influential research projects, looking at specific areas based on key areas identified by local people requiring improvement, to improve people's experiences of health and social care. Healthwatch Merton have engaged the public in their research to gain an understanding of the issues they are experiencing using a combination of workshops, engagement events and activities, surveys, focus groups and visits to local health and social care premises.

In total, Healthwatch Merton through their research have sought the views of more than X people and have visited in excess of X places and other premises such as ...to ask people about their experiences. By bringing the information through their research together, they have been able to provide a snapshot of the issues raised to date and a strong articulation of the insight that Healthwatch Merton captures.

Healthwatch Merton has made commendable impact on the design and delivery of health and social care services through their research into integrated health and social care services conducted in 2014 and General Practice (GPs) services also conducted in 2014?

The Integrated Services Project was a partnership project with Merton Clinical Commissioning Group (Merton CCG), London Borough of Merton/Merton Borough Council, Trusts (which) and the voluntary sector to take the integration agenda forward, working towards delivering integrated care services between health and care across three localities to reflect primary care divisions and Sutton and Merton community services.

The GP services research project was conducted to champion the local population's primary care needs and bring together key issues the public have raised with Healthwatch Merton regarding GP services through the research. The purpose was to identify areas of improvement, ideas and solutions for GP services that patients want to see across Merton.

These research projects have highlighted and brought together the key issues that they public have raised with Healthwatch Merton, that matter to them. The consequent reports produced by Healthwatch Merton in which the opinions shared with them by local people are summarised, relevant data is gathered and recommendations made to improve local health and social care services have influenced positive changes and decision-making in health and social care services from clinical commissioning to council services and used as evidence to impact/influence better delivery of services. They also show that Healthwatch Merton work hard to present the views of local people to commissioners and providers of health and care services and how Healthwatch Merton are making a difference to local people and the health and care services they use.

The influence and impact of the Integrated Services and GP Services research projects on decision makers in health and social care across Merton using the evidence obtained from local people can be found on pages...

All of Healthwatch Merton's reports and official recommendations are taken to...for approval. Healthwatch Merton publishes reports of all of their research on the ...page of the Healthwatch website. This is constantly updated as they publish more work. They also promote their research reports through a variety of communication channels including the Healthwatch Merton website...

Partnership project with MCCG, London Borough of Merton, trusts and the voluntary sector - developing integrated care between health and social care

2013

INTEGRATION (SERVICES) PROJECT

What was the priority?

Integration was an area that was identified as requiring attention through community engagement and outreach work with local people during the year 2013/2014.

To take the integration agenda forward, the Integration Project, previously referred to as the Integration Transformation Fund and then renamed the Better Care Fund in December 2013, began in 2013. This was a partnership project with Merton CCG, London Borough of Merton, trusts (such as) and the voluntary sector. It was, and still is, the largest reform of health and social care which provided the opportunity to transfer local services so that people are provided with better integrated care and support. The aim was to develop integrated care between health and social care to improve patient and service user experience, reduce admissions to hospitals, facilitate discharge and reduce admissions to residential and nursing homes.

What did Healthwatch Merton do?

Healthwatch Merton was identified in the Integration Plan and The Better Care Fund for Merton that was submitted at the Health and Wellbeing Board and approved, to lead on several areas of public engagement. Healthwatch Merton formed an integration monitoring group to monitor the integration project and Better Care Fund plan, prepared a Watching Brief on integration and planned and lead on identified areas of patient and public engagement (within both plans). Healthwatch Merton (manager) was an active member of the project team, supporting the project to develop a meaningful and robust engagement strategy and plan throughout all the development work. They involved the Healthwatch Merton team, Integration Project Voluntary and Community Organisations, patients, service users, public and carers.

The first engagement took place in July as an initial review of pathways in localities in progressed with further activities taking place as more outputs emerge from the project. Healthwatch Merton led on patient and public engagement by hosting 'integration' project meetings, continuously holding events to engage patients and the public and communicating with them via on-going information and communication using Healthwatch Merton channels and bulletins to gather feedback from them to feed directly into 'integration' developments and progression.

Influencing through collaboration with Merton Clinical Commissioning Group to improve primary care services for local people

2014

MERTON GENERAL PRACTICE (GP) SERVICES STRATEGIES FOR IMPROVING GP SERVICES IN MERTON

What was the priority?

In 2013/2014, GP services was one of the workstreams that was identified as an area to focus on as local people, through engagement and outreach, told Healthwatch Merton what they did not like about their GP service which include problems with access, appointments, continuity of care and information and communication (be specific).

What did Healthwatch Merton do?

To champion the primary care needs of the local population and bring together key issues that they raised with Healthwatch Merton regarding GP practices, Healthwatch Merton carried out research with local patients across communities/borough to engage with them to identify what services they would like from (their) GP surgeries/services in Merton, in the future and how they feel about current services.

The research focused on five broad themes and priority areas including: 1) access to GP services; 2) information provided at GP services; 3) out of hours GP services; 4) use of technology and 5) urgent primary care support. Data was collected from: a) seven community outreach sessions with people involved in a variety of active voluntary and community groups; b) two public workshops to capture ideas for improvements in the patient experience at a GP surgery and c) a questionnaire survey administered at Mitcham Carnival and Wimbledon Carnival, 258 organisations, and online through the MVSC and Healthwatch Merton websites.

The purpose was to identify what areas of improvements, ideas and solutions they would like to see for GP services in Merton, in the future.

What did Healthwatch Merton identify?

Access to GP services - The feedback regarding access to GP services was dominated by 3 key areas including: 1) the challenges and inflexibility of getting an appointment; 2) the weaknesses in the interactions and relationships between receptionists, the GP or health professional and the patient and 3) the reduced quality of the consultations with GPs especially for vulnerable people such as those with mental ill health.

Information provided at GP services - Local residents emphasised the importance of making full use of practice information systems, signposting, and advertisements in GP surgeries, with the right information communicated in the right way at the right time and easily available at all stages of the interaction with GP services.

Out of hours GP services - The easiest way and most popular option for local residents to access a GP when a GP surgery is closed is via walk-in centres or clinics, followed by having direct contact with a health service by telephone. The preferred option for accessing out of hours GP in the community away from clinical settings is home visits.

Use of technology - Local residents felt that the overall experience of contact with GP services for patients would be improved in GPs maximised the benefits of using communications technologies such as email, websites, text messaging/SMS and videoconferencing alongside traditional systems for information and advice, appointment reminders and bookings and managing prescriptions but not for more serious matters such as diagnosis and delivering test results.

Urgent care support - Urgent care support at Accident and Emergency (A&E) in non-emergency situations is sought by local residents mainly when they are not able to get an appointment at their GP surgery and because they do not want to wait when there is concern about a child.

What did Healthwatch Merton recommend?

Healthwatch Merton made some recommendations about how to implement changes to GP services locally:

Access to GP services - Better customer care training and health awareness training for all general practice staff. A nominated GP or primary care professional of choice. An effective programme to coordinate and support proactive follow-up care. A simple and positive system that preserves patient privacy and confidentiality when giving and receiving information in GP surgeries. Expand the use of highly skilled Nurse Practitioners where a GP is unavailable to improve access to routine treatment and care, and reduced waiting times for an appointment. More phone lines available at peak times. More options to book appointments to improve efficiency and manage flow of patients. More timely access to GP surgeries with flexible opening times beyond the core contracted hours.

Information provided at GP services - Provision of greater range of user friendly information including:

- Comprehensive and up-to-date health related guides for patients.
- Information about service organisations such as the Merton Clinical Commissioning Group and Healthwatch Merton.
- Information relating to practice onsite services, access arrangements, clinical and non-clinical staff, their roles and the services that they provide.

- Signposting and useful sources of links to other reliable locations of health related information and services.
- Written information materials for patients such as fridge magnets with, for example, contact details and opening times to increase the dissemination of information.

Out of hours GP services - Clear promotion of services to reach everybody rather than part of the population so that patients know of the best options available to them for accessing health care, and to support appropriate use of all available services in the borough. Implement access to the most widely used GP services such as blood pressure checks in non-clinical settings within the community, trialled over a number of months and located in both the west and east of the borough.

Use of technology - A commitment to developing and providing patients and carers with a broad range and the right type of health care technologies to meet patient need and support patient choice to allow better access to information about health and health care and enable self-management, self-care and encourage patient engagement.

Urgent care support - Increase the number of out-of-hours GP walk-in services spread out more broadly across the borough to improve access to a GP and other primary care services, offer patients more choice and better manage demand. Introduce the co-location of out-of-hours services in A&E departments to allow patients to attend one facility and be streamed to the appropriate service following a triage assessment.

What has been the influence and impact?

Healthwatch Merton produced a report of their research, including findings and recommendations about how to implement changes to GP services locally, titled 'Strategies for Improving GP Services in Merton'. The report is available to view on the Healthwatch Merton website here: <https://www.mvsc.co.uk/sites/mertonconnected.com/files/civicrm/persist/contribute/files/HWM%20GP%20Report%20with%20summary%20Sept%202014.pdf>. To maximise potential influence and impact in the first instance, the report was circulated to the GP partnership in Merton, shared with various departments in the Merton MCCG, and other key stakeholders to directly influence and support a business plan element of theirs to improve GP services across the borough of Merton. The report also fed into the MCCG's Primary Care Transformation Project (a project in collaboration with their GP membership and practices to deliver improvements in access to GP services, commencing in April 2017).

The report was presented at the Healthier Communities and Older People Overview and Scrutiny Panel in 2014 to update the panel and provide an overview about the research project. The panel were asked to comment on the report, particularly the section about access to GP services.

At the Primary Care Commissioning Committee in March 2017, the report was featured in an update on Merton's Primary Care Strategy under 'Achievements and Work in Progress' prepared by Merton CCG. Under Section 2: *Progress against key components of Merton's Primary Care Strategy - Primary Care Access Improvement*, the report was mentioned as to be used to inform both the design of Merton CCG care pathways into their new primary care access hubs and the quality initiatives that Merton CCG are working on in 2017 to improve patient experience of access.

To put into effect many of the recommendations made in the report, Merton CCG plan to deliver improved access made up of up of 3 components: 1) an extended access local incentive scheme to be delivered from 1st April 2017 by all Merton practices; 2) the provision of two primary care centres (also called hubs) with delivery beginning from 1st April 2017 - open at least 6.30pm-8pm Monday to Friday and one in the east and one in the west of Merton, with both open 8am-8pm Saturday and one in the east open on Sunday 8am-8pm and 3) a quality improvement scheme to be delivered in 2017/18 with Merton's GP practices to focus on the quality aspect of access by improving access to general practice for all Merton residents and ensure better integration with its local GP out-of-hours and 111 service(s).

In a recent presentation in 2017 to the public by the Chair of Merton CCG, the GP services report was described as a major influence in the decision to put funding into increasing the provision of out-of-hours GP appointments. This took effect in April 2017.

In March 2017, the report was mentioned under the News & Publications tab of the Merton CCG website under the main heading '*Merton's Primary Care Strategy*' and sub-heading *Getting to See Your GP*' where it is stated that the report has been used and will continue to be used to inform both the design of the new primary care access hubs and also the quality initiatives that Merton CCG are working on in 2017 to improve patient experience of getting to see their GP.

Healthwatch Merton provided in advance, raw data to the Care Quality Commission (CQC) from/using feedback gathered from September 2013-March 2014 to inform real time inspections of GP services in Merton.

Following on from some of the recommendations made in the report, a September 2017 update from Merton CCG about GP Access Plans for 2017/18 shows that Merton CCG are in the final phase of GP access improvements in Merton. A GP Access Plans Practice Information pack, which focuses on patient experience and hard to reach groups has been launched to all practices. The pack has been sent to Merton's practices inviting them to engage in this piece of work.

REPORTS & WRITTEN DOCUMENTS

As local people in Merton champion for better health and social care, Healthwatch Merton make an impact through their reports and other written documents such as...which include evidence gathered from local people through outreach and community engagement, observations and feedback from enter and visits and the findings of wider research, to influence decision-makers in health and care, impact on changes and better design and delivery of services.

The reports that Healthwatch Merton produce help to make the findings of their work/the work that they have done accessible to people who use health and social care services, the messages more powerful and the recommendations they make are feedback to service providers, commissioners and regulators. All of Healthwatch Merton's reports and documents are made publicly available to view on the organisation's website.

To date, Healthwatch Merton have produced a total of ? reports (including ? annual reports/or ? of which are annual reports). Across these reports Healthwatch Merton have made ? recommendations. The reports and written documents that Healthwatch Merton have produced, a few of which have already been discussed in the previous sections and the rest highlighted in subsequent sections of this report include:

- Healthwatch Merton Action Plan: Jupiter Ward
http://www.healthwatchmerton.co.uk/sites/default/files/action_plan_health_watch_jupiter_ward_may_17_v2.pdf
- Enter and View Follow-Up Report
<https://www.mvsc.co.uk/sites/mertonconnected.com/files/FINAL%202017%20Enter%20and%20View%20-%20Jupiter%20Ward%20report%20v1.0.pdf>
- Jupiter Ward Outcome Action Plan
http://www.healthwatchmerton.co.uk/sites/default/files/healthwatch_action_plan_2_3.pdf
- Enter and View Report Jupiter Ward
http://www.healthwatchmerton.co.uk/sites/default/files/enter_and_view_-_jupiter_ward_report.pdf
- Adult Social Care (ASC) Consultation on Cuts to Services 2016-17
http://www.healthwatchmerton.co.uk/sites/default/files/hwm_asc_focus_groups_write_up_report.pdf
- Healthy High Streets Consultation
http://www.healthwatchmerton.co.uk/sites/default/files/uploads/Healthy_High_Streets_Consultation_final_version.pdf
- Merton Lesbian, Gay, Bi-Sexual and Transgender (LGBT) Report
http://www.healthwatchmerton.co.uk/sites/default/files/uploads/HWM_LGBT_report.pdf
- Healthwatch Merton Annual Report 2013/14
http://www.healthwatchmerton.co.uk/sites/default/files/uploads/HWM_LGBT_report.pdf
- Healthwatch Merton GP Report: Strategies for Improving GP Services in Merton
<https://www.mvsc.co.uk/sites/mertonconnected.com/files/civicrm/persist/contribute/files/HWM%20GP%20Report%20with%20summary%20Sept%202014.pdf>

One of Healthwatch Merton's regular report outputs is the annual report which provides an overview of the organisation; showcases their activities and achievements; demonstrates

the impact of their work over the past year to put patients and the public at the heart of health and social care improvements in Merton; outline their workstreams, strategic priorities and actions for the coming year, and report on their finances. Healthwatch Merton submit their annual reports to Healthwatch England and share with other Healthwatch all over England along with the Care Quality Commission (CQC) the Merton Health and Wellbeing Board, Wellbeing Health Scrutiny (check this) and the local authority.

Healthwatch Merton also prepare written guides and directories for publication. These include the Patient Participation Groups (PPG) Best Practice Guide 2016 http://www.healthwatchmerton.co.uk/sites/default/files/ppg_best_practice_guide_2016.pdf, the Mental Health Directory for Young People https://www.mvsc.co.uk/sites/mertonconnected.com/files/YP%20MH%20Directory_Final%20Feb2017.pdf. More information about these documents and the influence and impact of this work can be found on the following pages. Also, Healthwatch Merton worked in partnership with Merton CCG (integrated care department?, led by?) to co-produce, along with experts and partner organisations, a publication called 'A Practical Guide to Healthy Ageing' (need link to this). It services as a guide of local services for residents, targeted at those aged 65 years and over. The guide was tested with carer focus groups and networks. Several Clinical Commissioning Groups stakeholders included it within their September 2017 newsletters and it was also circulated to their wider circle of stakeholders for approval as well.

DRAFT

Supporting PPGs across Merton to create a national PPG guide to help GP practices and patients to set up, implement and maintain a PPG to improve services

2016

PATIENT PARTICIPATION GROUP (PPG) GUIDE 2016

What was the priority?

From 1st April 2015, a contractual requirement by NHS England was introduced for all GP practices in England to form a Patient Participation Group (PPG) during the year ahead and to make reasonable efforts for this to be representative of the practice population. The National Association of Patient Participation (NAPP) defines a PPG as:

'...groups of volunteer patients, typically based at a single general practitioner (GP) surgery. They evolve to meet particular local needs. Each one is different, free to choose how to organise itself and where to focus its activities. They typically require support from the practice to get started but, over time, they should be run by the patients themselves. It is important that good relations with the practice are retained, so that PPGs can contribute to the partnership'

Broadly, PPGs are voluntary groups of patients, carers and GP practice staff working in partnership with practice representatives. They meet to discuss practice issues and patient experience to help improve the service and make constructive contributions to practice services and facilities, benefiting patients and practice alike. The purpose of a PPG is to:

- 1) Give patients and practice staff the opportunity to meet and discuss topics of mutual interest.
- 2) Provide a means for patients to become more involved and make suggestions about the healthcare services they receive.
- 3) Explore solutions to ongoing issues highlighted by patient complaint data and patient surveys, to contribute to action plans and help monitor improvements.
- 4) Contribute feedback to the practice on National Patient Survey results and Friends and Family Test feedback.
- 5) Propose developments or change, to support health awareness and patient education.

They have a vital role to play to ensure the voice of patients are heard by their local GP practices.

What did Healthwatch Merton do?

Healthwatch Merton conducted outreach and engagement to explore the issues and challenges facing PPGs in Merton. PPGs across Merton were clearly asking for support to guide them in their work. In response to this, the contractual requirements of NHS England and given that the work of PPGs links with the aims of the Healthwatch Merton remit, Healthwatch Merton created a PPG guide/resource, part of a framework

(launched in 2015), working in partnerships with PPGs, to help support the effective delivery of new PPGs in Merton, working with practice staff, to hear the views of the broadest spectrum of patients and help to improve everyone's experience of the care they receive. The aim is to enable local PPGs to achieve the following:

- To assist GP practices and patients in setting up, implementing and maintaining a PPG to improve services for the whole of their GP practice population
- To obtain, review and respond to a variety of sources of information that describe the views and experiences of patients and carers visiting their GP Practice.
- To influence the quality of the services provided by the Practice with the aim of improving the standard of service quality experienced by patients and carers.

The framework is designed to be a useful and flexible tool for individual groups to use to meet and support their own challenges.

What has been the influence and impact?

Since the launch of the PPG framework, Healthwatch Merton have worked with PPGs to continue to ensure that they remain a high quality resource for their practice and its other patients.

DRAFT

Healthwatch Merton Youth Volunteer created a published informative mental health directory for young people with lived experience of mental health issues

2017

MENTAL HEALTH DIRECTORY FOR YOUNG PEOPLE IN MERTON

What was the priority?

Local young people have identified that mental health services provided both in the statutory and voluntary sectors are constantly changing. Where concerns have been identified, the young people and their families often struggle to navigate the complicated and fractured system of services created to a large extent by a lack of joined-up working.

Young people have told Healthwatch Merton that attempts by the parents of children and young people with mental health problems to get the right help for their children are often unsuccessful being told, for example, that services do not cater for children under the age of 18 or for young people who are not able to attend school. These problems were often exacerbated by families not having any appropriate resource such as a mental health directory to refer to know of suitable services. This is disheartening for parents and the young person in need, but also for people who are close to them such as friends, often resulting in lengthy delays spanning years, in receiving help. Although there are more services to access in Merton than local people realise, it was reported to Healthwatch Merton that information/details about this is generally communicated more via word of mouth, making it difficult for young people to know about these services.

In order to counteract the issues for young people and their families as described above, a/our Healthwatch Merton Youth Volunteer wanted to create an easy read mental health directory containing/summarising a wide range of local and national mental health information about mental health services and organisations specifically/suitably tailored for/to meet the needs of young people (living) in Merton who experience mental health issues and their carers. The purpose is to make accessing information, contact details, activities and services on mental health and other services that may be useful to young people affected by mental health and feel isolated, their families and carers, friends and service users as straightforward as possible. The purpose is also to improve the lives of vulnerable young people who have previously, or do currently have difficulties trying to access suitable services that meet their needs by knowing that they have a resource that they can use and benefit from when they want to make sure they are taking care of their mental health.

What did Healthwatch Merton do?

Healthwatch Merton supported their Youth Volunteer to create a Mental Health Directory for young people, providing funding to professionally print the document and help with formatting and distributing the resource/guide.

The directory provides information/details of just under a hundred (85) services and organisations listed/sorted into categories enabling people to find what they need easily including: 1) NHS services, 2) local services and organisations, 3) national charities and helplines, 4) Apps and digital tool, 5) activity ideas and 6) volunteering opportunities, that can support young people with mental health and related issues. The aim is for the guide to be updated with new information and invites people to share knowledge and details of any information that can be added to the directory.

What was the influence and impact?

The project was successful and the directory has been published. It is available to view on the Healthwatch Merton and MVSC websites, and also Off the Record website - a website that offers support for young people.

The directory has been published is available to view on the Healthwatch Merton and MVSC websites, and also the Off the Record' website - a website that offers support for young people.

The directory has been distributed to Merton CAMHS who were thrilled with the outcome. A representative from CAMHS commented that *'they had been needing something like this for a while'*.

The directory was sent to all secondary schools in the borough of Merton, libraries and GP surgeries.

Healthwatch Merton's Information and Outreach Officer received a few positive comments from young people who have experience of using mental health services/have experience of mental health issues.

The Mental Health Directory was praised by Rethink (Merton and Sutton Group) (which is a mental health illness charity that provides support for anyone living with a severe mental illness, their family and friends) and the Mental Health Forum in Merton. Both organisations requested for a similar directory to be produced for adults.

ENTER AND VIEW

Enter and view is one way Healthwatch Merton can gather information needed about services and collect views of service users, their carers and relatives, as well as staff. It is also one of the powers that Healthwatch Merton have to use, to enter health and social care services where publicly funded care is provided to people in Merton with a few exceptions, to observe the nature and quality of services and to see and hear for themselves how services are provided and may be improved, and how good practice can be disseminated. Generally, this applied to residential homes, nursing homes, GP practices and hospital wards.

The rights that Healthwatch have falls within the Healthwatch regulations where the Government has imposed a duty on certain commissioners and providers of health and social care services to allow 'Authorised Healthwatch Representatives' to enter premises that providers own or control. Healthwatch Merton have trained Enter and View Representatives who have entered local health and social care premises for reasons mentioned above.

Since its launch, Healthwatch Merton have conducted enter and view visits at two hospital sites - Jupiter Ward at Springfield University Hospital and Epsom and St Helier Hospitals - and made a total of X recommendations for both visits to service providers so that they can use them to improve services. They have also alerted Healthwatch England, the Care Quality Commission and/or Council Scrutiny Committees were appropriate about specific care providers or health and social care matters of concern.

DRAFT

Influencing improvements to inpatient care services at a local hospital through enter and view visits

2015

AUTHORISED ENTER AND VIEW

JUPITER WARD, SPRINGFIELD UNIVERSITY HOSPITAL

What was the priority?

In January 2015, the five South West London Clinical Commissioning Groups (CCGs) and NHS England held a public consultation between September and December 2014 about inpatient services and some specialised services provided by South West London and St George's Mental Health NHS Trust. The consultation sought views on the future use of facilities at Springfield Hospital in Tooting, Tolworth Hospital in Kingston and Queen Mary's Hospital in Roehampton. Part of this is to do with anecdotal evidence/reporting of existing mental health inpatient facilities in South West London as being old, not suitable for modernisation, not designed for today's mental health care and very expensive to maintain. It has also been reported that they do not provide a good, supportive environment for patients and carers and make it harder for frontline staff such as...to deliver high quality care. Decision-making bodies considered proposed changes to mental health inpatient services with the aim to improve the quality of clinical care and the experience of service users and carers bringing local services in line with current guidance and best practice. Due to the proposed changes taking place and anecdotal evidence from..., Healthwatch Merton decided to carry out enter and view visits to Jupiter Ward at Springfield University Hospital over two days in December 2015.

What did Healthwatch Merton do?

Three authorised Enter and View representative from Healthwatch Merton including 2 Information and Outreach Officers and 1 Healthwatch Merton Volunteer made a visits to Jupiter Ward which is the Merton ward at South West London and St George's Mental Health Trust (they run Springfield University Hospital) to spend time speaking with patients, residents, service users and staff about their experiences of services on Jupiter Ward. The representatives used 4 methods to carry out the enter and view visits including observation, interviews, informal conversations with staff members and carers and a pre-visit to Jupiter Ward to meet with staff members and have a tour of the ward. They also used a Healthwatch Merton observation tool to rate Jupiter Ward on: 1) entrance and reception; 2) information displayed; 3) odour; 4) cleanliness; 5) food; 6) bathroom facilities; 7) noise level and 8) safety. An interview tool designed by Healthwatch Merton was used to carry out interviews with 11 patients over the two day visits.

After the enter and view visits, Healthwatch Merton produced a written report based on their findings from the observations made and interviews conducted. They submitted the report to the South West London and St George's NHS Foundation Trust (?) in January 2016 requesting a response within the statutory 20 day time limit.

What did Healthwatch Merton identify?

It was felt that staff, although stretched, made an effort to really get to know their patients and support them in whatever way they could. On the whole, patients shared positive experiences with Authorised Representatives about their stay on Jupiter Ward.

What did Healthwatch Merton recommend?

Healthwatch Merton brought forward a number of suggested areas to monitor. They include some, but not all of the following:

- Review activities regularly and ask patients what they would like to see more of and take part in.
- Ask voluntary and community sector groups for example Focus-4-1, Rethink Mental Illness or Avanti Club, to run a monthly activity or attend ward community meetings to promote their service.
- Consider magazines, newspapers in a quiet area and an increase in the amount and variety of reading material available.
- Ensure that patients are well informed about their treatment and medication and that they have access to clear information on this.

What has been the influence and impact?

South West London and St George's Mental Health Trust responded accordingly to Healthwatch Merton's report with an action plan based on suggested areas to monitor that they brought forward. After 20 working days, the report and the Trust's response was published (in January 2016) and circulated to key stakeholders including the Care Quality Commission.

Within the action plan, it was agreed that Healthwatch Merton would conduct a follow-up visit to Jupiter Ward, one year on. In response to this, in January 2017, 3 Enter and View Representatives from Healthwatch Merton including 1 Information and Outreach Officer, 1 Healthwatch Merton Volunteer and 1 Healthwatch Merton Operational Committee Member made 3 further visits to the ward as a follow-up to review progress from the previous enter and view visits in December 2015 and make further recommendations where needed. They used the same methods and tools for the previous enter and view visits as described above to gather intelligence and make further recommendations where needed. They produced a follow-up report of their findings which was submitted to the South West London and St George's NHS Foundation Trust in May 2017, requesting a response within the 20 working day statutory time frame. After 20 working days, the follow-up report and the Trust's response was published and circulated to key stakeholders including Care Quality Commission and Healthwatch England.

An update on the suggestions areas to monitor brought forward in the 2015 enter and view report by Healthwatch Merton show that some of them have been put into action as follows:

- Activities continue to be regularly reviewed - the Occupational Therapist and the Activities Co-ordinator aims for **one of them** to talk to patients about activities within two days of arriving on the ward, including asking about their interests. The ward had increased the number of volunteer-led activities provided by representatives of Merton's voluntary sector.
- A volunteer from the local library comes to the ward every week to run an activity. Several shelves worth of books is now available through the book loaning service set up and managed by the Occupational Therapist. This was reported to be well used by patients.
- The medication information board in the main corridor contains a lot of helpful summaries. Information about medication has been made more readily available on the patients' computer - the last page accessed when Authorised Representatives viewed the computer room was the Trust's 'Choice and Medication' website homepage.

DRAFT

Healthwatch Merton staff and volunteers worked with Healthwatch Sutton to improve inpatient care at Hospitals in the borough of Sutton

2016/2017

INPATIENT CARE PROJECT

ENTER AND VIEW AT EPSOM HOSPITAL AND ST HELIER HOSPITAL

What was the priority?

Local people in Sutton and Merton identified inpatient care as one of their highest priority areas in relation to health and social care. Healthwatch Merton and Healthwatch Sutton have been working towards improving inpatient care at St Helier Hospital and Epsom Hospital and wanted to hear the views and experiences of local people staying on wards at the hospitals to find out what is working well and where improvements could be made.

What did Healthwatch Merton and Healthwatch Sutton do?

As St Helier is a key health care providers for the population in the south part of Merton, Healthwatch Merton partnered with Healthwatch Sutton, having been approached by them, to work with them on an Inpatient Care Project with the aim to/of improving inpatient care at St Helier Hospital and Epsom Hospital. In March 2016, they held a public 'Share Your Inpatient Experience' meeting to hear local people's views and support them to share their experiences of staying on wards at the hospitals. Healthwatch Merton used the feedback gathered from the meeting to form a survey with a list of questions to ask patients currently staying in the hospitals. Healthwatch Merton volunteers partnered with Healthwatch Sutton volunteers for the ward visits St Helier Hospital. The volunteers supported the project by carrying out a series of visits over 6 weeks to 8 different wards at both Epsom Hospital and St Helier Hospital. Merton residents helped to design the questionnaire used on the visits and the volunteers spoke to patients on the wards to gather patient experience information for the project.

What did Healthwatch Merton and Sutton identify?

The vast majority of the feedback relates to St Helier Hospital. Following completion of the analysis of the survey responses, a number of areas of commendation were identified:

- A high score for the overall experience on the wards - the average rating of the 'overall experience' of staying on the ward, across all participating wards is 8 out of 10.
- High level of trusts in nurses and in doctors - 89% of patients advised that they 'agreed' or 'strongly agreed' to trusting the nurses on the ward that they were staying on and 91% said that they 'agreed' or 'strongly agreed' that they trusted the doctors on the ward that they were staying on.
- Positive feedback was given about allied health professionals including Physiotherapists, Phlebotomists, Pharmacists, Occupational Therapists, Radiologists - Analysis of comments relating to 'other staff' show that these were overwhelmingly positive (only 8 negative from 135 comments).
- Staff and volunteers visiting wards noted an overall high level of cleanliness and this is also reflected in patients' comments.
- Many patients were bothered by noise at night on the ward with the main source of noise being other patients, but other sources include equipment, staff, bin/doors and light.

What did Healthwatch Merton and Healthwatch Sutton recommend?

Both Healthwatch made a few recommendations and made 4 potential areas for improvement from the themes that emerged from the findings:

- Healthwatch produced individual ward-based reports for each of the 8 participating wards and recommended that individual wards respond to reports with any actions they will take in response to their report.
- Investigate effective ways of alleviating both noise and light issues on wards that impact on patients' rest/sleep.

Other potential areas of action include improvements to the quality, taste, orders and choice of food and standards of English communication between nurses and teachers. Also recommended was reducing incidence of negative patients dignity potentially through awareness training, and reviewing the cost and availability of TV/entertainment including assessing ways to reduce the cost of TV for patients and providing alternative entertainment where TV is not available.

What was the influence and impact?

Healthwatch completed a written inpatient care report about the project that was formerly submitted to the Chief Executive of Epsom and St Helier University Hospitals NHS Trust in January 2017. They requested for the Trust to look at the findings and provide a response outlining an actions or further research that will be carried out by the Trust in response to the report. Healthwatch (who?) offered to provide any practical support to help the Trust to address and issues raised. They also highlighted the areas of commendation in the report to the Trust

to be shared with management and other relevant staff. Healthwatch received a positive response from the Trust who agreed/reported at the time of responding, that the following will be put into action:

- Each ward responded to their individual report. The matron of each of the wards that were visited produced a detailed action plan based on the responses that their patients provided.
- A programme has been put in place to see that staff are checking for patient understanding after delivering information.
- Hospital Caterers will now visit long-staying patients to ask how to improve the food available to them and give them canteen vouchers if needed.
- Each patient will be checked on every two hours to ask about any pain or other needs.
- In the planned orthopaedic wards, a longstanding issue with temperature is being addressed by replacing the windows.

In order to showcase their plans, the Trust invited Healthwatch Merton and Sutton volunteers, trustees and staff to come to an event held at St Helier Hospital where the nursing management for each ward gave a short presentation outlining the work that they are now undertaking to address the feedback that they received for the wards (which?). The event was very well attended and well received by all participants. Progress against the plans that have been made will be monitored through the Trust's Improvement Patient Experience Committee.

The findings of the Inpatient Care Project report was presented at the Epsom and St Helier Hospitals Trust Board meeting on 21st April at St Helier Hospital.

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RELATIONSHIPS & PARTNERSHIP WORKING WITH KEY STAKEHOLDERS

Another of Healthwatch Merton's key functions is to make peoples' views known and influence decisions through effective relationship and partnership working and communication with other health and social care organisations and stakeholders locally and nationally, acting as a credible voice at strategic and health and social care meetings. For Healthwatch Merton, relationships and partnership working has been essential in influencing and impacting on how **we** monitor quality and progress for local care and services, and how **we** influence and communicate change. Healthwatch Merton works hard to establish strong, transparent links/relationships and partnerships with organisations and groups covering health and social care locally and with the local providers and commissioners of health and social care services such as... and works in collaboration with them to improve local services. All of the providers and commissioners that HWM work with respond to requests for information and are open to working with **us**.

Healthwatch England

Healthwatch Merton play a role nationally through Healthwatch England as part of the National Network of 152 community focused Healthwatch. Since its launch, Healthwatch Merton has established a successful ongoing relationship with Healthwatch England. The strength of the relationship has enabled Healthwatch Merton to be strong ambassadors for local people and develop strong partnerships across their local communities.

Healthwatch Merton has been continuously working with Healthwatch England to ensure that views and experiences of patients, service users and carers in areas in Merton, and their concerns and opinions about health and social care services are not only represented locally, but also heard nationally through Healthwatch England. Healthwatch Merton works to shape local services nationally by forwarding the views and experiences that they have collected and analysed from their work with local people, along with any recommendations, to Healthwatch England to act on at a national level.

Healthwatch Merton also shares the evidence gained locally with Healthwatch England to support them to develop an intelligent view of trends and consumer experiences at a national level who then use the evidence where necessary to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern.

******The evidence that Healthwatch Merton have provided to Healthwatch England is part of a broader body of evidence used to highlight major issues and seek change in the policy, regulation and delivery of health and social care services. Also, where very important issues have arisen, they have been raised with the Secretary of State for Health, the NHS Commission Board, the Care Quality Commission, the NHS Commissioning Board, NHS Monitor (the sector regulator for health services in England) or local authorities in England.

We influence by sharing information with the Healthwatch England team at London Healthwatch network meetings.

South West London Healthwatch Network

Representatives from Healthwatch Merton meet and often work in collaboration with colleagues from 6 neighbouring Healthwatch organisations in South West London (Croydon, Kingston, Richmond, Sutton and Wandsworth) as part of the South West London Partnership. This allows us all develop a strong working relationship, share good practice, ideas,

resources and skill sets to support us and to be more efficient and effective in our own working practices at individual Healthwatch and also to enable SWL Healthwatch Network to act with a unified and stronger voice.

Relationship building with South West London (SWL) Healthwatch has enabled Healthwatch Merton to influence decision makers, develop their relationships with key stakeholders, promote their Healthwatch, help us to coordinate our work and to reach the community through our stakeholder networks and also to ensure that Healthwatch are well informed about anything that my impact on people in Merton.

Health and Wellbeing Board

Healthwatch Merton has a statutory seat on the Merton Health and Wellbeing Board with voting powers, and have established a strong presence, input and regular dialogue at the Health and Wellbeing Board meetings. By working together with the Board, Healthwatch Merton have a clear route to champion the needs, views and experiences of local people and ensure that they are continuously brought to the forefront of the provision, management and commissioning of local health and social care services so that they can influence decision making across health and social care within Merton. Additionally, the working protocols that have been established between Healthwatch Merton and the Health and Wellbeing Board has put Healthwatch Merton at the centre of being able to ensure that the public feed directly into shaping services and that intelligence gathered plays a key role in influencing the provision and effectiveness of services.

Patient Engagement Group

The Patient Engagement Group (PEG) in Merton is a forum which gives patients, local people and carers the opportunity to inform and influence the planning, designing and delivery of local health services and to have effective input into the work Merton CCG regarding the provision, management and commissioning of local services. Healthwatch Merton plays a pivotal role in this active PEG by sending a representative to participate in each meeting. As a result of their participation at PEG meetings, Healthwatch Merton has developed a platform to represent the views of local people and voice the patient experience of local service users in Merton; make a significant difference to patient care and experiences at local NHS health services; contribute to the improvement of services and ensure that the Merton CCG is responsive to the needs and wishes of people in Merton. Healthwatch Merton's participation at PEG has kept their networks informed and involved in...; enabled them to build networks to circulate/disseminate information widely and communicate and represent diverse interests within the Merton voluntary sector.

Public and Patient Engagement Steering Group

Healthwatch Merton, together with colleagues from Healthwatch Kingston including Kingston, Richmond, Croydon, Sutton and Wandsworth are members of the Patient and Public Engagement Steering Group (PPESG) at South West London Collaborative Commissioning. The purpose of the steering group is to ensure that there is effective lay involvement and engagement from the public and patients in the South West London collaborative commissioning programme whose purpose is to improve hospital and community health services, in line with national policy. In return for their involvement in the group, Healthwatch keeps local groups (who?), patients and the public informed of the

work the steering group is carrying out and participate in evaluating the effectiveness of local public and patient engagement through the programme. Where necessary, there are full public consultations on any major proposals for service changes that might result from discussions had at group meetings and HWM make sure that Merton's residents have the opportunity to give feedback and comments on the proposals.

Sustainability and Transformation Plan

The Sustainability and Transformation Plan (STP) is the biggest reform to health services in NHS history. Healthwatch Merton has taken on a crucial role in ensuring that Merton residents are effectively informed of changes; can contribute to discussions and engage with the issues and also make sure that their questions and views about the STP contribute to influencing eventual change. They have been doing this by actively participating in discussions at various meetings, forums and events; supporting commissioners in engaging communities such as the Grassroots Engagement Funding Initiative and...? and providing information and advice in a more informal way and support to engage local communities effectively. Healthwatch Merton has also been working with other local Healthwatch to make sure that the voice of local people is represented and included in the STP for South West London, for example as part of the South West London Healthwatch meetings. Together they are calling for consistent and high quality approach to providing local people with information about the STP and to engage with them about any changes to health and social care services. Healthwatch Merton have been influencing this by raising awareness and promoting at local meetings, groups, forums where the STP is an agenda item, and through various communication channels for early engagement with patients and the public and the need to involve them in developing appropriate solutions to address the challenges of our health and care system.

Patient and Participation Groups

Patient Participation Groups (PPGs) at GP practices are an opportunity for a representative sample of the practice population to get involved in local health issues which affect patients. They form part of one of Merton CCG's priorities for patients to be heard and listened to. As part of their work in shaping health and social care services to meet the needs of the local population, Healthwatch Merton have been instrumental in working with PPGs at GP practices within Merton to encourage members of the local community to have an active role in shaping local health and social care services and explore ways to network groups and work more closely with each other. A notable example of the influence of Healthwatch Merton on PPGs is the collaboration with NHS England, launched in 2015, to help develop a guide to help PPGs in local areas establish, implement and maintain an effective PPG and to support PPGs, working with practice staff, to hear the views of the broadest spectrum of patients and help to improve everyone's experience of the care they receive. Healthwatch Merton maintains regular contact with PPGs to continue to ensure that the PPG guide remains a high quality resource for their practice and patients.

Care Quality Commission

Healthwatch Merton has a good working relationship with the Care Quality Commission (CQC) and have meetings with them to discuss the contribution Healthwatch is making through their evidence-based reports that are submitted to the CQC such as enter and view reports, which help the CQC build a picture of the service before inspection.

DRAFT

COMMUNITY ENGAGEMENT AND OUTREACH

Engagement can empower people to have their voices heard and help to articulate the needs of local communities. Effective community engagement and outreach to gather the views of local people (including children, young people and adults) and understand their experiences of using health and social care, and also to ensure that more groups are aware of Healthwatch Merton has been one of the most important aspects of Healthwatch Merton's work.

Healthwatch Merton has, and continues to spend a considerable amount of time delivering a successful programme of outreach activities across Merton to engage voluntary organisations, patients, carers, service users and the wider community/public in the dedicated work of Healthwatch Merton in a variety of ways. These include attending public events, visits and presentations to local community groups and voluntary organisations, holding our own pop up stalls and partnership working with service providers. The primary aim is to gather and understand people's views, experiences and concerns of/about their local health and social care services and ensure that local people have the opportunity to get their voice heard by local decision makers such as...

In addition to the above, Healthwatch Merton conduct engagement and outreach to support and promote the involvement of local people in the commissioning of local services and how they are scrutinised - enabling them to both influence and challenge how services are provided in their local area(s). To achieve this, Healthwatch Merton meet regularly with local providers of health and social care services with evidence from local people through their programme of engagement and outreach and ensure that the feedback provided by them is taken into account by service providers and commissioners. Also, to influence and ensure that local communities have input in decision making processes, Healthwatch Merton continuously works with voluntary and community sector organisations to promote good quality patient engagement and make recommendations to improve patient experience.

Healthwatch Merton encourage people to engage with them through their social media outlets, 'info' email and 'contact us?' on... All of the information that we gather through our engagement activities is recorded where... and analysed regularly to identify key issues in the borough?

In addition to gathering views of the wider community, we have carried out targeted engagement activities with...such as...

To summarise Healthwatch Merton's engagement and outreach work up to 2017, the diagram/chart/table below shows the number of voices heard...

The impact of Healthwatch Merton's engagement with local people has built up a strong picture of community needs and aspirations for better health and social care through the people who use services.

Engaging and supporting a seldom heard group to have their say about health and social care services in Merton

2015

Lesbian, Gay, Bisexual and Transgender (LGBT) Community

Merton Engagement and Listening Event

What was the priority?

Healthwatch Merton wanted to champion the voice of local residents who describe themselves as lesbian, gay, bisexual or transgender who are very often, a seldom heard group in the local community.

What did Healthwatch Merton do? / What did Healthwatch Merton Research?

In 2015, Healthwatch Merton organised and hosted a confidential engagement workshop for people from the Lesbian, Gay, Bisexual and Transgender (LGBT) community to establish links with them, hear their issues and share their views about their experiences of using health and social care services and the quality of those health and social care services.

Healthwatch Merton reached out to London wide LGBT networks and organisations such as Stonewall, London Friend, LGBT Consortium, Pace Health, Lesbian and Gay Switchboard and other online platforms to invite people who are part of these groups to attend and participate in the workshop. Twelve people attended the event including representatives from the LGBT community and some from interested agencies such as Merton Council, Carers Support Merton and local NHS Trusts. Four of the participants were from agencies striving towards establishing a relationship with the LGBT community and working with them.

Healthwatch Merton facilitated group discussions at the workshop about areas relevant to the LGBT community including: 1) health and social care services; 2) patient service user experience; 3) prevention and health promotion and 4) improvements to care and services given to LGBT people in Merton. At the event, Healthwatch Merton also engaged participants in the work of Healthwatch Merton and to broaden their outreach to a range of culturally diverse communities.

Following on from the event, Healthwatch Merton collated the findings and produced a written report which captured the experiences of LGBT service users. It includes details of engagement, priority topics/areas discussed at the engagement event and a number of recommendations brought forward by Healthwatch Merton. The report was submitted to the NHS and local authority.

What did Healthwatch Merton identify?

Participants reported a diversity of NHS Hospital trusts providing services to members of the group that are outside of the traditional commissioning framework for Merton such as Charing Cross Hospital Gender Identity Clinic, Guys Hospital and Imperial College London Hospital.

Participants talked about negative experiences of using health and social care services which were linked to sexual orientation and gender identity in some cases while other experiences were similar to those experienced by the wider population.

Participants said that they see little information about health promotion and sexual health for adults. They also felt that there is a gap in investment in sexual health for adults and little visible prevention work around drugs, alcohol and mental health for the LGBT community. Campaigns to encourage early testing for HIV and HIV experts in pharmacies in Merton, as there are in some central London boroughs, would be beneficial to LGBT service users.

The group identified and agreed on some improvements to the service users experience locally including: 1) improving NHS services for people who are HIV positive with physical health problems; 2) LGBT awareness training for staff in health and social care; 3) better policies around next of kin questions in both health and social care and 4) an improved support offer for LGBT young people in Merton and how we support them.

What did Healthwatch Merton recommend?

Some of the recommendations included:

- Restarting and investing in the LGBT Forum for Merton with funding support from Merton Council to put money into re-launching the forum with the help of volunteers who were in attendance at the event.
- Engagement with the Sutton LGBT Youth Group to see how Merton's LGBT young peoples' community could be supported through cross borough provision.
- LGBT awareness training for GPs and frontline health and social care staff, commissioned by Health Education South London.
- Reviews by local NHS trusts of how they deal with next of kin questions in the presence of patients to avoid marginalising LGBT communities.

- Maximise the role of the local voluntary sector to reach out to adults with health promotion messages for adults.

What has been the influence and impact?

The findings and the experiences of LGBT service users were shared with Merton Council, Merton CCG and the NHS Trusts mentioned during the workshop to influence any improvements to services in the future for people who identify as lesbian, gay, bisexual or transgender.

The views and experiences captured were also to be used to influence the improvement of services in the future for people who identify as lesbian, gay, bisexual or transgender.

Merton Borough Council put money into relaunching the LGBT forum with the help of the volunteers who were in attendance at the event. The LGBT forum started spin-off projects for older people and young people and have provided a representative to the Healthwatch Merton Operational Committee.

DRAFT

Community engagement with young people in self-care workshops and health-related activities for Self-Care Week 2016

2016

HEALTHFEST

In partnership with Merton's Young People (aged ?), Youth Parliament and Merton Young Inspectors

What was the priority?

Self-Care Week is an annual national awareness week that focuses on embedding support for self-care across communities, families and generations. The theme for 2016 was *'engaging and empowering people'* and the strapline was *'Embracing Self-Care'*. To honour and support this cause, and having identified a gap in the work that they have done with children and young people compared to adults in 2016, Healthwatch Merton wanted to prioritise children and young people in their project work by funding their first ever HealthFest - a fantastic young people's health conference (with a health promotion focus) - for their newly-formed team of young Healthwatch volunteers to lead on.

What did Healthwatch Merton do?

Healthwatch Merton supported their young Healthwatch volunteers to work together with Merton's young people (young people living in Merton), members of Merton Youth Parliament and Merton Young Inspectors to plan, organise, host and facilitate Healthfest. The event, which took place in November 2016, involved a day of health related activities for local young people across Merton to attend during Self Care Week 2016. It was part Self-Care Week Celebration and part health services and gave Healthwatch Merton the opportunity to partner with the brand new participation team at the Local Authority.

Eighty-four young people from 6 schools across Merton including Perside, Cricket Green, Richards Lodge and Wimbledon College, took part in the event. The event was also attended by school teachers, Public Health and other colleagues from across Merton's Children's Trust. Also in attendance were a wide range of stakeholders and representatives from partner organisations including Live Well, the WISH Centre Merton, New Wimbledon Theatre, Merton School Nursing Team, MVSC Youth Volunteering, Acacia Adventure Playground, YMCA South West London and Better Leisure (Cannons Leisure Centre) who provided information, managed stalls and ran workshops on the day.

Healthwatch Merton set up a market place section that was a very popular part of the event packed with interested participants. It included health checks from Live Well, and the WISH centre Merton displayed expressive art and video pieces about self-harm and New Wimbledon also did the same about mental health. School nurses in Merton and representatives from MVSC Youth Volunteering, Acacia Adventure Playground and YMCA South West London provided information about all of their local health focused activities and staff from Canons Leisure Centre in Mitcham gave out free gym and swim passes.

Young people participated in a number of interactive, self-care workshops about healthy cooking (cooking nutrition food in a workshop by May Project Gardens); alcohol and substance misuse (a drug and alcohol awareness workshop by Catch-22); sexual health (sexual health workshop by Check-It Out); mental health (a mental health workshop planned by Merton Child and Adolescent Mental Health Services (CAMHS)) and stress management (making stress balls with Destiny7).

Also, as part of the event, Healthwatch Merton supported young people to be peer facilitators of lively discussions with their peers about what their experiences have been of health services locally, what they would expect from a service that was "getting it right" for young people/what a service for young people would look like and what they would like to see improved to better meet their needs.

What did Healthwatch Merton identify?

The feedback/data provided by Healthwatch Merton's young volunteers about the conference showed that they relished the chance to create a platform for their peers to talk about health-related issues and expressed that more opportunities to do this ought to come up in the future.

What has been the influence and impact?

The perspectives gathered from the discussions with young people were written up in a report. The feedback also fed into a 'Charter Mark' project - to be used to highlight local services that are achieving a young-person friendly way of working according to criteria set by Merton's young people) - which will see services sign up to say that they are 'youth friendly' according to criteria set by Merton's young people.

The young people who attended the conference evaluated the event as '*excellent*' or '*very good*' and were able to identify key areas of learning. The conference was very well reviewed by professionals in attendance and described as an "*excellent way to get important messages across to young people and it should be an approach used more often*".

Supporting Epsom and St Helier NHS University Hospitals NHS Trust to encourage local people in Merton to participate in the Trust's Epsom and St Helier 2020-2030 engagement programme to share their views about proposed plans for future changes to their hospitals

2017

EPSOM AND ST HELIER PUBLIC ENGAGEMENT EVENT

What was the priority?

In July 2017, Epsom and St Helier University Hospitals NHS Trust initiated a public engagement process on a planned proposal/proposed plans they have developed to help them address key issues within their hospitals which are a continued rise in demand from patients and a continued drop in the availability of clinical staff nationally. The purpose of this exercise is to: a) attract and quantify public support for a new facility which, if it were built, would treat the most serious 15% of emergency cases presenting at the Trust and b) increase efficiency by centralising specialist staff and facilities in one location.

What did Healthwatch Merton do?

Healthwatch Merton was approached by senior managers from Epsom and St Helier University Hospitals NHS Trust to share their proposed plans for future changes to their hospitals (including the reasons why the hospitals would like to change their estates, how this could be achieved/what changes might be necessary and what approaches the Trust is considering taking in order to secure its long-term future) and discuss the Epsom and St Helier 2020-2030 engagement programme. Healthwatch Merton was invited/asked by them to carry out some engagement with local residents/people to offer them the opportunity to feedback to Healthwatch Merton about the future of Epsom and St Helier beyond 2020.

In order to put the above into action, Healthwatch Merton organised and hosted a public engagement event in September 2017. Healthwatch Merton publicised the event through their social media, two direct mailings to their mailing list and our regular email newsletter that goes out to over 2000 people who have signed up to receive it. Healthwatch Merton also sent posters to partner organisations asking them to display the posters for the benefit of people who do not connect with Healthwatch online.

As part of preparation for the event, Healthwatch Merton put a survey on their website asking people to respond to two questions: 1) what they hoped it might mean when they heard there could be changes to local health services and 2) what they most worried it might mean, and directed people to respond to those questions in relation to St Helier in our invitations to register for the event. Healthwatch Merton

also gave people at the meeting to answer the above two questions in addition to a third question about what they value most about Epsom and St Helier.

At the event, in addition to guest speakers from Epsom and St Helier who delivered presentations about their proposal, Healthwatch Merton delivered a presentation using data and quotes from people (Merton and Sutton residents) who responded to the web survey about what hopes and concerns they have around change or development at St Helier.

Healthwatch staff facilitated group discussions on what local residents think is important as future plans are developing with particular consideration/attention to answering 4 key questions including: 1) whether they agree with the aims of providing as much care as possible from existing sites; 2) whether there is a good care for a new specialist acute facility on one site; 3) whether there are other scenarios that should be considered and 4) how they would like to be involved in discussions in the future.

There was also a question and answer session where participants could ask senior managers from the Trust for clarification on anything they wanted to know about.

Healthwatch Merton gathered feedback from the public engagement event and prepared a written report about Merton residents' views.

What did Healthwatch Merton identify?

Healthwatch Merton identified a number of *hopes* from local residents which include some but not all of the following:

- *"An increased association with the Royal Marsden at Sutton [could] provide an opportunity for cancer care to be provided locally instead of travel to St Georges"*
- *"Ensure that these vital services are retained on the current site"*
- *"The threats to St Helier are removed"*
- *"That the NHS CCGs and local health managers listen to local people for a change"*

Healthwatch Merton identified a number of *concerns* from local residents which include some but not all of the following:

- *"Vital services such as A and E and a consultant-led maternity unit [will be moved] away from an area of huge deprivation to one of more affluence e.g. Belmont or Epsom"*
- *"That local concerns over the building which is St Helier Hospital obscure the question of real importance which is how to deliver the best level of healthcare to the people who currently look to St Helier for their healthcare needs"*
- *"Any downgrading of our hospital moves it nearer to closure"*

What did Healthwatch Merton recommend?

To influence the proposal(s), Healthwatch Merton made a few recommendations to senior members from the Trust:

- 1) Ensure that people living close to the hospital, particularly those from the St Helier estate, are heavily involved in all stages of the consultation process including any final decisions which are made
- 2) Provide greater detail for local people/residents about what level of care will be provided and the severity of cases treated in each settings (x3) (explain) under the proposed new model to help people understand the 'why' and 'how' of the proposal(s).
- 3) Create a 'Frequently Asked Questions' document that is regularly updated, with answers from the Trust so that people with common concerns can be directed to it when they want to research into the discussion so far. Healthwatch Merton offered to link the document to their website.

What has been the influence and impact?

The report was submitted to senior managers at the Trust. At the time that this report was prepared, Healthwatch Merton were awaiting a response/feedback regarding the outcome of the engagement in terms of impact from...

DRAFT

NHS GRASSROOTS ENGAGEMENT FUNDING INITIATIVE

In March 2016, South West London Collaborative Commissioning was awarded a grant of just under £100,000 to run a programme of engagement (a project) to extend reach into seldom heard communities. This was to address some of the challenges in a publication by the London Health Commission which identified a number of challenges for the NHS engaging the public (particularly those feeling distant from services and not having opportunities to influence change) on service change.

To address these challenges the South West London Collaborative Commissioning group developed a project - an extensive and pioneering programme of engagement, funded by a grant from NHS England, working in partnership with Healthwatch organisations in South West London, including Healthwatch Merton, which would enable them to have meaningful and sustainable conversations with local communities that is:

- a) Based on community development through partnership working with the local voluntary sector.
- b) Extends reach into seldom heard communities and diverse groups.
- c) Creates meaningful discussion with a range of people from different background.
- d) Involves sustainable and continuous engagement, including building relationships with local people and health champions.
- e) Narrows the gap between patients and the public, and health care services.

DRAFT

Influencing a programme of engagement at local grassroots events, with 'seldom heard groups' about their views and experiences of the NHS

2016-2017

GRASSROOTS ENGAGEMENT FUNDING INITIATIVE

NHS Five Year Forward View (FYFV) Strategy

What was the priority?

NHS South West London Collaborative Commissioning (SWLCC) had a successful bid for a fund to support a new programme of engagement with seldom heard groups and communities. They approached Healthwatch Merton and 7 other South West London Healthwatch organisations and local groups to support the NHS in South West London and work in partnership with them to deliver the grassroots engagement programme in Merton, funded by NHS England. The purpose is for NHS representatives from SWLCC to attend the events - known as grassroots events - to meet local people who participate at the events to discuss local health issues with them, listen to and gather their views to find out what they want from healthcare services.

What did Healthwatch Merton do?

Healthwatch Merton work closely with NHS South West London Collaborative Commissioning (SWLCC) to deliver the programme of engagement. From the funding that SWLCC received from NHS England, Healthwatch Merton received small grants from SWLCC to award to local grassroots organisations to run events and/or activities enjoyable to their population that staff from SWLCC can attend to facilitate discussions with groups that the NHS does not normally reach out to, and do not normally get the chance to speak about their experiences of local services, the issues facing local health services and their views on emerging proposals. Healthwatch Merton have a key role in using their connections and communication channels to promote the opportunity and reach out to small local groups by asking, encouraging and supporting local voluntary and community groups and organisations who work with seldom heard communities to bid for a grant of £300 to £750 to host a fun event. Healthwatch Merton's grassroots engagement panel develop their own system for assessing the applications to ensure they meet the objectives of the programme.

What has been the influence and impact?

So far, this programme of grassroots engagement work has had a positive impact on Healthwatch Merton, but also on local health services, local grassroots groups and the people that attended each session. A great element of the project is that Healthwatch Merton has been able to strengthen their relationships with local groups, build their evidence of health and social care issues that matter to local people especially seldom heard groups and raise awareness of their work. For the year 2016-17, Healthwatch Merton was given a guideline to award grants to between 7 and 12 events. They awarded grants to 10 local groups that held events. Just under 2000 people (1822 people) attended across the events and the NHS were successful in having in-depth conversation with 250 people who also had their say at these events as well as benefitting from the community activities which the funding paid for. These views are now being fed into the development of the sustainability and transformation plans (STP) in South West London.

The project had a two-fold impact for local Healthwatch Merton. Firstly, it enabled the organisations to extend their reach into late groups that they have previously not had contact with. It helped them to build their relationships with local groups, developing future networks and alliances. Relationships have been built for the future between NHS management and marginalised Merton populations. Secondly, the project has enabled Healthwatch Merton to supplement their community intelligence by attending the sessions and speaking to local people about their work priorities.

Positive results have already been seen in mental health, where out-of-hours crisis care was highlighted as a problem and provision has been adapted with two new 'recovery cafes' opened - including one in Merton.

DRAFT

COMMUNITY NAVIGATION PROGRAMME

The community navigation service social prescribing service is based in the west of Merton operating at the Nelson Health Centre in Wimbledon/Raynes Park. It is a proven method of helping people improve their general wellbeing and access community activities, social support and other non-medical services and groups they want and need and that are right for them.

Since it was introduced in January 2016, Healthwatch Merton have led the community navigation service, employing Community Navigators, who value their role greatly, to deliver the service. Almost two years into the delivery of community navigation within the Nelson Health Centre, at the time of writing this report, and thanks to the dedicated hard work and effort of Healthwatch Merton's community navigators, the service can report on numerous lessons, recommendations and good practice, and positive patient outcomes.

Community navigation in the west of Merton has proved to be successful in providing a social prescribing service that is closely linked with primary care. The person-centred methods used by the Community Navigators has resulted in significant improvements to patients' health and wellbeing. It has helped patients feel listened to and understood by the Navigator. It has increased access to the right services at the right time and provided patients with the right information to enable them to help them access social emotional and practical support. Also, patients have been able to make positive choices concerning the broader health and wellbeing needs and take the next steps towards influencing improving their health and wellbeing. Most have taken steps to improve their situation.

Additional benefits of the service thanks to Healthwatch Merton include the strength of partnership working between the health sector and the voluntary and community sector which has promoted a shared understanding of the differing approaches and methods used to achieve positive outcomes for patients. A growing number of GPs demonstrate trust by referring their patients to the service as they are satisfied with the quality of the service and are seeing positive benefits for their patients.

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Implementing a successful social-prescribing service in the west part of Merton to link local patients seeking healthcare to access non-healthcare services in Merton

2016 to present

COMMUNITY NAVIGATION IN WEST MERTON

Nelson Health Centre - Wimbledon Chase

What was the priority?

Merton Clinical Commissioning Group (Merton CCG) decided to set up a project to help link local people in Merton who are seeking healthcare to extra non-healthcare services in Merton which they need or could benefit from - known as community navigation. They awarded funding to Healthwatch Merton to support their '*Whole Merton*' vision to build a more supportive, inclusive and resilient community, supporting people in Merton to navigate the complement of the range of local statutory and non-statutory services local services, activities and support that they may be reluctant or unable to access independently, independently access, with resultant wide-ranging benefits tailored to individual needs, goals, preferences and wishes, and based on what they want to make life more enjoyable for them. The programme involves 4 key activities: *assessing* (help people think about what parts of life to improve), *information* (give information of what services are available or research things you are interested in doing and send emails, help with filling forms i.e. referral forms), *signposting* (finding the right service to help patients based on what they want) and *connecting* (people with local activities and services to make life more enjoyable or providing practical support) and *supporting* (set goals and focus on what is most important to them).

What did Healthwatch Merton do?

Healthwatch Merton agreed to lead the programme (which is now into its second year of operation), employing a Community Navigator(s) initially working primarily from the Nelson Health Centre and in particular in the Holistic Assessment and Rapid Investigation (HARI) service and jointly supervised by the HARI service (which delivers high quality, accessible and responsive community-based holistic assessment, investigation and treatment for people with long term conditions, co-morbidities or frailty, where primary care services need extra support in order to provide the best possible care) and Healthwatch Merton, to manage the service with responsibilities involving:

- a) Working across the Holistic Assessment and Rapid Investigation (HARI) Team and Nelson GP Practice
- b) Supporting and linking residents to appropriate health and community services.

What has been the influence and impact?

Community navigation is going very well. It has, and continues to deliver a high quality trusted service, building a more supportive, inclusive and resilient community. The programme has helped patients link with local organisations (name) who offer support with benefits advice, budgeting, befriending, bereavement counselling, cycle confident workshops, employability support programmes, exercise sessions, health walks, informal carers support, social activities, support groups for people with long-term chronic conditions such as Diabetes, transport (i.e. Dial-a-Ride), volunteering and much more.

To date, the Community Navigator has worked with X number of patients and documented positive outcomes for X of them. The most recent data (as of July 2017) shows that community navigation has connected 182 people (53%) with the HARI (Ad Hoc), 104 people (31%) with HARI referrals and 56 people (16%) have been referred to community navigation through GP referrals. They have developed a very good understanding of the voluntary sector and statutory services available across the borough, learned to discuss them in a person-centred way with patients and sign-post or refer them to suitable services correctly.

Community navigation at the Nelson Health Centre has added value in the health and social care sector including links to existing services and projects within MVSC and the wider sector; broadening knowledge and networks; supporting gaps and building on existing practice; creating opportunities to innovate and funding opportunities e.g. enabling and connecting.

Community navigation has developed strong working relationships with people, their families, friends and carers and also between a range of statutory and voluntary services in the borough (including People, their families, friends and carers • Merton Clinical Commissioning Group • The London Borough of Merton • Services in the Nelson Health Centre, in particular the Holistic Assessment and Rapid Investigation Service (HARI) • Community and voluntary sector organisations • GP practices and primary health care teams • Social care services • Housing services • Mental health services • Other services provided by the local authority • Other health services • Local businesses) which has helped to build a more supportive, inclusive and resilient community.

The programme was evaluated in September 2017 by Healthwatch Merton for MCCG. The service is seen as invaluable to the Nelson Health Centre and the future development across the borough of Social Prescribing provision.

All of the learning and progress from this project has supported the wider development of the Social Prescribing Pilot Project in the east part of Merton (Mitcham), led by MVSC.

FORUMS & EVENTS

Healthwatch Merton Official Launch

The official launch of Healthwatch Merton took place on 17th July 2013. The successful launch was facilitated by MVSC's Lead Trustee for Healthwatch Merton. Over 70 people representing a wide range of interests attended along with guest speakers including the Chief Executive of Healthwatch England, NHS Merton Clinical Commissioning Group and Merton Borough Council.

Service User and Carers Event

The day after the launch, Healthwatch Merton held a service user and carers event. The aim of the event was to gain feedback from local people on how to improve the care of people with complex conditions that often need to stay in hospital. Fifty people attended the event in addition to representatives from local hospitals and some GPs. The views that were raised were collated and compiled in a report by Healthwatch Merton to influence the programme board to use the feedback to help put together a pilot care model which they did. A "test drive" of the proposed model took place later on in the year of 2013. The model was a new approach aimed to improve service user and carer experience, reduce unnecessary hospital admissions, length of stay in hospital and the need for residential care.

Feedback and the Future Event

Healthwatch Merton celebrates a successful year of influencing health and social care services at their annual general meeting - known as Feedback and the Future. Healthwatch Merton use the event as an opportunity for local people to hear about Healthwatch Merton's achievements each year and for them to have a say on the organisation's priorities for the year ahead. The feedback is used to direct Healthwatch Merton to the areas of work to focus on in more depth and they engage with people in the months after the event around these areas. Healthwatch Merton also uses the event to move forward together with local people/residents to ensure that the local voice is represented and can influence positive changes in the community.

Healthwatch England Conference

Healthwatch Merton attend and participate in the annual national conference of Healthwatch England, which brings together representatives of all Healthwatch' across the country to influence and impact health and social care nationally. Healthwatch Merton uses the event to: a) network and explore the value that they and other local Healthwatch bring; b) learn from other Healthwatch whilst exploring changes happening across the health and social care landscape and c) identify how they can work together more effectively to make a difference to people's experience of health and social care. Healthwatch Merton joins in debates, attends breakout sessions, hears keynote lectures from health and social care partners and works with colleagues from across the network to tackle the challenges on the horizon in the coming year. Healthwatch Merton also attends the annual conference to collectively influence with decision makers to ensure the voice of patients, care users, service users and the public remains at the core of health and social care services.

Hearts and Minds

Healthwatch Merton supported a Healthwatch Merton Youth Volunteer to set up a mental health peer support group for young people experiencing mental health problems/issues called Hearts and Minds. It is a free, weekly drop-in group for anyone aged 14-25 with mental health issues, run by volunteers with lived experience of mental illness themselves. The support group offers a range of different creative and social activities. Details about this service can be accessed via email or social media (twitter and facebook).

Healthwatch Merton Youth Forum

Healthwatch Merton built a team of young volunteers to form a Healthwatch Merton Youth Forum to help direct their work for young people and to gather the views of young people in Merton about health and social care services to ensure that their voices are heard. As part of this Forum, the young volunteers have run events where young people speak up and communicate views, questions and information especially in creative ways. They actively work as peer researchers' in the community having been trained to find out what other young people are thinking and how to use it to make an impact.

Joint Strategic Needs Assessment Event

In September 2013, Public Health Merton and Merton CCG organised a Joint Strategic Needs Assessment Community Consultation. Healthwatch Merton and MVSC worked in partnership with them to host the event. It was a culminating community consultation which gave local people (a mixture of service users and service providers from Merton) to have the opportunity to query, make suggestions and feedback their own views about the findings of the 2013/14 JSNA. This was the first time in Merton that Public Health Merton engaged with local people directly in this area to directly influence the final outcome. Thirty-eight residents in Merton attended the event. The findings from the event directly influenced Merton's CCG commissioning intentions for 2014-2016 and their five year Dementia strategy for Merton. The feedback fed also fed into the Merton CCG Patient Participation and Involvement Strategy.

Adult Mental Health Services Workshop

In July 2014, Healthwatch Merton supported a workshop, held in Merton, to help shape the future of local adult mental health services. The workshop/meeting? Was organised by Merton Council and the Merton CCG. Many representatives from other voluntary organisations, together with mental health service users, carers and senior officers from Merton Council, Merton CCG and the Mental Health Trust. Comments/feedback was invited on 7 areas of mental health services where improvements might be made (including mental health and wellbeing, tackling dementia, primary care and IAPT services (Improving Access to Psychological Therapy, Hospital Care). Healthwatch Merton influenced this workshop by providing feedback on these areas from their own professional perspective and were able to draw on comments that people had made during public meetings by Healthwatch Merton. Healthwatch Merton extended the opportunity for as many people as possible in Merton to provide feedback on this piece of work so they included the link to the draft needs assessment for them to peruse.

Voluntary Sector Mental Health Forum

Healthwatch Merton assisted Merton Voluntary Service Council (MVSC) in setting up the Mental Health Forum, building trust with Merton CCG and Public Health Merton who work in partnership with the forum. The impact of this is that information sharing about what services are available in the borough has improved and there is better understanding amongst voluntary organisations of how commissioning takes place. Also, voluntary organisations have a direct route into commissioners and service managers on a regular basis.

Listening Events

Healthwatch Merton have held and participated in a number of successful listening events across the borough of Merton involving round table discussions with local people where feedback has been gathered to support the organisation's workstream surveys. Thanks to the enthusiasm of the people who Healthwatch Merton engage with and their willingness to share experiences with us, the listening events have given the organisation a wealth of information and a broad overview of how people view health and social care services within Merton especially key areas such as GP services, hospital inpatient and outpatient care and health and social care integration and given Healthwatch Merton a more detailed understanding about what improvements local people would like to see and what experiences they have to share.

An example of a listening event that Healthwatch Merton hosted which influenced the delivery of care in the borough, is the Urgent Care Listening event about the provision of urgent care services in Merton and the 111 service. The event gave local people the opportunity to find out views from local people on urgent care services in Merton to enable Healthwatch Merton to continue their work on the subject. Participants had the opportunity to share their views on the Wilson Health Centre, the 111 service and other urgent care provision in the borough to find out what they thought works well and what needs improving. The feedback that was gathered from the event fed into the Merton CCG's Urgent Care Review. At the Morden Community Forum (when?) it was recommended to Merton CCG by who? that they consider resurrecting a walk in clinic at St George's Hospital for their urgent care review.

Sharing the findings, achievements and future workstreams of Healthwatch Merton with local people and stakeholders

2013-17

FEEDBACK AND THE FUTURE ANNUAL EVENT

What is the priority?

Healthwatch Merton want to engage with local people and keep them up-to-date each year about the influence and impact of their work on local health and social care services using evidence gained outreach events, partnership working with stakeholders for research projects, consultations and enter and views; and the number of voices heard from local people.

What did Healthwatch Merton do?

Healthwatch Merton hold an annual Feedback and the Future event to share an overview of their work, findings and achievements with local people and stakeholders and also to announce their workstreams for the year ahead. At the event, Healthwatch Merton give participants the opportunity to have their say on the organisation's priorities for the coming year by gathering responses using a survey to Healthwatch Merton's workstreams so Healthwatch Merton can aim to conduct more direct and detailed work around these areas and move forward together with local people to ensure that the local voice is represented and can influence positive changes in the community, based on what local people have voiced.

The Healthwatch Merton chair and staff members deliver presentations to their audience about their individual work. Also, local people hear presentations about a variety of topics from external stakeholders including Healthwatch England, Merton Clinical Commissioning Group and MVSC. Topics have included 'Key Achievements and the Way Forward', 'Better Healthcare Close to Home - Patient and Public Group and Expert Patient Programme, 'GP Patient Participation Groups (PPGs) and the Expert Patient Programme (EPP)', 'Healthwatch in Action', 'Community Outreach and Engagement Work', 'Community Navigation at the Nelson Health Centre - The Story So Far', 'How Community Navigation Helped a Volunteer Youth Befriender' and the 'Impact of the Healthwatch Network Nationally'. Local people have the opportunity for people to meet the staff team and find out how people can get involved in the work of Healthwatch Merton.

What has been the influence and impact?

The event has a good attendance of between 30 and 50 people which has enabled Healthwatch Merton to engage with a variety of local people and stakeholders in the work of the organisation.

VOLUNTEERING PROGRAMME

Healthwatch Merton has a small but dedicated team of volunteers who give up their time to support Healthwatch Merton to fulfil its core functions as an independent organisation and to grow and strengthen its ability to reach out to as many people as possible in the wider local community and its ability to hear the views of local people, encourage them to have their say on health and social care issues that affect them, their families and their communities and help improve health and social care services across the country. Our volunteers have applied their passion and enthusiasm for the role of Healthwatch Merton to undertake the following roles and participate in a variety of high impact work:

Outreach

Our Outreach Volunteers bring experience of leading activities or working with groups, use their interest in local community health and social care issues and apply their interpersonal-, listening-, communication-, and customer relation skills to undertake various tasks to engage and communicate with the local community. This includes visiting local groups and supporting outreach events and listening to and helping to gather and record people's experiences of health and social care and services. Outreach volunteers are involved in signposting people to local services through the website and using leaflets. and promotional material. They have the opportunity to facilitate focus groups and workshops on specific subjects, feeding the information into various reports and documents.

Policy and Research

From 2014-2017, Healthwatch Merton was supported by a Policy and Research Volunteer who brought a varied skill set and a broad range of experience including a willingness to learn, knowledge and understanding of the health and social care system, knowledge of writing evidence-based reports and documents and knowledge of policy within the government and NHS. Healthwatch Merton's Policy and Research Volunteer has produced great work which has received a commendable response from stakeholders including: a) conducting desk-based research using a variety of sources to identify and review published policy documents and reports and carrying out policy analysis to inform policy development for Healthwatch Merton and b) writing policy briefings about a variety of health and social care topics based on key priority areas locally and nationally to help local people to stay updated about matters to do with the health and social care sector and engage users of health and social care services.

This volunteer has written 25 policy briefings about topics including Mental Health (among children and adults), dementia, integrated health and social care, public health in London, end of life care, local health services (in Merton), Merton Health and Wellbeing Strategy, National Health Service (NHS), approaches to health and care, General Practice and Complaints Handling, Health Trainer Service, the role of the Voluntary and Community Sector (VCS), CAMHS, London Ambulance Service (improving mental health services). Evidence of this work can be found on the Healthwatch Merton website. The briefings help the public to stay updated about changes across health and social care systems, and engage users of health and social care services. They are available to view on the organisation's website, circulated to the organisation's stakeholders via the website, uploaded to social media, distributed at outreach events and also to stakeholders including Merton Council, Healthwatch Merton Operational Committee, Healthwatch England and South West London

Collaborative Commissioning. This work has received a commendable response from stakeholders. They have extended their work as a volunteer to write a summary document about the GP services project 'Strategies for Improving GP Services in Merton'; facilitate group discussions at Healthwatch Merton's Urgent Care and Listening Event and participating in the borough's Healthy High Street's Consultation to gather feedback from local people about aspects of the Mitcham high street and town centre areas as discussed earlier.

Reporting and Research

Our Reporting and Research Volunteer helped Healthwatch Merton to analyse data from the GP services report and also supported Healthwatch Merton to work towards improving GP services in the borough by...

Enter and View

Healthwatch Merton's enter and view visits are conducted by a small group of Authorised Healthwatch Merton Representatives who have undergone training relevant to enter and view, to participate in enter and view activities. They are suited to those interested in the health and social care system and care a great deal about how these systems work and the level of care they provide. Our Enter and View Volunteers have visited local health and social care services where publicly funded care is provided to people in Merton (with a few exceptions) to obtain the views of people using those services; assess the nature and quality of the services being provided and consider how services may be improved and how good practice can be disseminated. They have contributed to the write-up of enter and view reports with suggestions to people who run the services so that they can be improved.

Our Enter and View Volunteers have brought essential skills, experience and attributes to the role including some knowledge and understanding of health and social care services provision whether through working in a particular service area, general understanding/experience as a carer or service user or from an interest in the areas, as well as a commitment to improving the lives of others. They apply their good interpersonal skills with the ability to work well within a team, good communication skills and the ability to talk and listen to people from all walks of life. Examples of work that our Enter and View Volunteers have participated in include two Enter and View visits to Jupiter Ward at Springfield University Hospital in December 2015 and an enter and view visit at Epsom and St Helier Hospital for the purposes of an Inpatient Care Project that took place in June and July 2016 as described in the enter and view section.

To motivate volunteers and demonstrate the value of their contributions they are offered additional training as needed to enhance the personal development, skills and knowledge of volunteers. Through effective high quality internal and external training and support for volunteers, Healthwatch Merton has developed the capacity of volunteers to engage with local people and stakeholders and bring about change. The work of Healthwatch Merton and the Volunteer's hard work, dedication and commitment is acknowledged at the annual Merton Partnership Volunteers Awards Ceremony where volunteers are invited to attend a special celebration and thank you event in honour of them and receive a certification of commendation. Healthwatch Merton join other local organisations at the Merton Partnership Awards to celebrate the work of volunteers who give their time to great causes across the borough. Healthwatch Merton also hold an outreach stall at the event where we

signpost local services and give information about our volunteer roles and work that is taking place across Merton.

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COMMUNICATIONS

Healthwatch Merton uses the Healthwatch trademark in all its statutory activities covered by the licence agreement and in all communication work and activities.

Website

Healthwatch Merton has a thriving website which provides information about the team, FAQs, governance structure, awards and quality standards and reports. It also provides information about finding information about hospitals, GPs and dentists and urgent care and find feedback from other people about what they think about these services. People can also find information about services, signposting, advocacy, Merton mental health directory and community navigation. It provides details about events and news in Merton and beyond; information about how people can make a complaint about a health or social care service (private or NHS) or professional; how people can get involved with Healthwatch Merton, the Healthwatch Merton Operational Committee (HWMOC), Patient Participation Groups (PPGs), engagement work with young people, the grassroots engagement fund and contact details for these. It also provides contact details for people to get in touch with us, and a sign up section for people to register their details with Healthwatch Merton and be kept to date with all the latest news, advice, information and events through our newsletter and a twitter feed.

Newsletters and Bulletins

Healthwatch Merton communicates and engages with 100s of community and faith organisations in Merton that supports the boroughs population. To influence communication and ensure that all key audiences are reached, including those without access to the internet and electronic media, Healthwatch Merton use a variety of media including surveys, newsletters, website, e-bulletins, emailings, leaflets, fliers, press releases, displays and social media. Healthwatch also maintains a comprehensive database of contacts, managed by the Merton Voluntary Service Council, which forms the basis of all communications and ensures that people and organisations receive the communications that are the most relevant to them.

Since their launch, Healthwatch Merton has produced X online and printed newsletters and bulletins which they use to promote their events, local events, provide information and advice, local and national news and also to ask our contacts for their feedback on health and social care services in Merton. Healthwatch Merton currently has X contacts signed up to receive their monthly Healthwatch Merton bulletin.

Information and Signposting

Healthwatch Merton provide advice and information to local people (who?) about accessing services and support to help them to make informed choices about their health and social care needs. We also receive feedback through our public website, email (info email) address and phone line on an ongoing basis. Through the website and phone service, Healthwatch Merton have provided information on complaints pathways for NHS healthcare, private healthcare, dental care and social care and raising concern about a healthcare professional. Additionally, as part of their dedicated approach to ensure that the local community is well informed about support services available to them, Healthwatch Merton ensures that information regarding health, social and community services is available on the website

through a number of organisations. Also, in addition to office based information and our signposting service, Healthwatch Merton collates a range of local and national information that are provided to people if they are interested, at outreach activities and events.

Guides and Directory Publications

Healthwatch Merton supported a Healthwatch Youth Volunteer to develop and create a mental health directory to help vulnerable young people who have experience of mental health issues to know of, and access services suitable for them and take care of their mental health. More details about this is provided on page...

Healthwatch Merton worked in partnership with Merton Clinical Commissioning Group (Integrated Care dept?) (led by?) to co-produce, along with experts and partner organisations, a publication called 'A Practical Guide to Healthy Ageing' which serves as a guide/mini directory of local services/organisations for residents, ideally targeted at those aged 65 years and over. Healthwatch Merton reviewed, commented and made suggestions for the publication. The guide was tested with carer focus groups and networks. Several of the Clinical Commissioning Groups stakeholders included it within their September newsletters and it was also circulated to their wider circle of stakeholders for approval as well.

Advocacy and Complaints

Although Healthwatch Merton does not directly provide any health and social care services and cannot investigate or resolve a complaint about different health and social care services, Healthwatch Merton does champion the rights for local people to complain or give feedback about an unsatisfactory service. Healthwatch Merton signposts local people to the most appropriate places to get more information and support for making a complaint. Healthwatch Merton have a signposting and information hub on their website for local people to find information that people that people need about making a complaint or discovering local services that may be of benefit to them, to access. As part of the complaints service, Healthwatch Merton shares information about complaints with VoiceAbility which is the independent NHS Complaints Advocacy Service in Merton, to identify common trends arising from the comments received by Healthwatch Merton and the complaints handled by VoiceAbility.

Working with Merton CCG to develop an innovative health information service web app

2016

HEALTH HELP NOW - FREE NHS APP

What was the priority?

Merton CCG wanted to design and develop an innovative health information services app or more specifically, a web "app" that works like an app on smartphones and tablets as well as computers that is really suited to the needs of local communities in Merton. The aim is to help people find health, care and support services and advice when they are not sure what to do or who to contact regarding their health and social care needs.

What did Healthwatch Merton do?

Healthwatch Merton helped Merton CCG to test their new free NHS app called '*Health Help Now*' by speaking to members of the public about its functionality and the presentation of key information. Through their website, Healthwatch Merton asked people about suggested ways to make the web app for Merton look as good as possible by asking them to answer the questions related to the proposed new service via their online survey to help Merton CCG design a web app that is really suited to their community.

What was the impact?

As a result of the feedback that Healthwatch Merton gave to Merton CCG from their engagement work on the web app, the wording was changed in all of the articles about teenagers to reflect the fact that the audience most likely to read them will be young people themselves and not their parents. This made our young beta testers more comfortable using the app to look up information and the service more user friendly. There were other features that were suggested by our focus group participants such as videos and GIFs to illustrate that the First Aid recommendations are now being considered for inclusion too.

AWARDS

In 2014, Healthwatch Merton won the Compact Awards 2014 and was also nominated for the Compact Award 2015 in recognition of their engagement work locally across the voluntary sector, social services, public health, Merton CCG, NHS trusts and more. The Compact Awards are designed to celebrate and showcase the most compact working across England and partnership working for change.

Healthwatch Merton has been part of more than 16 specific service improvements, developments and review programmes in partnership with others, bringing the health and social care experiences of the local community together for discussion to improve care.

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QUALITY ACCOUNTS

Healthwatch Merton respond to quality accounts for local healthcare providers. To date, we have annually provided comprehensive written responses and reviewed quality accounts from St George's University Hospitals NHS Foundation Trust in Tooting, Epsom and St Helier University Hospitals NHS Trust in Carshalton, Parkside Hospital in Wimbledon...The influence and impact of this has been... **to be added**

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Healthier Communities and Older People Overview and Scrutiny Panel

Date: 13 March 2018

Agenda item:

Subject: Health and Wellbeing Board and HWB Strategy 2015-18 update monitoring report and plans for 2018 refresh

Lead officer: Dr Dagmar Zeuner, Director of Public Health

Lead member: Councillor Tobin Byers, Cabinet Member for Adult Social Care and Health.

Contact officer: Amy Potter, Consultant in Public Health & Clarissa Larsen, Health and Wellbeing Board Partnership Manager

Recommendations:

- A. To consider the update from the Health and Wellbeing Board (HWBB), specifically progress on Childhood Obesity and Social Prescribing priorities and to continue to champion action in these areas;
 - B. To consider the update on the outcome indicators measuring progress on the Health & Wellbeing Strategy (HWBS) 2015-18, which is coming to an end;
 - C. To note the outline plans and timeframe for the refresh of the HWBS in 2018.
-

PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1. To provide an update from the Health and Wellbeing Board, including progress on Social Prescribing and Childhood Obesity priorities;
To provide an update on indicators from the current Health and Wellbeing Strategy 2015-18 which is coming to an end;
To outline plans and timeframe for the refresh of the HWBS in mid/late 2018, to fit with the timeframes for development of the new Merton multispecialty community provider (MCP) – Merton Health and Care Together – Local Health and Care Plan.

DETAILS

2. The Health and Wellbeing Board (HWBB) is a statutory body with a duty to encourage integrated working, to develop Joint Strategic Needs Assessments (JSNAs) and joint Health and Wellbeing Strategies.
In 2016 and 2017 Merton HWBB has undertaken significant development work as system leaders. This has successfully strengthened partnerships and helped move the HWBB from simply ratifying reports to delivering effective strategic leadership for health and wellbeing.
The development work, supported by funding secured through the Leadership Centre Local Vision programme, has also involved the HWBB working to engage and listen to people through a series of 'community

conversations'. Recently HWBB members have acted by 'buddying' with people who are experiencing, or at risk of, diabetes to establish a dialogue that will help inform tackling diabetes as an exemplar project for 2017/18.

The Wilson Health and Wellbeing Campus

3. The development of the Wilson Hospital site by Merton CCG, as the centre of a health and wellbeing campus for east Merton, is a large-scale, ongoing legacy project for the HWBB, helping to 'bridge the gap' between east and west Merton. Along with the development of a new model of health and wellbeing for the residents of east Merton, it is a key priority of the HWBB and the Council and all partners are involved in, and supporting, the work. The campus will have integrated clinical and community facilities. Actions and progress include:

- Through the summer of 2016 [Community Conversations on the Wilson](#) led by the HWBB took place. Over 450 people from many different groups were engaged in the vision and design of the campus.
- A joint community engagement manager for the Wilson is in place and the Wilson Programme Office has been established, including the CCG's programme director, supporting the joint Wilson Programme Board.
- One Public Estate (OPE) funding was secured to assess the optimisation of publicly owned land and property, including around the Wilson campus.
- Workshops have been held throughout autumn 2017 to begin to develop the model of health and wellbeing, with a focus on mental health, children and young people, and primary care.
- The Project Initiation Document for the Wilson programme was approved by NHS England's London Capital Pipeline Group on 1 December 2017.

The 'participants requirements' for the clinical part of the site is in development, and work has also started on the business plan for the wellbeing and community aspects of the Campus.

- A Communications and Engagement Strategy is in development by Merton CCG, with a 'kick off' public engagement event involving the Council, voluntary sector and local MP, planned for May 2018, post local elections, and a programme of further engagement events will take place throughout 2018.

Childhood Obesity

4. Childhood obesity is a big problem in Merton, with around 4,500 children (age 4 - 11 years) overweight or obese and nearly a third of children leaving primary school overweight or obese. The increasing gap in obesity between the east and the west of the borough is a significant health inequality. This impacts on children's health and potentially their life chances. Merton Health and Wellbeing Board made tackling childhood obesity a key priority for 2016/17.

5. [The Child Healthy Weight Action Plan](#) was developed working with a range of partners, and the Director of Public Health's Annual Public Health Report for 2016-17, [Tackling Childhood Obesity Together](#), provides an easy reference to evidence what works. Merton also took part in a pan London Childhood Peer Review, linked to the London Great Weight Debate, which was supported by the Chair of the HWBB. We continue to align with London and national priorities including implementing the LA Declaration on Sugar, Sugar Smart and Change4Life campaigns. Actions and achievements in 2017 have included a focus on tackling the inequality between the east and west of the borough and are set out below by action plan theme (see appendix 1 outcome 1.3 for details):
- Theme 1: Leadership, communication and engagement - 2,100 residents engaged in the Great Weight Debate Merton on childhood obesity, focusing on the east of the borough. Promotion of Change4Life national childhood obesity campaigns
 - Theme 2: Food Environment - Merton Food poverty action plan was developed (receiving an award for the most improved borough in London). 37 food businesses are now fully signed up to the Healthy Catering Commitment (HCC). Merton's Local Plan is asking residents their view on limiting hot food takeaways near schools. Work is underway on signing up to the Local Authority Declaration on Sugar Reduction and Healthier Food. This will now be signed alongside the launch of a Merton Sugar Smart initiative after the local elections, requiring partners and organisations to agree to pledges on reducing sugar.
 - Theme 3: Physical Activity/Physical Environment - The All England Lawn Tennis Club Early Years Activation Programme pilot was delivered and evaluated in 25 schools. Initially focused on schools in the east. 20 schools are implementing the *'Daily Mile'* with further work to introduce a *'Merton Mile' in a local park*
 - Theme 4: Early Years and school age settings and pathways - 171 teachers benefited from schools staff training on talking about weight and childhood obesity. 5 schools achieved Bronze Healthy Schools London Award and 1 has achieved Silver.
6. Going forward we aim to further strengthen Merton's 'whole systems approach' to tackling childhood obesity by further aligning to national and regional approaches including establishment of a Childhood Obesity Taskforce for London and London Obesity Leads Network

Social prescribing

7. Social prescribing (SP) is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector. Merton Health and Wellbeing Board made developing a social prescribing pilot in Merton a key priority for 2016/17.

- The pilot was based in Wide Way and Tamworth GP practices (population 17,400). A Social Prescribing Coordinator was appointed based in the practices (and hosted by MVSC).
- The pilot was operational from Jan 2017. Patients eligible for the service are those with issues relating to social isolation, low level mental health problems and frequently presenting at general practice. Over the last 12 months the Social Prescribing Coordinator has seen over 200 patients for their first appointment and 129 for their follow up appointment and these patients are accessing a range of community services.
- An independent evaluation was commissioned, with funding support from the SW London Health Innovation Network. This has shown an increase in self-reported health gains (shown via the outcomes star) by individuals and a statistically significant reduction in GP visits.
- Following the success of the pilot project shown by the evaluation, Merton Clinical Commissioning Group (MCCG) is to fund an extension and expansion of the scheme for another year to allow for further detailed analysis of the benefits it brings to the health and care system.
- This will see every GP in east Merton offering social prescribing, with the aim to roll the scheme to every GP practice across Merton.

Health in All Policies

8. Health in All Policies (HiAP) presents potential for strong co-benefits, across the council and partners and, with an emphasis on inter-sectoral collaboration, offers a way of increasing efficiency of public sector spending. The HWBB has championed HiAP through all the actions above.

Merton Council participated (as the first London Council) in the LGA's Health in All Policies peer assessment to translate its existing commitment into an action plan.

9. In October 2017 a Prevention Matters workshop was held with the LGA. The session had over 20 councillors attending, with Healthwatch and, as a first for the Prevention Matters programme, three local GPs also attended. The session was aimed at improving understanding of health across Merton and encouraging all to become champions of health and wellbeing. LGA facilitators were joined by the Leader and four Cabinet leads and all councillors committed to actions to take forward. The LGA facilitators were impressed with Merton councillors knowledge and enthusiasm and commented that it was one of the most successful sessions they had held.

10. The HWBB provides the governance for HiAP and the HiAP action plan was agreed by the HWBB in June 2017. The priority areas agreed are to: take forward leadership and advocacy; explore social value in commissioning; promote healthy workplaces; pursue joint work between the Environment Directorate and public health; investigate housing and homelessness;

embed Think Family in council working; tackle childhood obesity; and, develop a dementia friendly Merton.

11. Successes to date across the Council and partners include:

- A draft Social Value Toolkit: for commissioning and procurement developed by Corporate Services and due to be presented at the Council's Procurement Board in March 2018. This will also be shared with Merton CCG to explore opportunities for this being used as a template for Social Value in Merton CCG.
- Environment and Regeneration joint work on health impact assessments focussed on estate regeneration and Morden town centre development to create health promoting environments. Also working jointly on health in the new Local Plan towards 2019, involving the HWBB in the consultation process. Merton participation in national TCPA (Town & Country Planning Association) project.
- A Joint Strategic Framework for Prevention of Substance Misuse and related harm 2017-21 has been developed across partners. The Strategic Framework is a whole systems response to the problems relating to alcohol and drug misuse, and to achieving desired outcomes spanning health, social care, welfare and community safety and criminal justice. The Safer Stronger Executive Board has oversight of the Strategic Framework and Action Plan, to ensure cross council, CCG and partners' ownership and commitment.
- Children's Services 'Crossing Bridges' Think Family training for adult mental health and children's Social Care professionals underway. 20 participants in October 2017 and further 20 participants in Feb 2018 together with Parental Mental Health Awareness training sessions (5 sessions) planned for spring 2018.
- Launch of Merton Dementia Friendly community with over 60 organisations and people with dementia and their carers attending. [Merton Dementia Action Alliance](#) (DAA) now meets quarterly with thematic meetings based on the lives of people with dementia including culture, sport and leisure and legal and financial planning. Merton's DAA was the fastest growing London alliance during Summer 2017 and now has 62 members.

JSNA (Joint Strategic Needs Assessment)

12. The [Joint Strategic Needs Assessment](#) (JSNA) gives an overview of the health and wellbeing of Merton residents and informs all that the HWB does. The JSNA is made up of a number of products, including '[Merton Data](#)', a new online platform launched in January 2018 that pulls together the key sources of data about Merton into one place. The 'Merton Story' is the annual JSNA summary that sets out the headline health and wellbeing needs for Merton residents. It is currently being refreshed and will be signed off by the HWBB at the end of March 2018

Health and Wellbeing Strategy 2015-2018

13. It is a statutory duty for the HWBB to produce a joint Health and Wellbeing Strategy, based on the JSNA. The current Merton Health and Wellbeing Strategy 2015 – 2018 comes to an end in 2018, and is due to be refreshed this year. This report provides a summary of progress on implementation of the current strategy.
14. This HWB Strategy has the broad goal of achieving a fair share of opportunities for health and wellbeing for all Merton residents embedding the commitment of the council and partners to reduce health inequalities through improving outcomes across five priority themes:
 - Theme 1: Best Start in Life
 - Theme 2: Good health
 - Theme 3: Life skills, lifelong learning and good work
 - Theme 4: Community participation and feel safe
 - Theme 5: A good natural and built environment.
15. This paper assesses progress towards achieving these outcomes as measured by agreed indicators and targets set out in the HWB Strategy Delivery Plan. A full set of indicators is included in Appendix 1, but the body of this report specifically focuses on the strategic overarching indicator of life expectancy, indicators where significant progress has been made, and the three indicators with Red status in the Final Progress Report (immunisation, childhood obesity, and fuel poverty).
16. The HWBS strategic overarching indicator used to measure and monitor differences in health and wellbeing between different communities in the borough is **life expectancy**. Over the course of the HWBS 2015 – 2018, the trend has been mixed. Our analysis shows that the trend for women is positive - the difference in female life expectancy between the most deprived and least deprived wards reduced over the period 2005-2014. In contrast, the difference in male life expectancy between the most deprived and least deprived wards increased slightly.
17. The 2018 Annual Public Health Report (currently due to be published in June 2018) will examine the trends in health inequalities within the borough in more detail, and help to inform the choice of indicators for the HWBS refresh.
18. There has been positive progress across many areas covered by the HWBS 2015-2018. There is good evidence in certain areas of movement in the right direction, both through activities undertaken (*process* indicators), and evidence of actual impact on *outcomes*, including:

- Reduced average waiting times for local **children and adolescent mental health services** through introduction of a Single Point of Access. (Waiting times for centralised neurodevelopmental services have been more challenging to achieve due to demand pressures, work is underway to address this). Increased proportion of children with free school meal status achieving a good level of **development in early years**, and some closing of the gap with their peers.
- Reduced gap between disadvantaged **pupils achieving 5 a-c* GCSEs** and their peers.
- Development of a **prevention framework** that sets out a whole-systems approach to promoting healthy lifestyles, preventing ill health and reducing health inequalities. This encompasses the progress made on training health champions, piloting a Social Prescribing approach, developing healthy workplaces, changing the food environment through the Healthy Catering Commitment, and the strong partnership working with Licensing to influence decisions about alcohol licenses.
- Increased numbers of **residents supported in volunteering** through the MVSC activities.
- Improved performance in the **offer of reablement** to older people, through the introduction of the new reablement service.
- Increased number of **residents supported into employment** through IT and soft skills training.
- Increased numbers of **businesses supported** in starting up, and the creation of new jobs.
- Health themes have been embedded into all commissioned adult learning programmes focusing on **English for speakers of other languages**, and a significant proportion of learners live in deprived wards.
- **Support for adults who are lonely and isolated**, including positive findings from the older people's befriending scheme pilot which has now been extended for a further two years.
- Positive reports that **residents feel safe** in the borough.
- The increasing use of **Health Impact Assessments** as a tool within the planning process, and Merton's work towards becoming a Dementia Friendly borough, with plans to incorporate this commitment into the new Merton Local Plan.

19. There are three indicators with Red status in the final report:

- **Immunisation:** The target for increasing the uptake of MMR immunisation at 5 years of age has increased from 72.2% baseline in 2013/14 to 80.4% in 2016/17 (and for the first time, Merton figures are above the London average of 79.5%), however the challenging HWBS local target of 87.6% remains unlikely to be met by the end of 2018. Work will continue through the updated Childhood Immunisation Action Plan and steering group.

- **Childhood obesity:** Having met the HWB Strategy target to reduce childhood obesity (currently 34.4% 2016/17), a more challenging and ambitious target was set to reduce the gap in obesity between the east and the west of the borough (currently 10% gap against a target of 9.2%) which has not been met. Despite an increasing gap in childhood obesity in 10-11 year olds between the east and the west (due to levels reducing in the west and increasing in the east), there are some signs from the most recent data that the overall trend in excess weight may be beginning to decrease. This trend will continue to be carefully monitored, and action taken through a whole systems preventative approach targeted in the east of the borough) through the child healthy weight action plan and steering group
 - **Fuel poverty:** the latest figures show that since 2012 there has been a gradual increase in fuel poverty in Merton. An estimated 10.2% of household (8,151) are fuel poor (2015) compared to 8.6% in 2012. The current level of fuel poverty is similar to London (10.1%) and less than the average across England (11.4%). The target of increase annual participation of residents in energy switching has proved extremely difficult to achieve. Promotion of energy switching to reduce residents' energy bills has proved not to be an effective way to address fuel poverty because of the limited reach of scheme. It is clear that a more comprehensive approach is required. We plan to undertake a further review of the problem and the opportunities for actions taking account of resource constraints.
20. In addition, some programmes of development and redesign are still at a relatively early stage and, therefore, it is too early to fully assess impact on outcomes - although the trajectory is promising:
- The **childhood obesity action plan** in reducing the gap between East and West Merton.
 - The first phase of development of the **East Model of Health and Wellbeing** through the redevelopment of the Wilson hospital site.
21. Assessment of progress towards outcomes is difficult in some areas due the measurement challenges. A longer time period is required to assess trends, particularly with respect to indicators relating to **health behaviours** –smoking, use of outdoor spaces, alcohol-related harm. Year on year changes are subject to variability.
22. Along with an assessment of need, and taking into account the strategic context and changing national and local priorities, all of the above findings will be considered when developing the refreshed HWBS from 2019 onwards, especially when choosing appropriate indicators to effectively measure progress, including action on health inequalities.

Health and Wellbeing Strategy 2019 – plans for refresh and next steps

23. It is a statutory duty of the HWBB to promote health and social care integration. Significant work has taken place to establish the local Merton multispecialty community provider (MCP) Board, Merton Health and Care Together (MHCT), with representation from the Council, Clinical Commissioning Group, and partners, and agree a work plan for delivery.
24. The June 2018 meeting of the HWBB, is planned as a seminar on the role of HWBB going forward, including the HWB Strategy refresh, in the context of the South West London (SWL) Sustainability and Transformation Partnership (STP) work, and the development of the Local Health and Care Plan of Merton Health and Care Together Board in mid 2018.
25. Through the HWBB, there is the link to shape the determinants of health – such as the physical, economic and social environment – which are crucial to the STP ambition of upscaling current prevention efforts and curbing the epidemic of multiple long-term conditions and care dependency.
26. All SWL Councils, in a February 2018 joint response to the STP refresh plans, proposed a piece of work across SWL to rethink how best to evolve and align HWBBs with the current STP planning arrangements, identifying what happens at each level and the role of the different boards and structures in this new landscape.
27. The current thinking is that the refreshed Merton HWBS from 2019 will focus on the wider determinants of health and embedding a ‘HIAP’ approach across partners, where as the MHCT Local Health and Care Plan will focus on health and care service delivery, but the two will be developed in tandem so they are complementary.
28. Other work is underway which will inform the refresh of the HWBS, including the development of 2018’s Annual Public Health Report, APHR (a statutory duty for the Director of Public Health to produce). This annual report complements the JSNA. The focus of the 2018 APHR is on ‘Tackling health inequalities – progress in closing the gap within Merton.’ It will aim to describe and analyse the trends in key health inequalities in Merton between the most and least deprived wards and look at what has happened over time with inequalities in Merton. It will provide a baseline for monitoring progress in reducing inequalities in the future, and to inform the refresh of the Health and Wellbeing Strategy from 2019.
29. The table below sets out key milestones for the refresh of the HWBS 2019, with work starting after the May elections, but may be subject to change:

Action	Timeframe
APHR 2018 published on trends in health inequalities	End June 2018
HWBB Seminar, to include approach to HWBS Refresh	26 June 2018
Development of refreshed HWBS 2019 onwards	Autumn/Winter 2018
Launch of refreshed HWBS 2019 onwards	Proposed for HWBB Jan 2019 agenda

ALTERNATIVE OPTIONS

None for the purpose of this report

CONSULTATION UNDERTAKEN OR PROPOSED

None for the purpose of this report

TIMETABLE

See Section 2.3 for timeframe for refresh of the HWBS 2018

FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None for the purpose of this report

LEGAL AND STATUTORY IMPLICATIONS

The Health and Wellbeing Board (HWBB) is a statutory body with a duty to encourage integrated working, to develop Joint Strategic Needs Assessments and joint Health and Wellbeing Strategies. The current Merton Health and Wellbeing Strategy finishes in 2018, and so is due for refresh.

HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The JSNA gives an overview of the health and wellbeing of Merton residents, including health equalities, and informs all that the HWB does.

CRIME AND DISORDER IMPLICATIONS

None for the purpose of this report

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 - HWBS 2015-2018 Outcome indicator table

BACKGROUND PAPERS

None for the purpose of this report

Appendix 1

Final report 2018: Merton Health and Wellbeing Strategy 2015-2018

The report provides a final summary of progress on implementation of the Merton Health and Wellbeing Strategy 2015-2018.

This strategy has the broad goal of achieving a fair share of opportunities for health and wellbeing for all Merton residents. This means that we want to halt the rise in the gap in life expectancy between areas within Merton.

The strategy provides the opportunity to embed the commitment of the council and partners to reducing health inequalities through improving outcomes across five priority themes:

- **Theme 1: Best Start in Life**
- **Theme 2: Good health**
- **Theme 3: Life skills, lifelong learning and good work**
- **Theme 4: Community participation and feel safe**
- **Theme 5: A good natural and built environment.**

This report assesses progress towards achieving these outcomes as measured by agreed indicators and targets set out in the delivery plan (the following sections cover each theme in turn).

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

1.1 Outcome: Uptake of childhood immunisation is increased:

- Uptake of Childhood immunisations in Merton have been historically low. Measles, Mumps and Rubella (MMR2) at age 5 is the indicator used to monitor progress against the Health and Wellbeing Strategy priority. 2016/17 performance for MMR2 has been maintained at 80.4% which is higher than London (79.5%) but lower than England (87.6%), and lower than our local target (87.6%).
- In March 2017, an update paper on Childhood immunisations was presented to the Overview and Scrutiny Commission by NHS England as commissioners of childhood immunisations This provided detailed information on actions to improve uptake including the move to a South West London Child Health Information Service (CHIS), data cleansing to improve the quality of data, visiting GP practices where performance is particularly low to provide advice and support, working with CCGs to continue the focus on improving uptake.

- Merton Childhood Immunisations steering group made of commissioners and providers monitors a local action plan. Training for front line staff on childhood immunisations as well as Flu has been provided in 2017 and uptake has been promoted in My Merton and Young Merton Together.

1.2 Outcome: Waiting time for children and adolescents to mental health services shortened

- **Waiting times – local services:** The average waiting time for local Tier 3 CAMHS services are well within the eight week target, ranging from between 1.3 to 3.9 weeks in 2016/17,. On average 96% of CYP were seen within eight weeks and 98% within 12 weeks. Year to date 2017/18 data indicates that the average waiting time for local CAMHS services is 3.8 weeks, again meeting the target. A total of 94% of CYP have been seen within 8 weeks and 98% within 12 weeks. This performance shows significant improvement and the introduction of a Single Point of Access (SPA) has had a positive impact on reducing waiting times.
- **Waiting times – centralised services:** The SWL-wide Neurodevelopmental Assessment service continues to experience demand pressure, mainly due to increasing referrals for Autism Spectrum Disorder (ASD) assessments reflecting a growing child population. The average waiting time for assessment was 11.3 weeks in 2016/17 and year to date it is 9.3 weeks.
- Following additional investment from the 6 CCGs, the most recent waiting times for neurodevelopmental assessments show good progress. The position in November 2017 shows 14 CYP waiting for assessment in excess of 12 weeks (from a starting position of 33 in April 2017), and 1 (from a starting position of 15 in April 2017) waiting in excess of 18 weeks. It is expected that all waiting times will be fewer than 12 weeks by March 2018. Given the sustained volume of activity, a decision on the local plan for Merton and SWL from April 2018 is in development.
- SWL CCG commissioners are working to find a solution to the ongoing challenge of the level of demand. In the short term commissioners are exploring options to offer earlier support for families who are waiting for assessment as parents have requested more support and advice pre and post diagnosis. Commissioners are also looking at the different practice across the region to establish the possibilities of efficiencies within the system to increase capacity for assessment. The aim is to put these strategies in place as soon as possible from April 2018. It is the expectation of the council that current arrangements will continue until alternatives are in place.
- CAMHS Strategy 2015-18: The CAMH strategy continues to inform CAMH transformation action plans. The 2015/16, 2016/17 and 2017/18 action plans were ratified by NHSE and a total of approximately £370,000 is being invested per year as part of the Government's 'Five Year Forward View for Mental Health'

- CAMHS transformation initiative: areas for CAMHS transformation work included improving access to CAMHS, increasing access to early intervention, improving support for our most vulnerable CYP and development of the workforce. Recent activity includes: investment into Community Eating Disorder Services; investment into increased psychiatric liaison nursing; investment to support to the emotional wellbeing of CYP who have been victims of sexual assault; development of a CAMHS on-line local offer; development of wider workforce training; pilot projects in schools to develop in-house emotional wellbeing services; pilot projects to develop the ASD offer for parents; investment in a self-harm intervention service.

1.3 Outcome: Childhood obesity is reduced.

- The Child Healthy Weight Action Plan with a whole systems approach is being implemented in Merton monitored through a steering group. The focus of the action plan is to reduce rates of childhood obesity overall, at the same time as reducing the gap in obesity between the east and the west of the borough It sets out 4 key themes 1) Leadership, communication and community engagement, 2) Food Environment, 3) Physical Environment and 4) Early Years, school settings and pathways. .
- Action has included:
 - Great Weight Debate Merton engaged with over 2,100 residents on childhood obesity raising awareness, disseminating consistent messages and hearing what will support residents to support healthy weight to inform local approach and refresh of action plan
 - Supporting schools to achieve the Healthy Schools London awards scheme building on the targeted Healthy Schools programme in the east of the Borough.
 - Increasing the number of schools implementing the 'Daily Mile' where children run, skip or walk a mile each day at school – around 20 schools participating
 - HENRY (Health, Exercise & Nutrition for the Really Young) online training commissioned for early years settings
 - Healthy Catering Commitment projected completed in 2017 which has increased number of businesses to 37 signed up to HCC and 50 premises visited
 - Child healthy weight support service (Family Start) embedded within School Nursing service to support children identified as 'obese through NCMP
 - Training for school staff on talking about childhood obesity and weight: 171 teaching staff from 10 schools have benefited from training and a further 13 schools have been offered training which will be delivered within the 17/18 academic year.

- Food Poverty Action Plan: Merton was successful in bidding for additional funding from the GLA and Sustain to support development of a Food Poverty action plan. Plan has now been developed by Sustainable Merton. Merton has also been recognised and awarded at City Hall for being the most improved borough in London on Food Poverty
- All England Lawn Tennis Club (AELTC) Early Years Activation Programme: pilot was delivered with 25 schools with Public Health evaluating the pilot. Pilot involved a 5 week timetabled 10 minute structured physical activity delivered in 25 schools with positive results. A longer term in-depth evaluation is planned with an academic institution and more schools
- Project Learning Garden: Following a successful programme in the US, 7 schools in the east of the borough (14 participants) have benefited from training which encourages the use of the garden as a classroom.
- Work to signing up to the Local Authority declaration on Sugar Reduction and Healthier Food. This aims to make a public commitment to improving the availability of healthier food and to reduce the availability and marketing of unhealthy food and drink. This will now be signed alongside the launch of a Merton Sugar Smart initiative after the elections which requires partners and organisations to agree to pledges on reducing sugar/promoting reduced sugar consumption.
- Mayor of London's draft London Plan proposes A5 hot food takeaways would not be permitted within 400 meters walking distance of existing or proposed schools. Aligning to this, Merton's Local Plan is also asking residents their view on limiting A5 hot food takeaways near schools to inform planning

1.4 Outcome: Educational achievement gap in children eligible for pupil premium is reduced.

- The Schools Standards report for academic year 2016/17 will be published in March 2018. The gap for disadvantaged pupils has narrowed in some indicators but it remains a priority to further decrease this gap in educational achievement. Where the gap has narrowed, this has been achieved by focusing on improvement in schools, including the targeted and effective use of pupil premium.. Overall 91% of Merton schools are judged to be good or better as at January 2018; this is the strongest performance by Merton schools with regard to Ofsted inspections and is a strong improvement from 81% in 2014. In 2017 the gap between disadvantaged pupils and their peers narrowed at the end of KS2 with regard to progress in writing and mathematics, but widened slightly with regard to progress in reading and in the combined attainment indicator.
- 2016 data for GCSE outcomes (the most recent data available) shows a gap of 10.3 between disadvantaged pupils (45.1) achieving Attainment 8 average score at GCSE and all other pupils groups (55.4). This is higher than the London gap (9.0), but lower than national (12.3)

1.5 Outcome: The proportion of children ready for school is increased

- In the academic year of 2016 – 2017, 74% of all children in Merton provision achieved a Good Level of Development (GLD) at the end of the Early Years Foundation Stage. Within this cohort 62% of children eligible for Free School Meals (FSM) achieved a good level of development compared with 75% of all other pupils, showing a 13% gap between these two cohorts of children. Nationally, the gap is wider at 18 percentage points.
- The gap in Merton is reducing year on year and overall the proportion of children eligible for FSM achieving a good level of development in early years has increased by 18 percentage points from 44% in 2014 to 62% in 2017, and is an improvement on the national average by 5%
- The focus of work in settings and schools is on reducing the gap through targeted support, maximising funding opportunities for effective use of the pupil premium underpinned by evidenced based practice. 98% of all settings registered with Ofsted on the early years register delivering the EYFS are good or better.
- Other activity includes:
 - The continued roll out of the free 2 year old early education offer to disadvantaged groups; delivering free child care places to eligible 2 year olds in good and outstanding provision.
 - Borough wide consultation on the Council's Children's Centres and Early Years Services, underpinned by the three principles of: provide support at the earliest age, provide the right amount of support and working together.
 - Redesigned early learning together programmes delivered through Children's Centres focussing on child and parent interaction and embedding the importance of early child development through the programmes delivered in Centres, based on evidence and research
 - Improved and developed the continuous improvement, support and advisory programmes and training offer for early education providers, with an ongoing focus on preparing children for school and early identification of need
 - Responding to new statutory duties for a national funding formula for early years, maximising n child led funding for children eligible for the Early Years Pupil Premium
 - Reshaped referral pathways to be more responsive to a range of multi agency assessments, facilitating improved timeliness and access to early years services
 - Worked with the new community health provider to secure colocation across the network of Children's Centres, improving integrated working and supporting improved outcomes for young children and their families.

Theme 1: Best Start in Life: early years development and strong educational achievement					
Outcome Indicator	Baseline	Current	Target	RAG rating	Commentary
Immunisation - MMR2 at 5 years	72.2% 2013/14	80.4% (2014/15) 80% (2015/16) 80.4% (2016/17)	87.6% (2018) National target 95%	R	<p>MMR2 has increased from 72.2% baseline in 2013/14 to 80.4% in 2016/17. Performance has been maintained from 2015/16 to 2016/17. Merton performance is slightly above the London average of 79.5% but lower than England at 87.6%. Performance has always been below London, however, for the first time Merton is above the London average.</p> <p>The 2018 target of reaching 87.6% will be a challenging target to meet. The updated childhood Immunisation Action Plan and steering group, will progress work towards reaching target in 2017/18.</p>
Integrated CAMHS pathways in place, reduced waiting times from referral	Baseline wait times >10 weeks No CAMHS Strategy	CAMH Strategy and Transformation Plans in place. Average wait time for local Tier 3 service: 2.6 weeks (2016/17) 3.8 weeks (2017/18 YTD) Average wait time for centralised neurodevelopmental service: 11.3 weeks (2016/17) 9.3 weeks (2017/18 YTD)	Integrated CAMHS pathways embedded and average waiting times from referral < 5 weeks	G	<p>The Single Point of Access continues to have a positive impact on wait times locally.</p> <p>However, demand on centralised neurodevelopmental assessment service continues to grow with some families waiting longer than the target waiting times in spite of waiting list reduction funding initiatives.</p>

Excess weight (overweight and obesity) in 10-11 year olds	36.4% 2013/14	34.7% (2015/16) 34% (2016/17)	35.7%		<p>Excess weight refers to those that are obese and overweight. Excess weight in 10-11 year olds in Merton has been lower than the London average for the last 7 years, and there are signs that the trend in excess weight is beginning to decrease.</p> <p>The target set reflected the aim to halt and then begin to reduce this upward trend. Data for 2016/17 shows a reduction in excess weight at age 10/11 years since 2013/14 and has met the H&W target. However, there is a gain of 12.9% between level of excess at age 4-5 years (21.5%) and 10-11 years (34.4%)</p>
Gap between % of 10-11 year olds with obesity weight between east and west Merton	6.2% 2010/11- 2012/13	9.2% gap 2012/13-2014/15 10% 2013/14 – 2015/16 Trend in the gap between east and west Merton is increasing: East: 23.5% obese West: 13.5% obese	2015/16 – 17/18 9.2% 2016/17 – 18/19 8% New target proposed	R	<p>There is a higher rate of obesity in the east of the Borough than the west which does link to deprivation. This is measured using data aggregated over 3 years. Trend over time show levels of excess weight are reducing in the west of the borough and increasing in the east and hence the gap is increasing .</p> <p>A new target is proposed: To halt the widening gap in childhood obesity between east and west Merton by 2018 and then reduce this gap by 2020, by improving in the east of the borough (levelling up). Child healthy weight action plan includes focus on whole systems preventative approach, with population wide approaches, but targeted in the east of the borough.</p>

Gap in % children achieving 5 GCSE's A-C including English & Maths between pupil premium children and children not eligible for pupil premium	24% (2012/13)	2014/15 - 23%	20%		<p>The gap between % of pupils achieving 5 GCSE's A-C including English & Maths between pupil premium children and children not eligible for pupil premium has reduced slightly between baseline and 2014/15. The measure has now changed nationally. Therefore this indicator would need to be reviewed and amended to align to the new reporting measures as part of the refresh for the Health and Wellbeing strategy.</p> <p>Attainment data for 2016/17 will be published in the Schools Standards Report in March 2018.</p>
Gap between % of pupils in receipt of Free School Meals and their peers achieving a good level of development in early years	15% (2012-13)	2016/17 - 13%	A target was not set because nationally the indicator was due to change.		<p>The Gap between % of pupils in receipt of Free School Meals and their peers achieving a good level of development in early years has reduced between baseline and 2016/17. Whilst the gap looks like it has only narrowed by 2%, the attainment is much higher for this cohort of children than before. The measure has not changed, contrary to what was expected and a target had not been set. Therefore this indicator would need to be reviewed as part of the refresh for the Health and Wellbeing Strategy and a target is set going forward.</p>

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

2.1 Outcome: A prevention strategy will set the framework to embed prevention into local public policy and make health everyone's business to ensure that every contact counts and that influences on health make a positive impact

- A prevention framework has been developed that sets out a whole-systems approach to promoting healthy lifestyles, preventing ill health and reducing health inequalities. The approach, supported by Merton CCG, is based on employing a combination of programmes and actions at population, community and individual levels- creating opportunities for people to adopt healthy behaviours as part of every day life. The framework clarifies roles of partners - across the council, NHS, voluntary and private sectors in the changing financial and commissioning context. It is a tool to help integrate prevention within CCG commissioning as well as the Council activities, and as all boroughs in South West London have signed up to approach links closely to the Sustainability and Transformation Partnership.
- Merton Council has been participating (as the first London Council) in the LGA's *Health in All Policies* learning initiative to translate its existing commitment into an action plan. Successes include the Prevention Matters workshop held in October 2017 with the LGA for over 20 councillors, local GPs and Healthwatch to help improve understanding of health across Merton and encourage all to become champions of health and wellbeing. LGA facilitators were, joined by the Leader and Cabinet leads. All councillors committed to actions to take forward.

2.2 Outcome: Settings across the borough where people spend their time, including workplaces, schools and high streets are healthier and enable individuals to make healthy choices

- The pilot healthy workplace programme, in partnership with the Merton Chamber of Commerce, has provided significant learning on how to help employers to support their workforce to lead healthy lifestyles. Local findings are similar to the experiences of the GLA's Healthy Workplace Charter the key area for development in turning engagement of local business's into real action that produces change. A new programme is in development that will focus on businesses working together, through providing support to the Business Improvement Districts (BID) in the borough.
- The Healthy Catering Commitment (HCC) is being used as the focus for developing a number of healthy high streets in the borough, particularly East Merton. 37 food businesses have been supported to achieve the HCC award and around 50 premises have been visited and supported in helping their customers consume less saturated fat, less salt, less sugar and have the opportunity to purchase smaller portion sizes. We are working on how to support the HCC across Merton, linked to the Childhood Obesity work, so that businesses are supported through a light touch programme that provides light touch guidance and support.

- The revised Statement of Licensing Policy (SLP) was formally adopted by the Council in November 2015 and published in Jan 2016. It included a new Cumulative Impact Zone (CIZ) for Mitcham Town Centre and the surrounding area, focusing on the off sale of alcohol. The review was informed by health analysis undertaken by Public Health. Public Health continues to support the Licensing Sub-Committee in making informed judgements. It is important to note that this is partially restricted as there is not a public health licensing objective in the Licensing Act 2003.

2.3 Outcome: Adults make healthy lifestyle choices, including taking up clinical prevention services

- Guided by the prevention framework, and in response to a challenging budgetary position, a new model for supporting residents to lead healthy lifestyles was successfully commissioned and has been in place since April 2017. Delivering under the One You Merton banner, the service has developed a website and digital interventions that promote self care, a targeted stop smoking service, front line training and a comprehensive outreach and engagement programme that includes the training and support to health champions in community groups.

The contract for the management administration and delivery of the NHS Health Check programme has been awarded to Merton Health, the GP Federation. Aligned to the prevention framework, the delivery of health checks has been targeted to the most at risk groups in Merton; males, south Asians, people with a family history of clinical proven cardiovascular disease before 60 years of age, history of smoking and residing in area of higher deprivation.

- An ACE (Accelerate, Coordinate, Evaluate programme) Bowel Cancer Screening pilot ran for 12 months from October 2015, and was implemented across all 24 Merton GP Practices. Over the course of the programme, GPs followed up on 3,700 non-responders between the ages of 60-74, regarding bowel cancer screening. Screening levels and detection rates in Merton increased as a direct result of the pilot, and project review resulted in 20 key recommendations for Primary Care to consider implementing and incorporating as part of best practice. A range of health facilitation and promotion activities are being delivered to support people with learning disabilities by Community Nurses in LBM Learning Disability service. This includes hospital liaison visits (both planned and unplanned admissions), hospital discharges and follow ups and input to GP work relating to annual health checks and long term conditions. A link work role is undertaken in Residential Homes and supported living homes. Staff also provide health promotion advice and assistance on a variety of lifestyle risks including: obesity, diabetes, smoking and drug and alcohol abuse.
- A strategic framework for the prevention substance misuse and related harm has been developed and approved by the HWB. Led by the Substance Misuse Partnership Board, which reports to the Safer Stronger Executive, the strategic framework has five key themes; (1) Governance, Partnerships and Communication, (2) Prevention and early intervention of alcohol and drug problems, (3) Recovery Orientated drug and alcohol specialist treatment, (4) Families, Children and Young people and (5) Crime and ASB. Identification

2.4 Outcome: Improving access to Mental Health services through integrated locality working, resulting in improved parity of esteem

- This work is still in early inception, and includes as a starting point, a review of supported accommodation for adult mental health service users.

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

- Extensive work is being taken forward to develop the East Merton Model of Health and Wellbeing and under this overarching umbrella, the re-design and re-development of the Wilson Hospital in East Merton is a starting point, as a health and wellbeing campus consisting of integrated health and community facilities, co-designed and co-owned by the community.
- A series of community conversations were undertaken by members of the Health and Wellbeing Board and others in 2016, with communities in East Merton facilitated through community connectors.
- Three health and wellbeing model ‘design’ workshops have been held in autumn 2017, focusing on mental health, children and young people, and primary care, that have resulted in invaluable insight into the future design, and mechanisms for co-production.
- Funded by Merton CCG, a lead officer called the Wilson HWB Campus Development Manager has been recruited to take the work forward on a full-time basis.
- OPE funding was applied for and secured for the Wilson development.
- The project plan, communications plan, governance, funding vehicle, engagement and co-production mechanisms are in development.
- The Proactive GP Pilot has concluded and the evaluation completed. The findings from this pilot helped to inform the development of a social prescribing pilot in East Merton.
- The social prescribing pilot was operational from January 2017, based in two East Merton GP Practices. A social prescribing coordinator was appointed based in the practices (and hosted by MVSC). Evaluation has shown a positive impact, and as a result Merton Clinical Commissioning Group (MCCG) is to fund an extension and expansion of the scheme for another year to allow for further detailed analysis of the benefits it brings to the health and care system. The longer-term aim is to roll the scheme out to cover the whole borough.

Theme 2: Good health					
Outcome Indicator	Baseline	Current	Target	RAG rating	Commentary
No. frontline staff trained as health champions within HWB partner organisations	0	107 staff trained plus 44 community health champions and 57 officers trained as Dementia Friends.	TBC	G	Staff trained include 48 who completed the RSPH Understanding Behaviour Changes course, 24 staff in children's centres who completed HENRY training and 35 staff who took part in a course on Making Every Contact Count (MECC). A further 58 officers completed Dementia Friends training in May 2017. 33 community health champions trained under the Livewell contract (2015-2017) and 11 as part of the current One You Merton contract (2017-Jan 2018).
Number of employers delivering healthy workplace schemes and / or signed up to the London Healthy Workplace Charter	1 employer	35 employers supporting healthy workplaces and 8 receiving formal recognition	50 employers supporting healthy work places by end of March 2017.	A	Work is underway to provide support to businesses in the Business Improvement Districts (BIDs) to become healthy work places. Organisations receiving formal recognition at Commitment level include Merton Council, MVSC, Merton Chamber of Commerce, Merco Medical Recruitment, Peldon Rose, Wimbledon Guild and Turners Property. Epsom and St Helier have received achievement level recognition.
GLA Healthy Workplace Charter in LBM. • Action plan developed by LBM	<ul style="list-style-type: none"> • 'Commitment' level • 9.92 days lost per FTE 	<ul style="list-style-type: none"> • Draft action plan was agreed by CMT on 11th October 2016.. 	<ul style="list-style-type: none"> • Action plan agreed • 8.0 days lost per FTE¹ 	G	The council has reached 'commitment' level in the GLA's London Healthy Workplace Charter framework and CMT have committed to strive for excellence,

¹ The Council's target is 8.0 days per FTE, The CIPD Absence Management Survey, 2013 showed that there was a sickness absence rate of 8.7 days per employee in the whole of the UK Public Sector and 7.2 days in the Private Sector; both have increased since 2012.

Theme 2: Good health					
Outcome Indicator	Baseline	Current	Target	RAG rating	Commentary
Workplace Steering Group based around the 8 LHWC themes <ul style="list-style-type: none"> Council sickness absence rates 	(2014/5)	<ul style="list-style-type: none"> 9.3 days lost per FTE (as at October 16) (awaiting updated figure from Corporate HR team)			which fits well with Merton's vision to be London's best council by 2020 and the pilot approach to embed 'health in all policies'. The action plan guides the work of the steering group and has had a number of successes including health and wellbeing days for staff, a number of workshops for staff on mental health and stress ion the workplace and the development of a briefing for staff and managers on the menopause.
Statement of Licensing Policy explicitly considers health and wellbeing.	N/A	Achieved.	SLP includes HWB	G	The revised SLP published in Jan 2016 included a new CIZ for Mitcham Town Centre and the surrounding area, focusing on the off sale of alcohol and based on health data.
Gap in alcohol-related harm (Standardised Admission Ratio) between east and west	31.7 ²	30.4 (2010/11-2014/15) 28.8 (2011/12-2015/16)	TBC (25 by 2018)	Not appropriate	Latest figures are for the period 2011/12 -2015/16. Figures shown a reduction in the SAR on both the baseline and previous period. Due to there being a two year delay in data, We will not be know if we have achieved the target (25 by 2018) until 2019/20.) .
No eligible food outlets signed up to Healthy Catering Commitments	New audit of HCC outlets against revised criteria. Baseline therefore zero.	29 awarded the Healthier Catering Commitment (July 2015 – November 2016). Further 8 awarded the Healthier	Y1: 20 outlets	G	In year 1 target was exceeded Since July 2015, the total number of food businesses who have been awarded the HCC is 37.

² Merton Standardised Admissions Ratio Baseline: East SAR 101.44; West Merton SAR: 69.78

Theme 2: Good health					
Outcome Indicator	Baseline	Current	Target	RAG rating	Commentary
		Catering Commitment January 2017 – July 2017 and around 50 premises visited.			
Proportion of people using outdoor space for exercise / health reasons <i>Public Health Outcomes Framework (PHOF indicator - percentages from Annual Population Survey sample so numbers not available)</i>	15% (Mar 2013-Feb 2014)	16.5% (Mar 2015 to Feb 2016). Merton is lower than England (17.9%) and London (18.0%).	17/18: 20%	A	This is below the target trajectory People accessing outdoor space for exercise/health reasons has dropped from 15% to 11.1% in 2014/15. There has then been an increase to 16.5% in 2015/16. Amber rating is because the proportion of people reported to be using outdoor space for exercise/health reasons is low, given that Merton has an abundance of green spaces. Also, figures are based on small annual survey sample and therefore subject to variability
Smoking prevalence – adults (18+) <i>Public Health Outcomes Framework (PHOF indicator - percentages from Annual Population Survey sample so numbers not available)</i>	2015:14.7% 2014:12.8% 2013:12.8%	2016: 12.7%	2018: 10.6%	A	Prevalence has declined since 2015 but is still lower than England (15.5%) and London (15.2%). However, we have not hit the target of 10.6%. To note: figures are based on small annual survey sample and therefore subject to variability
Alcohol-related admissions to hospital <i>Public Health Outcomes Framework PHOF indicator – no percentage available)</i>	517 (2014/15) 537 (2013/14) 502 (2012/13)	507 (2015/16)	17/18: 458	A	Admissions have fallen slightly in 2015/16 and are still lower than England (647) and London (545). Figures subject to annual variability and therefore further trend analysis required
ACE (Accelerate, Coordinate, Evaluate programme) Bowel Cancer Screening Pilot developed, implemented and evaluated • Number of GP Practices	N/A N/A	Pilot ran for 12 months from 1st October 2015 24/24 GPs	15 GP Practices 80% of patients	G	Screening levels and detection rates in Merton increased as a direct result of the pilot Project review resulted in 20 key

Theme 2: Good health					
Outcome Indicator	Baseline	Current	Target	RAG rating	Commentary
<p>participating in the pilot</p> <ul style="list-style-type: none"> Percentage of patients sent a bowel screening test (FOBT) and did not submit the test, who were engaged through the pilot 	N/A	<p>participated in the pilot</p> <p>GPs followed up on 3700 non-responders between the ages of 60-74</p> <p>Screening uptake increased by 3.9% compared to the same cohort 2 years before</p> <p>Clinical audit based on 1,077 non-responders, yielded a further 74 completed kits; 71 results recorded were normal, 2 needed to be repeated and 1 showed abnormality investigated by colonoscopy</p>			<p>recommendations for Primary Care to consider implementing and incorporating as part of best practice</p> <p>Pilot demonstrated the pivotal role played by GPs in delivering screening interventions together with the importance of supporting and incentivising GPs in sustaining ways of increasing bowel cancer screening uptake</p> <p>Since completion of the pilot on 30th September 2016 Open Exeter data shows a decline in the uptake figures</p>
East Merton Model of care developed and plan in place to with resources to deliver actions.	N/A	Progress to timeline	Model of care developed and plan in place with resources to deliver actions	G	Extensive work on first phase of the Development Programme underway. Governance via Wilson programme board.
A range of Health facilitation and promotion activities delivered to support people with learning disabilities	0	The breakdown of health facilitation is as follows:	Range of activities and support in place	G	This is an extensive and specialised service provided by LBM nurses/ psychotherapists. It is difficult to give a

Theme 2: Good health					
Outcome Indicator	Baseline	Current	Target	RAG rating	Commentary
		<p>In the Merton LD team: 3 Community Nurses 1 Senior Community Nurse/Psychotherapist 2 Clinical Psychologists 1 Physiotherapist 1 Occupational Therapist 1 Occupational Therapy assistant 2 Speech and Language Therapists</p> <p>Creative Psychotherapies team (based at LD day centre) 1 FTE 2 PT</p>			<p>definitive number on current caseloads due to the unpredictability of the work.. The community nursing service offers support to GP practices, and in cases where clients have no effective advocacy, will support clients to attend GP appointments so that they can fully understand the implications of what the GP is telling them. In addition, the Nursing team support with the production of hospital passports, to ensure that the person's needs are understood when they attend hospital appointments. Nursing staff also facilitate a drop in health clinic at the day centres throughout the year.</p> <p>Individual health promotion work is also undertaken, including co-ordination of health services for an individual's complex needs.</p>

Theme 3: Life skills, lifelong learning and good work

3.1 Outcome: The number of Jobseekers Allowance claimants in Mitcham is reduced

- The Economic Wellbeing Group set the target to reduce the number of JSA claimants within the 4 most deprived wards of the borough where unemployment rates continue to remain significantly higher than the borough average. These wards are Cricket Green, Pollards Hill, Lavender Fields and Figgie's Marsh, and are covered by Mitcham Job Centre Plus. Strong links have been developed with the Job Centre Plus and a small reduction in the number of JSA claimants has been achieved – 2.32% of the working population in the area against the baseline of 2.77% (average for the four most deprived wards). The target of 1.7% of the working population by March 2017 is ambitious. The Council no longer provide grants to support employability programmes for local providers to deliver so the EWG can only provide partnership support using their existing resources.
- From August 2017 DWP discontinued this dataset when they changed the way they publish their benefit statistics. Under the new Universal Credit a broader span of claimants are required to look for work than under Jobseeker's Allowance, referred to as out-of-work benefit claimants. As Universal Credit Full Service is rolled out in particular areas, the number of people recorded as being on the Claimant Count is therefore likely to rise.
- The records for December 2017 show out-of-work benefits in Merton at 1.7% (2,345 claimants) compared to the average for the four most deprived wards at 2.85%. (London's out-of-work benefits 2% and Great Britain 1.9%)
- Cricket Green 3.2% (235 claimants)
- Pollards Hill 3.0% (215 claimants)
- Lavender Fields 2.3% (175 claimants)
- Figgies Marsh 3% (235 claimants)

A comparison with Merton's four most affluent wards is as follows (average of 1.0%):-

- Wimbledon Park 1.0% (70 claimants)
- Hillside 0.8% (50 claimants)
- West Barnes 0.9% (60 claimants)
- Dundonald 0.4% (30 claimants)

Figures on out-of-work benefits are obtained from NOMIS.

3.2 Outcome: Increase employment by targeting initiatives to improve soft skills and to deliver skills in growth sectors

A London Councils European Social Fund Operational Programme (ESF) is aimed at supporting residents under:

- Priority Axis 1 – Inclusive labour Markets

- Priority 1.1 - Improving the employability and skills of the unemployed and economically inactive people
- Priority 1.4 - To address the root causes of poverty which creates barriers to work so more people move closer or into employment
- Priority Axis 2 – Skills for Growth
- Prevista were awarded the contract in December 2017 and the employability programmes have begun to be delivered from January 2018. Support is provided for 19-25 year olds unemployed for more than 6 months and for over 25 year olds unemployed for 12 months. Prevista who have based their offices at Vestry Hall, Mitcham. There are currently no figures available to report on numbers of residents supported.

3.3 Outcome: Assist business start-ups and growth of existing businesses and enable local unemployed to access the new jobs created

- The funding to support this Merton Business Support Service (MBSS) programme is no longer available and was closed in October 2016. Merton Chamber of Commerce have introduced a commercial version of the programme, which they deliver independently. Anyone enquiring about business support is directed to this programme.
- Merton is part of the sub-regional alliance known as the South London Partnership (SLP). The five boroughs (Merton, Sutton, Kingston, Richmond and Croydon) have commissioned Shared Intelligence to deliver a sub regional Skills Strategy which should be published at the end of February 2018. This will include activities to support businesses to grow and will lead to an Action Plan that will help residents into employment.

3.4 Outcome: Bridge the lifelong learning gap in deprived wards and increase access to ESOL (English for Speakers of Other Languages) courses using health themes

- Courses for English for speakers of other languages are mainly being delivered through two commissioned partners – South Thames College and Groundwork London. Health themes have been embedded into all courses. 38% of learners live in deprived wards, a total of 262 learners – although slightly below target for proportion of learners from deprived wards, the learner number has been exceeded. This is partly attributable to the increased focus on increasing key life skills courses within the provision of the new commissioned service.

Theme 3: Life skills, lifelong learning and good work					
Outcome Indicator	Baseline 2015	Current	Target 2018	RAG rating	Commentary
<p>The number of JSA claimants at Mitcham JCP and ESA claimants</p> <p>Please note that From August 2017 DWP discontinued this dataset when they changed the way they publish their benefit statistics. Under the new Universal Credit a broader span of claimants are required to look for work than under Jobseeker's Allowance. As Universal Credit Full Service is rolled out in particular areas, the number of people recorded as being on the Claimant Count is therefore likely to rise. In future this will be reported as number of out-of- work benefit claimants</p>	Average for deprived wards is 2.77% (NOMIS June 2015)	2.85% (860)	1.7% (513)	A	The records for December 2017 show out of work benefits in Merton at 1.7% (2,345 claimants) compared to the average for the four most deprived wards at 2.85%. (London's out-of- work benefits 2% and Great Britain 1.9%).
Increase employment by targeting initiatives to improve soft skills and to deliver skills in growth sectors	100 residents in IT and 200 residents in employability skills training	160	+ 150 employed	G	The initial target has been exceeded Reporting on this target beyond 2015/16 will relate to the new ESF London councils' programme - <i>still to be published</i>
Assist business start-ups and growth of existing businesses and enable local unemployed to access the new jobs created	N/A	545 new jobs created	+160 jobs	G	The MBSS programme completed in October 2016. Anyone enquiring about business support is directed to the Merton Chamber of Commerce support programme. Unfortunately the service is no longer supported financially by the council and so people seeking help will need to pay the Chamber.

Bridge the lifelong learning gap in deprived wards and increase access to ESOL (English for Speakers of Other Languages) courses using health themes	36% of learners on qualification live in deprived ward. 60 ESOL learners using health themes	38% of learners live in deprived wards, which total 262 learners. Health themes embedded into all courses	40% 240 ESOL learners using health themes	A	Although below target for proportion of learners from deprived wards the learner number has been exceeded. This is partly attributable to the increased focus on increasing key life skills courses within the provision of the new commissioned service.
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Theme 4: Community participation and feeling safe

4.1 Outcome: Number of people engaged in their communities is increased through volunteering

- A new Joint Voluntary and Community Sector and Volunteering Strategy was developed and published in February 2017
- In 2015/16, 904 volunteers received extra support by MVSC's Volunteering Recruitment Team and assisted into volunteering opportunities in their local community. From April 2016, MVSC's LBM funding ceased for Youth Action Programme (disadvantaged 16-18 year olds); Ageing Well Supported Volunteering Programme (disabilities, long term health conditions, mental health issues, long term unemployed); and Merton Library Volunteers recruitment programme. MVSC has gained some external funding to deliver programmes but with a large reduction in capacity of approximately 58%. A revised trajectory was therefore proposed for 2017/18 of 250 Volunteers with additional support needs interviewed and assisted into volunteering opportunities. This was met, with 252 volunteers who require extra support to volunteer have been interviewed and assisted into volunteering opportunities
- In addition to the 252 residents who received face-to-face support (through the above supported programmes, volunteer recruitment sessions and individuals dropping into MVSC), a further 537 residents have been able to access volunteering opportunities via the Volunteer Merton website, therefore the total number of residents able to access volunteering opportunities easily in 2017/18 was 789.
- The new Volunteer Merton online portal launch in April 2016 and over 700 residents have accessed the website and database of 200+ local volunteering roles or have been supported by MVSC in another way in order to access volunteer opportunities.

4.2 Outcome: Sustainable voluntary and community organisations partner with the public sector to strengthen community capacity and cohesion

- A range of capacity building activities (including training, partnership bids and group forums) delivered to support the health agenda, particularly in East Merton. Funding workshops delivery and funding secured to support health activities.

4.3 Outcome: People remain independent or regain independence as far as possible

- A new reablement service has been implemented and has performed well achieving a significant improvement in the proportion of older people who are offered reablement on discharge from hospital. Reablement remains a key short term intervention, and has become increasingly critical to managing hospital discharges

4.4 Outcome: People feel safer through tackling perceptions of crime

- Metropolitan Police (October 2016) reports public confidence is currently at 68% (1% increase) for the borough which is 1% below the Met average. The Met with partners through Local Multi-Agency Problem Solving Panels to put measures in place to improve perceptions of crime and anti-social behaviour (ASB). Maximum use is being made of community messaging and social media to promote perceptions of safety.
- In 2016-17 the ASB service received 713 contacts. This was an increase in excess of 100 from the previous year which also saw a year on year increase. The most common themes for ASB reports remain neighbour disputes, street drinking and environmental crime. We are continuing to utilise our civil intervention powers and are working with police to utilise ASB closure powers to remove person(s) from property's where ASB is being perpetrated and preventing access therefore reducing the ASB on the wider community
- Neighbourhood Watch in Merton plays an important role in strengthening community cohesion as well as crime prevention. Currently Merton's Neighbourhood Watch scheme has close to 30,000 individual members covering the equivalent of 35.5% of the borough. Work between Safer Merton is on-going to maximise coverage as well as maintain active and engaged members.
- Work on hate crime continues with 2016 and 2017 figures being marginally different with a slight reduction in reports for 2017 despite there being five terrorist attacks on the UK. Hate crime remains a cross party priority and Merton is now working towards year two of our four year hate crime strategy. In 2017 we relaunched our website for hate crime and launched a new leaflet and scheme logo which is designed to help strengthen awareness of victim offer, branding and increase reports. The leaflet is attached for reference and sharing
- Moving forward we are preparing for the merger of four policing boroughs into one borough operating command unit (BOCU). The southwest BOCU combines Richmond, Kingston, Merton and Wandsworth into one policing area. In pathfinder boroughs community confidence was impacted very negatively so as a community safety partnership we will be monitoring this carefully. The go-live date for the BOCU currently stands as 23 May 2018

4.5 Outcome: Causes of crime addressed through a place based approach focusing on hot spots

- The 2016-18 Community Safety Strategic Assessment identified one ward where crime was increasing and which required a concerted partnership approach. As a result there will be a focus of work for 24 months across Wimbledon Park Ward. This ward will undergo profiling and problem solving processes to ensure that a strategic and sustained crime prevention methodology can be adopted and used to benefit the ward and the surrounding area

- It is proposed that outcome indicators for the H&WB Strategy are revised to reflect the findings of the planned Strategy Assessment early next year, and reflect recent Domestic Violence needs profile, and a focus on alcohol related crime
- Local Alcohol Action Areas (LAAA) – a bid is being submitted to the Home Office for Merton to be part of a new, two year pilot, which works to address crime committed where alcohol is present. This does not provide funding but access to the specialist advice and expertise of the Home Office and Public
- Health England. The bid is based on a partnership approach between businesses, police, public health and Safer Merton with actions focusing on Wimbledon Town Centre and Mitcham Town Centre. Selection is made in December.

Theme 4: Community participation and feeling safe					
Outcome indicator	Baseline	Current	Target	RAG	Comment
Refresh Merton Partnership Volunteering Strategy for 2015-17	20% of residents report volunteering participation (Resident Survey 2014indicator)	No resident survey 2016	21% from 2015	G	A new Joint voluntary and community Sector and Volunteering Strategy was developed and published in February 2017
Residents who require extra support to volunteer e.g. with disabilities, long term health conditions, mental health problems, 16-18 year olds, and the long term unemployed are supported to volunteer	800 residents 2014/5	Target of 900 residents for 2015/16 , 904 residents supported achieved 2016/17 –to date 313 volunteers supported	Suggested provisional trajectory in 2017/18: 250 Volunteers with additional support needs interviewed and assisted into volunteering opportunities. 2017/18 Outcome: 252 volunteers who require extra support to volunteer have been interviewed and assisted into volunteering opportunities.	G	Target exceeded for numbers of residents supporting in volunteering
Residents are able to easily identify volunteer opportunities and approach organisations	1000 residents 2014/5 (MVSC stats)	2015/16: 2,800 residents contacts (face-to-face support & via MVSC website) (target 1,200)	2016/17: target 880 2017/18: proposed target 750 Suggested trajectory for this action in 2017/18: 750. Approximately 252	G	Target exceeded New Volunteer Merton online portal established April 2016

			residents have received face-to-face support (through the above supported programmes, volunteer recruitment sessions and individuals dropping into MVSC). A further 537 residents have been able to access volunteering opportunities via the VolunteerMerton website. Total number of residents able to access volunteering opportunities easily in 2017/18: 789		
Increase in finance levered into Merton for health and wellbeing activities within the voluntary & community sector in the east of the borough	2 workshops £100,000 secured	5 funding workshops delivered £125,000 levered in	Annually Between April and December 2017, over £830,000 in grant funding has been levered into local organisations to support their continued delivery of health & Wellbeing related services and projects.	G	On target
Capacity building across community groups to enable partnership working with public sector on health and	N/A	Capacity building activities implemented	6 monthly 63 organisations (including 11 new start-ups) located or	G	Target achieved

wellbeing agenda			delivering services/activities in East Merton supported.		
Ensuring that the right people receive reablement services (proportion of older people 65+ who were offered a reablement or intermediate service BCF & ASCOF indicator	2015/16 4.4% 2014/15 5.4% 2013/14 1.6% -against comparator LAs of 4.6%	2016/17 4.0% Against comparator LAs 3.9%	TBC	G	Good performance against baseline and comparators
Improve the provision of mental health peer support services for adults- Pilot Project	N/A	Pilot developed and commissioned to Imagine Independence. Pilot is currently underway.	Pilot developed, implemented and evaluated	G	Pilot has been developed, implemented and has been running for 1 year and 4 months. To date over 20 peer support workers and over 100 clients have accessed the service. An evaluation is currently taking place to inform the specification for the new service.
Support older adults to reduce loneliness and isolation, and remain or regain independence: Two year Pilot Merton Befriending Scheme Number of eligible Merton residents with:	N/A	The total number of service users seen since the start of the service is 224 (up to September 2017).	At end of year 2 92 telephone clients and 92 face to face clients seen in Pilot	G	There has been an increase in the last year in the number of service users, with a total of 104 during the last four quarters. Service users predominantly want a face to face service and the number of telephone clients is low.

a) Telephone befriending b) Face to Face Befriending					A new befriending service has been recommissioned from February 2017.
People feel safe through tackling perception of crime	75% respondents 2015	Safer Merton Resident's Survey now asks how safe people feel when outside in their local area during the day, almost all (96%) feel safe, with no respondents stating they feel very unsafe. After dark, 85% feel safe, although most of these feel fairly safe (63%) as opposed to very safe (22%).	80% respondent	G	In previous years the question was a generic how concerned are you about crime. In the latest survey the question differentiates between how safe residents feel during the day, compared to at night.
Causes of crime addressed in three Hotspot areas identified through the vulnerable localities index	Crime rate in identified ward area before intervention	Not progressed due to revised Safer Merton priorities			Proposed revised outcome indicator and target –following report of Strategic Assessment early 2017. This will be addressed in the refresh of the HWB Strategy 2018

Theme 5: A good natural and built environment

Outcome 5.1: Positive health and wellbeing outcomes are embedded within major developments as a condition of granting planning permission in Merton

- All Merton's Local Plan and development plans are being supported by a Health Impact Assessment (HIA). The HIAs seek to ensure that health and wellbeing including mental health is embedded in Merton's Local Plan and development plans policies.
 - Public Health is currently carrying out HIAs for the Morden town centre regeneration and Merton's new Local Plan. The HIAs will inform and influence the development of the Plan towards adoption.
 - Merton is working towards becoming a Dementia Friendly borough. As part of the development of Merton's Local Plan, Dementia Friendly good practice will be incorporated in the Local Plan and its policies.
 - Council requires that all major development applications are supported by an HIA and that the applicant engages with Public Health to gain understanding of the borough's health inequalities and council health priorities, before submitting a HIA and planning application.

Outcome 5.2: Fuel poverty is reduced through collective energy switching

- Fuel poverty affects the most vulnerable residents in our communities and can have adverse impacts on their well-being. The high, and rising, cost of energy is a significant contributor to this problem, and collective energy switching can help reduce residents' energy bills – particularly alongside other key approaches such as increasing home energy efficiency.
- In Merton the aim has been to promote and facilitate the Big London Energy Switch in to enable residents, especially those without internet access, to access collective energy switching programmes. The target of increase annually participation of residents has proved extremely difficult to achieve. There is no dedicated resource to support this activity and our efforts also 'compete' with a range of other initiatives such as the national Uswitch campaign. Vulnerable residents are more likely to have pre-paid meter arrangements and any debt will mean that it is not always possible to switch energy supplier.
- Latest figures on levels of fuel poverty show that since 2012 there has been a gradual increase in Merton. An estimated 10.2% of household (8,151) are fuel poor (2015) compared to 8.6%(6,469) in 2012. The current level of fuel poverty is similar to London (10.1%) and less that the average across England (11.4%).

Outcome 5.3: Pollution is reduced through an increased number of trees in parks

- The programme of tree planting is on-going with sustained investment. More trees are planted every year - in part to off-set losses – both in parks and on highways. Trees are also an appreciating asset and natural growth results in increased canopy. A longer time is required to measure accurate tree coverage and assess impact, and not possible at this interim stage. There is no

longer any funding for tree planting and establishment in parks so currently no planting programme.

- **Outcome 5.4: Homelessness Prevention through appropriate advice and assistance** (proposed revised housing outcome)
- Homelessness Prevention is a central plank to the Council's Housing Needs Service and is in accordance with the provisions of the Housing Act 1996 and the associated government code of guidance. Homelessness Prevention prevents admission into temporary accommodation which households have not chosen themselves and instead gives households the opportunities to continue to occupy their homes until they can make a planned move to suitable alternative accommodation and importantly it brings significant benefits to individual health and well being and seeks to improve life chances
- The importance of Homelessness Prevention is reinforced in the Homelessness Reduction Act, which will be enacted on 1st April 2018.

Theme 5: A good natural and built environment					
Outcome indicator	Baseline	Current 2016	Target 2017/18	RAG rating	Commentary
Undertake Health Impact Assessment	HIA not part of planning processes	HIA of Estates Local Plan by Future Merton working with Public Health: Estates Local Plan adopted February 2018.	Every significant developments & masterplans have a HIA	G	<p>HIAs introduced into planning system in line with trajectory for 2018</p> <p>Estates Local Plan: adopted February 2018</p> <p>Clarion Housing Group, submitted a full HIA as part of the planning application for, the following three housing estates: High Path (South Wimbledon), Ravensbury (Morden) and Eastfields (Mitcham).</p> <p>Public Health are working with planners on the Morden town centre regeneration Local Plan</p> <p>Thames Water site (Fortescue Road SW19) A HIA was submitted with the planning application.</p>
Promote & facilitate the London Energy Switch in Merton	2013/14 Total registrations: 1103 Total switchers: 117	<u>2014/15</u> Total registrations: 302 Total switchers: 88 (-24% on 2013/14) <u>2015/16</u> Total registrations: 385 Total switchers: 74 (-37% on 2013/14) 2016/17 (*to date) Total registrations: 254	Increased participation of 10% annually	R	<p><i>Discussed at HWBB in 2017 as inappropriate indicator which will be reassessed in 2018 HWBS refresh.</i></p> <p>No dedicated resource to promote uptake; other major collective energy switching schemes; vulnerable groups possible with debt & have</p>

		Total switchers: 147 (+25% on 2013/14) 2017/18 (*to date) Total registrations: 100 Total switchers: 20			prepaid meters have difficulty switching.
Increased tree planting & increasing tree canopy cover	5.5% (5.9% to 6.5% (6.9%) tree cover by LBM managed trees and woodland	No interim measurement by aerial photography survey available	3% increase in LBM managed tree canopy cover		Currently there is no planting in Parks due to absence of budgetary provision
Homelessness Prevention through advice and assistance	450 cases	413 cases (as at end of January 2018)	450 cases annual target	G	On track to achieve annual target

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Committee: Healthier Communities and Older People
Overview and Scrutiny Panel.

Date: 13 March 2018

Wards: All

Subject: Planning the Healthier Communities and Older People Overview and Scrutiny Panel's 2018/19 work programme

Lead officer: Stella Akintan, Scrutiny Officer

Lead member: Councillor Peter McCabe, Chair of the Healthier Communities and Older People Overview and Scrutiny Panel

Contact officer: Stella Akintan; stella.akintan@merton.gov.uk; 020 8545 3390

Recommendations:

- A. That the Panel reviews its 2017/18 work programme (set out in the appendix), identifying what worked well, what worked less well and what the Panel would like to do differently next year;
 - B. That the Panel suggests items for inclusion in the 2018/19 work programme – both agenda items and potential task group review topics;
 - C. That the Panel advises on agenda items for its meeting on 19 June 2018.
-

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 To enable the Panel to plan its work programme for the forthcoming municipal year and, in particular, to agree agenda items for the first meeting of the municipal year.

2. DETAILS

Identifying issues for the 2018/19 work programme

- 2.1 The scrutiny officers are currently gathering suggestions for issues to scrutinise, either as Panel agenda items or task group reviews. Suggestions are being sought from members of the public, councillors and partner organisations including the police, NHS and Merton Voluntary Service Council. Other issues of public concern will be identified through the Annual Residents Survey. The council's departmental management teams have been consulted in order to identify forthcoming issues on which the Panel could contribute to the policymaking process.
- 2.2 The Panel is therefore invited to suggest items for inclusion in the 2018/19 work programme – both agenda items and potential task group review topics.
- 2.3 All the suggestions received will be discussed at the Panel's topic workshop on 19 June 2018. As in previous years, participants will be asked to prioritise the suggestions using criteria so that the issues chosen relate to:

- the Council's strategic priorities;

- services that are underperforming;
- issues of public interest or concern;
- issues where scrutiny could make a difference

3. ALTERNATIVE OPTIONS

- 3.1 The Healthier Communities and Older People Overview and Scrutiny Committee can select topics for scrutiny review and for other scrutiny work as it sees fit, taking into account views and suggestions from officers, partner organisations and the public.

4. CONSULTATION UNDERTAKEN OR PROPOSED

Scrutiny topic suggestions are being sought from members of the public, councillors, council officers and partner organisations including the police, NHS and Merton Voluntary Service Council.

5. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 5.1 None for the purposes of this report.

6. LEGAL AND STATUTORY IMPLICATIONS

- 6.1 There are none specific to this report.

7. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 7.1 It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engaging with local partners in scrutiny reviews. Furthermore, the outcomes of reviews are intended to benefit all sections of the local community.

8. CRIME AND DISORDER IMPLICATIONS

- 8.1 The Police and Justice Act 2006 requires every Council to have a scrutiny committee with the power to review or scrutinise decisions made, or other action taken by the Council and the other responsible authorities in the exercise of their crime and disorder functions. The other responsible authorities are the police, the police authority (Metropolitan Police Authority), the fire and rescue authority and the Primary Care Trust.
- 8.2 In Merton the responsible committee is the Overview and Scrutiny Commission.
- 8.3 Under the 2006 Act, the responsible committee is required to “meet to review or scrutinise decisions made, or action taken, in connection with the discharge by the responsible authorities of their crime and disorder functions, no less than once every twelve months”. In doing so, it may require the attendance of officers from the Council, the police and co-operating authorities.

9. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 9.1 None relating to this report.

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

- 10.1 2017/18 work programme

11. BACKGROUND PAPERS

11.1 None

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Healthier Communities and Older People Work Programme 2017/18



This table sets out the draft Healthier Communities and Older People Panel Work Programme for 2017/18. This Work Programme will be considered at every meeting of the Panel to enable it to respond to issues of concern and incorporate reviews or to comment upon pre-decision items ahead of their consideration by Cabinet/Council.

The work programme table shows items on a meeting by meeting basis, identifying the issue under review, the nature of the scrutiny (pre decision, policy development, issue specific, performance monitoring, partnership related) and the intended outcomes. The last page provides information on items on the Council's Forward Plan that relate to the portfolio of the Healthier Communities and Older People Panel so that these can be added to the work programme should the Commission wish to.

The Panel is asked to identify any work programme items that would be suitable for the use of an informal preparatory session (or other format) to develop lines of questioning (as recommended by the 2009 review of the scrutiny function).

Scrutiny Support

For further information on the work programme of the Healthier Communities and Older People please contact: -
Stella Akintan (Scrutiny Officer)
Tel: 020 8545 3390; Email: stella.akintan@merton.gov.uk

For more information about overview and scrutiny at LB Merton, please visit www.merton.gov.uk/scrutiny

Meeting Date 27 June 2017

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Performance Monitoring	St George's University Hospitals NHS Foundation Trust.	Verbal update at the Panel	Dr Andrew Rhodes, Acting Medical Director, St George's Hospital	Panel to receive an update on the improvements since the recent CQC inspection.
Performance Monitoring	South West London and St George's Mental Health NHS Trust	Verbal update at the Panel	David Bradley, Chief Executive, SWLST Mental Health Trust.	Panel to receive update on proposed changes to Autistic services.
	Work programme report	Report to the Panel	Cllr Peter McCabe, Chair Stella Akintan, Scrutiny Officer	To agree the work programme for 2017-18

Meeting date – 06 September 2017

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Consultation	Epsom and St Helier University NHS Trust – Update on current priorities	Report to the Panel	Daniel Elkeles, Chief Executive, Epsom and St Helier	Panel to receive an update on the Trust Estate Strategy
Performance Review	Access to local assessment Centres and the assessment process	Report to the panel		
Scrutiny Review	Loneliness Task Group – Final Draft Report.	Report to the Panel	Councillor Sally Kenny	To consider the report and recommendations arising from the review

Meeting Date – 07 November 2017

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Policy Development	Services for people who have experienced brain injury	Report to the Panel	Specialised Commissioning Group Merton Safeguarding Adults Board	To review the services available for this group
Performance Monitoring	Budget	Report to the Panel	Caroline Holland, Director of Corporate Services	To comment on the council's draft budget

Meeting date – 11 January 2018

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Performance Monitoring	Budget	Report to the Panel	Caroline Holland, Director of Corporate Services	To comment on the council's draft budget
Policy Development	MCCG Primary Care Strategy	Report to the Panel	Dr Andrew Murray, Chair, Merton Clinical Commissioning Group.	Look at succession planning for GPs and access to GP Services
Scrutiny Review	Final report and recommendations from the scrutiny review of the Homeshare scheme.	Report to the Panel	Councillor Sally Kenny, Task Group Chair	To send the report to Cabinet for final agreement.

Meeting date – 13 February 2018

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Policy Development	Services for Merton residents who have experienced Traumatic Brain Injury.	Report to the Panel	Josh Potter, Director of Commissioning Merton CCG	Panel to comment on the work from MCCG
Scrutiny Review	Update from the work of the 'Preventing Diabetes in the South Asian Community' task group	Report to the Panel	Barry Causer, Public Health Commissioning Manager	Progress with implementing the recommendations
Policy Development	South West London Health protocol/ trigger document	Report to the Panel	Stella Akintan,	Panel to agree to support Protocol

Meeting Date – 13 March 2018

Scrutiny category	Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Performance Monitoring	Review of Personal Independence Payments (PIP) process in Merton.	Report to the Panel	<p>Sarah Hernandez, District Operations Manager for Croydon, Sutton and Merton. Department for Work and Pensions</p> <p>Kam Patel, Partnership Manager, Department for Work and Pensions.</p> <p>Lyla Awan-Kamara, Chief Executive, Merton Centre for Independent Living</p> <p>Karen Brunger, Head of Service, Citizens Advice Merton and Lambeth</p>	To review and comment on how the PIP process is working in Merton.
Performance Monitoring	Roll out of Universal Credit in Merton	Report to the Panel	<p>Sarah Hernandez, District Operations Manager for Croydon, Sutton and Merton. Department for Work and Pensions</p> <p>Kam Patel, Partnership</p>	To review and comment on how the Universal Credit process is working in Merton.

			Manager, Department for Work and Pensions. David Keppler – Head of Revenues and Benefits	
Scrutiny Review	Preventing Loneliness in Merton Task Group – Department Action Plan	Report to the Panel	Daniel Butler, Senior Principal Public Health Officer	The Panel to review the department action plan to implement the recommendations arising from the report.
Performance Monitoring	Healthwatch Merton - Future procurement arrangements	Report to the Panel	Kris Witherington – Consultation and Community Engagement Dave Curtis Healthwatch Merton Manager	Update for the Panel
Performance Monitoring	Update on the Health and Wellbeing Board and Health and Wellbeing Strategy	Report to the Panel	Dr Dagmar Zeuner, Director of Public Health	Review outcomes from the work of the Board
Work Programme	Work Programme Report	Report to the Panel	Stella Akintan, Scrutiny Officer.	Review work programme for 2017-18 and make suggestions for Panel meeting agenda in June.