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Merton Council

Health and Wellbeing Board

Date: 24 November 2020

Time: 6.15 pm

Venue: This will be a virtual meeting and therefore not held in a physical location, in accordance with s78 of the Coronavirus Act 2020

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|---|-------------------------------------|---------|
| 1 | Apologies for absence | |
| 2 | Declarations of pecuniary interest | |
| 3 | Minutes of the previous meeting | 1 - 6 |
| 4 | Covid-19 update | |
| | a) Situational Awareness Report | |
| | b) Local outbreak control | |
| | c) Engagement with the community | |
| 5 | Merton Carers' Strategy 2021 - 2026 | 7 - 54 |
| 6 | Merton CAMHS Strategy 2020 - 2023 | 55 - 80 |

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

Requests to speak will be considered by the Chair. If you would like to speak, please contact by midday on the day before the meeting.

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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. For further advice please speak with the Managing Director, South London Legal Partnership.

Health and Wellbeing Board Membership

Merton Councillors

- Oonagh Moulton
- Labour Member to be appointed at Full Council on 18th November, 2020
- Labour Member to be appointed at Full Council on 18th November, 2020

Council Officers (non-voting)

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

Statutory representatives

- Four representatives of Merton Clinical Commissioning Group
- Chair of Healthwatch

Non statutory representatives

- One representative of Merton Voluntary Services Council
- One representative of the Community Engagement Network

Quorum

Any 3 of the whole number.

Voting

3 (1 vote per councillor)

4 Merton Clinical Commissioning Group (1 vote per CCG member)

1 vote Chair of Healthwatch

1 vote Merton Voluntary Services Council

1 vote Community Engagement Network

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.

HEALTH AND WELLBEING BOARD

29 SEPTEMBER 2020

(6.15 pm - 8.10 pm)

PRESENT Councillor Stephen Alambritis (in the Chair),
Councillor Oonagh Moulton, Chris Lee, Dr Dagmar Zeuner,
Dr Doug Hing, Mark Creelman, Rob Clarke, Dr Aditi Shah, Dr
Mohan Sekeram, Councillor Eleanor Stringer,
Dr Karen Worthington, Hannah Doody, Rachael Wardell, Brian
Dillon, Dave Curtis, Simon Shimmens, Dr Vasa Gnanapragasam
(Vice Chair)

ALSO PRESENT John Morgan (Assistant Director of Adult Social Care for
Merton), Clarissa Larsen (Health and Wellbeing Board
Partnership Manager) and Ola Dejo-Ojomo (Temporary
Democratic Services Officer)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

There were no apologies for absence. The Chair welcomed the new members to the Board, namely Dr Aditi Shah and Dr Mohan Sekeram, Dr Karen Worthington, and Mark Creelman who was covering for James Blythe's secondment.

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of pecuniary interest.

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

RESOLVED: That the minutes of the previous meeting on 23 June 2020 were agreed as a correct record.

4 COVID-19 (Agenda Item 4)

4a SITUATIONAL AWARENESS REPORT (Agenda Item 4a)

The Director for Public Health (DPH) presented a summary of the latest COVID-19 situational report for the week ending 23 September 2020 (attached as appendix 1). The DPH issued a word of caution against the figures that initially appeared to suggest an encouraging trend in the number of cases in the borough, advising that there had been a decrease in the numbers for testing. The Board also considered the number of positive cases per 100,000 for each London borough (attached at appendix 2), and the DPH advised it was important to consider London as a whole rather than just the figures for individual boroughs. Although the figures appeared lower in south London than north London, it should be noted that the figures could change at any time due to the fact that London is porous and residents were not

bound by borough boundaries. A number of figures should be considered in this regard, namely:

- People working in boroughs other than the one where they lived
- People living outside London coming to work here and vice versa
- Siblings who go to different schools, or schools in different boroughs

As such, it was important that we did not become complacent. The DPH also advised that authorities across London were working together to control the virus, and this had been agreed by the Mayor of London.

In response to queries from the Board, the DPH advised or confirmed the following:

- The profile of cases confirmed across London tended to be in the younger age group; in Merton it also includes working age range.
- The word “situation” in this context referred to a suspicion of an outbreak even if it has not yet been confirmed. As the term can cause confusion we will change for the next weekly report.
- Board members should encourage others to download the NHS COVID-19 Track and Trace App, as this was one of the interventions and tools that could help control the spread of the virus.
- Granular data was just being received on where residents who had tested positive for COVID-19 had their tests, and data would be shared with the Board after a preliminary analysis of this.

4b LOCAL OUTBREAK CONTROL BRIEFING (Agenda Item 4b)

The DPH gave an overview of the outbreak control governance (attached as appendix 3), explaining how the work of local, sub-regional and regional authorities contribute to the national control framework. This included the statutory Health and Wellbeing Board and its Community Subgroup, the Terms and Reference for which would be considered later in the meeting.

The DPH also explained definitions of some of the terms used to measure and govern the control of the virus, including a range of outbreak scenarios (attached at appendix 4). Included in the outbreak control briefing were the epidemic level ranking in London (appendix 5) and the London strategic escalation process for outbreak management (appendix 6). The DPH brought the Board’s attention to education and childcare summary guidance (appendix 6), and the potential impact on school restrictions. Whilst there had been some schools in south west London that had closed following an outbreak in the school, it was noted that there is a commitment within the national framework not to use school closures as a general means to control the virus. This would only happen following negotiations between regional (London) and national frameworks.

Members of the Board noted that whilst some parents were apprehensive about sending their children back to school during the pandemic, some others complained that the measures put in place by schools were too draconian. The DPH advised that they were working with head teachers and parents to communicate simple explanations to help them distinguish between simple colds and COVID-19 symptoms. Various members of the Board including the Chair expressed thanks to head teachers for their work in responding to the pandemic as well as having to deal with varying concerns from the community.

The Board also considered the draft terms of reference for the Health and Wellbeing Board Community Subgroup for adoption. The Community Subgroup would be an advisory, consultative forum accountable to the Health and Wellbeing Board. Having considered the draft terms of reference, the Board RESOLVED to agree the terms of reference subject to the addition of Healthwatch Merton to its membership.

Note: Councillor Stringer was not present for the consideration of the Health and Wellbeing Board Community Subgroup terms of reference due to brief attendance of a Council-related meeting.

4c ENGAGEMENT WITH COMMUNITIES ON THE IMPACT OF COVID-19 (Agenda Item 4c)

The Director of Public Health introduced the presentation (appendix 9) by giving an overview of the approach of how the Council and voluntary organisations were engaging with the community. The Chief Executive of Merton Voluntary Service Council (MVSC) gave an overview of the work of the Merton Covid-19 Community Response Hub (appendix 8) between March and August 2020. The close of the Merton Giving Coronavirus Fund had seen £210,640 awarded to 75 organisations. Part of the lessons learnt was that although there was a good response to the Hub, they were aware that certain groups and residents had not been reached. Ongoing efforts were being made to address this. He noted that there was a willingness from the voluntary organisations to support vulnerable residents.

The Chief Executive of Age UK Merton updated the Board on how local organisations – MVSC, Wimbledon Guild and Age UK Merton and other informal neighbourhood networks – had continued to support more than 1,500 residents during the pandemic. The presentation also highlighted the direct and indirect impact of Covid -19 on older adults, including mental wellbeing, physical health and finances, and efforts proposed to address these.

Various members congratulated the Community Response Hub for its work and noted that the established collaborative working and community spirit would put us in good stead for the coming months as it became darker, colder and wetter. Dr Gnanapragasam also highlighted the issues of digital parity amongst older members of the community and suggested that younger people could be empowered to help address this, especially during the winter months when feelings of isolation could increase. The Director of Children, Schools and Families noted that the Council had received its allocation of access to laptops for young people who do not have the resources to ensure digital connectivity for their learning, and this would benefit the wider household as well.

5 NHS UPDATE: SWL CCG; SIMON STEPHEN'S LETTER ON THIRD PHASE AND WINTER PREPAREDNESS; PCNS & PRIMARY CARE (Agenda Item 5)

Representatives from the NHS South West London CCG presented an update on its response to the phase 3 recovery from the virus. First, Mark Creelman, Locality Executive Director for Merton and Wandsworth, gave a briefing on the CCG's response to the first wave of the virus and its preparations for the next anticipated wave (appendix 8). He also advised that with regard to Covid-19 testing, south west

London hubs have been set up in all major hospitals in the sub region for primary care staff and their families who are symptomatic. This was a new measure which would assist in identifying who was positive and who would need to isolate.

John Morgan, Assistant Director of Adult Social Care for Merton, updated the Board on work being done on winter preparedness and planning for the next surge in terms of hospital discharges, and people who were shielding. The NHS had provided detailed numbers on those coming to hospital on four different pathways, namely: 0 – those needing no care, 1 – those discharged with home care, 2 – those needing a form of bedrest enablement, and 3 – those needing temporary or long term care until going home. Work had been done with partners CLCH to design pathways in preparation to meet those numbers, and work on the anticipated second surge had commenced with updated numbers from the NHS including the predicted winter planning. With regard to shielding, approximately 7,200 people in Merton were shielding up until the end of July; preparations were being made for shielding patients for a second wave, including working with partners such as supermarkets to fulfil their obligations to provide food. Regarding the impact on care homes, the Care Home Support Team had been commissioned to continue its work until the end of the financial year. Work was also being done with the CCG to look at temporary units where people who had tested positive could go if they could not return to their own care homes or community. This would be a pilot which could be rolled out across south west London.

Dr Vasa Gnanapragasam highlighted some of the challenges that have impacted the productivity of GPs during the pandemic, including having to see patients with a range of illnesses or health needs including mild Covid-19. Whilst GP practice staff had stepped up to meet these challenges, fatigue and fear were also realities faced by practice staff, and it was important that staff took care of themselves.

Further to a query from the Board, Mark Creelan advised that all south west London's hospitals had submitted trajectories of improvement to pre Covid-19 levels up to the end of October 2020.

Various members of the Board expressed their appreciation to community nurses, care workers and care homes for high quality service they had provided during the pandemic and would continue to do so during the winter and flu months. The Chair also thanked the CCG representatives for the update, noting the excellent work done in the community by the health and care workers.

6 MERTON STORY - OUTLINE FRAMEWORK (Agenda Item 6)

The Director of Public Health explained that the Merton Story Outline Framework (appendix 10) was another name for the statutory summary Joint Strategic Needs Assessment (JSNA). The aim of Merton Story was to give an understanding of Merton's needs and assets. The proposal for 2021 included

- highlighting the full impact of Covid-19
- maintaining the same overall structure and format as previous years
- updating existing sections with new data and including voice and the lived experience.

The proposed timeline included the Board considering the draft by January 2021 and the final version being approved by April 2021. Further to suggestions from the

Board, the Director of Public Health agreed that the Merton Story would include a focus on assets including volunteering, address finance and the environment as wider determinants of health impacted by Covid-19 and include reference to “long Covid”.

Having considered the proposals, the Board RESOLVED to agree the proposed process and timeline of the Merton Story for 2021.

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Committee: Health and Wellbeing Board

Date: Tuesday 24 November 2020

Agenda item: **XX**

Wards: All

Subject: Merton Carers Strategy 2021-2026

Lead officer: John Morgan, Assistant Director, Adult Social Care, Community & Housing

Lead member: Cllr Stephen Alambritis, Cabinet Member for Adult Social Care and Health

Contact officer: Heather Begg, Commissioning Officer, Adult Social Care

Recommendation:

- A. For the Health and Wellbeing Board to approve the Carers Strategy 2021-2026.
 - B. For all partners to determine how best their organisations can contribute to the delivery of the priority outcomes of the Carers Strategy and commit to do so.
 - C. For all partners to support the work of the Carers Strategy Multiagency Implementation Board, and identify members for the group which will begin in January 2021.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. To provide the Health and Wellbeing Board with a final draft of the Merton Carers Strategy and year one Multi-agency Implementation Plan (2021), for comment and sign off.
- 1.2. To highlight changes that have been made to the Carers Strategy to reflect the changed landscape for carers as a result of COVID-19, and work that has been undertaken over this period.

2 DETAILS

2.1. Background

- 2.1.1 On the 17th March 2020, the draft Carers Strategy 2020-2025 was approved by the Council's CMT. The strategy was then due to be taken to the Health and Wellbeing Board on the 24th March 2020. Due to the simultaneous developments with COVID-19, the Carers Strategy agenda item was indefinitely postponed.
- 2.1.2 Despite the necessary reprioritisation of work for a number of partners contributing to the Carers Strategy development, services have adapted their offer and continued to provide carers in the borough with robust support. For example, online activities to promote health and wellbeing, welfare support, practical support to families shielding and case work to support those in crisis.

- 2.1.3 The Carers Week Report from June 2020 outlined the current national picture for carers. This report stated that 4.5 million people in the UK have become informal carers since March. This suggests that there could be around 18,000 new carers in Merton.
- 2.1.4 It was agreed to re-convene the multi-agency Carers Strategy Task Group in July 2020 to review the draft strategy and priorities. The group has worked collaboratively to refresh the strategy, and refocus the proposed year one implementation plan, in order to ensure it is aligned with updated priorities and an altered landscape for carers as a result of COVID-19.
- 2.1.5 The agreed aims of this strategy are to improve the services and support offer to carers and raise the profile of carers across the borough. Within this, there are four priority areas. These priorities are aligned with those of the National Carers Strategy 2008-2018:
- Identification, Recognition, and Contribution;
 - Health and Wellbeing of Carers;
 - Realise and Release Potential; and
 - A Life alongside Caring
- 2.1.6 Over 200 Merton carers and 50 professionals from a range of organisations have been part of a significant engagement programme which has shaped the strategy's priorities. This comprised of a survey for carers, a number of focus groups with carers, and engagement with professionals who work with carers.
- 2.1.7 The Carers Strategy Task Group has engaged with Carers and supporting organisations to understand the impact of the Covid-19 pandemic on carers locally, which will inform the priority actions within the implementation plan for the forthcoming year.
- 2.1.8 The development of the strategy has considered a number of other local strategies and plans, including the Health and Wellbeing Strategy (2019 - 2024), the SEND Strategy (2019 -2023), South West London and St George's Mental Health Trust Strategy (2018-2023), Merton Autism Strategy (2018-2023) and the Covid-19 Outbreak Control Plan for the London Borough of Merton.
- 2.1.9 The Merton Safeguarding Children Partnership (MSCP) published a 'Merton Young Carers Multi-Agency Strategy' in February 2019. Therefore, Young Carers are not specifically included in the Carers Strategy, but it has been developed with the Young Carers Strategy in mind and the implementation of both Strategies will be aligned. The aim is to implement both strategies together to ensure collaboration on shared priorities.

2.2. **Priority Outcomes**

- 2.2.1 The Task Group have reviewed and proposed 11 key priority outcomes, which incorporate the 4 strategic priorities of the Health and Wellbeing Board and the priorities of Start Well, Live Well and Age Well within the Health and Care Plan, for the multiagency implementation plan in the first year of the Strategy:

1. Identify Carers
2. Carers assessment
3. Information and advice
4. Carers emergency plans
5. Council processes and carers
6. Health and wellbeing activities for carers
7. Digital skills for carers
8. Learning and development for carers
9. Carer Friendly Work Environment
10. A quality service for both cared for and carer
11. A break from caring

2.2.2 Alongside developing the strategy itself, much work has gone into improving the current offer for carers in Merton. This has included:

- Developing induction training for professionals, delivered by Carers Support Merton.
- Refreshing the web pages for carers on the Merton Council website, ensuring the information as up to date and relevant.
- Increasing the awareness of, accessibility to, amount and subsequently uptake, of Carers Discretionary Grants, administered by Carers Support Merton.
- Developing the online offer to support carers whilst other face to face services have been closed.
- As part of the Warm and Well campaign (a partnership arrangement with Wimbledon Guild, AgeUK Merton and Thinking Works funded via ASC) inclusion of carers in the scope of the new 'Handy Person Service' offer.
- Implementation of a befriending programme for carers in the borough in partnership with AgeUK Merton and Carers Support Merton, funded via Public Health.
- Piloting the use of Co-ordinate My Care, a shared electronic urgent care record, with people who have dementia and their carers to develop emergency plans.

2.3. **Alignment with the Health and Wellbeing Strategy**

2.3.1 The Carers Strategy and wider work with carers is aligned with a number of the principles and ways of working in the Health and Wellbeing Strategy. We would like the Health and Wellbeing Board to support our approach of adapting services to prioritise the needs of carers, especially during the

Covid-19 pandemic. Some of these examples below have already started and some are new actions that will be addressed in year one of the Strategy.

2.3.2 Examples include:

(i) Tackling health inequalities

- As identified in the NHS Long Term Plan Carers are twice as likely to suffer ill health as a result of caring. A key aim of the Carers Strategy is to tackle health inequalities between carers and the wider population. Work is underway with GPs to develop and improve uptake of Carers Health Checks in Merton.
- The Council, Clinical Commissioning Group, Mental Health Trust, DWP, Voluntary sector partners and carers will work together to make sure that carers are supported to access the universal services they need, in a way that is accessible to them.

(ii) Prevention and early intervention

- Through the Carers Strategy, we will aim to identify carers at the earliest possible stage in their caring journey; this means working with partners, to identify and support carers at the earliest possible opportunity. Partners in primary care will be instrumental in the delivery of this priority.
- We are engaging with clinical leads to ensure GPs and other primary care services are able to identify, record and support carers at an earlier stage to prevent reduce and delay the need for support at point of crisis.
- We aim to review Carer Assessment Processes to ensure that carers can access the right help, including preventative support in the Voluntary and Community sector to continue in their caring role.

(iii) Community engagement and empowerment

- There has been comprehensive engagement for the Carers Strategy, with carers and professionals. The Strategy has been co-produced by a multi-agency group, including carers. We will continue to engage with the carers support groups, including young carers, throughout the implementation of the strategy.
- There are a number of groups and Forums that ensure the voice of carers are heard including the Dementia Action Alliance, Learning Disability Forum, MH Forum, Adults First and Kids First.
- As part of the implementation of the strategy and wider community engagement, we will engage with all carers, with a focus on BAME communities, and people who do not recognise themselves as carers.

(iv) Think Family

- A key tenet of the Carers Strategy is the appropriate support being offered and signposted for Parent Carers, and carer needs being considered in professional interactions with both child and parent.
- 81.6% of carers live with the person they care for. It is important to consider the whole family and household, even if the cared for person is over the age of 25. We aim to ensure adult and children's services work together and take a 'whole family approach' in identifying and supporting all carers, including young carers.

2.4. Next Steps

- 2.4.1 Once the Strategy has been approved by the Health and Wellbeing Board, an external design team (who published the Health and Wellbeing Strategy) will format it, to ensure that it is presented in an accessible and attractive format.
- 2.4.2 The Carers Strategy Task Group will transition into the Carers Strategy Multiagency Implementation Board chaired by John Morgan, Assistant Director of Adult Social Care. Its membership will include strategic leads with sufficient delegated authority to ensure delivery of the Implementation Plan. It is proposed that this Board is established from January 2021 to oversee and monitor delivery of the priorities and outcomes within the implementation plan and provide updates where required to the Health and Wellbeing Board.
- 2.4.3 The Young Carers Task Group will sit under the Implementation Board and lead on actions/activity relating to Young Carers. The Young Carers Task Group will be accountable to Merton's Children Trust Board and MSCP Domestic Abuse and Think Family Sub-Group, and provide regular updates.
- 2.4.4 The strategy will be launched at an online Carers Celebration Event for Merton Carers in January 2021. This will be in a similar format to the recent ADASS London Carers Festival which was a great success and very interactive.
- 2.4.5 The Carers Strategy Multiagency Implementation Board will provide an update to the Health and Wellbeing Board in 12 months.

3 ALTERNATIVE OPTIONS

- 3.1. N/A

4 CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1. Substantive consultation was carried out with carers to inform our understanding of the issues facing carers, including a survey and focus groups. No further consultation is proposed.

5 TIMETABLE

5.1. The Carers Strategy has been presented to the following Boards and was positively received:

- Merton Health and Care Together Board 3 November 2020
- Corporate Management Team 10 November 2020
- Mental Health Programme Board 12 November 2020

5.1 Further timetabled events:

- Health and Wellbeing Board 24 November 2020
- Carers Virtual Celebration Event and Launch Jan 2021

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. To achieve the vision of the Carers Strategy, in the context of sustained financial challenges, our collective aim is to reengineer the investment and resources in services that support carers. We aim to put carers at the centre of this work and to place greater emphasis on working with all our partners to maximise resources as well as seek additional funding opportunities that widen the local offer to carers.

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. The Care Act 2014, the Children and Families Act 2014, the National Carers Strategy 2008-2018, the Carers Action Plan 2018-2020 and the NHS Long Term Plan 2019 all make a significant shift in the approach to how carers are supported, acknowledging the important contribution they make and placing them on the same footing as the person they care for when it comes to accessing services they may need.

7.2. This strategy has been developed in response to the needs of carers in Merton and the statutory requirements.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. As part of the Carers Strategy work, an Equalities Analysis is being completed to determine the potential positive and negative impact of the Merton's Carers Strategy on the protected characteristics.

9 CRIME AND DISORDER IMPLICATIONS

9.1. N/A

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. N/A

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

11.1. APPENDIX 1: DRAFT Carers Strategy 2021-2026

11.2. APPENDIX 2: DRAFT Multi-agency Implementation Plan 2021

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Merton Carers Strategy 2021-2026



Aiming to make life better for carers in Merton



Supporting Unpaid Carers



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Document Version	Approved By	Author	Summary	Date
1.1	Strategy, Improvement & Delivery Board	Heather Begg	Draft sent to SID CS Task Group	20/02/20
1.2	Carers Strategy Task Group	Heather Begg	1.2 sent to Task Group	28/02/20
1.3	Community and Housing DMT	Heather Begg	1.3 sent to C&H DMT with Draft Implementation Plan	22/10/20
1.4	Corporate Management Team	Heather Begg	1.4 sent to CMT with Draft Implementation Plan	10/11/20
1.5	Health and Wellbeing Board	Heather Begg	1.5 Final Approval	24/11/20

Foreword:

Councillor Stephen Alambritis, Cabinet Member for Adult Social Care and Health



As the Cabinet Member responsible for Adult Social Care and Health, I understand the essential role that carers play in our community and the incredible support they provide, and I would like to thank them. Carers not only provide care and support to loved ones with varying levels of need, they often do this without much recognition of the commitments they make and the impact this has on their wellbeing.

This has been a challenging time for everyone but especially for carers. We are aware of the impact that changes in their usual support has had on many carers. We know that carers have reported feeling worried about the future, have experienced isolation and have felt the strain that their caring role has had on their own physical health and wellbeing. Therefore, we have acknowledged the impact of the Covid-19 Pandemic on carers in this Strategy.

To achieve the vision of the Carers Strategy, in the context of sustained financial challenges, our collective aim is to reengineer the investment and resources in services that support carers. We aim to put carers at the centre of this work and to place greater emphasis on working with all our partners to maximise resources as well as seek additional funding opportunities that widen the local offer to carers.

Carers UK¹ estimates that as of 2019 there are as many as 8.8 million adult carers in the UK which means that 1 in 8 adults in the UK are carers. These figures suggest that there are roughly 20,000 carers in Merton. Yet, many of these people are unknown to the authorities and local research has shown that a significant number do not know what support is available to them. Carers UK estimates that by 2037, the number of informal carers across the UK needed could rise by 40 per cent (2.6 million people) taking the total number of people providing informal care to 9 million.

It is really positive to see the collaboration of all key partners working together with carers to produce this strategy. Caring can lead to greater connection with loved ones and when supported by appropriate support and services can have a positive impact on a carer's wellbeing. This strategy highlights the excellent support that is available to carers across the borough (organisations that provide support are listed in Appendix 1) and carers who use these services tell us what a difference they make to their lives. However, we know we need to do more, especially at this difficult time. We also need to provide a broader range of options to support carers throughout their caring journey.

Therefore, this strategy expresses our commitment to improve the services and support on offer to carers in the borough, and ensure that professionals across the health and social care sector recognise the work carers do and value their expertise and experience of providing care for a loved one. I look forward to seeing the actions in this strategy implemented over the next five years and to Merton becoming a carer friendly borough.

¹ <https://www.carersuk.org>

Carer Foreword

Sally Burns, family carer and member of Carers Strategy Task Group

Since work started on the new Carers' Strategy about a year ago so much has changed. We are now living through a worldwide pandemic and all the disruption and sadness it's brought with it, and trying to work out what the future holds for us.



Two things are certain – those of us who were already caring for someone have had to work even harder since March. At the same time, the number of people who find themselves thrust into a caring role has gone up dramatically. So what does this army of carers want to see happen locally?

I have to admit my initial reaction on hearing there was going to be a new carers' strategy for Merton was rather cynical – I've seen past efforts achieve very little! But what's been so good about this exercise was getting carers involved right from the start – and really listening to what we're saying. It's also been very encouraging to see people from the council, CCG and many voluntary sector organisations working together on it, as it will definitely need coordinated action to make progress.

Our situations and needs as carers vary enormously – and we always need to be treated as individuals. But there are also some very clear themes that came out of the engagement and these are reflected in what we want to see happen next – a range of actions that should help to improve our lives in different ways. Making sure carers get assessments and know about the help they can get, not having to struggle with unnecessary bureaucracy and can get help to plan for the future are just some examples.

In a time of uncertainty, I think it's even more important that we as carers help plan services that will support us in future. And I'm glad to say that carers will be part of the group that will be set up to put these action plans into practice.

1. Welcome

1.1 This strategy has been co-produced with a number of organisations and carers to make sure that views and expertise from across the borough shaped this strategy.

1.2 Over 200 carers and approximately 50 professionals from a range of organisations have been part of a significant engagement programme, which has shaped the strategy's priorities, which broadly follow the National Carers Strategy.² This comprised of a survey for carers, eight focus groups with carers, and engagement with professionals who work with carers. A collaborative task and finish group, which included carers, was established in June 2019 to lead on the development of this Strategy. A full list of task and finish group members is available in Appendix 2.

1.3 To implement and monitor this Strategy, an Implementation Board will be established and each financial year (starting 2021), a short implementation plan will be developed which will outline eight to twelve key priority actions and outcomes for each year. Our aim is to achieve these actions, which over time will allow us to build on and deliver the priority outcomes outlined in this document.

1.4 Due to the changes that have taken place as a result of the Covid-19 Pandemic since March 2020, the strategy has had to consider the new landscape for carers whilst balancing these with the long term ambitions of the strategy. Therefore this strategy has been updated by the task and finish group, to consider these new issues and how they are influencing the strategic approach to supporting carers in Merton. These issues are recorded separately in boxes at the end of each priority section, and will be addressed in the strategy's implementation plan.

2. Introduction

2.1 Many people across the borough spend a large amount of time providing unpaid care for a family member or friend, who would be unable to cope without their help. Carers have a valuable role to play and it is widely acknowledged that carers contribute significantly to ensuring that the person they care for remains independent in their own home for longer.

2.2 Carers don't always choose or plan to be carers, and can suddenly fall into the role of being a carer without any training, knowledge or preparation. This is true now more than ever, with many who haven't previously provided care to a loved one now taking on this role due to the new health risks and lifestyle changes brought about by the Covid-19 Pandemic. It is crucial that carers are identified and feel supported with their caring role and their life alongside it, both in this time of crisis and going forward. There will be a particular focus on carers from BAME and harder to reach communities to ensure better outcomes for these residents.

2.3 The National Carers Strategy defined a carer as someone who spends a significant proportion of their time providing unpaid support to a family member, partner or friend

² <https://www.gov.uk/government/publications/the-national-carers-strategy>

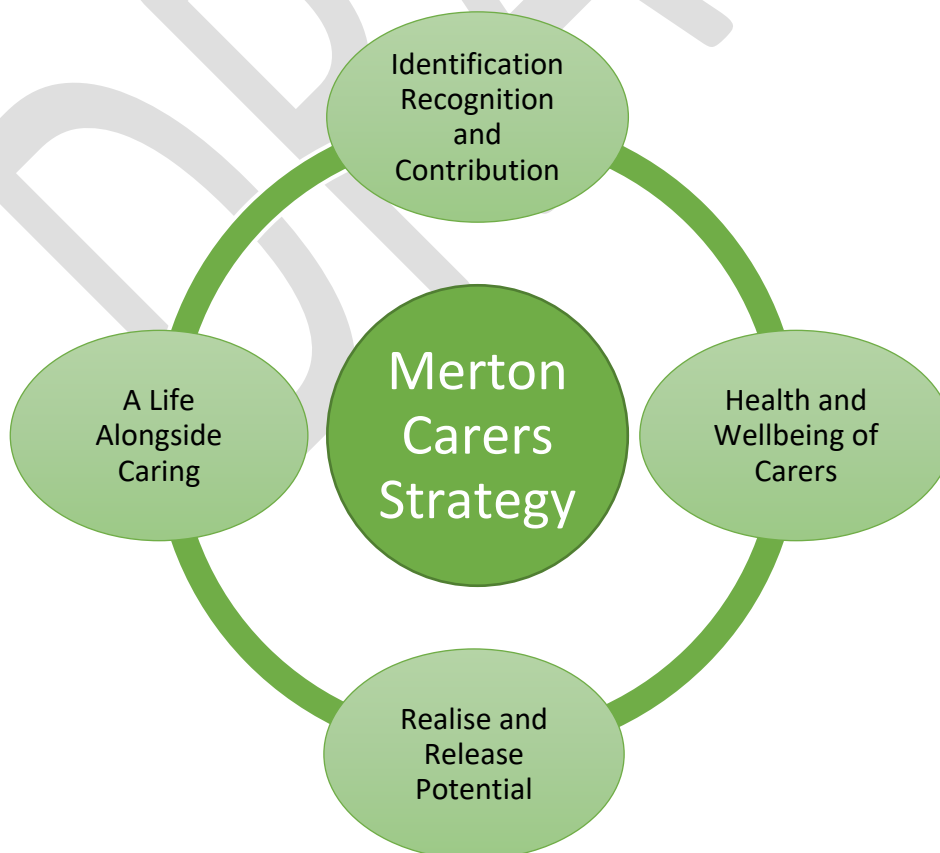
who is ill, frail, disabled or has mental health or substance misuse problems. Many carers do not see themselves as carers, as for them the caring relationship is simply part of everyday normal life as a wife, husband, partner, son, daughter, parent or friend. However, being recognised as a carer can provide access to support, services, information and advice, which can help to make caring more manageable. For a list of carer definitions, please refer to appendix 5.

2.4 There are services and support options available in Merton for carers, although we recognise that there are gaps and we need to work together to improve this. Therefore, this strategy sets out the vision for Merton's offer to adult carers and the actions that we will take over the next five years in order to achieve this. The implementation of this Strategy will also align with the action plan for improving outcomes for young carers, which are outlined in the Merton Young Carers Multi-Agency Strategy.

3. A Vision for Carers in Merton

For carers in Merton to feel recognised, listened to and supported (socially, medically, emotionally and financially) in this vital role so they can live their life to the full alongside caring.

4. Overview of Priorities



5. The Merton Story

5.1 As of 2019, Merton has a population of 210,452³ and an estimated 16,327⁴ unpaid carers. Carers UK estimates that 1 in 8 adults in the UK are carers, which suggests that the figure in Merton could be higher than official figures suggest, therefore more like 20,000 carers.

- Of the 16,327 carers, 1,452 are classed as ‘Young Carers’ and are aged 0-24. 412 of these Young Carers are below age 15⁴.
- The majority (12,935) of Merton’s carers are of working age, with 9,280 in some form of employment. 6% (2,980) of the total number of carers are over 65⁴.
- In Merton, 75% of carers surveyed have been caring for over 5 years, and 32% have been caring for 20+ years⁴. Both of these figures are over 5% higher than the London average, and 10% higher than the average for England.
- Carers care for people with a range of different support needs and very often can care for someone who has more than one condition. In Merton 34% of those cared for have Dementia; 42% have a Physical Disability; 22% have Sight or Hearing Loss; 38% have a Mental Health problem; 20% have problems related to ageing; 24% have a learning disability; 27% have a long-term illness; 4% have a terminal illness; 3% have an alcohol or drug dependency.⁵
- 82% of carers in Merton live with the person they care for⁴.
- According to ONS census data, 5,493 of Merton’s carers are from Black, Asian and minority Ethnic (BAME) backgrounds. This is 34% of the overall number of carers. Carers from some BAME backgrounds are less likely to access carers services compared with white-British counterparts, this is particularly true of individuals from Asian and ‘other white’ (non-British or Irish) backgrounds.* The national review⁶ published in June 2020 highlighted that there is a disproportionate impact of Covid-19 on BAME groups.

*Based on 2018/19 new referral figures to Carers Support Merton.

³ <https://data.london.gov.uk/dataset/housing-led-population-projections>

⁴ https://www.nomisweb.co.uk/census/2011/local_characteristics

⁵ <https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof/upcoming>

⁶ “Beyond the data: Understanding the impact of COVID-19 on BAME groups” (2020), PHE available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

The Impact on Carers Nationally Since the Beginning of the Covid-19 Pandemic

Due to the Covid-19 Pandemic, Carers Week UK reported in June that the total number of carers in the UK is likely to have grown by 50% since March 2020¹. This statistic will no doubt fluctuate due to the changing nature of the infection rate of Covid-19, and as a result the restrictions that are removed and imposed on how people can live their lives. Whilst we are learning about the local picture, national research is emerging that shows:

- 70% of carers were providing more care during the outbreak; 81% were spending more money, and 55% felt overwhelmed by the outbreak²
- People new to caring are more likely to be in paid work, and be a parent or guardian for someone under the age of 18:
 - Almost two thirds (62%) are in paid work – 41% are working full time, and 21% working part time. These new unpaid carers are 30% more likely to be in paid work and these figures suggest that 2.8 million extra workers are now juggling work and unpaid care¹.
 - 35% are a parent or guardian for someone under 18, which is significantly higher than those who were caring already before the crisis¹.
 - Unpaid carers who started caring since the outbreak are more likely to be younger. 5% were aged over 65, compared with 23% of unpaid carers who were already providing care pre-outbreak¹.
- It is unclear how long caring responsibilities will continue for, for the new cohort of carers.
- There is accumulating evidence to suggest that cases of Covid-19 who have experienced both mild and severe symptoms can experience long-term health effects; Long Covid-19. This could have a significant impact on carers.

Sources

1. https://www.carersuk.org/images/News_and_campaigns/Behind_Closed_Doors_2020/Caring_behind_closed_doors_April20_pages_web_final.pdf
2. <https://www.carersweek.org/images/CW%202020%20Research%20Report%20WEB.pdf>

6. Caring in Merton

6.1 Although providing care and support can be rewarding, we know that many carers struggle at times. We also know that carers often put the wellbeing of those they provide care for first, meaning their own health and wellbeing issues can be ignored for longer.

6.2 Two surveys⁷ completed by Merton’s carers have helped us to identify the biggest issues carers face as a result of their caring role:

How caring affects mental wellbeing:

63% say caring causing **significant stress**

45% say being **depressed** as a result of their caring role

68% say caring role has **negatively affected** their **emotional wellbeing**

How caring affects a life outside caring:

Only 25% have as much **social contact** as they would like

88% say that caring has made **career progression** more difficult

How caring affects physical health:

70% of carers’ **physical health** has been negatively affected due to caring role

79% of carers feel **tired** as a result of caring

64% report **loss of sleep**

20% say that caring made **existing conditions** worse

6.3 The Merton Health and Wellbeing Board recently commissioned a study on the impact of the Covid-19 Pandemic on vulnerable groups in Merton, including carers. We will use the results of this study to inform the implementation of the Carers Strategy.

⁷ <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/social-care-user-surveys/social-care-carers-survey-2018-19>, and Merton Carers Survey 2019

6.4 The following quotes from carers in Merton capture just a glimpse of issues carers have faced during the Covid-19 Pandemic:

- “My daughter in supported living is really missing her friends and the staff at her day centre who she’s known for years.”
- “Being in the same environment with my husband 24 hours a day with less support and any avenues to escape such as going to work or being able to participate in leisure activities has made me feel very isolated”.
- “My son has lost his confidence and got depressed since losing his volunteer role.”
- “During lockdown I was feeling very emotional, exhausted and snappy. I used to spend a lot of time crying due to being sleep deprived. Now I have had a carers assessment and am receiving support I am feeling better”.
- “I can just about cope at the moment with two days a week activity, but not in the longer term.”
- “It’s so hard to know what it’s safe to do at the moment.”
- “It’s hard to cope with all the extra worry on top of all the usual caring duties.”

7. Policy Context

7.1 The Care Act 2014, the Children and Families Act 2014, the National Carers Strategy 2008-2018, the Carers Action Plan 2018-2020 and the NHS Long Term Plan 2019 all make a significant shift in the approach to how carers are supported, acknowledging the important contribution they make. These documents place Carers on the same footing as the person they care for when it comes to accessing services they may need. This Strategy has been developed in response to the needs of carers in Merton and the statutory requirements. For a more detailed understanding regarding the Policy Context for this strategy, please refer to appendix 3.

7.2 Merton has a number of strategies and plans that are closely linked to the Carers Strategy, with aligned priorities and a number of the same partners. The key strategies we are working with are the [Merton Young Carers Multi-Agency Strategy](#) and the [Health and Wellbeing Strategy 2019-24](#). It is intended that the Carers Strategy and the Merton Young Carers Strategy will be implemented together through a joint action plan, and progress updates will be collectively provided to the Merton Health and Wellbeing Board.

7.3 As part of a prevention work-stream, the Council is working alongside Merton Clinical Commissioning Group (CCG), Central London Community Healthcare (CLCH), local voluntary community sector organisations and Merton Health and Care Together on a number of prevention activities, all of which are relevant to the Carers Strategy. These include promoting prevention services in the Borough, developing a ‘network of connectors’, ‘making every contact count’ through staff training, supporting staff and providing leadership for Healthy Workplaces and embedding prevention in health and care pathways, such as opportunities to access healthy eating information or signposting to a service whilst accessing another social care, health or housing service.

7.4 Other local strategic links to the Carers Strategy include:

- The Special Educational Needs and/or Disabilities (SEND) Strategy 2020-2023
- Merton Autism Strategy 2018-2023
- South West London and St George's Mental Health Trust Strategy 2018-2023
- Merton Dementia Action Alliance
- Merton Local Outbreak Control Plan 2020

7.5 Full descriptions of some of these local strategies, and how we are forming links between them and the Carers Strategy 2020-2025, can be found in Appendix 4.

Our Priorities

8. Priority One: Identification, Recognition, and Contribution

8.1 As identified in the NHS Long Term Plan, carers are twice as likely to suffer ill health as a result of caring, and earlier, better identification of carers can ensure that they get the support they require. The Long Term Plan makes the commitment to continue to identify and support carers, particularly those from vulnerable communities.

8.2 We aim to make sure that people who provide support are identified as carers at the earliest opportunity. This is so carers can be offered appropriate information, advice and support, and access to services to help them in their caring role. We aim to create a system where carers feel listened to and, where appropriate, able to contribute to the design and monitoring of services and in planning individual care packages.

Identification, Recognition, and Contribution:

8.3 What carers and people who work with them said:

8.3.1 Identifying Carers: Some people with caring responsibilities are not identified as a carer until later on in their caring journey. This can mean carers can miss out on support, including emotional support and financial assistance to which they may be entitled.

- *"It took me 5 years to access carers services. A carers assessment seemed to be an afterthought for the team treating my son"*

- *“People don’t necessarily ask for support until things go wrong, services need to reach out to make sure carers know what is available and that there is an advantage to being in the system.”*
- *“Work has to be done through schools and GPs to identify carers.”*
- *“For some of us, it takes 2/3 years from initial concern to diagnosis. For all this time carers are caring without recognition.”*

8.3.2 Carers identifying themselves: Significant numbers of people with caring responsibilities do not readily identify themselves as carers. Carers told us that they took a while to identify as a carer, for a number of reasons. For some, people do not want to assume the responsibilities of being identified as a carer. For some, they feel that this is just part of their family role. The concept of caring is assumed but not recognised in some families in ethnic minority communities. For example, in Urdu there is no direct translation for the work ‘carer’. Some carers told us that carers are not recognised by services at all stages of their caring journey.

- *“I didn’t realise how recognising myself as a carer would help, I wish I knew then what I know now; it would have really helped me emotionally.”*
- *“Even when my daughter moved into supported living, I was still her carer and I have to continuously advocate for her.”*

8.3.3 Carers Assessments: There are clear benefits to undergoing a carer’s assessment, but some carers also told us they did not know what the assessment was, or how they could request one. Carers responding to our survey, who have previously undergone a carer’s assessment, felt better informed about the local services available to them and were more likely to say that they know where to find appropriate information and advice. However, professionals stated that often carers can refuse an assessment and think it is a test of how well they provide care.

- *81% of carers who have had a carer’s assessment would know where to find information and advice vs 56% who had not had a carers assessment*
- *54% who have had a carer’s assessment felt informed about local services vs 37% who had not.*

8.3.4 Raise awareness of Information and Advice for Carers: Carers and professionals feel there is a lack of awareness of what carers are entitled to, such as access to information and advice, specifically on benefits, finances and activities. In Merton, the percentage of carers, who say they find it easy to access information about support has fallen since 2012/13, to 58%, and is now below the comparator group average. Services need to be promoted more widely across the Borough.

8.3.5 Listening to Carers: There are areas of good practice, where carers told us they feel listened to by health and social care professionals and are able to contribute where appropriate. However, carers also told us how they have to fight to get their voices heard by health and social care services and this can be exhausting. There is scope to improve the way services listen to carers and ensure consistency across Merton.

8.3.6 Valued Carers Services: Organisations that support carers in the borough, are highly valued by many of the carers that use these services.

- *“Support groups and lessons put on by Carers Support Merton are wonderful and have helped me to change my outlook.”*
- *“Carers support groups are a fantastic way to share best practice and provide support to each other.”*

8.3.7 Support for Family Carers for under 18s: Family carers told us there are only a few support groups and activities specifically for them. Whilst carers in this group are able to attend support groups at Carers Support Merton and Kids First, family carers felt there were a lack of activities and opportunities.

8.3.8 Carer Contribution: Carers would like more opportunities to feel listened to when services and support are being planned with their loved one and would like to contribute to the design, monitoring and re-provisioning of local services. This can sometimes present challenges when the customer chooses not to involve their carer. There are examples of good practice locally and we would like to build on this. Carers thought the Triangle of Care⁸ in the Mental Health Trust was a good approach but needed to be available for more carers.

- *“Services work best when they listen to carers, as we have an expert knowledge of our loved one’s condition and their needs”*

8.4. Priority One: Identification, Recognition, and Contribution

Strategy Outcomes:

8.4.1 Identify Carers: Promote the identification of carers at the earliest possible stage in their caring journey; this means working with partners, to identify and then support people in their caring role. We will focus on ensuring carers can access support, even if a diagnosis is still being sought.

8.4.2 Carers Identifying Themselves: Raise the profile of carers across Merton and promote the benefits to identifying and recognising yourself as a carer, including specific actions to engage with harder to reach groups and BAME communities.

8.4.3 Carers Assessments: Work to ensure that people understand the benefits of having a carer’s assessment, with a view to increase the number of carers having these assessments.

8.4.4 Information and Advice for Carers: Improve our local information and advice offer to carers through a range of channels including the digital offer and aim to increase the local support available to carers.

8.4.5 Listening to Carers: The council, local NHS services including those provided by the Mental Health Trust will work in partnership, to make sure the views of carers are recognised and they have opportunities to comment on the design and monitoring

⁸ <https://www.swlstg.nhs.uk/publications/594-trust-strategy-2018-2023/file>

of services. We will aim to make sure that people and their carers have opportunities to share their views and help shape local services.

8.4.6 Valued Carers Services: We will raise the profile of Valued Carers Services and promote services more widely by sharing and promoting best practice and sharing carers stories.

8.4.7 Raise Awareness of Information and Advice for Carers: Work to make sure that staff in universal services, schools, GP surgeries, and other public and voluntary-sector providers understand the role carers play and the support that is available to them.

8.4.8 Support for Family Carers of Under 18s: We aim to ensure adult and children's services work together and take a whole family approach in identifying and supporting carers. Services need to adopt a whole family approach to assessment, planning and service provision which is more likely to result in support that is sustainable.

8.4.9 Carer Contribution: We will work with partners across the health and social care sector to make sure carers are able to share their views, where appropriate, on individual care packages for the cared for person, and through monitoring and reviewing of services and training and support of professionals. We will ensure that more carers of people with mental health issues have access to a 'Triangle of Care', key principles that support the carer role, whilst contributing to collaboration between professional, service user and carer.

How is the Covid-19 Pandemic Currently Influencing Priority One: Identification, Recognition, and Contribution?

Raise Awareness of Information and Advice for Carers:

- With such a large increase in carers, it is particularly important that we make sure they receive the necessary information to ensure the best outcomes for them and their cared for person.
- A decrease in engagement with statutory services means that opportunities to identify carers are potentially reduced.
- Throughout the Pandemic, Adult Social Care and Mental Health Trust staff worked hard to make regular contact via telephone to provide information, advice and reassurance to carers. We will need to consider how carers can access all the services they need.
- Voluntary Sector organisations reshaped their service offer to provide online support and telephone information, advice and assessments to carers. This supported a lot of carers, but also highlighted digital inequality.

Lack of Opportunities for Family Carers for Under 18s:

- It should be noted that people providing care since the Covid-19 Pandemic began are more likely to have children under the age of 18¹. This may have been due to the closure of schools and colleges, resulting in a higher number of dual carers.

Listening to Carers:

- It is really important for carers' views to feed into plans for both the recovery of services, and any new ones after the pandemic.

Sources:

1. <https://www.carersweek.org/images/CW%202020%20Research%20Report%20WEB.pdf>

9. Priority Two: Health and Wellbeing of Carers

9.1 Carers can experience a range of health issues as a result of their caring role. A key local policy for this priority is the Health and Wellbeing Strategy 2019-2024, which not only has corresponding outcomes but also ways of working such as tackling health inequalities, and focusing on prevention and early intervention.

9.2 We know caring can be rewarding, but it can also make managing one's own health and wellbeing more difficult. Therefore, we aim to support carers to manage their own health and wellbeing and make sure people with caring responsibilities are able to remain as physically and emotionally well as possible.

9.4 Priority Two: Health and Wellbeing of Carers

What carers and people who work with them said:

9.4.1 Planning for the Future Carers worry about the future, when they are no longer able to provide care and support and want to be able to plan for this.

9.4.2 Emergency Planning for Carers Carers worry about what will happen to the person they care for in the event of an emergency.

9.4.3 Health and Wellbeing of Carers Caring is often rewarding, with 70% of carers surveyed agreeing or strongly agreeing with this; but it can also be stressful too, with 98% of those surveyed agreeing or strongly agreeing with this. Caring for a loved one can have a physical and emotional impact on the carer; 70% of carers told us their physical health has deteriorated as a result of their caring role and 67% said the same about their emotional health.

9.4.4 Health Services and Carers Some carers told us that they often don't have time to address their own health concerns and that they struggle to fit in health appointments for themselves due to a lack of time away from caring.

- *"There are many reasons carers go without treatment; recovery times, being unable to find an appointment at a suitable time, and having no one to look after the cared for person are all reasons why carers don't get the help they need."*
- *"If an operation or medical procedure gets rescheduled last minute, everything falls through!"*

9.4.5 Health and Wellbeing Activities for Carers

Health and wellbeing classes for carers are well regarded by those who use them. However, carers told us that the main factors that prevent them from exercising, eating healthily and looking after their emotional wellbeing are time, cost, and existing health issues.

- *"Where is the time to eat well and exercise when you're caring all day and lacking sleep at night."*

9.4.6 Council Processes and Carers

Carers told us that navigating the council's processes and pathways can cause unnecessary stress.

- *"The amount of time spent interacting with the system is mentally draining [...] The way the system works puts an extra-load on us!"*
- *"Merton's systems are time consuming, especially when something goes wrong."*
- *"Why can't the different systems not talk to each other? We have to give the same information and evidence several times."*

9.4.7 Life after Caring: Former carers can find it hard to adjust to changes in their life when their caring role ends. It may be that the person they care for has moved on or has died. Whilst there are some services and courses to support former carers, it is important to acknowledge the impact this has on a person's health and wellbeing.

9.5 Priority Two: Health and Wellbeing of Carers: Strategy Outcomes

9.5.1 Plan for the Future: We aim to support carers to make a plan for the future. This will include supporting carers to manage wills and power of attorney; it also means supporting carers to have provisions in place for if they are no longer able to provide care.

9.5.2 Carers Emergency Plans: We aim to have a plan in place for the cared for person in the event of an emergency. This could be in the form of a carer's card. We will also work with partners to implement more widely Co-ordinate My Care⁹ and My CMC¹⁰ to consider the wishes of the cared for and their carers in the development of urgent treatment plans.

9.5.3 Health and Wellbeing of Carers: The Council, Clinical Commissioning Group, Mental Health Trust and other community connectors will work together to make sure that carers are supported to access the universal services they need, in a way that is accessible to them. We aim to improve the digital offer for carers in Merton as a mechanism for improving access to health and wellbeing information. We will also work with partners towards making sure that carers do not have to share the same information several times with professionals.

9.5.4 Health Services and Carers: We aim to make it easier for carers to manage the appointments and wellbeing of the person they are caring for and themselves.

9.5.5 Health and Wellbeing Activities for Carers: We will look at how carers can be provided with affordable, flexible, and inclusive opportunities to take part in activities, which contribute towards good health and wellbeing, such as Merton Uplift workshops and support, fitness or mindfulness classes. This will involve working with partners such as local leisure centres, colleges, and community connectors.

9.5.6 Council Processes and Carers: We will review council processes, aiming to make these more efficient and easier to use, minimising the stress caused to carers trying to navigate the system.

⁹ <https://www.coordinatemycare.co.uk/>

¹⁰ <https://www.coordinatemycare.co.uk/cmcc-videos/20-mycmc/>

9.5.7 Life after Caring: We will review support and services on offer to former carers and recognise the valuable contribution that they have to offer.

How is the Covid-19 Pandemic Currently Influencing Priority Two: Health and Wellbeing of Carers?

Emergency Planning for Carers:

- The Covid-19 Pandemic has increased concern that stretched services would be unable to cover the gaps in care caused by a carer's illness or self-isolation.

Health and Wellbeing:

- The Covid-19 Pandemic has increased the pressure on the health and wellbeing of carers. Not only has the lack of respite from caring increased the possibility of burnout, but the type of care being provided is also more likely to include emotional support for a loved one as routines have changed. In Carers UK April 2020 research, one third of carers felt they were unable to look after their own health and wellbeing .
- Online wellbeing activities that Carers Support Merton have provided during lockdown have had high levels of uptake.
- A survey carried out by Alzheimer's UK stated that 95% of carers reported that the increased caring responsibilities due to the Covid-19 Pandemic has had an impact on their mental or physical health².
- It has been very distressing for carers who have been unable to see their loved ones living in residential or supported living accommodation.
- Analysis of South West London Primary Care Covid-19 Risk Survey, July 2020, recognised the important role that informal carers play and identified carers as a group of concern at this time.

Duration and Intensity of Care:

- There are a number of reasons why 70% of carers have increased the amount of care they provide. For 35% of these carers it is due to local day services closing, whilst 10% of the overall figure say that social and health care staff have decreased the amount of care they provide¹.
- 76% of carers responding to a survey by the Alzheimer's Society, reported an increase in their caring responsibilities due to the worsening dementia symptoms of the person they care for, over the period of lockdown².

Accessing Services:

- The South West London CCG carried out engagement from March-August 2020. Results suggests that people are hindered from accessing health services due to concern about burdening the NHS, fear of contracting the Covid-19 Pandemic overriding other health concerns; lack of clarity about what is happening to services they usually use; and digital exclusion.

... Continued

- Coordinate My Care (CMC) is an online urgent personalised care plan that enables the wishes and choice of an individual around their health and social care to be documented and visible to health services. All partners are working together to help increase awareness and understanding of the benefits of Co-ordinate My Care.
- Availability and access to social care services and short breaks has been limited through the pandemic, increasing the level of support the carer provides which has caused additional strain.
- Carers Support Merton has seen an increase in concern regarding wellbeing across all Carers Assessments since the beginning of the pandemic.

Sources:

1. https://www.carersuk.org/images/News_and_campaigns/Behind_Closed_Doors_2020/Caring_behind_closed_doors_April20_pages_web_final.pdf
2. <https://www.alzheimers.org.uk/sites/default/files/2020-09/Worst-hit-Dementia-during-coronavirus-report.pdf>

10. Priority Three: Realise and Release Potential

10.1 People who provide care to a loved one often face multiple challenges; these challenges can make reaching employment and educational potential more difficult. We also know that many working carers experience substantial challenges in balancing employment and their caring responsibilities. Changing demographics and an ageing population mean that 3 in 5 people will end up caring for someone at some point in their lives. The Department of Health and Social Care has been working, as part of the Carers Action Plan 2018-2020¹¹ to raise the profile of carers with employers to enable carers to continue to work alongside their caring role.

10.2 This priority is about supporting carers to start or maintain employment, volunteering, training, and learning if they wish to do so. We will look to gain a better understanding of carers' needs and make sure they have opportunities to gain skills, which can help them to reach their employment and educational potential so that they are not forced into financial hardship by their caring role.

¹¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/713781/carers-action-plan-2018-2020.pdf

10.3 Priority Three: Realise and Release Potential

What carers and people who work with them said:

10.3.1 Carer Friendly work environment: Carers feel being in employment has a positive effect on wellbeing, as well as providing them with a greater sense of identity. However, any job needs to have carer friendly work-practices such as flexible working, home working, and time off to attend appointments with the cared for person.

10.3.2 Financial Hardship for Carers: Despite Merton as a whole being a less deprived London Borough, carers who live in the east of the borough are more likely to have a lower socio-economic status than Carers who live in the west of the borough¹². Carers who work in lower paid roles face additional financial hardship; therefore, it is important for carers to know what benefits and financial support they are entitled to. There are also significant financial implications for people if they are not or no longer able to work. Some people can lose their income immediately if they suddenly need care or are looking after someone that needs care. Therefore, no matter what someone's financial circumstances are, people can experience extremely difficult and complicated financial hardship.

10.3.3 Carer Friendly Work Practices: The majority of carers surveyed, who are in employment, told us that their employer was accommodating of their caring responsibilities. However, we understand that carers can face difficulties with their employer. Carers in Merton have had to reduce their hours, compromise their position, or give up employment.

10.3.4 Career Progression for Carers: Carers surveyed told us that career progression has been made more difficult because of their caring responsibilities. 1 in 6 carers give up work or reduce their hours to care and many of these employees will be the most valuable staff, the 45-64 year-olds at the peak of their careers¹³.

- *"I had to leave my job two-years ago, now I've gone back but in a far lower position in a sector I don't want to be in"*
- *78% of carers feel their caring role has made career progression more difficult for them.*

10.3.5 Learning and Development for Carers: Carers who are not in employment or education said that they would like to undertake training and learning to improve the skills they have. However, some find the opportunities unaffordable and inaccessible.

- *"There are courses carers can do, but if you want something more skilled it costs a lot!"*
- *"I would like to access Adult Ed courses to progress my career and learning, but these are very expensive"*

¹² https://www.merton.gov.uk/assets/Documents/www2/Merton%20Story%20FINAL_June_2018.pdf

¹³ <https://www.employersforcarers.org/about-us>

10.3.6 Digital Skills for Carers: Carers told us they would appreciate more opportunities to learn IT and digital skills. A report by Carers UK and the Good Things Foundation (previously known as the Tinder Foundation) concluded that poor knowledge of and access to IT is a key issue for carers. With more organisations moving over to digital platforms, there is an increasing need to support carers to develop the necessary skills they need to access services.

- *In Merton, 660 known carers do not have access to the internet or email. This affects not only their ability to find work, but also provides another barrier to accessing information and advice; and staying connected.*
- *“IT training is essential for many carers, especially those that have been out of work for a number of years and are behind in this.”*

10.3.7 Volunteering for Carers: There is appetite amongst carers to participate in volunteering. 14% of carers surveyed would like to volunteer more.

- *“Volunteering can be valuable but many volunteering positions require a reference; it is very hard for some carers to get references due to not having worked for a number of years or being socially isolated.”*

10.4 Priority Three: Realise and Release Potential: Strategy Outcomes:

10.4.1 Carer Friendly Work Environment: By recognising the needs of carers, employers can hold on to experienced staff and reap the rewards of creating a supportive working environment for carers. The council and NHS organisations, two of the largest employers in the borough, aim to review workplace practices with their organisations and ensure carers within these organisations feel supported at work.

10.4.2 Financial Hardship for Carers: We need to acknowledge the importance that demographics play in realising and releasing potential for carers in Merton. Therefore, we will work with partners to identify what actions would need to be taken to ‘bridge the gap’ between the east and west of the borough.

10.4.3 Carer Friendly work practices: We aim to promote carer-friendly work practices to employers across the borough. This could mean working with local employers and the Chamber of Commerce to develop a set of standards for which recognition can be awarded, if carer-friendly practices are adopted.

10.4.4 Career Progression for Carers: We will look at how we can ensure carers are able to access to affordable training and learning, which can help them gain the skills they need to reach their employment potential.

10.4.5 Learning and Development for Carers: We aim to review affordable learning and development opportunities for carers. Adult Social Care will also review the Carer’s Discretionary Grant, to see how it can be used more creatively to support carers, which will include:

- Technology to help improve skills and stay connected
- Short breaks

- Assistive technology to support cared for safety and carer reassurance.
- Learning and development opportunities

10.4.6 Digital Skills for Carers: We will explore ways to support carers to gain IT and digital skills. This will mean carers are better able to stay connected, access information and advice, and gain the necessary skills for the workplace.

10.4.7 Volunteering for Carers: We want to make sure carers are adequately supported to take advantages of opportunities to improve their skills and knowledge, including volunteering placements. This links to the Merton Sustainable Communities Plan 2020-2025, which aims to remove barriers to volunteering across the borough.

How is the Covid-19 Pandemic Currently Influencing Priority Three: Realise and Release Potential?

Work:

- People providing unpaid care since the start of the Coronavirus outbreak are more likely to be in paid work, and in total 26% of all workers are juggling work and unpaid care².
- 1,230 respondents who indicated they were in paid work before the crisis were asked for details about their current working situation. Almost a fifth (17%) reported either having lost or given up their job or being unable to work because of the social distancing rules¹.
- More opportunities for flexible working could improve the work/life balance situation for some carers.

Finance:

- According to research this year, the vast majority of carers have seen an increase in household costs- 81% said they were spending more, and the biggest reason for an increase was spending more on food¹.

Learning and development:

- Throughout the Covid-19 Pandemic, a number of resources have been developed online to provide support including courses via Merton Adult Learning, the Recovery College, and Department of Work and Pensions. However, not all carers are able to access online learning resources

Sources:

1. https://www.carersuk.org/images/News_and_campaigns/Behind_Closed_Doors_2020/Caring_behind_closed_doors_April20_pages_web_final.pdf

11. Priority Four: A Life Alongside Caring

11.1 The Care Act 2014 has led to a significant shift in approach to the way that carers can expect to be supported by the Local Authority with promoting wellbeing being at the heart of the legislation.

11.2 Having a strong social network is important for emotional wellbeing, but it is also important for our physical health. With that in mind, this priority focuses on ensuring carers are supported to have a family, community, and social life alongside their caring role; this links to the Promoting Mental Health & Wellbeing priority area of the Health and Wellbeing Strategy, which aims to reduce loneliness and increase social connectedness.

11.3 Priority Four: A Life Alongside Caring

What carers and people who work with them said:

11.3.1 A Break from Caring: Having a break was a recurring theme throughout the engagement. 72% of carers surveyed were dissatisfied with the amount of breaks they were able to have. Carers also told us that there should be a greater variety of breaks available to them.

11.3.2 Unplanned Breaks from Caring: Carers told us of their frustration and worry that any break from caring must be planned in advance, meaning that plans can't be made in the short term.

- *"I want something that will allow me to do something in the spur of the moment"*.
- *"I worry about needing support in an emergency and what would happen"*

11.3.3 Planned Breaks for Caring: Carers told us they were unable to plan holidays in advance, because Merton's current offer means respite cannot be confirmed on an annual basis and there is no way of having an allocation (with the exception of Learning Disability bed based respite).

11.3.4 Carers Connected with Family and Friends: The vast majority of carers surveyed (85%) feel socially isolated as a result of their caring responsibilities. 29% of Carers surveyed felt dissatisfied with the amount of time they spend with their family and 57% of carers surveyed were dissatisfied with the amount of time they spent with friends.

11.3.5 Carers Connected with Others: In the focus group discussions, many carers told us they feel they would benefit from befrienders, peer support and other forms of volunteer support.

11.3.6 A Quality Service for both Cared for and Carer: It was clear that the enjoyment of the cared for person, whilst the carer was taking a break without their loved one, was also important.

- *“Both of us have to enjoy the respite. I can’t relax unless I know [the cared for person] is having fun and being looked after”*

11.3.7 A Break with a Loved One: Some carers told us that a break does not necessarily have to be time away from the cared for person; it could be an activity they can both enjoy together.

- *“A break could be something that we do together; an extra pair of hands and eyes to help look after [the cared for person] would help me to relax.”*
- *“I used to attend ‘Stay and Play’ activities with the cared for person. They were great and you could meet other carers in similar situations. Unfortunately, these were stopped.”*
- *“It’s great coming to this support group. I get two hours to relax and talk to people whilst my husband enjoys taking part in activities in another room. When he has a good time, I can relax and have fun myself.”*

11.4 Priority Four: A Life Alongside Caring: Strategy Outcomes:

11.4.1 A Break from Caring: We will work towards making sure support in the community provides a variety of options for customers and carers.

11.4.2 Unplanned Breaks from Caring: We will work with all partners with the aim to support carers when an unplanned break is needed.

11.4.3 Planned Breaks for Caring: We will consider the council’s processes relating to respite, so that carers can plan time away in advance.

11.4.4 Carers Connected with Family and Friends: Review the way we use and distribute Carers Discretionary Grants, with a view to provide carers with greater flexibility with how they use these to support themselves.

11.4.5 Carers Connected with Others: Review the current offer relating to befriending and peer support for carers, with a view to strengthening the offer. We will also review volunteering support to carers in Merton. Continue to promote the carers support groups available in the borough, ensuring those who are new to caring are aware of the support services available to them.

11.4.6 A Quality Service for both Cared for and Carer: Make sure the views of carers are heard when reviewing and making changes to current services that support carers in Merton. We aim to ensure there are services available that can give the carer a break whilst the cared for is engaged in a meaningful activity.

11.4.7 A Break with a Loved One: We aim to ensure there is a range of options exist for carers to take a break, including activities that can be done with the cared for person.

How is the Covid-19 Pandemic Currently Influencing Priority Four: A Life Alongside Caring?

Carers Concern around Current Risk:

- Carers have reported feeling worried about the current risks of Covid-19. Lots of carers have been self-isolating to support a loved one that has been shielding and have experienced isolation and have felt the additional strain of an increased level of caring.
- Carers have said they feel increasingly concerned about the future and what support and services will be available to support them with their caring role¹.

Digital Accessibility:

- Those without digital access will have been unable to access activities and support to the same extent as other carers. It is therefore important to increase digital accessibility so all carers are able to explore the wide range of options available to them.

Declining independence/skills development for cared for person due to lockdown:

- There is concern that the independence, and related skills, that a cared for person previously had will be lost over periods of shielding. This could then cause extra strain for carers, such as limiting their ability to go and meet friends.

Short Breaks:

- Availability and access to short breaks has been affected by the Covid-19 Pandemic.
- When asked about what the biggest challenges carers face are, 'not being able to take time away from caring' was selected by 66% of respondents².

Awareness of the role of carers has increased:

- Awareness of unpaid carers is higher since the outbreak of coronavirus according to the general public. Half (48%) of those who had never been a carer said they were either more aware or much more aware of unpaid carers².

Sources:

1. https://www.carersuk.org/images/News_and_campaigns/Behind_Closed_Doors_2020/Caring_behind_closed_doors_April20_pages_web_final.pdf
2. <https://www.carersweek.org/images/CW%202020%20Research%20Report%20WEB.pdf>

12. Next Steps

12.1 A time limited, Carers Strategy Multi-agency Implementation Board will be established to oversee the strategy and implementation of an action plan. The group will include carer representatives (including young carers), senior managers/commissioners in Merton Council, Merton Clinical Commissioning Group and South West London and St Georges Mental Health Trust and voluntary and community sector organisations.

12.2 The Carers Strategy priorities will align with the priorities of the Young Carers Multi-Agency Strategy 2019-22, and will be jointly implemented.

12.3 An implementation plan will be developed for each year of the Strategy and reviewed annually. This sets out timescales and leads for implementing actions and expected benefits and outcomes. We recognise that the Covid-19 Pandemic will influence the prioritisation of actions for the next year, but over the longer term our intention is to still meet our wider strategic objectives.

12.4 The Implementation Board will monitor progress against the actions, and report to Merton Community and Housing Recovery and Reset Board, the Children's Trust Board and provide an annual update to the Merton Health and Wellbeing Board.

12.5 The delivery of the Strategy is based on working collaboratively and in partnership to use resources within the system more effectively. Where possible, the Implementation Board will seek additional funding opportunities to widen the local offer to Carers in order to achieve the vision of the Carers Strategy.

Appendices

13. Appendix 1: Organisations that provide information, advice, and support to carers in Merton.

There are a number of organisations that can support Carers in Merton, however listed below are a few key providers:

Carers Support Merton

Carers Support Merton is an independent charity that provides information, advice, and support services to local carers via the Carer's Hub. To see the full range of services and support on offer, or to refer a carer to Carers Support Merton, please visit the website.

Website: www.csmerton.org

Telephone: 0208 647 7515

Alzheimer's Society

The Alzheimer's Society is the UK's leading care and research charity for people with dementia, their family and carers. The Alzheimer's Society offers a range of valuable information and ongoing support to people affected by dementia and their carers. They provide a range of services and activities which can be accessed by both carers and people with dementia and specific outreach programmes for carers.

Website: alzheimers.org.uk,
Telephone: 020 8687 0922

Merton Mencap

Merton Mencap is a charity which offers support, services, and activities to children, young people, and adults with a learning disability or autism and their carers

Merton Mencap also provides a range of forums to support carers of both children and adults. These groups are:

Adults First: A group for carers of adults with a learning difficulty aged 18+.

Kids First: A group for carers of children and young people aged under 25, with any disability, special need, or complex medical problem.

Talk Autism: Talk autism is a service for carers of children, young people, and adults with autism.

Carers Groups: A monthly group, which provides monthly outings for carers of adults with a learning difficulty or autism who live in Merton.

Website: <http://www.mertonmencap.org.uk/>
Tel: 0203 936 0599

Adult Social Care, Merton Council

The Adult Social Care team can provide care and support to people over the age of 18 and their carers to live as well as possible with their disability, illness, or other problem.

If you, or someone you know, needs support for any of the reasons above please contact the First Response Team, who are part of Adult Social Care.

Website: <https://www.merton.gov.uk/social-care/adult-social-care>
Telephone: 020 545 4388
Email: ASCFirstResponse@merton.gov.uk

Merton Local Directories

Merton Local Directories is an online directory of services, hosted by the London Borough of Merton. Here you can search different services available to adults, children and families, and carers in Merton.

Website: <https://directories.merton.gov.uk/>

As a carer you may be entitled to help with benefits, employment or training. Find out more about Carer's Allowance and Bereavement Support on www.gov.uk or visit your local jobcentre.

14. Appendix 2: Members of the Carers Strategy Task Group

John Morgan	Assistant Director Adult Social Care
Heather Begg	Adult Social Care Commissioner
Jacob Lawrence	Management Graduate Trainee
Jennifer Quested	Management Graduate Trainee
Sally Burns	Carer Representative and Member of Adults First
Ann Traynor	Clinical Manager, SWLSTG MH Trust
Daniel Butler	Senior Public Health Principal, Public Health
Avril Doyle	Operations Manager, Carers Support Merton
Bill Gibbons	Service Manager, Dementia Hub
Daniel Steiner	Dementia Support Advisor, Dementia Hub
Andrew Whittington	CEO Merton Mencap
Rebecca Adejo	Commissioning Manager, CCG
Dave Curtis	Manager, Health Watch Merton
Hannah Pearson	Primary Care Commissioning Manager, CCG
Liz Sherwood	Carer Representative
Drukshan Sarwara	Carer Representative
Kate Jennings	Commissioning Manager – CSF
Paul Bailey	MSCB Safeguarding Development and Policy Manager
Jennifer Lewis-Anthony	Associate Director Social Work, SWLSG MH Trust
Mihoko Ogawa-Higgins	Carer representative
Ayda El-Deweiny	DWP – Disability Champion
Tracy Weight	CEO Carers Support Merton
Patrice Beverney	Head of Mental Health, CCG
Mohan Sekeram	Carers Lead, Primary Care

15 Appendix 3: Policy Context

15.1 Care Act 2014 Adult Social Care has a duty under section 10 of the Care Act 2014¹⁴ to undertake an assessment of any carer who appears to have any level of need for support. A carer's assessment must explore the carer's need for support, whether the carer is able to continue caring now and in the future. A carer's assessment must consider the impact on the carer's activities including the carer's desire and ability to work, opportunities to partake in education, training or recreational activities and opportunities to have time to themselves.

¹⁴ Care Act 2014 duties to Carers in Sections 9 to 13, Care Act 2014; Chapter 6, Care and Support Statutory Guidance; Care and Support (Assessment) Regs 2014; Care and Support (Eligibility Criteria) Regs 2014

15.2 Children and Families Act 2014 Children, Schools and Families has a duty under section 96 of the Children and Families Act 2014¹⁵ to ensure young carers and their families are identified and their needs for support are assessed. All young carers are entitled to an assessment of their needs from the local authority. Adults and Children's services have a joint responsibility to ensure that young carers/carers have a transition assessment as they approach adulthood and whilst they are in transition.

15.3 The NHS Long Term Plan¹⁶ commits to identifying and supporting carers, particularly those from vulnerable communities. The NHS will look to develop quality marks for carer-friendly GP practices and encourage the national adoption of carer's passports, which identify someone as a carer and enable staff to involve them in a patient's care. The NHS will also ensure that electronic health records allow people to share their caring status with health professionals, have back up plans, and support when needed.

15.4 The DoH Carers Action Plan June 2018 outlines the cross-government programme of work to support carers in England over the next 2 years and builds on the National Carers Strategy¹⁷. The DoH Action Plan focuses on delivery and progress that can be made in the near future to give visibility to the range of work that is planned or already underway across government to support carers, their families and those that they care for.

16 Appendix 4: Local Strategic Link Summaries

16.1 Merton Autism Strategy 2018-2023 is a joint strategy between the Council and the local NHS Clinical Commissioning Group. Like the Carers Strategy, it was written in collaboration with a range of partners.

The strategy sets out the vision that Merton will be an 'autism-friendly borough in which people are able to reach their full potential at all stages of their life'. Within this, it is stated that providers will actively involve people with autism, their families and carers in the design of services and co-production will be promoted across the borough.

Links can be drawn to the Information, Recognition, and Contribution priority area of this strategy, which sets out the vision that, where appropriate, carers will be able to contribute to the design of services and individual care and support plans.

16.2 Health and Wellbeing Strategy 2019-2024 is governed and monitored by the Merton Health and Wellbeing Board. The strategy identifies target outcomes across the different stages of the life course, in key healthy settings. The key healthy place attributes are: promoting mental health and wellbeing, making healthy choices easy, protecting from harm.

¹⁵ <http://www.legislation.gov.uk/ukpga/2014/6/section/96/enacted>

¹⁶ <https://www.longtermplan.nhs.uk/>

¹⁷ <https://www.gov.uk/government/publications/the-national-carers-strategy> published in 2008 as a 10 year strategy.

5. https://www2.merton.gov.uk/52460_merton_carers_partnership_02.12.08.pdf

The key attributes and outcomes are based on engagement with residents, and analysis of current health outcomes across the borough. The challenges exposed include the health inequality between the east and the west of the borough, loneliness, and poor air quality.

16.3 Merton Dementia Action Alliance is an initiative that aims to help make Merton a more dementia friendly borough. The alliances priorities for 2019/20 include cross-sector collaboration with carers, which includes engagement and co-production of services with carers; and a focus on involvement of BAME and faith groups. Both of these priorities relate to the Information, Recognition, and Contribution priority area.

16.4 South West London and St George's Mental Health Trust Strategy 2018-2023 aims to improve access to services, achieve quality outcomes for patients , enable transition and require pathways allowing seamless movement between services, provide more interventions in the community and increase the level of engagement. The Strategy aims to supports carers in the following ways:

- Increase secondary prevention activities for carers.
- Improve access to services and information available to carers.
- The 'Triangle of Care'¹⁸ has been relaunched as an initiative to ensure a working collaboration between the patient, professional and carer that promotes safety, supports recovery and sustains wellbeing.
- Involvement plan published in 2018, with carers at its heart.
- Patient Advice and Liaison Service supports service users and carers

16.5 SEND Strategy 2020 – 2023 is defined as Merton's strategy for meeting the needs of children and young people aged 0-25 who have special educational needs and/or disabilities.

The strategy is aligned with the Merton Autism Strategy 2018-24, and the priorities are based on those of Merton Children and Young People's Plan 2019-23, these are Being Healthy; Staying Safe; Enjoying and Achieving; Getting involved, having a say; Becoming Independent; My Merton – connection with family, friends and the community. An action plan is being developed alongside this strategy, which will include actions for continued and improved support for family Carers.

16.6 The Covid-19 Outbreak Control Plan for the London Borough of Merton was created to outline Merton's current plan for how the council will work with Public Health England's London Corona Virus Resilience Cell (LRCR) and local partners to complement that effectiveness of the NHS test and contract tracing service (NHST&T). The plan is part of the national Covid-19 policy to protect from Covid-19 infections, and prevent or flatten a potential second wave.

The key steps underpinning the local approach are:

- Identification of high-risk settings and vulnerable communities

¹⁸ The Trust developed a Carers' Charter (2017) which sets out the Trust's commitment to identify carers and support and involve them through the concept of the 'Triangle of Care', developed by the Carers Trust.

- Pro-active communication and engagement
- Notification/ Response Triggers
- Risk Assessment
- Control Measures

17 Appendix 5: Carer Definitions

The Care Act defines a carer as “an adult who provides or intends to provide care for another adult”. The Children and Families Act 2014 extends the rights of carers to Family Carers, who look after an ill or disabled child, and Young Carers, under the age of 18.

This strategy focuses on all carers over the age of 18, including family carers for under 18s. For young carers, please access the [Merton Young Carers Multi-Agency Strategy 2019-2022](#) . The Carers Strategy is aligned with the priorities of the Young Carers Multi-Agency Strategy 2019-22, and they will be jointly implemented.

There are many different types of carer and a carer may belong to more than one of these groups. The word ‘carer’, in the context of this strategy, refers to any of the below groups:

- Adult Carer – A carer over 18 who provides care for another adult.
- Family Carer – A carer over 18, who provides care to an ill or disabled child for whom they have parental responsibility, continuing into adulthood.
- Dual Carer – Sometimes known as a ‘Sandwich carer’; a carer who provides cares for more than one person. Often, the cared for people are from different generations, for example, a dual carer could provide care to both an elderly parent and a young child.
- Lifelong Carer – A carer who provides care to someone with a life-long illness or disability and intends to do so indefinitely. Carers in this group usually care for their disabled son or daughter; or spouse who requires long-term care.
- Former Carer – Someone who no longer provides care. This is usually due to a change in circumstances. Some former carers can find it challenging adjusting to a life after caring, especially if they have been providing care for many years.

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Merton Carers Strategy Year 1 Multi-Agency Implementation Plan

Jan 2021 – Dec 2021

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Multi-agency Implementation Board members:

Name	Organisation	Job Role	Initials
John Morgan	Merton Council	Assistant Director, Adult Social Care	JM
Heather Begg	Merton Council	Commissioner, Adult Social Care	HB
Sally Burns	AdultsFirst	Carer Representative and Member of Adults First	SB
Rebecca Adejo	NHS South West London CCG	Senior Transformation Manager(Merton)	RA
Ann Traynor	SWLSTG MH Trust	Service Manager	AT
Daniel Butler	Merton Council	Senior Public Health Principal	DB
Jennifer Lewis-Anthony	SWLSTG MH Trust	Associate Director Social Work	JLA
Mellisa Stewart	Merton Council	Commissioner, Children's, Schools and Families	MSt
Tracy Weight	Carers Support Merton	Chief Executive Officer	TW
Carmen Gardier	Merton Council	Head of Integrated Learning Disability Services	CG
Bill Gibbons	Alzheimer's Society	Service Manager Merton Dementia Hub	BG
Andy Whittington	Merton Mencap	Chief Executive Officer	AW
Tannya Stacey	NHS South West London CCG	Commissioning Manager Primary Care	TS
Patrice Beverny	NHS South West London CCG	Lead Transformation Manager: Mental Health (Merton)	PB
Dave Curtis	Merton Healthwatch	Manager	DC
Ayda El-Deweiny	Department Work and Pensions	Disability Advisor	AED
Mohan Sekeram	GP Federation	GP Wide Way Practice, Personalised Care Lead	MSe
Joanna Georgiades	Merton Council	MSCP Chair	JG
TBC	Merton Council	Educational Inclusion, CSF	
TBC	Merton Council	School Improvement, CSF	
TBC	NHS South West London CCG	CAMHS Commissioner	
TBC	Merton Council	Representative from Children Social Care, CSF	
TBC	NHS South West London CCG	Children's Health Commissioner	

The Implementation Board will also seek to recruit additional carer representatives, including young carers to be part of the Board.

Merton Carers Strategy: Year 1 Implementation Plan 2021

Theme 1: Identification, Recognition, and Contribution

Vision

Support individuals with caring responsibilities to identify themselves as a carer at the earliest stage. Recognise the value of carer's contributions and understand that every carer has their own strengths, values, ambitions, and needs. Where relevant, involve carers from the outset in the design of local care provisions, in planning individual care packages, and monitoring services.

Priorities

- 1. Identify Carers:** Promote the identification of carers at the earliest possible stage in their caring journey; this means working with partners, to identify and then support people in their caring role. We will focus on ensuring carers can access support, even if a diagnosis is still being sought. We will prioritise specific actions to engage with harder to reach groups and BAME communities.
- 2. Carers Assessments:** Work to ensure that people understand the benefits of having a carer's assessment, with a view to increase the number of carers having these assessments.
- 3. Information and Advice for Carers:** Improve our local information and advice offer to carers through a range of channels including the digital offer and aim to increase the local support available to carers.

Priority	Tasks	Lead responsibility	Timescales	Lead Organisation/ Officer Initials	Progress	RAG Rating
1.1 Identify Carers	Promote and increase carers identified via GP Practices. Need to include why you should tell GPs you are a carer, what is on offer – eg. Health checks, flu jabs etc.	Primary Care	Jan 2021	SWL CCG/ GP Federation TS/MSe		
1.2 Identify Carers	Identify practices that have low and high numbers of carers on their register, to offer support and examples of best practice. Review premium specification in place.	Primary Care	March 2021	SWL CCG/ GP Federation TS/MSe		
1.3 Identify Carers	To learn from Health and Wellbeing Board Impact Report and engage with harder to reach groups and BAME communities to identify and support carers.	Multiagency Implementation Board	Jan 2021	LBM, MH Trust, SWL CCG, JM/DB/RA		

1.4 Identify Carers	Develop Communication and Marketing campaign to raise awareness and reframe the message about what it means to be a carer, so it is something positive for people to identify as.	Multiagency Implementation Board	Jan 2021	LBM, SWL CCG, JM/PB		
1.5 Identify Carers	Develop and deliver Carer Awareness Training programme for professionals and include as part of induction.	Implementation Board/Carers Support Merton	Feb 2021	LBM/SWL CCG/		
1.6 Identify Carers	To identify, assess and support young carers at an early stage, recognising the value of their contribution and prevent them from falling into detrimental caring roles.	Children's Trust Board	Jan 2021	LBM, CSM, MSt/TW		
2.1 Carers Assessments	Incorporate into communication and marketing plan to ensure that people are offered carers assessments and completed appropriately and proportionately in accordance to carers needs.	Carers Review Task Group	Feb 2021	LBM, CSM, MH Trust, CG/TW/AT/ JLA		
2.2 Carers Assessments	Review Carer Assessments and carer support plans including format, process and system recording and monitoring	Carers Review Task Group	Feb 2021	LBM, CSM, MH Trust, CG/TW/AT/ JLA		
2.3 Carers Assessments	Develop Quality Assurance Framework for Carers Assessments to ensure Care Act Compliant	Carers Review Task Group	Jan 2021	LBM, CSM, MH Trust, CG/TW/AT/ JLA		
2.4 Carers Assessments	Review data sharing agreements between Adult Social Care, Mental Health Trust and Carers Support Merton in line with GDPR requirements	Carers Review Task Group	Jan 2021	LBM, CSM, MH Trust, CG/TW/AT/ JLA		
3.1 Information and advice for Carers	Information regarding local offer for carers needs to be updated on Arden, (online GP tools)	Primary Care	March 2021	SWL CCG/ GP Federation TS/MSe		
3.2 Information and advice for Carers	Strengthen referral pathways for carers, in particular with social prescribers and community connectors.	Multiagency Implementation Board	April 2021	LBM, SWL CCG, CSM, MH Trust		
3.3 Information and advice for Carers	Develop local offer directory of support for Carers.	Multiagency Implementation Board	April 2021	LBM, SWL CCG, CSM, MH Trust		

Theme 2: Health and Wellbeing of Carers

Vision Carers will be supported to manage their own health and wellbeing; and remain as physically and mentally well as possible

Actions

- 1. Carers Emergency Plans:** We aim to have a plan in place for the cared for person in the event of an emergency. This could be in the form of a carer's card. We will also work with partners to implement more widely Co-ordinate My Care (CMC)¹ and my CMC² to consider the wishes of the cared for and their carers in the development of urgent treatment plans.
- 2. Council Processes and Carers:** We will review council processes, aiming to make these more efficient and easier to use, minimising the stress caused to carers trying to navigate the system.
- 3. Health and Wellbeing Activities for Carers:** We will look at how carers can be provided with affordable, flexible, and inclusive opportunities to take part in activities, which contribute towards good health and wellbeing, such as Merton Uplift workshops and support, fitness or mindfulness classes. This will involve working with partners such as local leisure centres, colleges, and community connectors.

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Priority	Tasks	Lead responsibility	Timescales	Lead Organisation/Officer Initials	Progress	RAG Rating
1.1 Carers Emergency plans	Promote the Co-ordinate my Care (CMC) and My CMC more widely to vulnerable groups and their carers. Provide training to pilot local initiatives	ILT Steering Group, End of Life Steering Group	Dec 2020	CCG, AS,CSM, RA/PB		
1.2 Carers Emergency plans	Support Carers to complete Emergency/contingency plans and have a record on system in case of an emergency.	Carers Review Task Group/Carers Support Merton	Feb 2021	LBM, CSM, MH Trust, CG/TW/AT/ JLA		
1.3 Carers Emergency plans	Benchmark the use of carers cards and scope benefits to carers in Merton.	Multiagency Implementation Board	June 2021	LBM,CCG, CSM, MH Trust JM,TS,TW,JLA,AT		

¹ <https://www.coordinatemycare.co.uk/>

² <https://www.coordinatemycare.co.uk/for-patients/mycmc/>

2.1 Council Processes and Carers	Review Council processes that impact on Carers, including carers assessments, customer assessments, care and support plans, reviews and financial assessments.	Carers Review Task Group	Jan 2021	LBM, CG		
3.1 Health and Wellbeing Activity for Carers	Review and promote local Carers Health check via GP and promote carers health and Wellbeing through One You Merton and Merton Uplift .	Primary Care	Jan 2021	SWL CCG/ GP Federation TS/MSe		
3.2 Health and Wellbeing Activity for Carers	Supporting young carers to remain mentally and physically well throughout their lives and as they transition into adult caring roles.	Children's Trust Board	Feb 2021	LBM, MSt		
3.3 Health and Wellbeing Activities for Carers	Map the current offer for health and Wellbeing activities for Carers in Merton, including befriending Pilot and activities within the Voluntary Sector. Once mapped, identify gaps in offer to help shape future provision.	Multiagency Implementation Board	June 2021	LBM,CCG, CSM, AS,MM,MH Trust JM/TS/TW/JLA/AT		

Theme 3: Realising and Releasing Potential

Vision: Carers and former carers who wish to undertake employment, volunteering, or learning, will be supported to gain the necessary skills to do so

Priorities

- Digital Skills for Carers:** We will explore ways to support carers to gain Information technology skills. This will mean carers are better able to stay connected, access information and advice, and gain the necessary skills for the workplace.
- Learning and Development for Carers:** We aim to review affordable learning and development opportunities for carers.
- Carer Friendly Work Environment:** By recognising the needs of carers, employers can hold on to your experienced staff and reap the rewards of creating a supportive working environment for carers. The CCG will work to review workplace practices with their organisation and ensure carers feel supported at work.

Priority	Tasks	Lead responsibility	Timescales	Lead Organisation/Officer Initials	Progress	RAG Rating
3.1 Digital skills for Carers	Develop a plan to support carers gain access to information technology and develop digital skills to take part in online activities and support.	Multiagency Implementation Board	Jan 2021	LBM,CCG, CSM, MH Trust JM,TS,TW,JLA,AT		
3.2 Digital Skills for Carers	Where required, support carers to access to the necessary equipment to keep connected	Multiagency Implementation Board	Jan 2021	LBM,CCG, CSM, MH Trust JM,TS,TW,JLA,AT		
2.1 Learning and Development for Carers	Review affordable learning and development opportunities for carers including adult learning and other courses (face to face and online).	Multiagency Implementation Board	July 2021	LBM, DWP, MH Trust, JM/AT/AED		
2.2 Learning and Development for Carers	Enabling those with caring responsibilities to fulfil education and employment potential.	Children's Trust Board	Feb 2021	LBM, MSt		
3.1 Carer Friendly Work Environment	Develop a task group in the CCG to review workplace practices to ensure carers feel supported at work.	Enhanced Support for Carers Task Group	Jan 2021	CCG, RA,PB		

Theme 4: A Life Alongside Caring

Vision	Carers are able to have a family, community, and social life alongside their caring responsibilities					
Actions	<p>1. A Quality Service for both Cared for and Carer: It was clear that the enjoyment of the cared for person, whilst the carer was taking a break without their loved one, was also important. It is crucial that staff are aware of the specific needs of carers when accessing any health or social care service.</p> <p>2. A Break from Caring: We will work towards making sure support in the community provides a variety of options for customers and carers. This includes greater use and flexibility of Carers Discretionary Grants.</p>					
Priority	Tasks	Lead responsibility	Timescales	Lead Organisation/Officer Initials	Progress	RAG Rating
1.1 A Quality Service for both Cared for and Carer	LD Offer Review-engagement exercise to determine impact of restrictions, current situation and future requirements of LD Services for ASC customers and carers	Recovery and Reset Programme	Jan 2021	LBM,CG		
1.2 A Quality Service for both Cared for and Carer	Start to develop model for enhanced support and personalised care to carers in health and social care services. We will aim to involve carers in designing local care provision.	Multiagency Implementation Board	September 2021	LBM,CCG PB,TS, RA,HB,MSt,DB		
1.3 A Quality Service for both Cared for and Carer	Involving young carers from the outset in designing local care provision and in planning care packages.	Children's Trust Board	April 2021	LBM, MSt		
2.1 A Break from Caring	Enable volunteers to support carers to have a break from their caring role, e.g. through befriending initiatives	Multiagency Implementation Board	July 2021	LBM, CSM JM/DB/TW		
2.2 A Break from Caring	Promote the flexible and creative use of carer discretionary grants	Multiagency Implementation Board	January 2021	LBM, CSM HB/TW		
2.3 A Break from Caring	Ensure that Carers Assessments inform creative support plans to give carers a short break in a way that meets their needs and supports their wellbeing.	Multiagency Implementation Board	August 2021	LBM, HB/MSt		

Committee: Health and Wellbeing Board

Date: 24th November 2020

Agenda item:

Wards: All

Subject: Child and Adolescent Mental Health (CAMH) and Emotional Wellbeing Strategy for 2020-2023

Lead Member: CAMHS Partnership Board

Contact officer: Sarah Keen – Child & Adolescent Mental Health Services (CAMHS)

Senior Transformation Manager SWL CCG (Merton)

Recommendations:

A. To inform HWBB board members of the CAMHS strategy for 2020-2023

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

In Merton, we want our **“Children and young people to enjoy good mental health and emotional wellbeing and be able to achieve their ambitions and goals through being resilient and confident”**

To enable us achieve this, the CAMHS Partnership board has completed the Child and Adolescent Mental Health (CAMH) and Emotional Wellbeing Strategy for 2020-2023 for Merton. Highlighting some key achievements over the last few years, the strategy focuses on our intentions for the years ahead with emphasis to ensure that children, young people and families in Merton can access the right intervention, in the right place, at the right time and with the right outcomes.

The CAMH and Emotional Wellbeing Strategy links closely to this Board’s Health and Wellbeing Strategy, including the key attribute for children, young people and adults to promote mental wellbeing which includes mental health services.

This Strategy also follows this Board’s guiding principles, including the focus on inequalities and very importantly the commitment to active engagement and co-production with children and young people and their families.

The CAMH and Emotional Wellbeing Strategy is particularly timely and important during the COVID-19 pandemic and the impact it is having on people’s mental health, including children and young people.

2 DETAILS

2.1. The plan to achieve the ambitions of the Strategy is within the framework of the national i-Thrive concept for CAMHS. The i-Thrive model places greater emphasis on helping young people and communities build on their own strengths, with professionals working holistically on the need of the child or

young person, rather than on their diagnosis through a shared decision making process.

- 2.2. The strategy which has been informed by the voice of children and young people and what they say needs to be done to support their wellbeing, has also focused on national guidance as well as our local Joint Strategic Needs Assessment/ Merton Story and the views of our service providers.
- 2.3. Employing a strength based approach to prevention, early interventions and treatment when required, it will be accompanied by an action plan with partners to review key activities and outcome milestone.
- 2.4. Achieving these ambitions will rely on partnership working through the CAMHS partnership board, and importantly, continuing to work in partnership with children, young people and families across all areas of life.
- 2.5. There is a recognition of challenges, including increased demand within a limited financial envelope, and therefore a particular emphasis on partnership working, including work with the voluntary sector, as well as development of digital support.

3 ALTERNATIVE OPTIONS

- 3.1. N/A

4 CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1. The document has been informed and completed with engagement from our children and young people through schools, parents and carers through our parent representative/forum, CYP workforce and professionals in the borough, service providers and the voluntary sector within the CAMHS partnership. An easy read version developed by our young health inspector in the Local Authority has also been completed to accompany the strategy document.

5 TIMETABLE

The Strategy is for 2020 – 2023

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 6.1. N/A

7 LEGAL AND STATUTORY IMPLICATIONS

- 7.1. N/A

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 8.1. N/A

9 CRIME AND DISORDER IMPLICATIONS

- 9.1. N/A

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 10.1. N/A

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

APPENIDX 1 – CAMHS Strategy 2020 – 2023

APPENDIX 2 – CAMHS Easy Read Strategy

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South West London
Clinical Commissioning Group



THRIVING IN MERTON

Merton Child and Adolescent
Mental Health (CAMHS)
and Emotional Wellbeing
Strategy 2020-2023



GLOSSARY OF TERMS

A&E	Accidents and Emergency
ACE	Adverse Childhood Experience
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
CAMH	Child and Adolescent Mental Health
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CETR	Care, Education and Treatment Review
CWP	Children's Wellbeing Practitioners
CYP	Children and Young People
EHCP	Education, Health and Care Plans
ESAs	Emotion literacy support assistant
EWP	Emotional Wellbeing Practitioners
IFR	Individual Funding Requests
LA	Local Authority
NHS	National Health Service
PBS	Positive Behaviour Support
S117	Section 117
SEND	Special Educational Needs and Disability
SPA	Single Point of Access
STP	Sustainability and Transformation Plan
SWL	South West London

USEFUL LINKS

Merton SEND strategy 2020-23

<https://www.merton.gov.uk/Documents/Merton%20SEND%20Strategy%202020-23%20final.pdf>

Merton Suicide Prevention Framework 2018-2023

<https://democracy.merton.gov.uk/documents/s25559/6.Suicide%20Prevention%20Framework%20Annexe.pdf>

Five ways to Wellbeing

https://neweconomics.org/uploads/files/d80eba95560c09605d_uzm6b1n6a.pdf

Merton Public and Patient Engagement Report

<https://www.mertonccg.nhs.uk/News-Publications/Documents/2019%20Patient%20and%20Public%20Involvement%20Annual%20Report%20.pdf>

The Merton Story 2019

<https://www.merton.gov.uk/assets/Documents/The%20Merton%20Story%202019.pdf>

Merton Joint Strategic Needs Assessment

<https://www.merton.gov.uk/healthy-living/publichealth/jsna/joint-strategic-needs-assessment-public-health>

Merton Autism Strategy

<https://www.mertonccg.nhs.uk/News-Publications/News/Pages/Merton-Autism-Strategy-2018-2023.aspx>



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What is mental health and wellbeing?	4
What have Merton's Young People and Families told us about mental health and emotional wellbeing?	5
Our vision and priorities	6
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Commissioning, partnership and governance	22



Foreword

"We want children and young people in Merton to enjoy good mental health and emotional wellbeing and be able to achieve their ambitions and goals through being resilient and confident."

Welcome to our Child and Adolescent Mental Health (CAMH) and Emotional Wellbeing Strategy (2020-2023) for Merton. This document highlights some of the key achievements over the last few years and our intentions for the next.

We are committed to ensuring that children, young people and families in Merton can access the right intervention, in the right place, at the right time and with the right outcome.

We want to continue to establish high quality services that are focussed on individual needs, prevention, early detection and early help when issues first arise.

We are committed to ensure that we have a range of services available that make a real difference to children and young people (CYP) with established or complex problems.

The key to achieving our ambition relies on partnership working:

- Partnership working between health care services, education, social care and community and voluntary sector organisations
- And importantly, working in partnership with children, young people and families across all areas of life.

This strategy has been informed by national guidance (see *national context*) at a time of Children and Young People's Emotional Wellbeing and Mental Health Transformation across England. We have also drawn on our local

Joint Strategic Needs Assessment/Merton Story and the views of our service providers and services users, to help shape the way forward.

At the time of writing the strategy, the CAMHS partnership have launched, and are continuing to implement the i-Thrive model for the organisation and delivery of mental health and wellbeing services in Merton.

This model places greater emphasis on how to help young people and communities build on their own strengths, with professionals working holistically on the need of the child or young person, rather than on their diagnosis.

We are also focused on finding different ways of working and developing new and innovative solutions for CYP and families. We will learn from the successes of our Trailblazer pilot work (elaborated on in this document) and how this is beginning to change the mental health landscape and may require us to procure a different balance of services in the coming years.

Following the publication of this strategy, an action plan will be developed to provide further details of plans and timelines.

Dr Andrew Murray
Clinical Chair, South West London Clinical Commissioning Group

Rachael Wardell
Director of Children, Schools and Families, London Borough of Merton

What is mental health and emotional wellbeing?

According to the World Health Organisation, mental health is a 'state of wellbeing in which the individual realises his or her own abilities, can cope with usual stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community'.

Emotional wellbeing is a 'positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment'.



What does wellbeing mean to children and young people?

- Connecting with people / relationships
- Quality of environment (home, school, local area)
- Being active
- Learning and achieving
- Giving
- Being able to play or be creative

[SOURCE: www.youngpeopleshealth.org.uk]

What children and young people say we can do to support their wellbeing:

1. Treat us with respect
2. Make access easy
3. Have all the help in one place or show us where we can get help
4. A welcoming and age appropriate setting
5. Give support up to age 25
6. Skilled workers who take us seriously
7. Involve us in decision making

FIVE WAYS TO WELLBEING: Developed by the New Economics Foundations, the Five Ways to Wellbeing are a set of evidence-based strategies that can improve the mental health and emotional wellbeing of a population.

What have Merton's Young People and families told us about mental health and emotional wellbeing

We are committed to listen to CYP and families to better understand their views, experiences and needs. Over the last few years a number of engagement, listening and co-design activities have taken place.

For example, engagement around the Trailblazer Project helped us understand how CYP experiences mental health and wellbeing within the school context. You can read more about specific engagement activities in [Merton CCG's Annual patient and Public Engagement report](#).



THE FIVE WAYS TO WELLBEING:

1. **Connect** with those around you
2. **Be active** - move your body in a way you enjoy
3. **Take notice** of inner and outer experiences
4. **Keep learning** – enjoy a challenge and achieving something new
5. **Give** – do something nice for someone

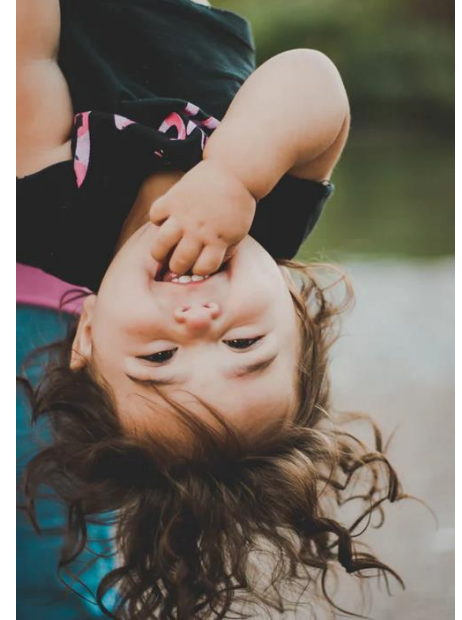
Our vision and priorities

Our overall vision is for children and young people in Merton to enjoy good mental health and emotional wellbeing and to be able to achieve their ambitions and goals through being resilient and confident. Our priorities are aligned to the Thrive model of CAMHS provision.



Underlying principles

- Work together to improve public awareness and reduce stigma associated with mental health;
- Educate partners across the system to ensure an “every contact counts” approach;
- Focusing our efforts on the areas that we know can make a significant difference such as in the early years;
- Treat each individual as a whole person considering both mental and physical health and their social circumstances, delivering services in partnership to ensure the wider needs of the young person are met;
- Actively listen to the voice of children and young people and involve them and parents/carers in the shaping of our services;
- Ensure children or young people have the opportunity to set their own treatment goals and that services and interventions are always outcome focused;
- ‘Ensure Think family’ is embedded in everything we do
- Use best practice and evidence informed advice, support and interventions, with the best balance of services to respond to identified need;
- Develop a pathways approach to ensuring children and young people can access the right service at the right time.;
- Deliver a flexible service that meets the needs of children and young people and will be pro-active in engaging them;
- Ensure our commissioned services are of good quality and provide value-for-money;
- Share statistical data to ensure a shared understanding of the mental health needs of our population;
- Ensure services are accessible to particular groups known to have higher prevalence of mental health issues (for example children in our care, young carers);
- Ensure CYP IAPT Principles are embedded in our psychological services.



National context

A number of key national strategies, policy documents, and programmes have shaped our local CAMHS transformation over the last decade, as well as the priorities going forward:

- Two seminal papers, **The Future in Mind report** and the **NHS Five-Year Forward View for Mental Health**, were published in 2015 and 2016 respectively and called for major transformation of CYP emotional wellbeing and mental health services, specifically: promoting resilience, prevention, and early intervention, improving access to effective support, care for the most vulnerable, accountability and transparency, developing the workforce, and partnership working;
- To put into action the recommendations put forward in these papers, a national programme of **CAMHS Transformation** was launched in 2015, providing additional funds for local areas to invest in developing the CAMHS workforce, developing local services and giving more CYP access to services. Merton has submitted yearly transformation plans in line with these priorities, and as we go into the last year of this programme we are meeting and exceeding targets;
- The **Green Paper on Transforming Children and Young People's mental Health** was published in 2017 to build on ongoing transformation work. It calls for designated mental health leads across all schools, local mental health support teams for mild-moderate issues that links with schools and specialist services, and



reduced waiting time for CYP requiring specialist help;

- To deliver against the Green Paper **The Link Programme** was launched in 2018 to connect local schools and CAMHS providers and pool understanding and resources. Merton was one of the first areas to pilot the roll out of this programme.
- A national **Trailblazer** programme was also launched in December 2018 to roll out Mental Health Support Teams (MHST's) across local areas. MHSTs can provide early intervention on some mental health and emotional wellbeing issues, help staff to provide a 'whole school approach' to mental

health and wellbeing, and act as a link between local children and young people's mental health services.

- As part of the national trailblazer national initiative, an **Empowering Parents Empowering Communities** programme was also launched to improve parenting, child outcomes and family resilience.
- **New Models of Care (2017 onwards)** is a national programme transforming the provision and management of Tier 4 CAMHS services. Merton falls into one of the areas where this programme is being developed and will benefit from an Psychiatric Intensive Care Unit and investment in out of hospital care pathways for CYP requiring Risk Support.
- In 2011 a **CYP Improving Access to Psychological Therapies (IAPT) programme**

was launched to develop the CAMHS workforce and the provision of evidence-based practice. Merton has taken part in this programme over the years and we have a number of staff trained and delivering IAPT programmes.

- In January 2019 **The NHS Long Term Plan** was published, outlining plans and priorities for the next decade, including plans for children's mental health. There is a commitment for further investment, continuing to improve access through CAMHS, community services and support in schools, improving crisis care, expanding provision models to include the 18-25 age group, and improving services for CYP with complex needs.

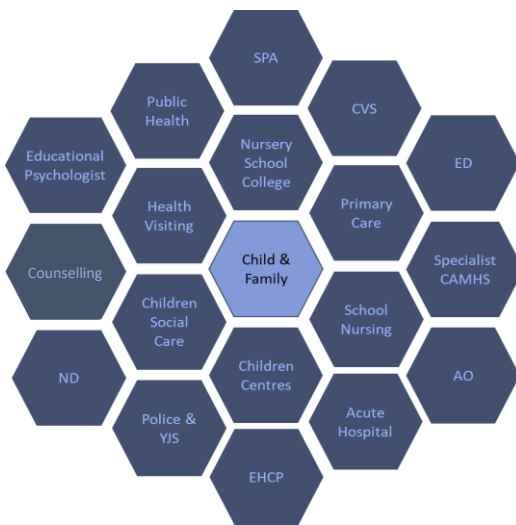


Local context

The following local and South West London-wide programmes and drivers are shaping our CAMHS landscape

In South West London an **Alliance commissioning model** is being implemented. From 1st April 2020, the six SWL CCG's (Merton, Wandsworth, Richmond, Kingston, Sutton, and Croydon) merged to become one SWL-wide CCG. This model of collaborative commissioning can utilise better models of care, improved pathways and economies of scale etc., although it will be prudent to stay responsive to local need and context.

The **Merton Health and Care Plan** published by Merton's Health and Care Together Board, sets out the plans to improve services through strong partnership working between providers and commissioners of health and care services in Merton.



In Merton there is a focus on a **'whole system approach'** where the emotional wellbeing and mental health of a child or young person is everyone's business, not just specialist CAMHS providers.

This includes a **'whole school approach'** to mental health and emotional wellbeing. School leadership, health and social care professionals have come together and are investing in training and support for young people, families and teachers, as well as new innovative digital solutions.

A **Merton Autism Strategy** was published in 2018 with key priorities and areas for CAMHS development to meet the needs in Merton.

The **Merton Suicide Prevention Framework** was also published in 2018 and sets out key areas of work including suicide awareness training for the workforce.

In 2019, as part of the national **Trailblazer Initiative** Merton introduced MHST's to a cluster of schools as a first wave. This is being expanded with subsequent waves being rolled out across Merton schools and colleges.

A new **Health and Wellbeing Strategy** was published in 2019 by Merton's Health and Wellbeing Board. The strategy aims to address self harm, anxiety, depression and stress to improve health and wellbeing.

A new **Merton's Children and Young People's plan** was also published in 2019, highlighting the key

issues that Merton CYP face in relation to health and wellbeing.

A remodel of Merton's **Early Help offer** is currently underway.

Merton's **Children's Trust Board, Health and Wellbeing Board, and CAMHS Partnership Board** continues to provide strategic oversight and direction in relation to Merton CYP's emotional health and wellbeing.

Introducing Thrive to Merton

- The THRIVE framework provides a mechanism to deliver a whole-system approach to improving outcomes and value for young people's mental health;
- The framework conceptualises need into five categories (see image)
- At its core Thrive has a shared decision making ethos which will require considerable multi-agency and disciplinary change;
- There will undoubtedly be a significant change programme to introduce the new framework and ensure that all stakeholders are clear on how they operate within it;
- Thrive has attracted a lot of positive interest across the UK and is being introduced in many other areas – which Merton can learn from.
- Thrive will not be introduced in isolation; we will be bringing in other initiatives at the same time (e.g. pilot School Mental Health Clusters) and we need to consider how these initiatives will impact on each other.



The benefits of Thrive

Support will be focused on the person and their needs, rather than on a diagnosis

CYP & families will be more resilient and will know when and where to seek help

There will be opportunities to develop good emotional wellbeing sooner

There will be greater responsiveness and flexibility in the system

Local need

Data source: The Merton Story 2019

- In comparison to London and England, Merton is overall a **safe, healthy borough** with lower levels of deprivation, better health outcomes and educational attainment and good community assets.
- The population is **diverse and growing** with the number of CYP in the borough expected to rise notably over the coming years.
- The relative affluence of the borough masks significant **pockets of deprivation** and significant health and social inequalities that exist between the East and the West of the borough.
- The **East of the borough** typically has a younger, poorer and a more ethnically mixed population with higher unemployment rates, overcrowding, crime etc.



Merton has a **CYP population (0-24 years)** of approximately 62,916 and most of them are healthy and benefit from a good start in life. However, there are cohorts of CYP with more deprived circumstances and who face significant challenges and health inequalities.

Planning for an increase in population and demand:

There is a predicted increase of 4% in the CYP population over the next 5 years, with the biggest increase seen in the 10-14 years age bracket. This will have a knock-on effect on the demand for CAMHS services and the

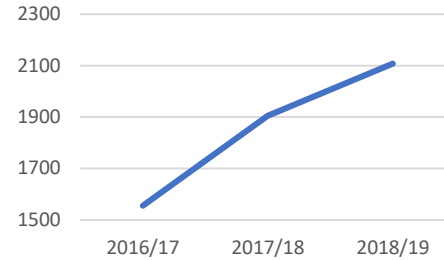


Demand for services for CYP with **Autism, ADHD or Special Educational Needs**

- 17% of pupils in Merton schools have a SEN support plan or Education Health and Care Plan and may require emotional and mental health support;
- The data is unclear as to the exact numbers of CYP with ASD or ADHD living in Merton. What we do know is that there is a high need for assessment of ASD and ADHD and that the current demand is outstripping our capacity. Less than half of CYP referred for neurodevelopmental assessment are seen within the 12 week target, and this will be a priority area going forward.

Data Source: Merton CAMHS reports

The CAMHS **Single Point of Access**, our front door into our CAMHS services, has seen a year on year increase in referrals:



This is likely due to increased need and recognition of need. The top four presenting problems at SPoA are:

- ☞ Behavioural problems
- ☞ Anxiety
- ☞ Emotional wellbeing
- ☞ ADHD Assessment

GP's are the main referrers into SPoA (around 50%), followed by education (around 30%).



Merton CAMHS SPA reports 2019/20

Prevalence of mental health conditions

A significant number of CYP face emotional wellbeing or mental health issues in Merton:

9%

of 5-16 year olds are estimated to have a diagnosable mental health condition

Among these CYP:

38% have an emotional disorder

60% have conduct disorders

16% have neurodevelopmental disorders

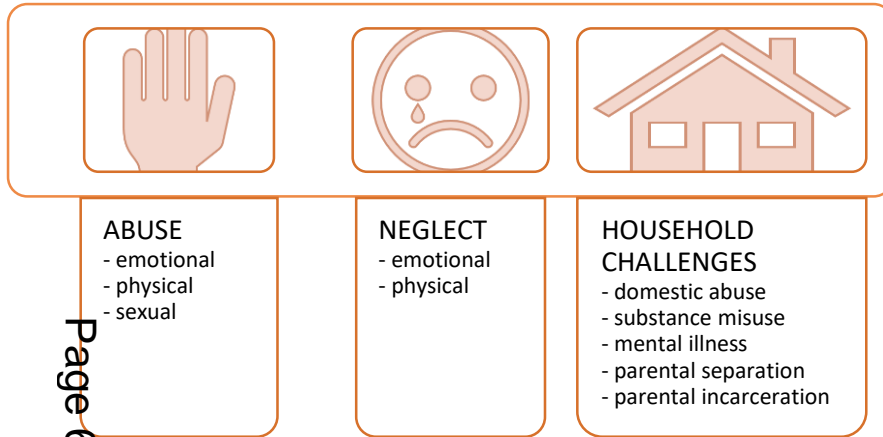
2843 young people ages 16-24 have an eating disorder;

And over **2600** have ADHD.

Data source: Merton JSNA

Risk factors for poor mental health or emotional wellbeing

The more adversity a child experiences, the more it is likely to impact on their mental and physical health. There are three direct and six indirect adverse childhood experiences (ACEs) that have a significant impact on children. Children exposed to four or more ACEs, may exhibit more risk-taking behaviours and experience poorer health outcomes. The ACEs are:

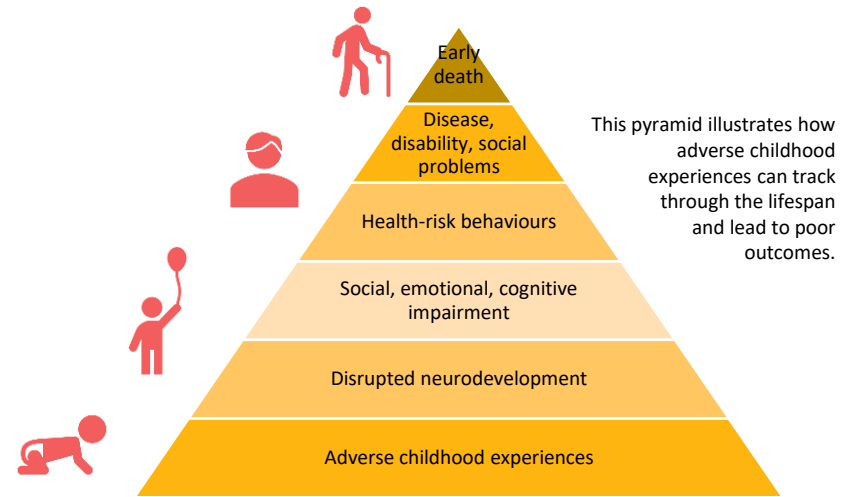


Nationally it is estimated that **67%** of people have at least one ACE and **one in every eight** children have four or more ACE's.

In Merton, approximately **139 children per 10,000** are 'children in need' due to abuse or neglect, and approximately **114 per 10,000** are children in need due to parental absence, family stress or dysfunction (2018 and 2017 data respectively). In addition, up to **17%** of CYP live in income deprived households. These CYP are particularly vulnerable to mental health disorders.

Prolonged traumatic stress alters neurodevelopment.

Prolonged traumatic stress alters the development of a child's brain, specifically the nervous system, hormonal system and immunological system. This predisposes the child to social, emotional and cognitive impairment, risky behaviour and consequently premature ill health (physically and mentally).



This pyramid illustrates how adverse childhood experiences can track through the lifespan and lead to poor outcomes.

Data in the UK suggests that children or young people with four or more ACEs are:

- 2x** more likely to **binge-drink**
- 4.5x** more likely to develop **depression**
- 7x** more likely to be involved in **violence**
- 11x** more likely to use drugs or be **incarcerated**
- 14x** more likely to attempt **suicide**

Prevention and early intervention strategies are needed to mitigate the effect of ACE's and trauma for vulnerable children.

Prevention

- Healthy start in life
- Promote positive attachment
- Schools – resilience building

Early intervention

- Whole school mental health and emotional wellbeing approach
- Counselling
- Self-harm interventions

Mitigation

- CAMHS for vulnerable groups e.g. Youth offending team, children in our care, etc.
- Targeted interventions

Emotional Wellbeing and Mental Health services in Merton - Overview and Priorities

Prevention, promoting resilience and early help

SCHOOLS

What we've done and where we are now

- We have invested in various training programmes (Mental Health First Aid, Wishmore Cross training, etc.) to train mental health leads in schools and support schools in developing their mental health promotion plans;
- We have emotional wellbeing provision in schools such as Circle Time, Emotional Literacy Support Assistants (ELSA's), nurture groups and mindfulness interventions;
- CAMHS in schools is commissioned by 18 of our schools;
- There has been a sector-wide initiative to roll out the Whole School Approach. As part of this we have A) secured funding for Child Wellbeing Practitioners (CWP) to train to deliver early help interventions in a cluster of Merton schools; B) become a Trailblazer site for the roll out of the Government' Mental Health Support Teams in Schools and we now have an established support and Emotional Wellbeing Practitioners (EWP's) in approximately 16 of our schools in Merton, with plans to expand
- We have launched a forum to support the role of mental health leads in schools

Where we'd like to get to:

- We want to further expand the prevention and early help provision available in Merton schools, initially focusing on the East of the Borough and eventually expanding to all Merton maintained schools;
- We want to understand the impact of the Trailblazer and CWP project and how we can learn from this and expand;
- We want an informed and dynamic network of mental health leads in schools that actively work and learn together and are supported to promote their mental health and emotional wellbeing agenda;



What we will do:

- We will develop our forum for mental health leads in schools to provide ongoing support and networking opportunities to enhance our getting advice and getting help offers, utilising a 'whole school approach'
- We will continue to work with our Trailblazer schools to measure the impact of this project and further develop this mental health support intervention;
- We will introduce two new Trailblazer pilot school clusters in 2020: One for our SEND CYP and the other Pan SWL for one of our further educational institutes;
- We will explore an expansion of CWP's / EWP's to cover all schools

WORKFORCE

What we've done and where we are now:

We have built the capacity and capability of our wider workforce across all sectors, to promote emotional wellbeing and recognise and respond to mental health issues, through an ongoing programme of networking and training opportunities.

Where we'd like to get to:

We want to continue to invest in our wider CYP workforce to ensure they can promote emotional wellbeing and know when and how to help CYP or families when mental health issues arise.

What we will do:

- We will continue to provide training opportunities to our workforce;
- We will continue to host termly CAMH Network meetings and will explore ways to enhance learning through these meetings;

EARLY YEARS

What we've done and where we are now:

We have embedded a CAMHS primary mental health worker in Early Years focusing on strengthening bonding and attachment, and invested in parenting programmes. We have worked in partnership with our Health Visiting Teams, Children's Centres and colleagues in Early Years to ensure that prevention, getting advice and early help for emotional wellbeing and mental health is a key part of their offer to families.

Where we'd like to get to:

We want to ensure that our early Years CAMHS offer is aligned with the newly restructured Early Help offer and find new innovative ways of working.

What we will do:

We will re-assess our provision in Early Years and identify areas where we can grow. Continue to embed the EPEC programme into Early Years provision. Continue to promote the importance of early intervention and prevention in everything we do.



LOCAL OFFER

What we've done and where we are now:

We contributed to the development and promotion of the Young Merton Website, to ensure that our CAMH local offer is embedded on this platform and that children, young people, families and professionals can easily find what CAMH support is available.

Where we'd like to get to:

A clear and comprehensive SWL-wide digital local offer; a clear map for families to navigate our Neurodevelopmental pathway.



What we will do:

- We will work with our SWL colleagues to produce a comprehensive digital local offer for children, young people and families South West London;
- We will work with our providers, parents and young people to map out a clear neurodevelopmental assessment and support pathway.



Emotional Wellbeing and Mental Health services in Merton - Overview and Priorities

Improving access to effective support

SINGLE POINT OF ACCESS (SPA) AND CAMHS

What we've done and where we are now

- We introduced the SPA in 2015 as an effective gateway into local services. The SPA functions very well and routinely meets performance targets
- 80% of young people referred for treatment are seen within 8 weeks, and 84% within 12 weeks;
- 100% of treatment referrals were offered one or more face to face or telephone contact / service;
- We have worked with our SPA to ensure those CYP who are not brought to appointments are followed up so they do not 'slip through a gap';
- We have worked with our CAMHS team to improve the links into CAMHS via wider workforce learning, development and networking opportunities.



Where we'd like to get to:

- Although our SPA performs well, we want to have faster times from referral to the point of Treatment and to be resourced to manage the increase in referrals;
- We want Young People and families to be able to self-refer.

What we will do:

- We will review our current model against referral trends to ensure there is capacity for growing demand;
- We will explore ways to ensure referral to treatment targets are met and improved;
- We will pilot brief intervention work within the SPA, to provide support to families waiting for assessment or treatment, or where brief intervention work is an appropriate course of action for CYP and families.
- We will pilot and explore a self-referral pathways into the SPA.

NEURODEVELOPMENTAL PATHWAY

What we've done and where we are now:

- Merton continues to see a large number of referrals into the **neurodevelopmental assessment** service. Despite significant financial investment and efforts to redesign the pathway, the service continues to struggle with the current demand;
- We have expanded and improved the offer of pre-and post diagnosis support available through a range of parenting programmes, an Autism youth club, a peer support programme for parents, and an improved emotional wellbeing support offer;
- We supported the development of the Merton Autism Strategy and the CAMH Partnership take operational responsibility for the delivery of the Children and Young People aspects of the Action Plan;

Where we'd like to get to:

Children with ASD/ADHD have access to assessment services within the 12-week target, are better signposted to available support; and have a range of support options available.



What we will do:

We will engage and work with our partners to further develop our neurodevelopmental pathway, specifically exploring new ways to ensure faster access to diagnosis for CYP, more options for pre- and post-diagnosis support, and better signposting including linking the pathway with the SEND trailblazer cluster.

GETTING HELP



What we've done and where we are now:

- We have piloted and commissioned a Counselling Service for young people (11+) offering online and face to face support, and parent training, for issues such as anxiety, depression, self-harm, etc.
- We piloted the WISH project alongside the roll-out of the Multi-Agency Self Harm Protocol.
- Commissioned mental health support for those Children and Young People that have been victims of sexual assault, delivered by NSPCC;
- Invested in our Community Eating Disorder Services to ensure access and waiting time standards were improved, and we are working with partners on a revised service specification to increase capacity for growing demand and ensure a service that is fit for purpose.

Where we'd like to get to:

- We want a Getting Help counselling service with the resources to cope with any challenging demands post COVID
- We want to ensure CYP who self-harm can be supported in the best way possible
- We want to better understand the demand for and impact of our getting help / getting more help services
- A fit for purpose 0-25 Community Eating Disorder service that meets national access and waiting time standards;

What we will do:

- We will monitor our counselling provision to ensure that self-harm needs are met, and if needed explore alternative avenues;
- We will have access to key performance indicator (KPI) data from our providers to enable us understand service performance and evaluate impact;
- Agreement and implementation of new service specification;
- Explore options to expand the service to a 0-25 age group

Emotional Wellbeing and Mental Health services in Merton - Overview and Priorities

Care for the most vulnerable

CRISIS CARE



What we've done and where we are now

- We have improved our Hospital Liaison Service so that any Young Person in **crisis** that presents at A&E receive the right support in a timely way, and is followed up in local CAMHS services where needed;
- We have an adolescent outreach team providing intensive support to prevent young people needing hospital admission;
- We have a process in place to complete Care Education and Treatment Reviews to improve community interventions and support and prevent unnecessary hospitalisation of CYP;
- We've participated in piloting a SWL-wide crisis line;
- A joint Enhanced Care Register was set up between CCG, local authority and providers to monitor CYP who may be at risk of crisis and to ensure adequate provision of support.

Where we'd like to get to:

- We want to see a reduction in unnecessary hospital admissions and more CYP accessing flexible community based interventions;
- We want CYP, families and our workforce to know how to respond to crisis situations.

What we will do:

- We will work with our hospital liaison service to get better oversight of the pathways into and out of crisis;
- We will ensure our local offer has clear guidelines about what to do in crisis
- We will pilot a personal health budget offer for CYP under S117 and those working with the adolescent outreach team, as a new way to support CYP and prevent admissions/readmissions.

INTEGRATED TEAMS / VULNERABLE GROUPS

What we've done and where we are now:

- Specialist Mental Health posts are commissioned by the CCG and local authority and are embedded in Special Schools, Youth Justice Service, Children in our care Service and Children's Social Care Teams;
- Enhanced delivery of the Liaison and Diversion Service for young people in the youth justice system and on the edge of offending behaviour;
- Systemic Therapy is embedded within Children's Social Care, to support the emotional well being and mental health of children in our care, Children on a Child Protection Plan and Children in Need;
- Contributed to the successful STP bid for Transformation funding for the development of Community Perinatal Mental Health Teams across South West London, delivering high-quality perinatal mental health care and support to those who are exhibiting signs and symptoms of mental ill health;
- Raised the profile of the 'Think Family' agenda via awareness and training campaigns to improve the recognition and response to parental mental health issues that may impact CYP emotional wellbeing or mental health;
- Embedded a health worker in our EHCP Team and are working with SEN colleagues to develop the CAMHS elements of EHCP's;
- Funded positive behaviour support packages through CAMHS IFR's
- Commissioned a training package for workforce and parents to learn the principles of PBS to better support parenting;
- Through an Employability Programme we have engaged with young people, especially those Not in Education, Employment or Training (NEET), to better understand their emotional wellbeing needs.
- We have reviewed nursing and therapy provision in special schools and are working towards increasing capacity.

Where we'd like to get to:

- We want to better understand the demand for and impact of our specialised services and the outcomes CYP and families are experiencing;
- We want a workforce that uses trauma-informed approaches;
- We want to be innovative in the way we support at risk groups, meeting them where they are at.

What we will do:

- Explore new innovative ways to support at risk groups;
- Train our workforce in trauma-informed approaches;
- Review our specialist CAMHS provision and increase capacity where needed;
- We continue to listen and create sustainable employment opportunities that also support young people's emotional wellbeing needs;
- Map the CAMHS contribution to the EHCP process as mandated;
- Explore options to employ a dedicated PBS worker as part of CAMHS



TRANSITIONS



What we've done and where we are now:

Commissioners attend the 'Preparation for Adulthood' Board that seeks to improve services and support for young people transitioning to adult services and we are currently looking at how we can best facilitate complex transitions.

Where we'd like to get to:

We want a clear pathway to ensure Young People transition seamlessly to Adult services when required.

What we will do:

- Continue to work with 'Preparation for Adulthood Board' and providers to ensure oversight of all young people approaching transition age.
- Explore options to expand more services to 0-25 age group.

CHILDREN IN OUR CARE



What we've done and where we are now:

We won a bid to become one of nine sites across England, piloting a new framework for assessing the mental health needs of children that come into the care system, and we've instilled a process to agree CAMHS funding for out of borough children in our care

Where we'd like to get to:

All children in our care are reviewed annually in terms of physical and mental health.

What we will do:

Work with children in care team to enhance close monitoring of CYP in our care

Emotional Wellbeing and Mental Health services in Merton - Overview and Priorities

Commissioning, partnership and governance

CAMHS PARTNERSHIP BOARD

What we've done and where we are now

- The multi-agency Board is well established with a core membership that includes representation from CAMHS commissioners, providers, social care, education, early years, youth justice, public health, schools, parents, and the community and voluntary sector;
- The Board meets quarterly and drives the CAMHS agenda;
- The Board reports directly to the Merton Children's Trust Board and the Health and Wellbeing Board in Merton;

Where we'd like to get to:

- We want to ensure that the Board continues to function effectively and delivers on this strategy.

What we will do:

- We will continue to ensure that the Board's terms of reference is robust
- We will regularly review membership and continue to ensure adequate representation
- We will ensure effective communication and that we impact mental health and emotional wellbeing initiatives up- and downstream .
- We will work together to ensure that we learn from serious incidents to ensure a partnership approach to safeguarding.

PARTNERSHIP WORK THROUGH I-THRIVE

What we've done and where we are now:

We have begun to explore the implementation of the i-Thrive framework in Merton through various briefings and engagement events;

Where we'd like to get to:

We want to fully implement the Thrive framework in Merton to ensure a more needs-led and person centred model of CAMHS provision and greater partnership work and shared decision-making across agencies working with CYP.

What we will do:

We will work via our Partnership Board to embed the i-Thrive principles in our provision and policies, and commission training sessions that create awareness and promote i-Thrive as part of our implementation plan.

COLLABORATIVE COMMISSIONING

What we've done and where we are now

- An integrated children's commissioning team has been established between Merton CCG and Local Authority Children, Schools and Families commissioners and Children's Public Health.
- As of 1 April 2020 Merton CCG will form part of the SWL Alliance of 6 CCG's. Although some aspects of CAMHS are already commissioned across SWL, this merger will bring more opportunities for collaborative work;
- We have made engagement with our stakeholders and CYP and families a key part of our commissioning projects and activities.

Where we'd like to get to:

- We would like to fully utilise collaborative commissioning opportunities, including SWL-wide, with the local authority, our providers, and with children, young people and families.
- There is a strategic intention to realign services into an integrated model of care across physical health, mental health and care in the coming years. This will require significant levels of commitment to new ways of working to provide joined up and personalised care.

What we will do:

- Further explore and build on integrated models of care;
- Continue to commission collaboratively with SWL colleagues to utilise economies of scale and better models of care where appropriate;
- Explore coproduction opportunities with children, young people, and families.

LISTENING TO CYP

What we've done and where we are now:

Through regular engagement meetings we have engaged with different groups of CYP e.g. schools, youth parliament, young inspectors, etc.

Where we'd like to get to:

We'd like to ensure that the voice of CYP and families isn't just heard, but that it is used to co-design and co-deliver the services and support that impacts CYP and families.

What we will do:

Continue to work with our participation and engagement teams and groups to explore opportunities for co-design and co-delivery of future services and support.





TALK TO US



South West London
Clinical Commissioning Group



South West London and
St George's Mental Health
NHS Trust



South West London
Clinical Commissioning Group



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THRIVING IN MERTON

Merton Child and Adolescent
Mental Health (CAMHS)
and Emotional Wellbeing
Strategy 2020-2023



GLOSSARY OF TERMS

A&E	Accidents and Emergency
ACE	Adverse Childhood Experience
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorder
CAMH	Child and Adolescent Mental Health
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CETR	Care, Education and Treatment Review
CWP	Children's Wellbeing Practitioners
CYP	Children and Young People
EHCP	Education, Health and Care Plans
ELSA	Emotion literacy support assistant
EWP	Emotional Wellbeing Practitioners
IFR	Individual Funding Requests
LA	Local Authority
NHS	National Health Service
PBS	Positive Behaviour Support
S117	Section 117
SEND	Special Educational Needs and Disability
SPA	Single Point of Access
STP	Sustainability and Transformation Plan
SWL	South West London

USEFUL LINKS

Merton SEND strategy 2020-23

<https://www.merton.gov.uk/Documents/Merton%20SEND%20Strategy%202020-23%20final.pdf>

Merton Suicide Prevention Framework 2018-2023

<https://democracy.merton.gov.uk/documents/s25559/6.Suicide%20Prevention%20Framework%20Annexe.pdf>

Five ways to Wellbeing

https://neweconomics.org/uploads/files/d80eba95560c09605d_uzm6b1n6a.pdf

Merton Public and Patient Engagement Report

<https://www.mertonccg.nhs.uk/News-Publications/Documents/2019%20Patient%20and%20Public%20Involvement%20annual%20report%20.pdf>

The Merton Story 2019

<https://www.merton.gov.uk/assets/Documents/The%20Merton%20Story%202019.pdf>

Merton Joint Strategic Needs Assessment

<https://www.merton.gov.uk/healthy-living/publichealth/jsna/joint-strategic-needs-assessment-public-health>

Merton Autism Strategy

<https://www.mertonccg.nhs.uk/News-Publications/News/Pages/Merton-Autism-Strategy-2018-2023.aspx>



Welcome to our vision & Priorities

Who are we ?

Welcome to our Child and Adolescent Mental Health (CAMH) and Emotional Wellbeing Strategy (2020-2023) for Merton. This document and the full version attached highlights some of the key achievements over the last few years and our intentions for the next.

What we will do ?

- We are launching and continuing to implement the i-Thrive model.
- i-Thrive model aims to link the delivery of mental health and wellbeing services in Merton

What does the i-Thrive model aim to do ?

Places greater emphasis on how to help young people and communities build on their own strengths, with professionals by working holistically on the need of the child or young person, rather than on their diagnosis.

Ensure children or young people set their own treatment goals and that services and interventions are always outcome focused.

Educate partners across the system to ensure an "every contact counts" approach.

Focusing our efforts on areas that we know will make significant difference such as in the early years.

Ensure our commissioned services are of good quality and provide value-for-money.

Treat each individual as a whole person considering both mental and physical health and their social circumstances.

Foreword:

Thriving

"We want children and young people in Merton to enjoy good mental health and emotional wellbeing and be able to achieve their ambitions and goals through being resilient and confident."

Getting Advice

Promoting self-management and resilience to know when and where to seek help

Getting Help

Providing a range of evidence-based early intervention opportunities focused on needs and outcomes

Getting More Help

Providing more extensive treatment options for ongoing or complex needs

Getting Risk Support

Providing fast crisis response and specialist risk management where needed

Prevention and promotion work

Shared decision-making and partnership working

Underlying principles

Share statistical data to ensure a shared understanding of the mental health needs of our population.

Ensure CYP IAPT Principles are embedded in our psychological services.

Deliver flexible services that meets the needs of children and young people and will be pro-active in engaging them.

Ensure 'Think family' is embedded in everything we do.

Work together to improve public awareness and reduce stigma associated with mental health.

Ensure services are accessible to particular groups known to have higher prevalence of mental health issues (for example Children in our care, young carers).

Use best practice and evidence informed advice, support and interventions, with the best balance of services to respond to identified need.

What are our key priorities ?

1. We are committed to ensure young people and families access the right intervention at the right time and with the right outcomes.
2. We are committed to continue to establish high quality services that focus on individual needs, prevention, early detection and early help.
3. We are committed to provide a range of services available that make a difference to children and young people (CYP) with established or complex problems.
4. We will learn from the successes of our Trailblazer pilot work and listen to the voice of Children and Young People (CYP)

How will we achieve our ambition?

- Working in partnership with children, young people and families across all areas of life.
- Working closely in partnership between health and social care, education, community and our voluntary sector.

Dr Andrew Murray

Clinical Chair, South West London Clinical Commissioning Group

Rachael Wardell

Director of Children, Schools and Families, London Borough of Merton

Mental Health

What children and young people say we can do to support their wellbeing:

1. Treat us with respect
2. Make access easy
3. Have all the help in one place or show us where we can get help
4. A welcoming and age appropriate setting
5. Give support up to age 25
6. Skilled workers who take us seriously
7. Involve us in decision making



[SOURCE: www.youngpeopleshealth.org.uk]

What does mental health and emotional wellbeing mean?

- 'The individual realises his/her own abilities, can cope with usual stresses of life, can work productively and can make contribution to community'. – (World Health Organisation)
- 'This is a positive sense of wellbeing, enabling an individual to function in the society as well as meeting demands in everyday life'. - (Rutland Community Wellbeing Service)

What does wellbeing mean to children and young people?

- Connecting with people
- Quality of environment (home, school, local area)
- Being active
- Give
- Learning and achieving.

Risk factors for poor mental health or emotional wellbeing:

- The more difficulty a child experiences, the more it's likely to impact their mental and physical health such as the nervous system, hormonal system and immunological system.
- Prevention and Early intervention strategies reduce effects of ACE's (Adverse childhood experiences) and trauma.
- There are three direct and six indirect adverse childhood experiences (ACEs) that have a significant impact on children.

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ABUSE
- emotional
- physical
- sexual

NEGLECT
- emotional
- physical

HOUSEHOLD CHALLENGES
- domestic abuse
- substance misuse
- mental illness
- parental separation
- parental incarceration

What have Merton's Young People and families told us about mental health and emotional wellbeing?

- There should be different levels of support available.
- We'd like additional support for anxiety, self-harm, Eating Disorders, Autism and ADHD.
- We want faster access to the right assessments and support.
- We'd like to understand how to deal with difficult situations so that we can help our friends.
- We need more school-based interventions.
- We don't always know what services are available.
- There are issues with transitioning to adult services.
- More information on how to build resilience and reduce stress.

Prevention and early intervention strategies are needed to mitigate the effect of ACE's and trauma for vulnerable children.

Prevention	Early intervention	Mitigation
<ul style="list-style-type: none"> • Healthy start in life • Promote positive attachment • Schools – resilience building 	<ul style="list-style-type: none"> • Whole school mental health and emotional wellbeing approach • Counselling • Self-harm interventions 	<ul style="list-style-type: none"> • CAMHS for vulnerable groups e.g. Youth offending team, Children in our care, etc. • Targeted interventions

9% of 5-16 year olds are estimated to have a diagnosable mental health condition

2843 young people ages 16-24 have an eating disorder; And over **2600** have ADHD.

Amongst these CYP (Children and Young People):
38% have emotional disorder.
60% have conduct disorders.
16% have neurodevelopmental disorders.

Data source: Merton JSNA

SCHOOLS → What have we done and where are we?

- Invested in various programmes like Mental Health First Aid.
- Set up emotional wellbeing provisions like Circle Time.
- CAMHS in schools is commissioned by 18 schools.
- Secured funding for Emotional Wellbeing Practitioners (EWP) and became a Trailblazer site.

WORKFORCE → What have we done and where are we?

- We built capacity and capability of our wider workforce, to promote emotional wellbeing and to respond to mental health issues, through networking and training opportunities.



What we will do:

- We will work with our SWL colleagues to produce a digital local offer for children, young people and families.
- We will work with our providers, parents and young people to map out a clear neurodevelopmental assessment and support pathway.

What we will do ?

- Develop a forum for mental health leads in schools to provide ongoing support and networking opportunities utilising a 'whole school approach'.
- Continue to work with our Trailblazer schools to measure the impact of this project and develop mental health support intervention.
- Introduce two new Trailblazer pilot school clusters in 2020: One for our SEND CYP and the other Pan SWL.
- We will explore an expansion of EWP's to cover all schools.



What we will do?

- Continue to provide training opportunities for our workforce.
- Continue to host termly CAMH Network meetings and explore ways to enhance learning.

LOCAL OFFER → What have we done and where are we?

- Contributed to the development and promotion of the Young Merton Website to ensure the CAMH local offer is embedded.
- Making sure young people, families and professionals can find what CAMH support is available.



EARLY YEARS → What have we done and where are we?

- We have embedded a CAMHS primary mental health worker to strengthen bonding and attachment.
- Worked in partnership with Health Visiting Teams, Children Centre and Early Years to ensure prevention, advice and support for emotional wellbeing and mental health is a key offer to families.



What we will do?

- Re-asses provision in Early Years and identify areas for growth
- Continue, and embed the EPEC programme to promote importance of early intervention and prevention.

Improving access to effective support

SINGLE POINT OF ACCESS (SPA) AND CAMHS - What have we done and where are we?

- Introduced SPA in 2015 an effective gateway into local services.
- 80% of young people referred for treatment are seen within 8 weeks, 84% within 12 weeks and 100% of treatment referrals were offered one or more face to face or telephone contact service;
- Worked to make sure all appointments are followed up.

NEURODEVELOPMENTAL PATHWAY → What have we done and where are we now?

- There are waiting lists, despite the financial investment and redesign, the service is struggling with current demand and increased referrals.
- Expanded and improved pre-and post diagnosis support available through a range of parenting programmes, an Autism youth club, a peer support programme for parents, and an improved emotional wellbeing support offer.
- We supported the development of the Merton Autism Strategy and the CAMH Partnership.



GETTING HELP → What have we done and where are we now?

- Piloted and commissioned a Counselling Service for young people.
- Piloted the WISH project alongside the roll-out of the Multi-Agency Self Harm Protocol.
- Commissioned mental health support for those Children and Young People who have been victims of sexual assault.
- Invested in our Community Eating Disorder Services.

What will we do?

- Review current model against referrals, to ensure capacity for growing demand.
- Pilot brief interventions within SPA, and self referral for 16-17 year olds.



What will we do?

- Engage and work with our partners to develop our neurodevelopmental pathway, for faster access to diagnosis for CYP.
- Better signposting including linking the pathway with the SEND trailblazer mental health support in schools cluster.

What will we do ?

- Monitor counselling provision both to support possible increase post COVID-19 and any self harm issues. Have access to key performance measures, and explore/expand 0-25 age group services.

Care for the most vulnerable

CRISIS CARE → What we have done and where we are now?

- Improved our Hospital Liaison Service so that any Young Person in crisis receives the right support and is followed up in local CAMHS.
- We have an adolescent outreach team providing intensive support to prevent young people needing hospital admission.
- We have a process in place to complete Care Education and Treatment Reviews to improve community interventions, support and prevent unnecessary hospitalisation of CYP.
- We've participated in piloting a SWL-wide crisis line.



What we will do:

- Work with our hospital liaison service to get better oversight of the pathways into and out of crisis.
- Ensure our local offer has clear guidelines about what to do in crisis.
- We will pilot a CAMHS personal health budget.

CHILDREN IN OUR CARE → What have we done and where are we now?

- We won a bid to become one of nine sites across England, piloting a new framework for assessing the mental health needs of children that come into the care system.



What will we do?

Work with Children in our care team to enhance the monitoring of CYP.

TRANSITIONS → What we have done and where are we now?

- Commissioners attend the 'Preparation for Adulthood' Board that seeks to improve services and support for young people transitioning to adult services. We are now looking at how we can best facilitate complex transitions.

What will we do?

- Continue to work with 'Preparation for Adulthood Board'.
- Explore options to expand services for 0 to 25 age group.

CAMHS PARTNERSHIP BOARD → What have we done and where are we now?

- The multi-agency Board is well established with a core membership that includes representation from CAMHS, commissioners, providers, social care, education, early years, youth justice, public health, schools, parents, and the community and voluntary sector.
- The Board meets quarterly and drives the CAMHS agenda.
- The Board reports directly to the Merton Children's Trust Board and the Health and Wellbeing Board in Merton.

What will we do?

- We will work via our Partnership Board to embed the i-Thrive principles in our provision, policies, and commission training sessions that create awareness and promote i-Thrive as part of our implementation plan.

INTEGRATED TEAMS / VULNERABLE GROUPS → What have we done and where are we now?

- Specialist Mental Health posts are embedded in Special Schools, Youth Justice Service, Children in our care Service in Children's Social Care Teams.
- Enhanced delivery of the Liaison and Diversion. Service for young people in the youth justice system.
- Systemic Therapy is embedded within Children's Social Care, to support the emotional well being and mental health of our Children in care, Children on a Child Protection Plan and Children in Need;
- Raised the profile of the 'Think Family' agenda via awareness and training.
- Commissioned a training package for workforce and parents to better parenting skills.
- Through an Employability Programme we engaged with young people, especially those **Not in Education, Employment or Training (NEET)**.
- We have reviewed nursing and therapy provision in special schools and are working towards increasing capacity.



What will we do?

- Explore innovative ways to support at risk groups.
- Train our workforce in trauma-informed approaches.
- Review our CAMHS provision and increase capacity.
- We continue to listen and create sustainable employment opportunities that meet young people's needs.

LISTENING TO CYP → What have we done and where are we now?

- Through regular engagement meetings we have engaged with different groups of CYP e.g. schools, youth parliament, young inspectors, etc.

What will we do?

Continue to work with our engagement and participation teams and continue to explore co-design and co-delivery for future services.



Commissioning, partnership and governance

COLLABORATIVE COMMISSIONING → What have we done and where are we now?

- An integrated children's commissioning team has been established between Merton CCG and Local Authority Children, Schools and Families commissioners and Public Health.
- As of 1 April 2020 Merton CCG will form part of the SWL Alliance of 6 CCG's. Although some aspects of CAMHS are already commissioned across SWL, this merger will bring more opportunities for collaborative work.
- We have made engagement with our stakeholders and CYP and families a key part of our commissioning projects and activities.

What will we do?

- Further explore and build on integrated models of care.
- Continue to commission collaboratively with SWL colleagues to utilise economies of scale
- Explore coproduction opportunities with CYP and families.



TALK TO US



South West London
Clinical Commissioning Group



South West London
Health & Care
Partnership



South West London and
St George's Mental Health
NHS Trust

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