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# Merton Council

## Healthier Communities and Older People Overview and Scrutiny Panel



Date: 7 February 2023

Time: 7.15 pm

Venue: Council chamber - Merton Civic Centre, London Road, Morden SM4 5DX

### AGENDA

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## Healthier Communities and Older People Overview and Scrutiny Panel membership

### Councillors:

Agatha Mary Akyigyina OBE (Chair)  
Jenifer Gould (Vice-Chair)  
Laxmi Attawar  
Max Austin  
Caroline Charles  
Eleanor Cox  
Simon McGrath  
Slawek Szczepanski  
Martin Whelton

### Substitute Members:

Mike Brunt  
Michael Paterson  
Dennis Pearce  
Tony Reiss  
Matthew Willis

### Co-opted Representatives

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

### Note on declarations of interest

Members are advised to declare any Disclosable Pecuniary Interest in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that matter and must not participate in any vote on that matter. For further advice please speak with the Managing Director, South London Legal Partnership.

### What is Overview and Scrutiny?

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

Scrutiny's work falls into four broad areas:

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

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

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

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# Agenda Item 3

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## HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

10 JANUARY 2023

(7.15 pm - 9.54 pm)

**PRESENT:** Councillors Councillor Agatha Mary Akyigyina (in the Chair), Councillor Jenifer Gould, Councillor Laxmi Attawar, Councillor Max Austin, Councillor Caroline Charles, Councillor Eleanor Cox, Councillor Simon McGrath, Councillor Slawek Szczepanski and Councillor Martin Whelton

**ALSO PRESENT:** Councillor Billy Christie (Cabinet Member for Finance and Corporate Services) Councillor Peter McCabe Cabinet Member for (Health and Social Care)

Stella Akintan (Scrutiny Officer), Keith Burns (Assistant Director, Commissioning), John Morgan (Executive Director, Adult Social Care, Integrated Care and Public Health), Dr Dagmar Zeuner (Director, Public Health) and Mark Creelman (Place Executive (Merton and Wandsworth))

### 1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence were received from Diane Griffin, Co-opted Member

### 2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of pecuniary interests

### 3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

The minutes of the previous meeting were agreed as a true and accurate record.

### 4 BUSINESS PLAN UPDATE 2023-2027 (Agenda Item 4)

The Cabinet Member for Finance thanked the chair for an opportunity to say a few words on the October and December Cabinet meetings including £3million in revenue growth and proposed savings. The Cabinet Member said he believes the budget is robust reasonable and sustainable and welcomed questions from the Panel.

The Interim Executive Director for Finance and Digital gave an overview of the report, highlighting a gap of £4.3 million in 2023/2024 rising to £20.8 million. The council also benefitted from £1.4 million increase in the council tax base.

A panel member asked how council tax increases will affect savings to be considered. The Interim Executive Director for Finance and Digital said the additional council tax equates to £1.1million per 1% increase in council tax. Cabinet will consider further savings on 16<sup>th</sup> January as there is still a budget gap, extra savings will be required.

A panel member asked about the delayed adult social care grant care reforms and how much extra given to the Council and how this can help to balance the budget. The Interim Executive Director for Finance and Digital reported they are still awaiting confirmation, but extra money carries additional burdens which are yet to be confirmed.

The Assistant Director, Commissioning gave an overview of saving CH112, A panel member said local residents are concerned about the loss to the community if Eastway services closes.

A panel member said Eastway provides a much needed service for dementia sufferers and a respite for carers. The dementia hub does not provide the same service. They would like to retain Eastway as £180,000 savings will not make a huge difference to residents. The service change will mean service users will have to travel across the borough it is important to think about community care and retain vital services. Councillor Gould proposed that the Overview and Scrutiny Commission to ask Cabinet to hold further discussions to look at ways to retain Eastway Services.

A panel member asked about the proposed closing date. The Assistant Director, Commissioning said there is not a fixed closure date as they will be working with service users to secure a suitable alternative provision.

The Interim Director of Community and Housing said the dementia hub is a centre for excellence, although it is a building-based model it could be replicated in homes and libraries and therefore can spread this approach across the borough. Not everyone is well enough to travel to current services.

A panel member asked why it is called a modern offer for people with dementia when people are taken away from their community and asked if there will be activities within the Dementia Hub

The Assistant Director, Commissioning said there will be a range of activities in the new provision, Eastway is a borough wide provision and serves residents beyond the local vicinity.

The Interim Director of Community and Housing said the number of people using the facility has declined over the last few years. The department wish to work with Alzheimer's Society to provide an excellent service for the future, and to meet the needs of the increasing numbers of people who are frail.

The Cabinet Member said he had personal experience of the decline of person with dementia. He is confident that the proposals will meet the needs of the carers. The dementia hub is a centre of excellence.

Councillor Jenifer Gould proposed that Eastway is referred to the Overview and Scrutiny Commission to ask the Cabinet to provide assurances that respite care will continue at the same level.

This was seconded by Councillor Simon McGrath

Those who voted in favour:

Councillor Jenifer Gould  
Councillor Simon McGrath  
Councillor Max Austin  
Councillor Eleanor Cox

Those who voted against:

Councillor Agatha Akyigyina  
Councillor Laxmi Attawar  
Councillor Martin Whelton  
Councillor Caroline Charles  
Councillor Slawek Szczepanski

The proposal was not carried

The Director of Public Health gave an overview of the saving CH113 and said the public health grant is ringfenced with stringent conditions, this saving will reprofile the grant to areas with a public health benefit.

A panel member expressed concern that no detail had been provided on £330,000 level of reduction

The Interim Director of Community and Housing said the £330,000 will be moved to fund the civic pride programme. Working with organisations such as Merton and Morden Guild and Friends of St Helier.

A Panel member highlighted that the savings will be scrutinised by the Financial Monitoring Task Group throughout the year.

The Director of Public Health said it will only be available for public health purposes with a focus on prevention and improving population health.

The Cabinet Member said additional information regarding the projects to be funded will be provided at the Overview and Scrutiny Commission on the 25<sup>th</sup> January.

The Assistant Director, Commissioning gave an overview of the saving CH114.

A Panel member asked why this facility is being closed when it is rated good by the Care Quality Commission. The Assistant Director, Commissioning said unless the building is unsafe CQC do not include it in the rating, but better care be provided in independent settings.

The Assistant Director, Adult Social Care gave an overview of saving CH116. A panel member expressed concern about the safety of carers. This proposal will result in

increasing independence using new types of equipment. It is not about removing care but improving outcomes for residents

The chair thanked the officers for savings overviews

#### RESOLVED

The Healthier Communities and Older People Overview and Scrutiny Panel agree the saving CH113 in principle. This is on the basis that the public health team provide additional information on the detail of the proposal to the Overview and Scrutiny Commission.

### 5 GP AND HOSPITAL ACCESS IN MERTON (Agenda Item 5)

The Executive Director gave an overview of the presentation and provided an update on the current position in local health services. He reported that elective procedures are robust and doing well in addressing the backlog. Some areas of challenge and this is being dealt with. Southwest London has the fewest long waits in London all less than 2 years, cancer performance is good but some challenges remain.

The Executive Director reported there is a pilot running additional breast screening activity in Merton following requests at this scrutiny meeting

The Executive Director gave an overview of the pressures at A&E and reported there are contingencies in place during times of strike action.

A panel member asked about the breast cancer challenges and recovery plan. The Executive Director said there are strong cancer reliance services, however screening remains a challenge. It was reported there are plans to improve MRI services.

A panel member said residents have raised concerns about long wait for blood tests at the Nelson and if patients can be prioritised. The Executive Director said the Nelson is a victim of its own success as it has received a large amount of GP referrals.

In response to a question on excess deaths, the Director of Public Health reported that the Office of National Statistics reviewed this based on a five year average. By the beginning of December 2022 excess deaths had risen by 9% then 35% within a two-week interval. A breakdown of the causes is still to be provided.

#### RESOLVED

The Chair thanked the Executive Director for the Merton breast screening pilot which came about as a result of discussions at this Panel. A further update was requested in due course.

### 6 SAFEGUARDING ADULTS ANNUAL REPORT (Agenda Item 6)

The interim Director of Community and Housing said they are recruiting an interim independent chair of the panel as the current chair recovers from a period of illness.



The Assistant Director of Adult Care gave an overview of the report  
A panel member asked if they are working with the Oliver McGowan Campaign. The Interim Business Manager, Merton Safeguarding Adults Board said this has been raised at the learning and development sub group and will be taken forward.

#### RESOLVED

The Chair thanked officers for their report

#### 7 WORK PROGRAMME (Agenda Item 7)

A panel member highlighted the importance of report on suicide due at the next meeting to include information on demographics, age groups, rates amongst women and prevention work.

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## Healthier Communities and Older People Overview and Scrutiny Panel

**Date: 7 February 2023**

### **Subject: Impact of the Pandemic on Mental Health**

Lead officer: Vanessa Ford, Chief Executive, South West London and St George's Mental Health NHS Trust

Contact officer: Angus Walker, Public Affairs Manager, South West London and St George's Mental Health NHS Trust ([angus.walker@swlstg.nhs.uk](mailto:angus.walker@swlstg.nhs.uk))

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#### **Recommendations:**

- A. The Healthier Communities and Older People Overview and Scrutiny Panel is asked to note this report from South West London St George's Mental Health Trust (SWLSTG) providing updates of Trust programme and service delivery for residents of the London Borough of Merton.
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### **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

1.1. This report provides Healthier Communities and Older People Overview and Scrutiny Panel Members with an update from South West London St George's Mental Health Trust (SWLSTG) on service performance, issues, capacity and waiting times and key Trust activities and strategic programmes including South London Listens, place and partnership working, development of community services and the completion of brand new inpatient mental health facilities.

### **2 DETAILS**



South West London  
and St George's Ment

### **3 ALTERNATIVE OPTIONS**

N/A update report

### **4 CONSULTATION UNDERTAKEN OR PROPOSED**

N/A update report

### **5 TIMETABLE**

N/A update report

### **6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

N/A update report

**7 LEGAL AND STATUTORY IMPLICATIONS**

N/A update report

**8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

N/A update report

**9 CRIME AND DISORDER IMPLICATIONS**

N/A update report

**10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

N/A update report

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

**12 BACKGROUND PAPERS**

N/A update report

## **Update report for Merton Health Committee - Older People and Healthier Communities Overview and Scrutiny Committee, 7 February 2023**

*Prepared for committee deadline of end January 2023 by South West London and St George's Mental Health NHS Trust in response to committee request for an update on 'the impact of the pandemic on mental health'.*

### **Executive Summary**

This report includes information on:

1. Services provided and pandemic impacts
  - 1.1. Overview of the Trust
  - 1.2. Services provided in Merton and how to access these
  - 1.3. Trust-wide challenges
  - 1.4. Merton waiting times and referral rates pre- and post-pandemic
2. Living with Covid-19 and post-pandemic pressures
  - 2.1. Infection prevention and control
  - 2.2. Changes to the acute and crisis pathway
  - 2.3. Improvements to recruitment and retention
3. Transformation
  - 3.1. New mental health facilities for South West London
  - 3.2. Community Transformation
4. Place and collaborative working
  - 4.1. ICS development and joint working
  - 4.2. South West London Mental Health Strategy
  - 4.3. Place based structures
  - 4.4. The South London Mental Health and Community Partnership
  - 4.5. Targeted support for Galpin's Road residents
5. Delivering quality care
  - 5.1. Fundamental Standards of Care
  - 5.2. Suicide Prevention Strategy
  - 5.3. CAMHS collaborations
  - 5.4. Supporting physical healthcare
  - 5.5. Co-production and involvement
  - 5.6. CQC inspections
6. South London Listens
7. Cost of Living support

*Appendix: Additional service performance metrics and detailed narrative on issues and mitigations across Merton mental health services.*

## 1. Services provided and pandemic impacts

### 1.1. Overview of the Trust

South West London and St George's Mental Health NHS Trust (SWLSTG) serves more than 1.2 million people across the London boroughs of Kingston, Merton, Richmond, Sutton and Wandsworth. The Trust employs nearly 2,500 staff who provide care and treatment to more than 20,000 people from South West London and beyond at any given moment.

A leading provider of mental health services across South West London, and a beacon of excellence for many national mental health services, the Trust has a long history of innovation that has helped to redefine the mental health landscape in the UK.

Mental health services have been provided from the main Trust Headquarters site – Springfield University Hospital in Wandsworth – for more than 160 years. In addition, the Trust provides major inpatient services from Tolworth Hospital in Kingston, and Queen Mary's Hospital in Roehampton. The Trust also operates in many other community locations in the region including The Wilson Hospital in Merton.

The Trust is currently going through an exciting period of investment and regeneration through our 'Integrated Programme' as new mental health facilities are developed across Wandsworth, Richmond and Kingston, which will serve people across South West London. In December the brand new [Trinity building](#) opened to patients at Springfield and the new Shaftesbury building is due to follow later in 2023. In both cases their development has been self-funded through the sales of surplus parts of the Trust's estate, with further estate developments planned up to 2026.

Our new buildings will form one part of a new 'Springfield Village' as the Trust's headquarters is transformed into a new stigma-breaking community with over 800 homes, a public square, shops, and a new 32-acre park – the largest built in London since the 2012 Olympics.

Over the years, mental health services, philosophies, understanding and treatment have radically changed and today we are a modern and forward-thinking mental health provider, now delivering services across four service lines:

- Acute and Urgent Care Services;
- Community Services (for adults largely of working age);
- Child and Adolescent Mental Health Services (CAMHS); and
- Specialist Service Line: which will include Forensics, Deaf services, Obsessive-Compulsive Disorder (OCD) and Body Dysmorphic Disorder (BDD), Neuropsychiatry, our Rehab wards, Cognition and Mental Health in Ageing and Neurodevelopmental services

As a teaching Trust, we also provide education, training and research in partnership with a number of universities including St George's University of London, Kingston University London, London South Bank University, King's College London, University of Surrey, The Tavistock Institute of Medical Psychology and Brunel University London. We also work closely with educational partners to drive research, education and training. Our affiliated university is St George's, University London who nominate a Non-Executive Director onto our Board.

Our mission is 'Making Life Better Together' and we have [a five year Trust Strategy](#) with four strategic ambitions:

- Increasing quality years
- Reducing inequalities
- Making the Trust a great place to work
- Ensuring sustainability



**1.2. Services provided in Merton and how to access these**

The Trust provides a range of services in Merton. These are listed below with a description of the mental health conditions which are supported, and access/ referral information.

Service	Merton
<b>Merton ADHD/ASD Diagnostic</b>	<p>The Merton Adult ADHD/ASD Service is based at Jubilee Health Centre and is a service for adults aged eighteen or over, who are registered with a Merton GP and who do not have a learning disability. It is an ADHD and ASD specific, non-urgent, part time service offering specialist ADHD and ASD assessment and diagnosis as well as ADHD medication initiation and titration.</p> <p>The service operates on a shared care basis with Primary Care, such that medication monitoring and prescribing takes place in Primary Care (by GP) with annual specialist review in the Merton Adult ADHD Clinic.</p> <p><b>Referral</b>                      Referrals are accepted from GP or other health care professionals via email: <a href="mailto:suttonmertonadhdasdexternal@swlstg.nhs.uk">suttonmertonadhdasdexternal@swlstg.nhs.uk</a></p>
<b>Merton Early Intervention in Psychosis</b>	<p>This Early Intervention Service is a community based service for people aged 17 to 65 years, who have experienced symptoms of psychosis for the first time.</p> <p><b>Referral</b>                      Referrals are taken from: GPs, other mental health teams, social services. Referrals are made through the Assessment Teams: Merton Borough - Merton Assessment Team 0203 458 5596.</p>
<b>Merton Assessment Team</b>	<p>The Merton Assessment Team is the single point of access for all new referrals for service users who live in Merton borough.</p> <p><b>Referral</b>                      Referrals are taken from GPs via the Electronic Referral Service (e-RS).</p>

<b>Merton Child and Adolescent Mental Health Service (CAMHS)</b>	<p>The Merton Child and Adolescent Service (CAMHS) provide mental health assessment and treatment for children, young people (aged 5-18) and their families living in the London Borough of Merton; Promoting emotional wellbeing.</p> <p>The CAMHS team offers a range of assessments and treatments for children and young people presenting with enduring and moderate to severe mental health disorders which impact significantly on daily functioning.</p> <p><b>Referral</b>          Professional referrals are made via the CAMHS Single Point of Access (SPA) by using the E-Referrals System (GPs only) or by completing the referral form and sending it to <a href="mailto:MertonSPAreferrals@swlstg.nhs.uk">MertonSPAreferrals@swlstg.nhs.uk</a>.</p> <p>Professional referrals are accepted by GP's, schools, and other healthcare professionals. The team currently accept self-referrals for 16 and 17 years olds via our self-referral form.</p>
<b>Merton Home Treatment Team</b>	<p>The Merton Home Treatment Team is a Community Based Mental Health Service providing crisis and home treatment support to Adults aged 18 - 75 years of age who live in Merton and are experiencing a Mental Health Crisis and have increased risks.</p> <p>The team aim to provide assessment and treatment in the community as an alternative to hospital admission, so people can receive the care they need in their own home setting.</p> <p><b>Referral</b>          Referrals can be made by different agencies, namely a G.P (if out of hours), Merton Adult Assessment Team, Accident &amp; Emergency Departments, Mental Health Community Teams and other emergency services. <a href="mailto:MertonHomeTreatmentGroup@swlstg.nhs.uk">MertonHomeTreatmentGroup@swlstg.nhs.uk</a></p>
<b>Merton Memory Assessment</b>	<p>This team assesses adults of any age with memory problems after physical cause was excluded. to detect if they have the symptoms of dementia. Early diagnosis enables people to take advantage of new treatments to slow the onset of the condition, to plan their care and maintain a higher quality of life. The service also offers post diagnostic support.</p> <p><b>Referral</b>          Referrals should come from GPs Electronic Referral system (ERs). The team's email address is <a href="mailto:MertonOPAdminTeam@swlstg.nhs.uk">MertonOPAdminTeam@swlstg.nhs.uk</a></p>
<b>Merton Mental Health Learning Disability</b>	<p>This is a service for residents living in Merton who are aged 18 years old or over and have formal diagnosis of Learning Disability or Intellectual Disability who need support with their mental health.</p> <p><b>Referral</b>          Electronic Referral Service (e-RS) submitted by GP Practice Referral forms can also be obtained by emailing <a href="mailto:MHLAdmin@swlstg.nhs.uk">MHLAdmin@swlstg.nhs.uk</a>.</p>



<b>Merton Older People's Community Mental Health (CMHT)</b>	<p>This service is for people with dementia and over the age of 75 with functional mental illness such as depression or psychosis.</p> <p><b>Referral</b>          Referrals can be made from GPs, health practitioners, Liaison Psychiatry Department, Duty Psychiatrist and Duty Psychiatrist for A&amp;E, Adult Social Care, Emergency Duty Social Work Team, Local Adult CMHT via electronic referral system (ERs). The team's email address is: <a href="mailto:MertonOPAdminTeam@swlstg.nhs.uk">MertonOPAdminTeam@swlstg.nhs.uk</a>.</p>
<b>Merton Uplift</b>	<p>Also known as Talking Therapies (formerly called IAPT), Merton Uplift is a free integrated Primary Care Mental Health service accessible to anyone aged 18 years or older living in Merton or registered with a Merton GP.</p> <p>The team support's anyone who has a mental health or wellbeing need, whether this is due to emotional difficulties or life stress. A service for people with a stable mental health diagnosis such as psychosis and Bipolar Affective disorder is also offered.</p> <p><b>Referral</b>          People can call 020 3513 5888 or visit <a href="http://www.mertonuplift.nhs.uk">www.mertonuplift.nhs.uk</a> to complete an online self-referral form. Residents can also ask GPs for referral.</p>
<b>Wimbledon Recovery and Support</b>	<p>This team provide services for adults aged between 18 - 75 who are experiencing severe and enduring mental health conditions. We offer evidence-based treatments and support interventions to encourage recovery.</p> <p>Conditions which this team treat include Anxiety disorders in adults, bipolar disorder, depression, psychotic episodes, social anxiety disorder (social phobia).</p> <p><b>Referral</b>          Referrals are made by service user agreement, through Adult Mental Health Assessment Team which is based with the team at The Wilson Hospital. <a href="mailto:wimbledonrst@swlstg.nhs.uk">wimbledonrst@swlstg.nhs.uk</a></p>
<b>Mitcham Recovery and Support</b>	<p>This team provide services for adults aged between 18 - 75 who are experiencing severe and enduring mental health conditions. We offer evidence-based treatments and support interventions to encourage recovery.</p> <p>Conditions which this team treat include Anxiety disorders in adults, bipolar disorder, depression, psychotic episodes, social anxiety disorder (social phobia).</p> <p><b>Referral</b>          Referrals are made by service user agreement, through Adult Mental Health Assessment Team which is based with the team at The Wilson Hospital. <a href="mailto:MitchamRST@swlstg.nhs.uk">MitchamRST@swlstg.nhs.uk</a></p>

<b>Morden Recovery and Support</b>	<p>This team provide services for adults aged between 18 - 75 who are experiencing severe and enduring mental health conditions. We offer evidence-based treatments and support interventions to encourage recovery.</p> <p>Conditions which this team treat include Anxiety-disorders in adults, bipolar disorder, depression, psychotic episodes, social anxiety disorder (social phobia).</p> <p><b>Referral</b></p> <p>Referrals are made by service user agreement, through Adult Mental Health Assessment Team which is based with the team at The Wilson Hospital. <a href="mailto:MordenRST@swlstg.nhs.uk">MordenRST@swlstg.nhs.uk</a></p>
<b>Merton Multi-systemic Therapy Team</b>	<p>Multi-systemic Therapy (MST) is an intensive family and community-based treatment helping high-risk young people (aged 11-17 years old) with complex clinical, social and educational problems. This includes violent behaviour, drug abuse and school expulsion and who are at high risk of falling into care or the criminal justice system. To service supports them in modifying their conduct, managing emotional problems and improves long-term outcomes.</p> <p>MST Intervention is research-proven and internationally has been shown to be a very effective way of reducing the need for out of home placements.</p> <p><b>Referral</b></p> <p>Referrals are accepted on a spot purchase basis. Referral form can be requested from: <a href="mailto:ssg-tr.mstreferral@nhs.net">ssg-tr.mstreferral@nhs.net</a> Referrers will need to get written approval for funding from SWL ICS Commissioner or relevant Social Care management team.</p>

People in Merton can also access the Trust's specialist service provision for example Eating Disorders, Deaf services etc. (via referral from the appropriate mental health professional) which cover multiple boroughs, and also inpatient beds for children and young people, adults and older people.

The following Trust services, including crisis pathway provision, are services also available to people in Merton:

Service	Provision
<b>Mental Health Crisis Line</b>	For anyone experiencing a mental health crisis or supporting someone in distress, the Trust's <b>Mental Health Crisis Line (0800 028 8000)</b> is available to call 24/7 and can provide support and referral to the Trust's crisis pathway through the Coral Crisis Assessment Hub.
<b>CAMHS Crisis Line</b>	The <b>South London Partnership CAMHS Crisis Line (0203 228 5980)</b> is also available to support children and young people and is open Monday to Friday 5pm – 11pm, and Saturday, Sunday, and Bank Holidays 9am – 11pm.

<b>Recovery College</b>	<b>Recovery College</b> (0203 513 5000) courses are available for Service Users or their Carers who are using a Trust service or have done within the last 12 months. More information on the Recovery College can be found here: <a href="https://www.swlstg.nhs.uk/south-west-london-recovery-college">https://www.swlstg.nhs.uk/south-west-london-recovery-college</a>
<b>Service User Network (SUN)</b>	Our Service User Network (SUN) can offer help and support to people who have longstanding emotional and behavioural problems (personality disorders). <b>Referral:</b> This is accessed via self-referral only by calling 0203 513 5558 or emailing <a href="mailto:sunservice@swlstg.nhs.uk">sunservice@swlstg.nhs.uk</a> . Professionals are recommended to advise their clients to call us.

**1.3. Trust wide challenges**

- Increased demand: We continue to see significant increase in demand across our services following the pandemic including a 20% increase in activity across our Adult and CAMHS Services.
- Increased acuity: Our clinicians are also reporting increased acuity (severity of illness), which is particularly prevalent in urgent and acute services.
- Workforce challenges: we are experiencing challenges with recruitment and retention. Our overall vacancy rate is 17%.

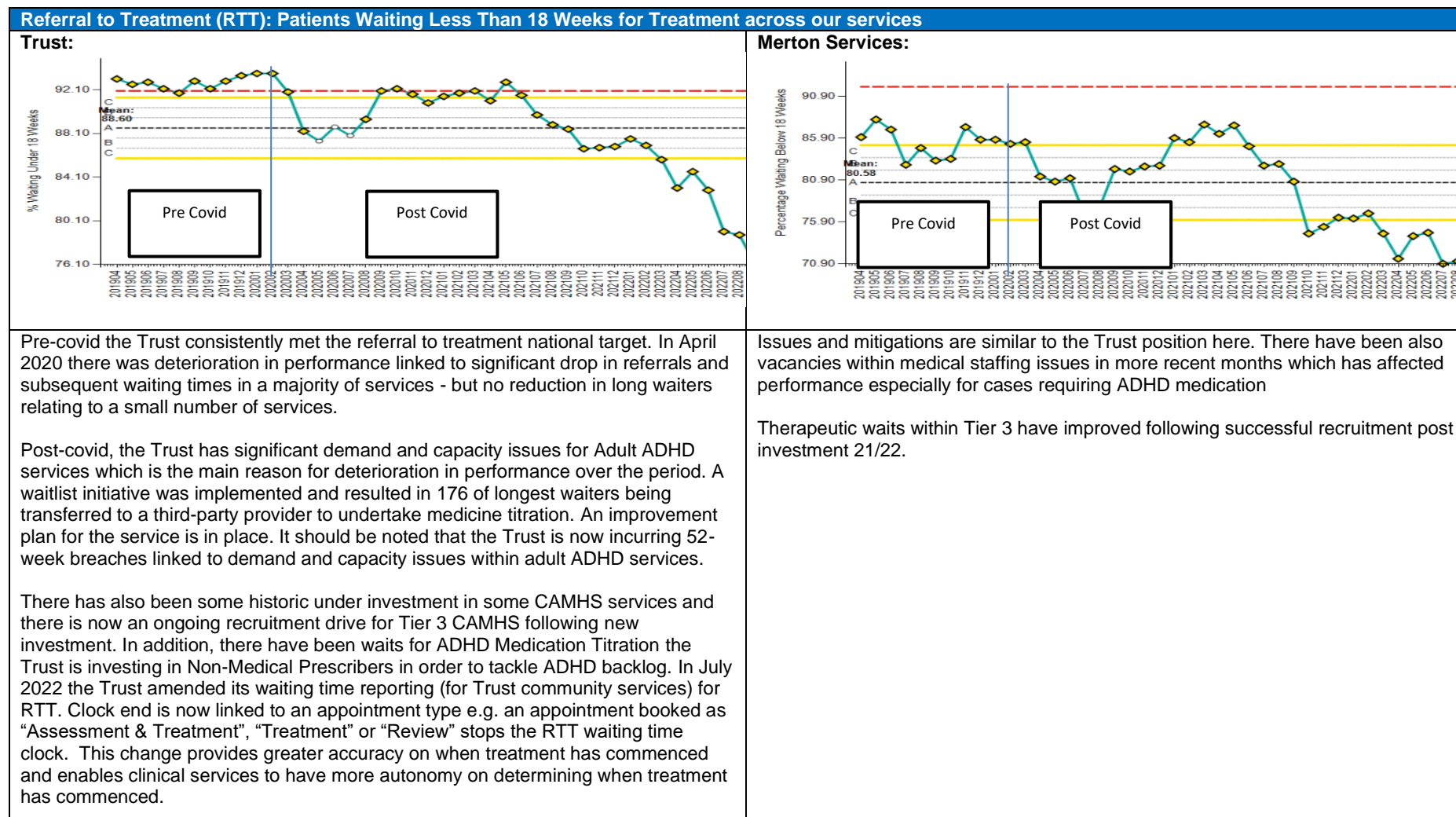
In combination, these challenges are causing bed pressures and increased waits and impacting on the experience of patients and staff. Service users and families tell us that services can be difficult to access, waiting times are too long and pathways can be confusing.

We are working in partnership using the opportunities we have at place, ICS and South London Partnership (SLP) level to transform mental health services to tackle these very significant challenges.

Our Integrated Programme, which will see clinical services and our [estate transformed](#) over the next three years will also be an important part of the answer to these challenges as we invest in making sure that our communities are seen earlier, with the most effective treatments, in the best place for them. See section four on Transformation for further information.

### 1.4 Merton waiting times and referral rates pre- and post-pandemic

Waiting times (referral to treatment) across Trust services, 2019-22



Referral levels to Merton Talking Therapy Services (formerly IAPT), 2019-2022

Merton Talking Therapy Referrals	Merton IAPT Contacts
<p>There was a significant drop off in referrals at the start of the pandemic March/April 2020. Since September 2020 referral numbers have recovered and it should be noted that post pandemic mean is higher than the pre covid period. IAPT services continually strive to increase referral in order to meet their annual access requirements.</p> <p>Referrals for Merton Uplift have not been at required level to meet access target demands for FY22/23. Deliberate strategies have been placed to pull back on marketing to tackle rising long waiters, which have grown due to insufficient staffing capacity to meet demand.</p>	<p>A notable shift occurs at the beginning of the pandemic's first lockdown in April 2020 whereby number of F2F diminished in favour of either telephone appointments or e-consultation. These preferred and safer options for IAPT patients continued over the next 12-18months.</p> <p>Post covid discoveries found that e-Consultation as a medium was seen to an effective and successful method of delivering therapy to IAPT patients and continue to be quite popular to this day. The proportion of F2F requirement is growing, now that services are able to match increasing demand with agile IAPT clinicians returning into IAPT clinics and locations.</p>
<p>To ensure patients who are referred to Merton Uplift are able to access the service, a number of initiatives have been placed through the year to increase conversion of referrals to Access.</p>	<p>As a final note, the level of therapy performed by our digital partners – IESO – is expected as our IAPT's services were obliged to hand across a specific number of referrals in accordance with the contract agreed.</p>

Child and Adolescent Mental Health Services (CAMHS), percentage of patients seen within 8 weeks, 2019-22

Access to Tier 3 CAMHS Within 8 Weeks	
<p><b>Trust:</b></p> <p>Percentage Seen Within 8 Weeks</p> <p>Mean: 83.91 Target: 80</p> <p>Pre Covid Post Covid</p>	<p><b>Merton Services:</b></p> <p>Percentage Seen Within 8 Weeks</p> <p>Mean: 86.86 Target: 80</p> <p>Pre Covid Post Covid</p>
<p>Performance in the Trust was maintained during the immediate pre and post COVID period.</p> <p>There has been deterioration in performance which linked to waits for ADHD medication and historic under investment in Tier 3 services and an increase in overall referrals.</p> <p>There has been subsequent investment within Tier 3 and there is ongoing recruitment.</p> <p>In addition 22/23 non medical prescribers have been recruited to address backlog in ADHD medication titration.</p>	<p>There has been variation in performance over the period. Pre COVID performance was above target but deteriorating.</p> <p>Post COVID period there is variation in performance this primarily linked to increase in demand alongside waits for ADHD medication titration.</p> <p>There have also been vacancies in medication staffing in recent months. A non-medical prescriber has been recruited in order to tackle ADHD medication cases and there has been successful recruitment into Tier 3 following additional investment in 21/22.</p>

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**NB: See [the appendix](#) for further metrics and narrative on mental health services in Merton including:**

- *Appendix 1: Detailed narrative of current issues and mitigations for key services in Merton*
- *Appendix 2: Additional 2019-2022 performance data covering psychosis treatment, Child and Adolescent Mental Health Services (CAMHS), Community Mental Health Teams (CMHTs), Older People's Services and inpatient admissions*

## 2. Living with Covid-19 and post-pandemic pressures

### 2.1. Infection Prevention and Control

Like all NHS organisations, we have continued to adapt to managing Covid-19 as part of our day-to-day work, and in line with the easing of restrictions over 2021/22.

The Trust's approach continues to be managed through a dedicated Infection Prevention and Control Lead and through regular communications to staff, service users and visitors on the relevant protocols.

At the time of writing, infection prevention and control is managed across the Trust in line with Government and National NHS guidance as follows:

#### *Face masks*

Face masks are no longer required in patient facing areas (including community settings) except in certain circumstances: if a service user presents with respiratory symptoms, has a [pre-existing condition](#) conferring higher risk, is admitted as positive or tests positive for Covid-19 or any other respiratory illness, or an outbreak of a respiratory infection such as Covid-19 is declared or a group of positive service users are cohorted.

#### *Testing*

- Staff: NHS patient facing staff continue to test twice weekly using Lateral Flow Tests (LFTs) which are available through the gov.uk portal for NHS staff. Staff who test positive do not attend work until they have had two negative LFT test results taken 24 hours apart.
- Patients: Are tested using LFTs on admission (day 0) and days 3 and 7 of their stay and if they show any symptoms of Covid-19.

#### *Visitors*

Throughout the pandemic the Trust has allowed visitors, unless the ward was in an active outbreak, recognising the importance of visiting for our patients. Visitors to the Trust are no longer required to wear masks. They may still be instructed on whether a mask is needed on entry to a particular ward or clinic and can continue to wear a mask in line with personal preference.

The requirement to telephone our wards to pre-arrange visits has also been removed. Visitors are no longer required to confirm a negative lateral flow test on the day of visiting.

### 2.2. Changes to the acute and crisis pathway

Measures we are working on to tackle the surge in demand include:

- Working with neighbouring mental health Trusts to review data on patients attending A&E with mental health issues to understand the proportion of those patients who are already known to our services. The intention is to understand if more could be done in the community to prevent A&E attendances. This uses recently agreed parameters developed through the Cavendish Square Group (a group of all mental health trusts in London) to define known patients as those who have or have had an open mental health record within the previous six months. Further work is needed on the data which is being supported by regional colleagues.
- Similarly, a review of S136 (Health-based Place of Safety) capacity is being undertaken with the support of the London MH Urgent and Emergency Care (UEC) Board to understand whether there is sufficient capacity to meet demand and the impact this is having on A&E departments. This includes reviewing pathways with the Metropolitan Police and how these are currently used to identify potential improvements to flow, as well as developing real-time visibility of London wide S136 capacity through IT systems.

- We continue to integrate local mental health crisis services with the London Ambulance Service's mental health services more effectively to reduce conveyances to hospital with good alternatives and clear pathways in place to support this.
- Our Trust continues to offer the '111 Press 2 pilot' model enabling patients to directly access mental health support instead of completing the full Pathways assessment, though this is dependent on call answering times (patients are placed back in the general queue if waits are longer than 20 seconds). The learning from the pilot is being used to support the design and scoping of our NHS '111 Press 2' longer term solution.
- Community Providers are also working towards setting up an Urgent Community Response (UCR) Car service across South West London, staffed by a paramedic and a community clinician (nurse or therapist) to increase use of the UCR services, reduce conveyances to hospital and keep patients at home where possible.
- 12 hour waits for mental health patients in A&E remain a significant concern across the system. The common theme for long waits is the lack of inpatient capacity and there is ongoing work to review and improve the crisis and acute mental health pathways in collaboration with partners in addition to the actions outlined above.
- Our Coral Mental Health Crisis Hub is changing how it works by now also seeing patients at our Springfield site at booked appointments, 10am-10pm, seven days a week. The hub provides a single 24/7 point of access for local people in mental health crisis. These changes aim to make our service work more efficiently for our patients. Access to the service remains the same.

### 2.3. Improvements to recruitment and retention

Recruitment challenges are impacting on the experience of both our patients and our colleagues, and we are working through our Human Resource (HR) and clinical teams to address recruitment and retention as a priority, in particular within our CAMHS and Adult Community Services.

As a local anchor institution employing thousands of people we know our Trust has a key role to play in supporting our economy in South West London and providing high quality jobs for local people.

Actions include:

- Reviewing advertising and marketing approaches to ensure greater number and diversity of applicants to the Trust
- Greater use of apprenticeships
- Working with other partners to provide more rotation roles
- Providing improved career plans for individuals
- Improved talent approaches to ensure we identify and support talent within the organisation
- Review of our recruitment processes and ways that we promote the benefits of working at our Trust as we go through an exciting period of transformation
- For retention, focusing on our strategic priority of Making Life Better Together (MLBT) and recognition appreciation, psychological safety, health and wellbeing, Equality Diversity and Inclusion (EDI) and healthy job design.

## 3. Transformation

### 3.1. New mental health facilities for South West London

Mental health services in South West London have an exciting future ahead. In December 2022 and into January 2023 our teams moved into the brand new [Trinity building](#) at Springfield University Hospital in Tooting, with the new Shaftesbury building following later this year.



Trinity is home to a range of inpatient and outpatient services that will serve people across Merton, Sutton, Kingston, Richmond and Wandsworth for generations to come. Its completion follows 10 years' hard work from our teams, communities and partners.

Trinity is part of the Trust's wider '[Integrated Programme](#)' which aims to transform the way we provide care by [redeveloping our buildings](#) to create spaces in which patients will receive safe and effective treatment and recovery support, and our teams will develop and grow. Designed in partnership with our communities: staff, carers, partners and patients and service users, our new facilities will provide outstanding environments to support care and recovery for people across South West London.

We have also worked with Arts and Mental Health Charity 'Hospital Rooms', which we commissioned to develop 20 professional artworks [to help create warm and vibrant environments that support care and recovery](#). This is the largest project of its kind ever undertaken in the NHS. These works have now been installed in the new facilities and were informed by over 80 art workshops with patients, staff and the wider community conducted between January and June 2022.



Our new buildings at Springfield will become part of a new [Springfield Village development](#) as we work to create a bold new landscape that breaks stigma and brings our services closer to the communities we serve. We now look ahead to beginning works on further inpatient facilities at Tolworth Hospital in Kingston which will also serve people across South West London including in the borough of Merton.

As part of wider estate developments, Merton Older People's Services will soon consolidate within The Wilson Hospital where the Trust leases space. This means the following teams will be based here from later in 2023, with exact timings still to be confirmed:

- Merton Memory Assessment
- Merton Older Persons Intensive Community Support Team
- Merton Older Persons Community Mental Health Team
- Merton Older Adults Team

*Find more information about our work to transform mental health services [here](#).*

### **3.2. Community Transformation**

We embarked on a transformation programme for adult community mental health services in September 2019; recognising that a new integrated and flexible delivery model is required to help meet current and future service user needs. For a number of years, services have

struggled with high caseloads and staffing pressures and at times service users, carers and their families have experienced fragmented pathways.

The NHS Long Term Plan (LTP) prioritises community-based care and recently transformation funding was announced to support the transformation of adult community mental health services over three years (2021/22 – 2023/24) and specific investment has been made available to our Integrated Care System to support this work.

The proposed new model of community adult mental health delivery will:

- Focus on supporting individuals with serious mental illness and within this group specifically also strengthen support and care for individuals (1) with an eating disorder, (2) with a diagnosis of personality disorder or (3) requiring mental health rehabilitation.
- Be organised around and/or integrated with wider partners including Primary Care Networks and Primary Care, voluntary and community sector provision and local authority provision.
- Be co-produced and include both clinical delivery and provision by voluntary and community sector organisations.
- Remove barriers between primary and secondary care.
- Optimise data sharing.
- Recognise and impact on the social determinants of health and non-clinical needs.
- Reduce waiting times, addresses inequalities and support transition.

Place-based multi-agency, Community Partnership Groups are being put in place across all boroughs served by the Trust to ensure new models of care are both co-produced with our partners and meet the needs of our local populations.

- 2021/22: The new model's roll out began in Sutton in January 2021 following collaborative work with partners which finished in 2020. The new ways of working will be embedded as business as usual by the end of October 2022.
- 2022/23: The work of the partnership groups in Kingston and Richmond is progressing well with new models of care to be implemented by March 2023
- 2023/24: Roll out of the new model to the boroughs of Merton and Wandsworth will follow next year. Pre-mobilisation preparations are progressing with partners in both boroughs.

#### **4. Place and collaborative working**

##### **4.1. ICS development and joint working**

On 1 July 2022, the South West London Integrated Care System (ICS) was formally implemented with the South West London Integrated Care Board (ICB) taking on statutory health and care responsibilities. We are an active partner in the continued development of our ICS, working with providers and commissioners across the system.

Our ICS has six 'places' – Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth.

From a governance point of view, the ICS is made up of two parts:

- Integrated Care Board: will decide how the NHS budget for our area is spent and develop a plan to improve people's health, deliver higher quality care, and better value for money.
- Integrated Care Partnership: will bring the NHS together with other key partners to develop a strategy to enable the Integrated Care System to improve health and wellbeing in its area.

The Trust holds leadership roles at Place and across the ICS:

- Following the official launch, our Chief Executive Vanessa Ford now sits on the Integrated Care Board as the representative for Mental Health, 'place' convener for Merton and Trust Executive Lead and mental health place lead for Merton
- Our Trust Chair Ann Beasley is a member of the Integrated Care Partnership
- Medical Director, Dr Billy Boland is Vice Chair of the ICS Clinical Summit
- Director of Finance and Performance Philip Murray is the Trust Executive Lead and mental health place lead for Wandsworth
- Chief Operating Officer Jen Allan is the Trust Executive Lead and mental health place lead for Kingston and Richmond
- Director of Strategy, Transformation and Commercial Development Amy Scammell is the Trust Executive Lead and mental health place lead for Sutton

More information about the South West London ICS can be found [here](#).

#### **4.2. South West London Mental Health Strategy**

The South West London Integrated Care System (ICS) has commissioned a new mental health strategy which will:

- Confirm and refresh mental health priorities
- Respond to current challenges and drive forward service transformation
- Focus on addressing population and community needs with a strong emphasis on prevention
- Support delivery of the broader aspirations of the ICS to improve outcomes, address inequalities and enhance collaboration, productivity, and value for money.

This strategy is being developed through:

- Assessment of population health need and the strategic landscape
- Identification of innovation and best practice
- Engagement with our local population (including service users and carers) and professional stakeholders – surveys and virtual/ face to face discussions
- Synthesis of data and information.

The strategy is being developed in collaboration with the ICS Place based leaders, NHS mental health providers, Local Authority leads, VCSE stakeholders, Primary Care.

It will aim to:

- Raise the profile of mental health and support the continued de-stigmatisation of mental illness
- Ensure commitment across the SWL ICS partners to enable transformation and change in agreed areas
- Support changes to service delivery with a focus on prevention and earlier intervention
- Ensure that co-production and involvement are at the heart of the work we deliver
- Identify how improvements in mental health provision can support wider system goals and population health ambitions
- Support collaborative working between mental health organisations and wider stakeholders – with agreement about resource prioritisation

The strategy development and reflective sessions were completed in September/October 2022 and publication is due later in 2023.

### **4.3. Place-based structures**

The Trust is part of the Merton health and care landscape and has been represented at the Merton Health and Care Together Committee by senior leaders. Our current senior leader is the Head of Service Delivery - Specialist Service Line (Forensic, Adult Neuro, CMHA, Complex Care and National Specialists services).

The Trust Chief Executive is the Merton place convenor playing an active role across the borough. We will continue to work with colleagues from across health and care sectors to move forward population health approaches and joint working, including developing Merton based approaches with the Merton's mental health Clinical Lead Dr Andrew Otley and neighbourhood approaches with Primary Care Networks (PCNs).

The community transformation programme outlined above aims to develop closer and stronger relationships with PCNs. Our adult community mental health teams will be realigned to face PCNs, which will be the building block around which resources and workforce will be organised.

In addition, through the national Additional Roles Reimbursement Scheme (ARRS), the Trust has worked with PCNs to jointly recruit Primary Care Mental Health Workers. These roles complement existing Primary Care mental health support and ensure practices have dedicated input to support patients with a range of mental health issues.

### **4.4. The South London Mental Health and Community Partnership**

We continue to play our part as one pillar of our local provider collaborative, the South London Mental Health and Community Partnership. This has been operating for five years and is an innovative collaboration between our Trust, Oxleas NHS Foundation Trust and South London and Maudsley NHS Foundation Trust (SLaM).

By working at scale across the population of South London, we bring together an exceptional standard of clinical expertise and a greater understanding of people's experience of care. We apply this knowledge for the benefit of service users, carers and their families, with these benefits extending out into the community to reduce stigma, increase early intervention and improve the overall mental health of the people of South London, including in Merton.

During 2022 and into the new year the Trust has continued to play an active leadership role in South London.

The South London Mental Health Partnership is moving forward the following programmes:

- Forensic (Adult Secure) Provider Collaborative
- CAMHS (Tier 4) Provider Collaborative
- Adult Eating Disorders Provider Collaborative
- Nursing Development Programme
- Complex Care Programme
- Acute Care projects including NHS111
- Corporate Services Programme

In 2022 we worked to review and refresh the South London Partnership's strategic direction with strategic commissioning, workforce planning and research and innovation identified as priority work. We are now working to apply our learning to locally commissioned mental health services.

Current projects include the development of initial proposals for a full pathway perinatal provider collaborative and re-energising of our collective work on acute and urgent care.

We are planning a leadership event in February 2023 to bring clinical and operational leads together to consider wider areas such as population health management and workforce.

#### 4.5. Targeted support for Galpin's Road residents

Following the gas explosion on Galpin's Road in July 2022 the Trust worked to provide targeted support and signposting to local mental health services.

Our Talking Therapies Service, Merton Uplift, worked with local organisations on the ground including Pollard's Hill Baptists Church and Wimbledon Guild to provide appropriate support and signposting to Trust services. Leaflets signposting to Trust services were shared with staff and carers for onwards distribution in Merton. This included materials with information on our local Recovery Café, mental health crisis line, guidance on supporting young people following trauma and signposting to local services in Merton that provide bereavement support.

The team and partners were recognised for their outstanding contributions at a time of crisis at the Trust's annual Quality Awards in November 2022, winning the Partnership and Co-production award.

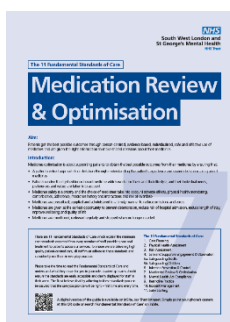
We continue to work closely with local organisations, building relationships that help us respond effectively to local incidents.

### 5. Delivering quality care

#### 5.1. Fundamental Standards of Care

In 2022, we launched the Fundamental Standards of Care, 11 key principles and practical points defining how we care for our patients, covering everything from medication review to safeguarding and care planning to safer staffing.

To support the launch of these Fundamental Standards of Care, we have written, designed and printed a card for each standard to form a pack which will be held in each clinical area as a quick reference guide for teams caring for patients. These packs have been distributed at staff learning workshops. In addition to these packs, pocket-sized versions have also been designed and printed for each member of clinical staff to act as a handy checklist when working with service users. A series of weekly webinars on each of these topics, hosted by our Trust experts, have also been held for staff to find out more and ask questions.



An associated dashboard has also been created for each of the Fundamental Standards to measure improvements through the South West London Health and Care Partnership. Progress will be monitored and supported through the work of the Suicide Prevention and Mortality Committee.

## 5.2. Suicide Prevention Strategy

Our new Suicide Prevention Strategy was promoted across the Trust throughout 2022. We continue with our zero-suicide ambition, which carries a foundation belief that deaths of individuals within mental health services are preventable. It presents a bold goal and aspirational challenge, and this strategy continues to build on the progress made since the suicide prevention strategy was first launched in 2018.

This strategy is aimed at all staff employed by the Trust and all its key stakeholders involved in the work of suicide prevention. Service users and carers have contributed to the development of the strategy and will remain involved in its implementation. It builds on the suicide prevention strategies developed at both place-based and system-based levels.

## 5.3. CAMHS collaborations and transformation

The Trust has improved the care its Children and Adolescent Mental Health Services (CAMHS) provides by collaborating with St George's University Hospitals NHS Foundation Trust on a disordered eating pathway which successfully supported a reduction in the need for CAMHS patients to be cared for within paediatric wards.

This partnership project has been rolled out to other acute trusts in South West London. Furthermore, we have worked with partners in the boroughs of Kingston and Richmond to develop better interfaces between different CAMHS services.

The Trust is also reviewing our CAMHS pathway and have launched a CAMHS transformation programme looking at pathways and flow between services and outcomes we want to achieve. Stakeholder and service user and family involvement in this work is critical and there will be opportunities for partners to join us on this journey this year.

In addition, The Trust has recently launched a specific CAMHS section on our website describing our service provision more consistently, providing information on our waiting times and providing resources. This information can be found [here](#).

## 5.4. Supporting physical health care

Supporting the physical needs of our patients has been a focus for our clinical teams this year:

- **The Fundamental Standards of Care:** Physical Care element was launched in March 2022 with a webinar and information pack.
- **Launch of Kinesis support for our clinicians:** Knowing when to ask for help is vital when providing care and earlier this year we rolled out a collaborative system called 'Kinesis' in which our doctors can request advice on physical healthcare for our patients by contacting the relevant team for advice at St George's Hospital. This allows our colleagues to get the best advice possible from the experts and ensure our patients get the highest quality of care.
- **Physical health booklet:** All service users discharged from inpatient wards are issued a Physical Health booklet and have started to develop an on-going physical health plan for their community care.
- **Physical health checks for people with serious mental illness:** The Community Service Line is working with SWL ICS mental health leads around increasing physical health checks for people with serious mental illness (SMI) specifically sharing data and also employing bank staff to assist with health checks. PCN mental health workers and Nursing Associates funded via the Spending Review and Community Transformation programme are also working with Primary Care to support the delivery of physical health care checks for people with SMI in the community.

**5.5. Co-production and involvement**

A new model of co-production was rolled out within the Acute and Urgent Care service line. Based on feedback, the coproduction model has been further adapted and remodelled with users in mind. In addition, terms of reference for a Trust-wide Lived Experience Forum have been developed with the first session in April 2022. The co-production model will be embedded into all service lines in 2023-24.

Over 2022 we also recruited and trained 17 Peer Engagement Facilitators who joined the Involvement Team in January 2021 for a 12-month period as part of the Peer Support Trailblazers project, which was funded by Health Education England. The 17 Peer Engagement Facilitators were offered placements across our four service lines and collected the stories and experiences of 350 patients. This feedback will be used to improve patient experience.

We place a high value on actively seeking feedback, analysing what patients tell us, learning lessons and acting on this feedback. Our principles include acting swiftly on issues that may need immediate action, and quickly escalating potential risks identified through patient experience and feedback mechanisms.

Our FeedbackLive! System captured 43,515 specific survey questions from 6,091 surveys completed, and 77.4% of people were generally satisfied with the care we provided. We also measure satisfaction through the Friends and Family Test (FFT). On average the score of people who would score 'Likely' or 'Extremely Likely' to recommend the Trust is 85.5%, which is an improvement on last year.

**5.6. CQC inspections**

Our latest ratings by the NHS regulator the Care Quality Commission (CQC) are shown [here](#) and in the table to the right.

Following these, the CQC conducted an unannounced focused inspection to our Acute and Urgent Care wards in August 2021.

The service remains 'good' overall and the CQC cited many examples of good practice with members of staff describing an open, compassionate, and responsive culture, however the CQC changed the rating of 'Safe' to 'Requires Improvement'.

Inspectors spoke to patients who said the people looking after them were caring and treated them with respect and kindness.

They also identified areas where improvements were needed. The Trust put active plans in place to address these. These areas include improvements to the documentation of care planning, managing patients' physical health and risks and supportive observations.

The CQC conducted an inspection of our Eating Disorder Services wards at Springfield, Avalon and Wisteria, in March 2022 rating them as 'Good' in all domains - Safe, Caring, Responsive, Effective and Well-led. In October 2022, Burntwood Villas, which is a step-down mental health rehabilitation unit for up to 12 patients, and Phoenix Ward which is an 18 bedded rehabilitation ward, were also rated as "Good".

Overview		
Latest inspection: 03 Sep to 18 Oct 2019	Report published: 20 December 2019	
Safe		Good
Effective		Good
Caring		Good
Responsive		Good
Well-led		Good
<a href="#">Download full inspection report for South West London and St George's Mental Health NHS Trust - PDF - (opens in new window)</a> <a href="#">South West London and St George's Mental Health NHS Trust: Evidence appendix published 20 December 2019 for South West London and St George's Mental Health NHS Trust - PDF - (opens in new window)</a> Published 20 December 2019		
Ratings for specific services		
We often carry out focussed inspections on individual services. The following ratings are from our focussed inspections.		
Adult community-based services		
Wards for people with learning disabilities or autism		
Specialist eating disorders service	15 June 2022	Good
Child and adolescent mental health wards	12 June 2018	Good
Specialist community mental health services for children and young people	12 June 2018	Good
Community mental health services with learning disabilities or autism	16 June 2016	Good
Community-based mental health services for older people	2 December 2016	Good
Mental health crisis services and health-based places of safety	20 December 2019	Good
Forensic inpatient or secure wards	20 December 2019	Good
Long stay or rehabilitation mental health wards for working age adults	16 January 2020	Good
Wards for older people with mental health problems	20 December 2019	Good
Acute wards for adults of working age and psychiatric intensive care units	20 October 2021	Good
Substance misuse services	12 June 2018	Good
Community-based mental health services for adults of working age	12 June 2018	Good

## 6. South London Listens

In collaboration with the two other Trusts which make up the South London Mental Health and Community Partnership, Oxleas and South London and Maudsley; The Trust is partnering and working on a long-term programme called [South London Listens](#) that aims to respond to the psychological fall out from Covid-19.

As part of this, NHS Trusts, commissioners, Local Authorities, and community partners across South London have come together to build a long term action plan to help to meet the needs of people who may be at risk of becoming mentally unwell due to the impact of Covid-19.

In its first phase, a listening campaign was conducted across South London between November 2020 and April 2021. Led by charity 'Citizens UK', South London Listens encouraged people to hold listening workshops in their communities to discuss and share feedback on the mental health impacts of Covid-19. Nearly 6,000 testimonies were shared in total.

Following this, we launched our two-year plan in October 2021 which is being delivered in partnership by healthcare partners, community organisations and all those who pledged support. [Our Action Plan](#) contains four priorities: work and wages, loneliness, isolation, and digital exclusion, CYP and access to services. In South West London, we are now London Living Wage accredited and continue to champion the London Living Wage to other stakeholders within SWL.

During 2022, we worked in partnership with Citizens UK and local organisations across south London to set up and launch our Be Well programme. Be Well hubs are safe spaces for local people to turn to when they feel their mental health is low or simply when they need to feel more connected to their local community.

To accredit as a Be Well Hub, mental health champions are upskilled in both mental health awareness and community organising to help leaders listen and act on the barriers and systemic problems impacting mental health. Since our first Be Well Hubs training last year, over 140 mental health champions have completed the mental health training. We have also adapted our training in Spanish so that twenty-six PACT and Empoderando Familias parents could become champions.

In June 2022, we launched the first of our hubs through in-person events in Kingston, Southwark, Lambeth, and an information event in Croydon. We also held a virtual event celebrating the hubs launching there. Champions have taken the lead to host events and activities in their organisations from coffee mornings to craft sessions, offering a safe space to talk about their mental health and wellbeing. We also hold six-weekly supervision to guide champions in their work and provide tailored support and resources.

Overall, in SWL we have established the following Be Well Hubs:

- Merton: A total of 10 active Hubs in the borough - the YMCA, Wimbledon College, Mitcham Parish Church, all of the 7 Merton libraries; and another 3 in development
- Sutton: Work is being planned to establish hubs in Sutton during 2023
- Wandsworth: three active hubs (Free2b, St Michaels and St Mary's Battersea) with two libraries in the training process and another two churches approached
- Kingston: Six fully trained up hubs (Kings Carers Network, Kingston Methodists, Islamic Resource Centre, St Andrews and St Marks, Kingston Vale, Christ Church Surbiton Hill), a further two in the training process
- Richmond: Richmond Mind have received training with interest from other charities and community groups including Richmond Mencap, Vineyard Community, All Saints Hampton, and the Castelnau Centre in setting up hubs



A Be Well Hubs Celebration took place in January 2023 to recognise the amazing work of the Hubs and mental health champions thus far and encourage others to become Hubs as well and participate in the training. Over the coming months, we will continue to build on our work to further connect existing Hubs together to discuss lessons learned and share best practices.

In November 2022 we held our [Accountability Assembly](#) where communities, local authorities, mental health trusts and NHS Integrated Care Systems pledged further action to drive the mental ill-health prevention agenda through South London Listens. Following on from this Assembly, we have published our [Impact Report](#) which sets out the significant progress that has been made by all partners in delivering on the pledges that we made to our communities.

## 7. Cost of Living support

As a local anchor institution, the Trust has an important role to play in supporting the health and wellbeing of patients, staff and our wider communities in the current economic climate.

### *Supporting patients and communities*

- Important sources of support are available through our IAPT (Talking Therapies) Services across South West London including:
  - [Employment courses](#) with advice on Job retention, CV writing, Job-searching, applications, interview preparation and employer engagement
  - Courses, in [Mindfulness](#), [Stress Management](#), [Overcoming Worry](#), [Mood Management](#), and [Cognitive Behavioural Therapy](#)
- Our [Welfare Benefits Team](#) offer expert advice to service users who require information, guidance, practical assistance with benefits claims queries, challenges and appeals.
- Information on key sources of support such as local food banks, charities and other local counselling and support services is promoted to staff to share with patients.
- We work closely with our local councils and charity and voluntary sectors partners to offer information about mental health and wellbeing locally
- Commitments through the [South London Listens](#) programme includes: creation of local mental health support hubs based in our local communities; commitment to the London Living Wage; and recruitment and job opportunities.

### *Supporting our staff*

We have a robust wellbeing offer for our staff which includes:

- Employee support provided through Care First, giving staff access to a range of professional counselling and advice in a range of practical and emotional issues such as wellbeing, family matters, relationships, and debt management
- Regular staff seminars focusing on the cost of living, mindfulness, and stress management, including advice for staff who are supporting patients experiencing hardship and staff who may need support with the cost of living themselves
- Dedicated information with advice and signposting to further support locally and nationally around cost of living and wellbeing resources, including [key support](#) recommended by NHS England

Other recent financial support includes:

- 'Hastee Pay' - early pay drawdown facility provided to help avoid the need for payday loans at very high interest rates
- Travel support - for staff claiming transport expenses, mileage rate increase of 5p per mile, above nationally determined rates
- Car parking - rates reduced for part-time staff and prices maintained at pre-pandemic rates
- Season ticket loans and cycle to work scheme and a range of staff discounts

## Appendix 1

### Merton specific issues

The following summarises key elements of performance and delivery related to Merton mental health services.

#### 1. Merton Older Age Adult Services

- Acuity on both Crocus and Jasmine older adult wards, which serve people in Merton and across Sutton, Richmond, Kingston and Wandsworth, remain high as the high patient flow is compounded by the teams experiencing high level of sickness and vacancies
- We currently do not have any Delayed Transfer of Care (DToC) within the service. The team has worked hard with Local Authority and ICS colleagues to achieve this position. In December 2022 we had four DToC cases
- Sutton & Merton Challenging Behaviour Service continues to support our care homes staff and residents; the caseload was initially high but is beginning to stabilise
- Referrals to Merton Memory Assessment Team remains consistently high and the team continues to manage to meet the 6 weeks dementia diagnosis target. The team last missed the target in September 2022 when it was amber on 84.6%, against national target of 85%, but recovered to 100% in October and November 2022 and 92.9% in December 2022
- Merton residents take full advantage of the Cognitive Stimulation Therapy (CST) programme as the uptake is high. This is an evidenced based cognitive treatment for service users with mild to moderate dementia
- Referrals to the older persons Community Mental Health Team remains average of 30 patients per month, there are no emergency readmissions, and no internal waits for treatment for over 30 weeks
- 90.9% of patients' care plans have been reviewed as part of the annual process in December 2022 and since then the level has been brought up to 100%
- 28-day non-urgent referrals were at 93.8% in November 2022 and 83.3% in December 2022, which are all within target.

#### 2. Merton Child and Adolescent Mental Health Services (CAMHS)

##### *Single Point of Access*

- Since the development of Merton Single Point of Access (SPA) in 2014, the service has experienced a 90% increase in referrals with a total year referral figure of 1220 in 2015/16, compared to the total year referral figure in 2021/22 of 2321
- The trend of referrals increasing has continued during the first three quarters of 2022/23. The end of Q3 period 22/23 compared to 19/20 and 21/22 (excluding 20/21 re COVID impact on lowering referral trends), demonstrates a continued increase in referrals year on year to the SPA service in Merton:

Year Q1-Q3	Q1	Q2	Q3	Total
22/23	646	520	668	1834
21/22	585	544	613	1742
19/20	557	545	627	1729

- One of the key increases in referral trends, relates to Neurodevelopmental conditions (ADHD and Autism Spectrum Disorder) with a total of 684 referrals in 19/20, compared to 916 NDT related referrals in 21/22
- The increase in NDT presentations has placed pressure on the SPA in terms of screening demand for the NDT pathway, as NDT referrals require a series of screening tool processes (school reports, SDQ forms, Conners forms etc), which is a highly time-consuming process within the SPA
- Alongside the increase there also appears to have been an increase in the acuity/ risk levels of children with emotional and mental health needs within schools and the community. There has been a corresponding increase in referrals to the SPA service with complex presentation such as Self-harm (as evidence in the quarterly SPA reporting on presenting needs)
- The CAMHS SPA teams within SWLSTG Trust have been liaising with the Trust NDT assessment service, to review the current NDT screening pathway to ensure there is more joined up working approach in terms of Neuro-developmental screening
- New investment in the SPA service 2018/19 following pilot of self-referral for 16/17-year-olds (resulting in an increase in a 22.5 hours (per week) psychology post within the SPA team)
- Further investment within the SPA teams is to be sought in 23/24 with specific focus on managing demand for NDT screening.

#### *Mental Health in Schools Teams and Tier 2 Services*

- Alongside the increases seen elsewhere, we have also seen increases in the acuity/ risk levels of children with emotional and mental health needs within schools and the community
- A new member of clinical staff started in post in September 2022 in a newly commissioned role as part of the CAMHS offer into Merton Youth Justice Service & Contextual Safeguarding team. Another newly appointed senior clinical clinician will commence in the Youth Offending Team (YOT) late January 2023
- The Contextual Safeguarding clinician has been performing well in her role and has been covering the post-court youth justice pathway. Once both staff are in post, the pathway for referrals from the contextual safeguarding arm of the team will be further developed, this will include assessment, intervention, and consultation. The Formulation Intervention Planning project developed by the previous post-holder is also planned to be re-launched following a review in Feb 2023 with both staff in post
- Mental Health Support Teams (MHSTs) in schools (also known as Trailblazers) represent a scaling up of Local CAMHS services with nearly full cover of schools. These teams include the MHSTs provided by Off the Record and the Trust. Children's Wellbeing Practitioners are also included. There is good performance across our Mental health Trailblazer schools, in terms of delivery of therapy sessions, support for parents/carers and schools
- The Merton CAMHS Targeted Mental Health service (TAMHS) is commissioned by schools, from the Pupil Premium Fund (PPF), which is allocated by the Department of Education on an annual basis to improve education outcomes for disadvantaged pupils. The service was reviewed in November 2022 with the schools involved. A newly revised delivery model will be implemented in spring
- The Merton CAMHS in Social Care team continues to strengthen the overall social care service to create additional resilience in managing mental health issues and promote robust throughput and better outcomes for young people. This service is now fully staffed with full offers to all consultation requests, offering assessments and interventions to children, young people, families, and Foster Carers virtually and face to face as appropriate. This partnership working allowed for some creative interventions that supported placement stability, smoother placement transitions and a better understanding of emotional well-being needs of children in care

- Additional in year CAMHS resource has been agreed with the CCG for two additional posts for the Melbury College. Melbury College is a partnership of Merton's specialist education support schools and services supporting primary and secondary pupils with complex behaviour needs, social, emotional and mental health issues (SEMH) etc. These 2 new posts are being recruited
- Partners are working together to understand what more can be done to support the whole system. For example, the MHSTs and Children's Emotional Wellbeing and Mental Health Partnership are now mainstreaming and building on the success of the Local Transformation Plan and moving towards delivery of the NHS Long Term Plan. The new phase will include realigning services, filling gaps and delivering some services in partnership with neighbouring boroughs through our Integrated Care System (ICS).

### *Tier 3 Services*

- In addition to the increase in referrals to the SPA service in Merton, there has also been a corresponding increase in referrals to the Merton Tier Three service. This is also an indicator of increase in complexity with more cases meeting the referral criteria for Tier Three year on year, particularly post pandemic
- Total year referrals for 19/20 were 318 compared to total year referrals of 391 in 21/22. This represents a 22% increase in referrals to the Tier 3 Merton CAMHS service
- Additional investment in the Tier 3 in Merton CAMHS service has enabled an increase in the therapeutic capacity of the team. Since this initial investment waiting times for the Tier 3 service have reduced significantly, for individual therapeutic interventions such as CBT, and for Family Therapy (with the increase in Family therapy and psychological resources within the service)
- As of 6<sup>th</sup> Jan 2023, there were 65 overall waiting patients within the Merton CAMHS Tier 3. Of these:
  - 13 are waiting for Family therapy
  - 10 are waiting for individual therapy
  - 28 are waiting for ADHD medication titration
  - 12 are waiting for psychiatry (review)
  - 2 are waiting for the Merton ADHD parenting programme
- Additional investment in the Tier 3 in Merton CAMHS service has resulted in the following changes:
  - The start of a Risk Management Nurse in April has helped there to be an additional arm for young people coming in with risky behaviours
  - This leads to increase skills building and further assessment to enable young people either to be safely discharged or to be seen by Tier 3 for more appropriate treatments
  - This has freed up staff time to increase capacity for psychological therapies and reduce waiting times. This enables staff to offer reflective practice sessions to the PRU services
  - The recruitment of two new Family Therapists (one from previous post, one from further investment) has also enabled improved treatment for families and improved waiting times
  - We have also recruited a Band 7 Clinical Psychologist that has further reduced waiting times
  - Investment has also led to recruitment of an ADHD Nurse who has been improving the treatment package for young people with ADHD. This has led to fewer appointments needed by our Psychiatrists
- In addition, the recruitment of a Transition worker (Clinical Psychologist) has helped improve the pathway for young people going from CAMHS to adult services. There will be future audits looking at the impact of this for young people. A further worker has been recruited due to start in March. They are also hoping to recruit an ASPIRE worker to support this role

- Partners are working together to understand what more can be done to support the whole system. For example, the Children's Emotional Wellbeing and Mental Health Partnership are now mainstreaming and building on the success of the Local Transformation Plan and moving towards delivery of the NHS Long Term Plan. The new phase will include realigning services, filling gaps, and delivering some services in partnership with neighbouring boroughs through our Integrated Care System (ICS). One partnership project has been the development with schools and the MSCP of a policy around supporting young people who self-harm or experience suicidal ideation. There is current work within the local partnership on emotionally based school avoidance and mapping out different agencies offers. The SPA are also offering consultation slots to schools to discuss referrals or reflect on a particular case they are struggling with
- We are currently down one Consultant Psychiatrist, which increases pressure on existing psychiatry. The funding for the vacant psychiatry role is dedicated to in-house ADHD pathway for less complex cases for easy diagnosis and treatment. This vacancy is impacting on local ADHD assessment and titration provision. As a mitigation we are advertising for this role and there is a locum covering ADHD medication titration.

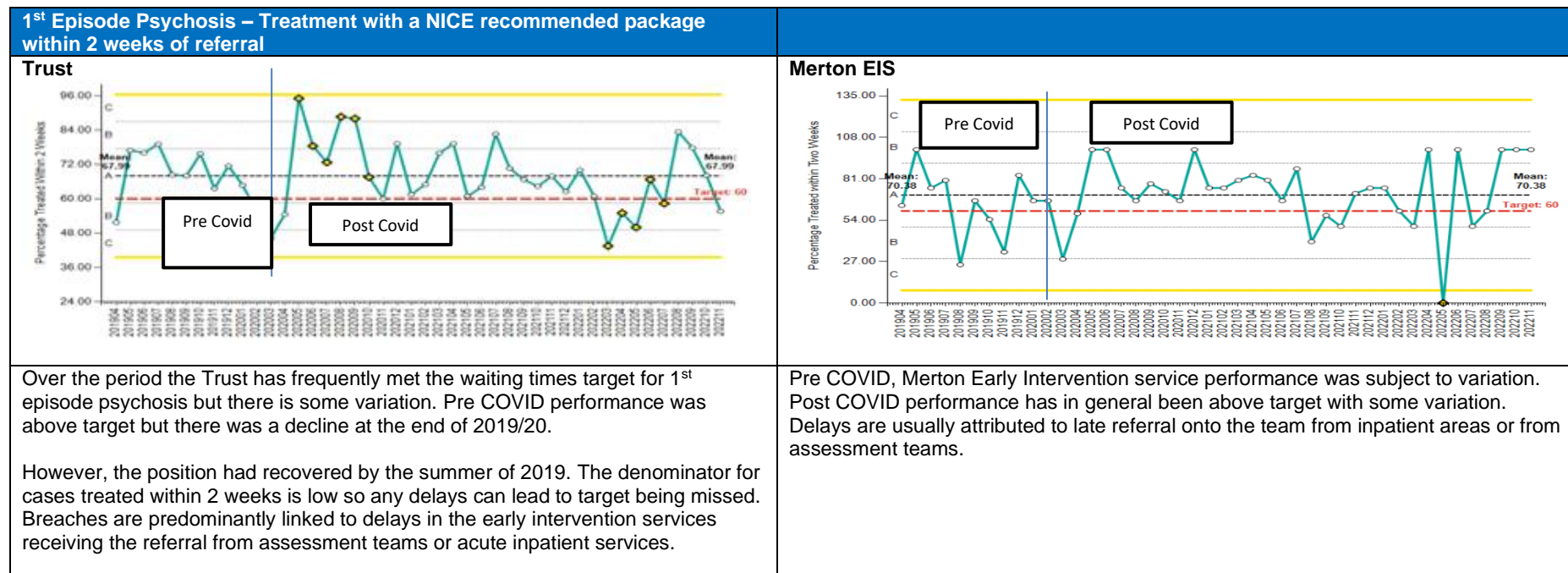
### **3. Working Age Adult Services**

- Community Mental Health Transformation represents a huge opportunity for Merton Borough to deliver the NHS England Community Mental Health Framework and ensure delivery of comprehensive mental health community services within access and waiting time standards. A Merton mental health delivery group has been established to ensure engagement with and joined up delivery across health and social care and the voluntary and community sector. A Merton Place Priorities Event Session will be taking place at the Wilson Hospital in March with all key trust staff.
- Newly funded Primary Care Network Mental Health Practitioners are now embedded into the majority of GP surgeries across the borough, supporting GPs with mental health risks and needs triage, assessment, brief interventions, advice and signposting.
- As part of our commitment for reducing health inequalities in our patient population, Advanced Clinical Practitioner for Merton Jason McNally continues to lead on enhancing physical health assessments, monitoring and advice to our patients, training and skilling up other members of staff to enable better delivery of physical health interventions as part of the Trust strategy for increasing quality years for our patients.
- The volume of referrals to our local Taking Therapies Service, Merton Uplift, have reduced over the last 3-6 months but there has been an increased focus of work, particularly by the wellbeing team to collaborate with community organisations to improve equality of access for specific groups, including the Polish and Chinese population living in Merton, Tamil women, older people, carers and isolated men. Across the Merton teams there has been an increase in people presenting with welfare and social issues sighting difficulties with cost of living across Merton.
- Demand on our secondary mental health assessment and treatment services remain significantly higher than pre-covid levels with 22-23 Quarter 3 levels 47% higher than the average quarter 3 levels pre-covid
- Workforce recruitment and retention challenges within all Trust Merton health services have remained a challenge, necessitating in the use of agency staff to ensure the safe and effective running of services across the borough. Staff vacancies in Merton Uplift have been a particular challenge but the continued use and offer of digital therapies has helped to maintain service delivery to our patients.

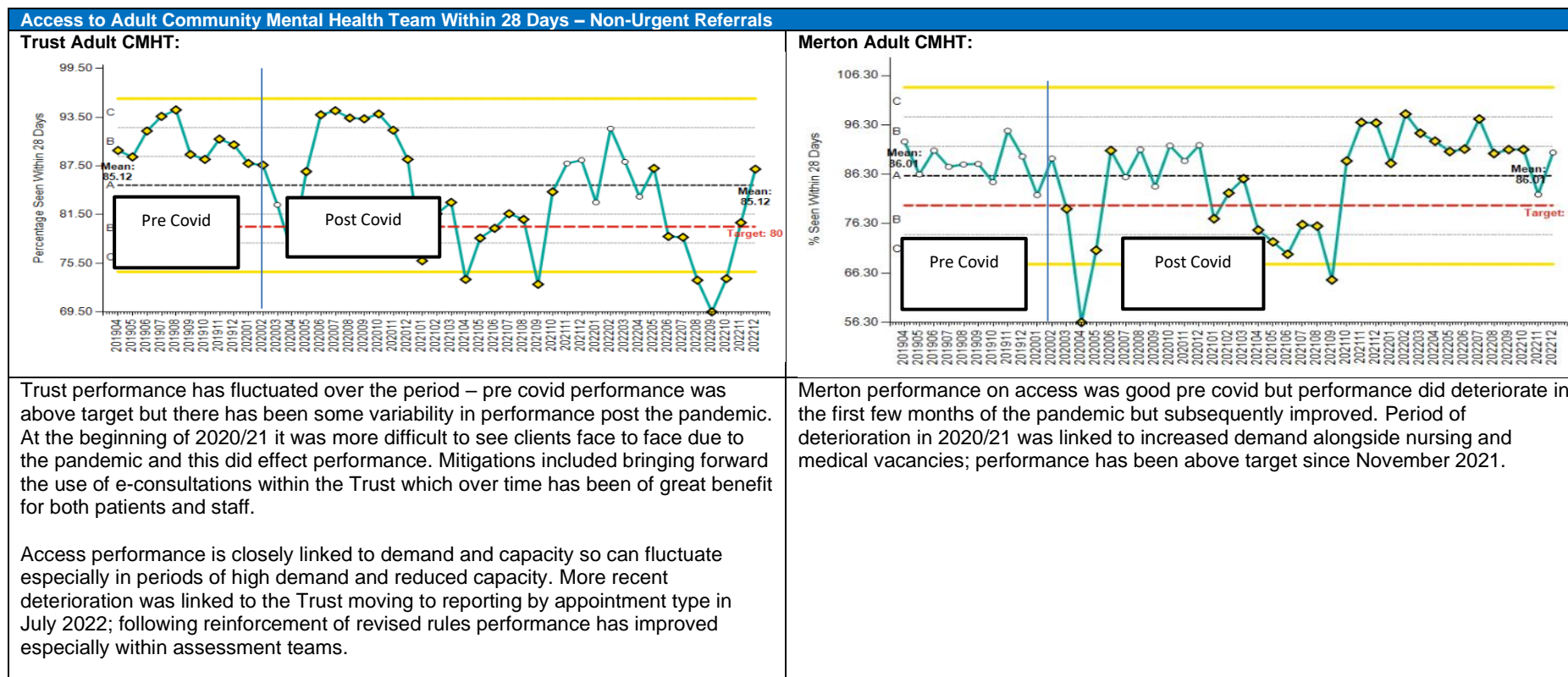
**Appendix 2**

**Merton waiting times and referral levels in key areas, pre and post pandemic**

*Waiting times for psychosis treatment, 2019-2022*



Waiting times for Adult Community Mental Health Teams, 2019-2022



Referral levels for Adult Community Mental Health Teams, 2019-2022

Adult CMHT Referral levels		Adult CMHT Contacts	
Trust CMHT Referrals	Merton CMHT Referrals	Trust CMHT Contacts by Contact Medium	Merton CMHT Contacts by Contact Medium
<p>A downturn in referrals was seen at the beginning of the pandemic March/April 2020 by June 2020 levels had recovered. It should be noted that post pandemic referral levels have increased across the Trust CMHT services.</p>	<p>A downturn in referrals was seen at the beginning of the pandemic March/April 2020 by June 2020 levels had recovered. It should be noted that post pandemic referral levels have increased in Merton Adult CMHT services.</p>	<p>Levels of contacts at the start of the pandemic February/March 2020 remained in line with previous months but there was a drop off in face to face contacts (now recovered) in this period coinciding with increase in phone contacts which in subsequent months decreased. The introduction of econsultation contacts (April 2020) has also affected face to face levels and given patients more choice in terms of accessing services.</p>	<p>Position in Merton mirrors the Trust position through pre and post pandemic period.</p>



Referral levels for CAMHS, 2019-2022

CAMHS Referrals Trust CAMHS SPA	Merton CAMHS SPA	CAMHS Contacts Trust CAMHS Contacts	Merton CAMHS Contacts
<p>A downturn in referrals was seen at the end of 19/20 and the early part of 20/21. Since October 2020 referral levels have increased and are fairly consistently above pre covid levels. Referral to CAMHS services do have seasonal variation and levels tend to decrease in school holiday periods.</p>	<p>Similar to Trust CAMHS SPA position saw downturn in referrals at the end of 19/20 and the early part of 20/21. Since October 2020 referral levels have increased and are fairly consistently above pre covid levels.</p>	<p>Levels of contacts at the start of the pandemic February/March 2020 remained in line with previous months but there was a drop off in face to face contacts in this period. The Trust introduced e-consultation appointments within this period with use increasing in the summer period. Face to face contacts did decrease and took a little longer to recover post pandemic but have increased. The introduction of econsultation contacts have also affected face to face levels and given patients more choice in terms of accessing services. Overall successful contacts have increased post the pandemic 2019/20 average 4458 whilst average in 2022/23 YTD is 5679 a 27% increase.</p>	<p>Position in Merton mirrors the Trust position through pre and post pandemic period.</p>

Referral levels for Older People's Services, 2019-2022

Older People Referrals		Older People Contacts	
Trust OP Referrals	Merton OP Referrals	Trust OP Contacts	Merton OP Contacts
<p>Referrals to Trust Older People's services did decline significantly at the start of the pandemic. Referral levels have steadily increased post the pandemic with recent months above the revised mean and in line with pre COVID levels.</p>	<p>Referrals to Merton Older People's services did decline significantly at the start of the pandemic. Referral levels have steadily increased to levels above the revised mean (which are higher than pre COVID mean).</p>	<p>Levels of contacts at the start of the pandemic February/March 2020 remained in line with previous months but there was a drop off in face to face contacts in this period coinciding with an increase in phone contacts. Levels of face to face appointments have recovered in subsequent months although not at previous levels. Uptake on use of e-consultation has been less pronounced when compared to other services. This is likely linked to the Older People's cohort being less familiar with use of technology for accessing appointments.</p>	<p>Levels of contacts at the start of the pandemic February/March 2020 remained in line with previous months but there was a drop off in face to face contacts in this period coinciding with an increase in phone contacts. Levels of face to face appointments have recovered in subsequent months although not at previous levels. Uptake on use of e-consultation has been less pronounced. This is likely to Older People cohort being less familiar with the use of technology for accessing appointments.</p>

*Inpatient admission levels, 2019-2022*

Adult Acute Admissions	PICU Admissions	CAMHS Admissions	Older People Admissions
<p>Levels of admissions have slightly increased post COVID. There was a drop in admissions around the onset of the pandemic but this subsequently increased. The chart shows considerable variation over the period.</p>	<p>Psychiatric Intensive Care Unit (PICU) admissions have slightly decreased since the onset of the pandemic; the effect is minimal here.</p>	<p>CAMHS Aquarius Ward admissions have slightly increased since the pandemic. In the immediate months post the pandemic (March 2020 – October 2020) admissions were slightly higher but recent months admission levels have reduced.</p>	<p>Older people's admissions have decreased since the start of the pandemic. There was a steep decline in admissions although this was not significant.</p>
Adult Acute Bed Occupancy	PICU Occupancy	CAMHS Occupancy	Older People Bed Occupancy
<p>There have been significant pressures on adult acute beds over the period with Trust occupancy consistently above 90% target. A drop in occupancy was seen in the period post pandemic but occupancy levels subsequently returned to pre COVID levels. The Trust over the period has negotiated contracts for extra bed provision in private hospitals. The current contract is for 18 beds at Holybourne Hospital. In addition, the Trust has had to open surge beds in periods of peak demand and has made use of private winter surge beds.</p>	<p>There has been variance on PICU bed occupancy over the period. In the immediate Post COVID period there was reduced occupancy which has subsequently increased in 21/22 and 22/23. The data includes 5 beds purchased at East London Foundation Trust from 2018.</p>	<p>There is significant variation on CAMHS occupancy over the period, but this is not linked to COVID. There can be seasonal effects here with occupancy rates tending to be lower in summer periods.</p>	<p>Levels of occupancy have remained fairly consistent over the period. A drop is noted in the period post start of the pandemic, but levels increased in subsequent months.</p>

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# Post Covid-19 Syndrome or “Long Covid”

**Mike Procter – Director of Transformation  
SWL ICB (Merton & Wandsworth)**

# What is Post Covid-19 Syndrome or 'Long Covid'?

- COVID-19 infection presents with a wide range of different symptoms and severities and the likelihood of developing long term effects is not related to the severity of the acute infection

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The term Post COVID applies to any period after infection and includes the **acute** period (up to 4 weeks after infection), **ongoing symptomatic** period (between 4 to 12 weeks) and **Post COVID syndrome** (12 weeks or more, sometimes called 'Long COVID')

- Details of how some people are affected by Long COVID are still emerging, but research suggests around one in five people who test positive for COVID-19 have symptoms for five weeks or longer. For around one in ten people, they last 12 weeks or longer
- These long-term effects are often reported by people who didn't need to go to hospital during the acute phase of COVID and their symptoms were managed in the community

# Common symptoms

- fatigue
- breathlessness
- anxiety and depression
- palpitations
- chest pains
- joint or muscle pain
- not being able to think straight or focus ('brain fog')
- dizziness
- persistent cough
- loss of taste or sense of smell

# Estimated Prevalence

Estimates of the number of people in the UK population suffering from long COVID symptoms vary from **~1 million** with symptoms for 4+ weeks in the UK to **2 million** adults with symptoms for 12+ weeks in England alone

People who tested positive for COVID-19 are around eight times more likely to suffer prolonged symptoms than observed in the general population

Higher rates are reported in:

- those aged 35 to 69 years
- females
- people living in the most deprived areas
- those working in health or social care
- people with pre-existing, activity-limiting health conditions



Approximately 4,211\* Merton residents are estimated to be living with Long Covid

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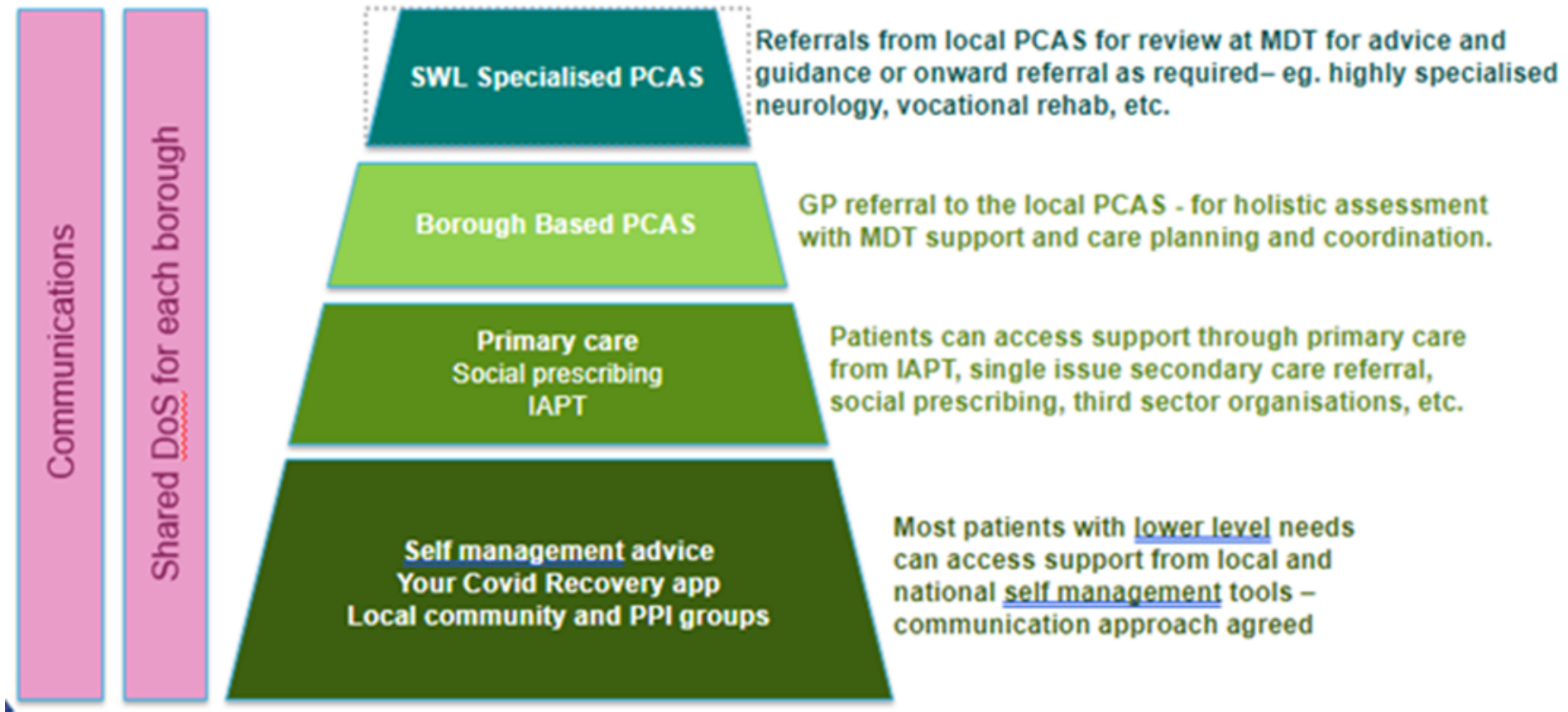
According to the ONS UK Coronavirus (COVID-19) Infection Survey data published February 2022 and GLA population estimates for Merton 2021

\*figures are currently the best available estimates, with a high level of uncertainty

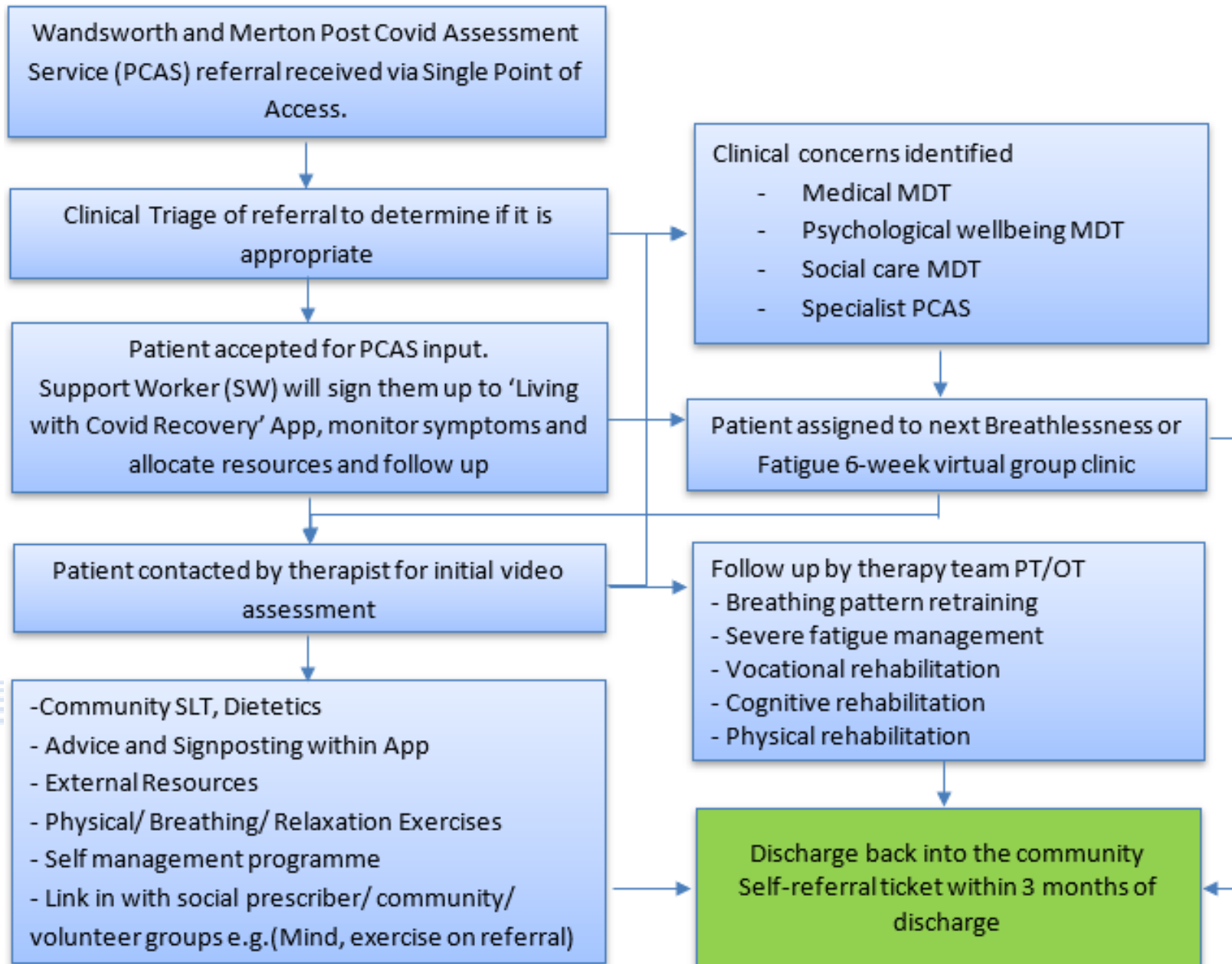


# Support in Merton & Wandsworth

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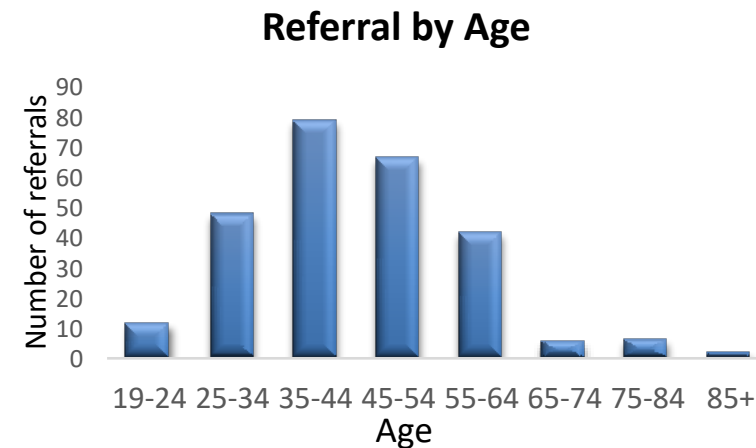
# Patient Pathway to the Post Covid Assessment Service



# PCAS referral demographics

- Average 10 to 15 referrals each week
- Females: 77%
- Average age: 48 yrs
- Ethnicity
  - White: 40%
  - Mixed Ethnic groups: 27%
  - Asian or Asian British: 16%
  - Black, Black British, Caribbean, African: 11%
  - Other/ Not recorded: 6%

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# Health Equity Audit (April to December 2022 – 9 months)

## Summary of Post Covid Assessment Service Activity

### Key findings

- Uptake in Merton (which was previously lower than in Wandsworth) has **improved considerably since April 22** and is now higher than Wandsworth, compared to need.
- Some PCNs have shown **a notable increase in referral rates since April 22**, notably SW Merton and Morden PCNs. North Merton and Grafton PCNs are still **lower than expected**, given need.
- Men are under-represented in the service, which should be receiving around 4 in 10 referrals from them, rather than 3 in 10 currently. **This has improved slightly since April 22**
- People in their 50s and 60s are best represented by the service. Younger adults and older people (70+) are slightly more under-represented although this has **improved since April 22**.
- In Apr 22, the service was targeted towards the higher prevalence in deprived areas. In this most recent analysis, the level of **targeting has deteriorated slightly** and the more affluent areas now have slightly better uptake compared to the need.
- The service is effective at targeting **BAME groups**, who have higher numbers in the service than expected.

### Method

- The most recent national prevalence data for long COVID was extracted from the national ONS survey, for those experiencing symptoms for 12+ weeks. This provided national prevalence for age, sex, and deprivation.
- <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/datasets/alldatarelativetoprevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk>
- National prevalence by age were applied to small area resident statistics for Wandsworth & Merton. These were then 'normalised' to account for overall differences by deprivation in the national data.
- These estimates were used to make comparisons with the 370 unique service users in the Post-COVID service data (Apr 21-Nov 22), to understand what % of the estimated demand the service had reached, allowing reasonable comparisons by age, sex, deprivation and geographical area.

# Practice breakdown - Merton

## Practices with highest referral rates

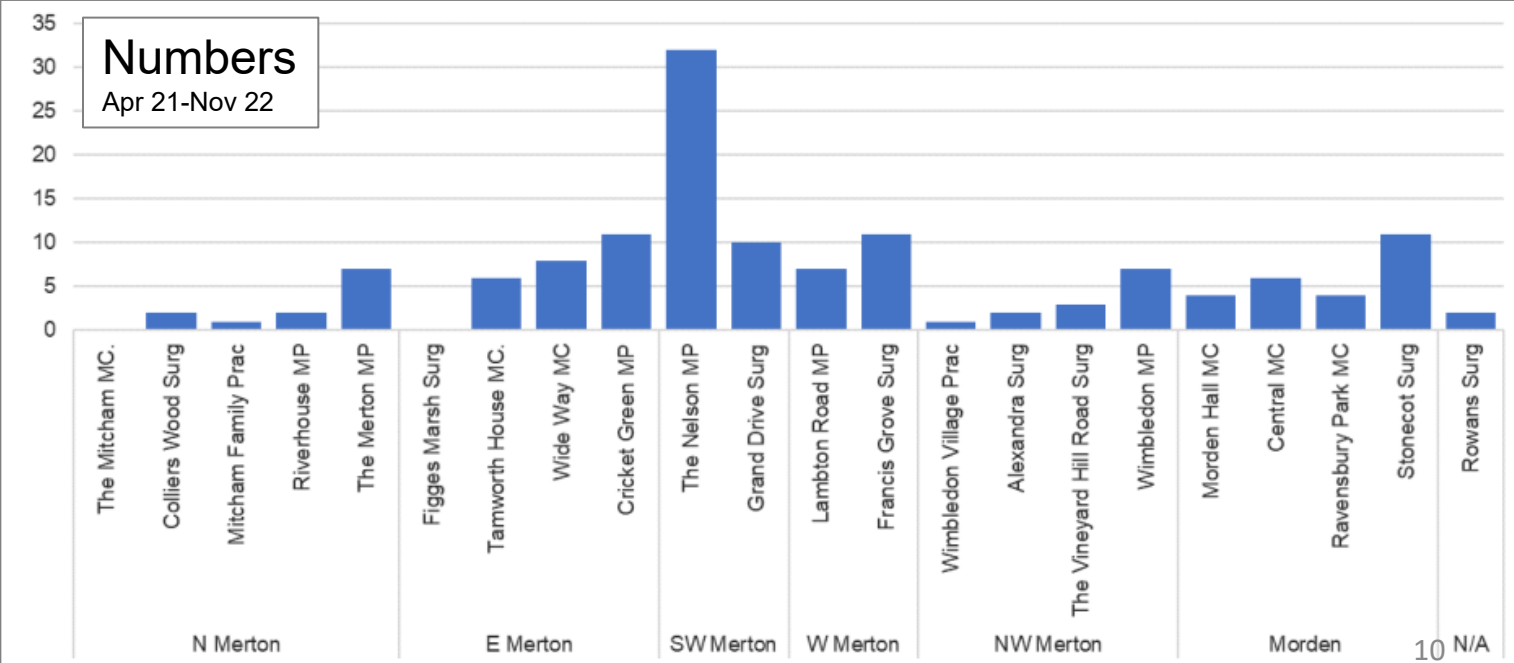
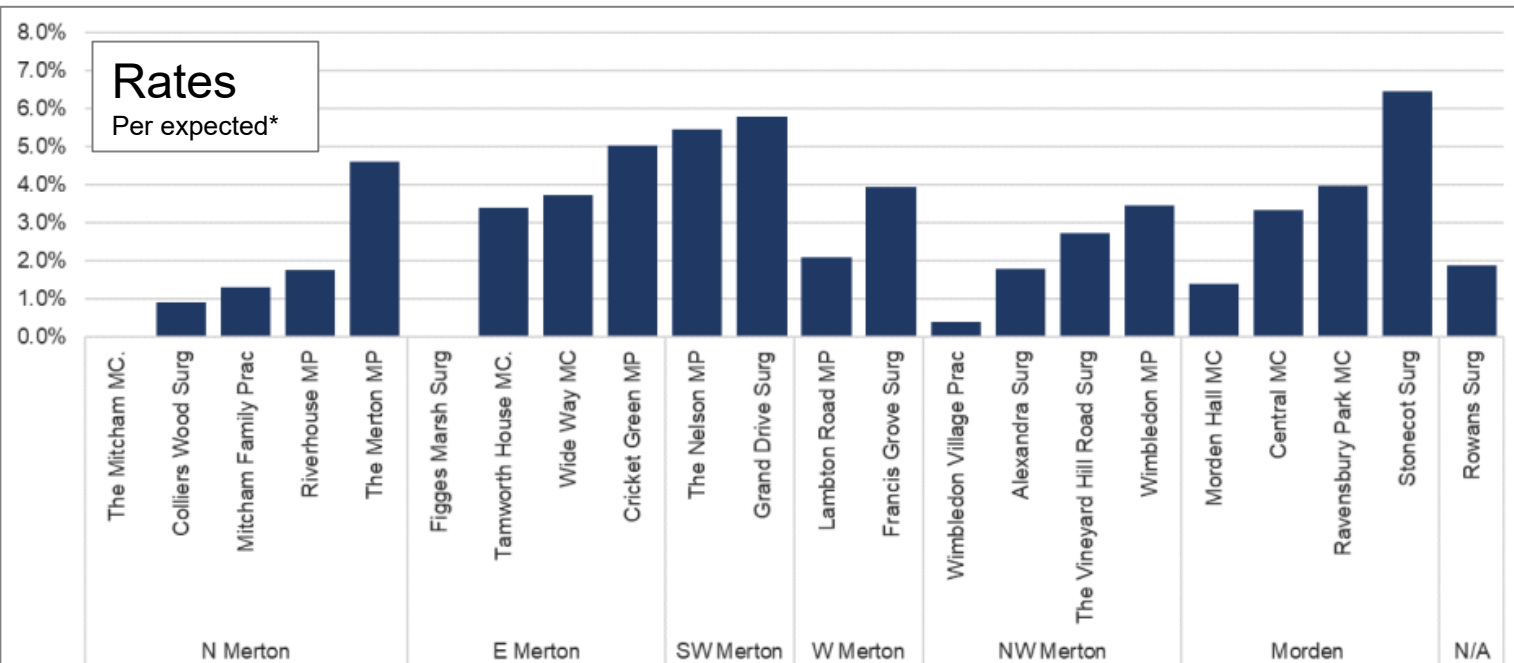
Stonecot Surg	6.5%
Grand Drive Surg	5.8%
The Nelson MP	5.5%
Cricket Green MP	5.1%
The Merton MP	4.6%
Ravensbury Park MC	4.0%

## Practices with lowest referral rates

The Mitcham MC.	0.0%
Figges Marsh Surg	0.0%
Wimbledon Vill Prac	0.4%
Colliers Wood Surg	0.9%
Mitcham Family Prac	1.3%
Morden Hall MC	1.4%

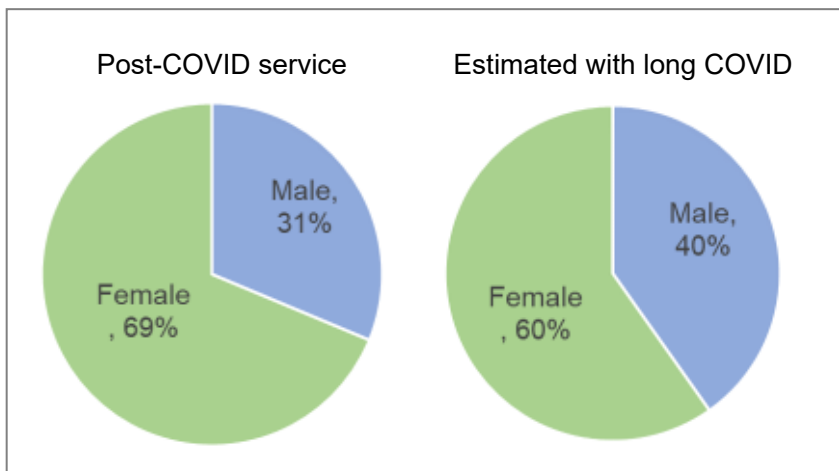
Note: 5% under-recording of practice codes in data. Individual patients only counted once in analysis.

\*National prevalence rates by age and sex applied to practice populations. Not adjusted for deprivation

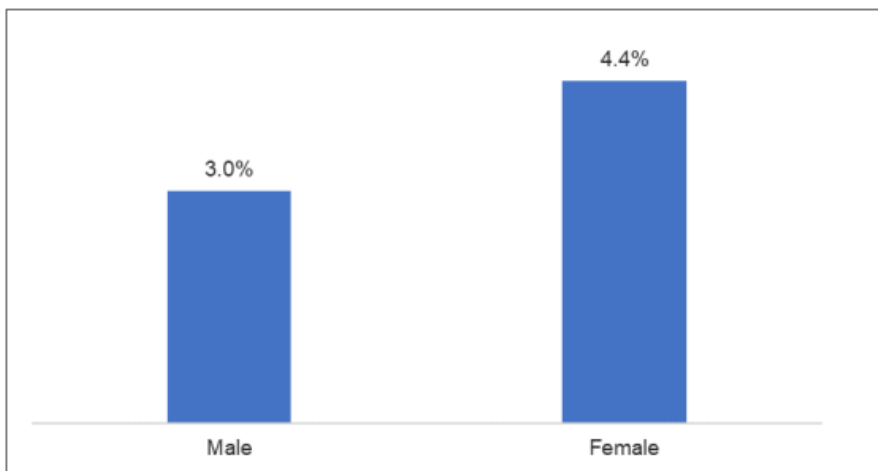


## Uptake of Wandsworth & Merton Post-COVID service by sex (April to Dec 22)

Post-COVID service volumes by sex – compared to estimated residents with long COVID (12+ weeks)



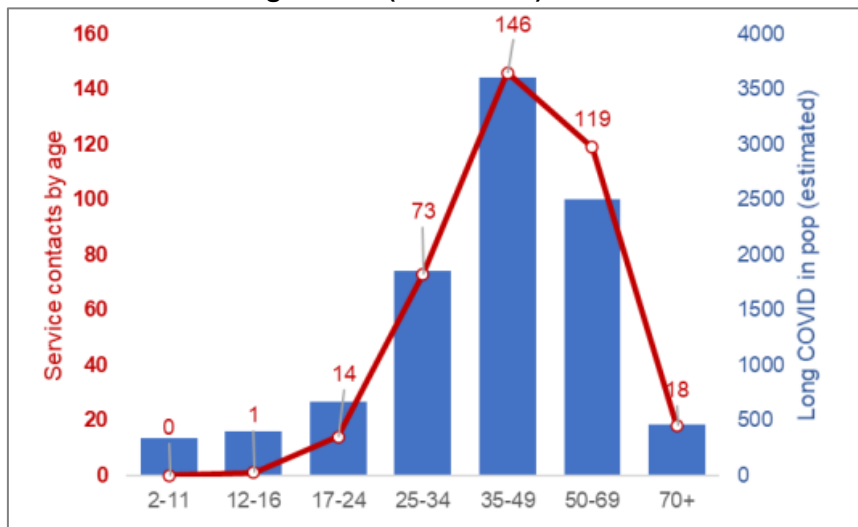
Post-COVID service uptake by sex – as % of estimated residents with long COVID (12+ weeks)



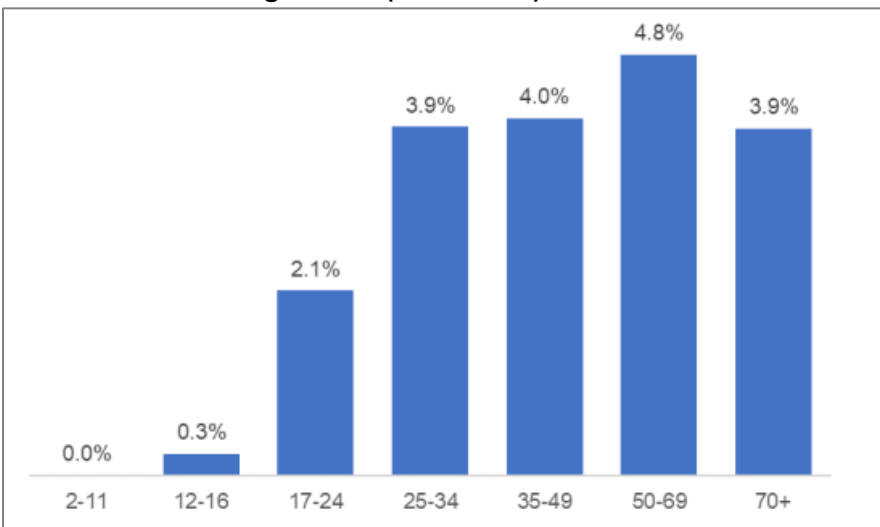
- The service is around 50% more likely to reach females than males.
- This is a slight improvement on the Apr 22 analysis.
- The under-representation may reflect a broader issue, with men being less likely to attend other services like general practice.

Uptake of Wandsworth & Merton Post-COVID service by age (April to Dec 22)

Post-COVID service volumes by age – compared to estimated residents with long COVID (12+ weeks)



Post-COVID service uptake by age – as % of estimated residents with long COVID (12+ weeks)

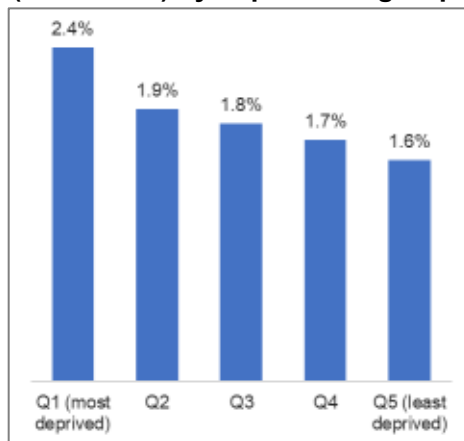


- The service has been most successful at reaching those in their 50s and 60s.
- There is now better uptake among those aged 70+ and 25-34, compared to the Apr 22 analysis.

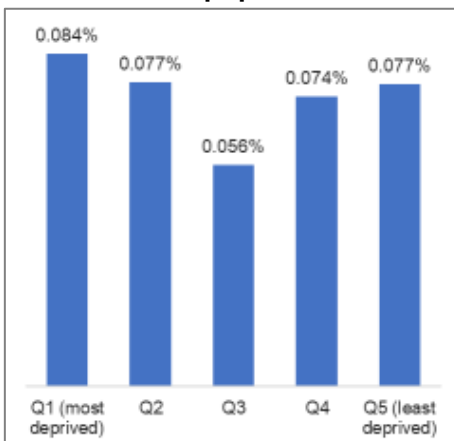


Uptake of Wandsworth & Merton Post-COVID service by deprivation (April to Dec 22)

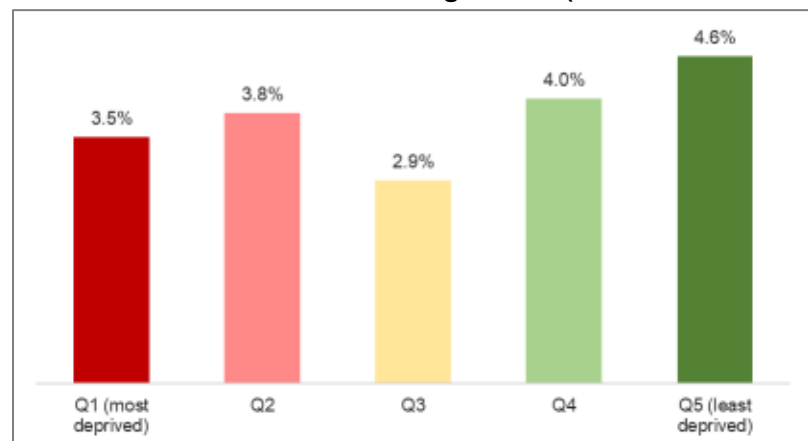
National prevalence of long COVID (12+ weeks) by deprivation group



Post-COVID service activity by total resident population



Post-COVID service uptake by deprivation – as % of estimated residents with long COVID (12+)

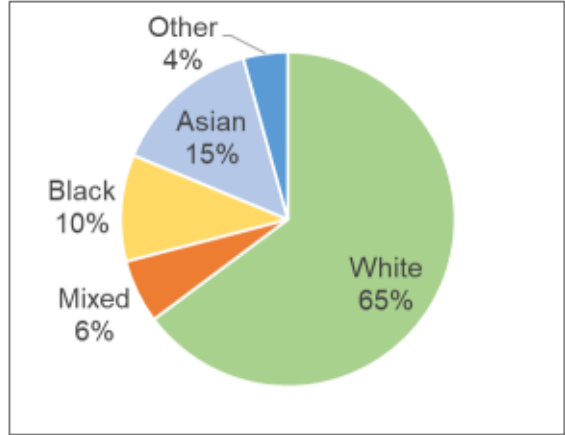


- National prevalence rates of long COVID by deprivation quintile show a strong gradient, with higher prevalence in more deprived areas.
- Post COVID service activity per total population also shows a slightly higher uptake in most deprived areas

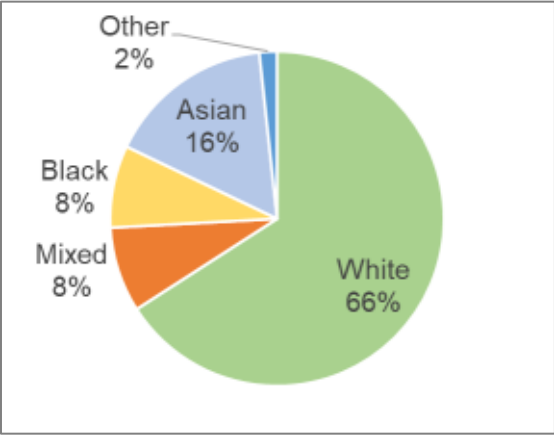
- Local estimates built from national data take into account age and deprivation.
- The rate of service use per estimated cases shows the service seems slightly better at reaching the least deprived than the most deprived, and a lower uptake in Quintile 3 – neither deprived nor affluent. This is a slight deterioration on the Apr 22 analysis.

Uptake of Wandsworth & Merton Post-COVID service by ethnicity (April to Dec 22)

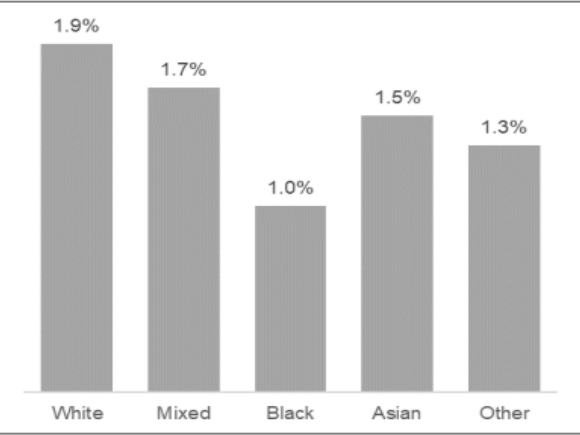
**Ethnic breakdown in population of Merton, Wandsworth (all ages), 2021**



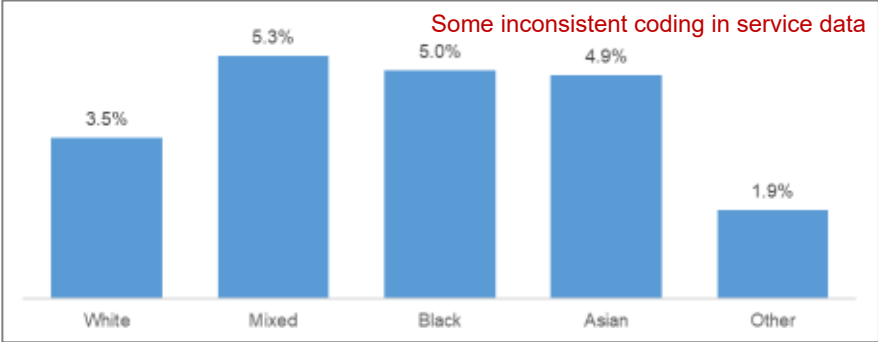
**Post COVID service volumes by ethnic breakdown**



**National prevalence of long COVID (12+ weeks) by ethnic group**



**Post-COVID service uptake by ethnic group – as % of estimated residents with long COVID (12+ weeks)**



- The ethnic breakdown of Post COVID patients (where recorded) matches the local population relatively well.
- Nationally, Long COVID is more common in the White ethnic group than BAME groups
- This means there are slightly fewer from the White group in the service than expected. The low uptake among 'Other' may reflect poor coding by the service.

## Tackling Health Inequalities: Increasing uptake

- Raising awareness with Merton PCNS to increase referrals
- Participating in Community Skills Events
- Establishing strong working relationships across primary, secondary and community sector
- Completed the health equity audit assessment tool
- Applied for co-production funding
- Linking with Merton Public Health for further co-production approaches and to ensure inequalities are openly discussed, and addressed

- Established direct referral routes to social prescribing and IAPT with close working agreements/weekly MDTs
- Linked with Health Watch and Community Champions and disseminated patient information leaflets to individuals & organisations within Merton
- Presented to Merton Health & Wellbeing board
- Presented at Mental Health Grand Round to raise awareness of the service
- Completed patient story in January 2023
- Local press release due in 2023, with patient story to be included
- Updated CLCH external web page
- Working towards setting up of Peer Support Group

*I really walked into this clinic not knowing what would happen. I was very much aware there is no magic pill, there is nothing magical that will happen and the fact I could do it from home by video was quite useful as well*

*PCAS patient feedback 2023*



Further information about the PCAS can be found here:  
<https://clch.nhs.uk/services/post-covid-service-wandsworth-and-merton>

Presentation co produced by: Vladimira Kalev  
Clinical Lead Occupational Therapist  
and Operations Manager (CLCH)

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# Healthier Communities and Older People Overview and Scrutiny Panel

**Date: 7<sup>th</sup> February 2023**

**Subject: Post Covid-19 Syndrome or “Long Covid”**

Lead officer: Mike Procter, Director of Transformation, NHS SW London, Integrated Care Board

Contact officer: Sarah Rushton, Lead Transformation Manager, NHS SW London

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## **Recommendations:**

- A. The Panel is asked to comment and discuss the services and support for those with Post Covid-19 Syndrome or “Long Covid”.
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## **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

- 1.1. A representative from South West London Integrated Care Board will attend the Panel to provide an overview of the attached presentation.

## **2 DETAILS**

- 2.1. The attached presentation provides an overview of current NHS support for those living with Long Covid in Merton at the request of The Healthier Communities and Older People Overview and Scrutiny Panel. The Panel previously considered a report on the Post Covid Assessment Service in November 2021.

## **3 ALTERNATIVE OPTIONS**

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

## **4 CONSULTATION UNDERTAKEN OR PROPOSED**

- 4.1. The Panel will be consulted at the meeting.

## **5 TIMETABLE**

- 5.1. None relating to this covering report.

## **6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

- 6.1. None relating to this covering report.

## **7 LEGAL AND STATUTORY IMPLICATIONS**

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

## **8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

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

## **9 CRIME AND DISORDER IMPLICATIONS**

9.1. None relating to this covering report.

## **10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

10.1. None relating to this covering report.

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

- Post Covid-19 Syndrome or “Long Covid” Service – Update January 2023

## **12 BACKGROUND PAPERS**

12.1.



## Healthier Communities and Older People Overview and Scrutiny Panel

**Date: 7<sup>th</sup> February 2023**

### **Subject: Suicide Prevention**

Lead officer: Dr Dagmar Zeuner, Director of Public Health

Lead member: Cllr Peter McCabe, Cabinet Member for Health and Social Care

Contact officer: Dan Butler, Senior Public Health Principal and Barry Causer, Public Health Lead for COVID-19 Resilience

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#### **Recommendations:**

- A. For Overview and Scrutiny to discuss and support the progress of the life-course multi-agency suicide prevention framework and plans to develop an action plan to guide activities in 2023/2024.
  - B. For Overview and Scrutiny members to champion suicide prevention, such as through promoting awareness of support services and by promoting and participating in training e.g. suicide prevention and Mental Health First Aid.
- 

#### **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

- 1.1. This report will provide an update on suicide prevalence, insight and understanding on risk factors for suicide, the multi-agency framework for preventing suicide and actions delivered in 2022/2023, services that support residents of all ages, and our plan to develop a 2023/2024 action plan.

#### **2 BACKGROUND**

- 2.1. Alongside the tragic death of an individual the effects of suicide have a devastating impact on family and friends, work colleagues, neighbours and schools. As well as prevention of suicide, it is important that we provide support to those that are bereaved or affected by suicide.
- 2.2. Suicide is not inevitable and suicide prevention activity can help identify and support those at greatest risk, ensure messages of hope to those in crisis, train those working with high-risk groups, address stigma on mental health and suicide and raise awareness amongst residents so that more people know how to signpost to support services. Suicide prevention is not the responsibility of one organisation but requires a multi-agency approach and plan. Action is taking place at Borough/Place level, which is complimented and enhanced by action taking place at South-West London level.

#### **3 DETAILS**

- 3.1. National research shows that men make up the majority of those who die by suicide and middle- aged men are particularly at risk<sup>i</sup>. Key risk factors for middle aged men and suicide include unemployment, debt, mental health issues, deprivation, substance misuse, relationship breakdown and housing insecurity<sup>ii iii</sup>.

- 3.2. National research show that more women attempt suicide than men but men are more likely to die by suicide. Men may choose more lethal methods of suicide (that do not allow time for others to intervene) and may be less likely to disclose thoughts around suicide or seek help<sup>iv</sup>.
- 3.3. Whilst risk factors for suicide may be universal to both men and women they may affect genders differently. For example men may be at higher risk of suicide due to relationship breakdown whilst self-harm is more common in women<sup>v</sup>.
- 3.4. Nationally people who live in more deprived areas are at greater risk of suicide, with those living in the 10% most deprived areas being twice as likely to die by suicide than the 10% who are least deprived<sup>vi</sup>.
- 3.5. Young people generally have low rates of suicide but action is important as suicide is one of the leading causes of death amongst young people<sup>vii</sup>. Common themes / risk factors around suicide and young people (and where prevention activity can be targeted) include mental health issues, self-harm, substance misuse, bullying, academic pressures, abuse/neglect, social isolation and a history of online use around suicide. Research from Manchester University puts forward a model of 'cumulative risk where
- 3.6. *“Suicide by young people was rarely caused by one thing. It usually followed a combination of previous vulnerability, with traumatic experiences in early life, a build-up of adversity and high-risk behaviours in adolescence and early adulthood, and recent stressful events”*.<sup>viii</sup>
- 3.7. Some groups may also be at greater risk of suicide such as LGBTQ young people<sup>ix</sup>.
- 3.8. Data on suicide is available from the Office for National Statistics (ONS) on suicide registrations and from the Public Health Outcomes Framework (PHOF) on suicide rates. When talking about suicide data it is important to remember that each statistic refers to a life lost and families and friends grieving for a loved one.
- 3.9. **PREVALENCE**
- 3.10. There were a total of 37 suicides in Merton during 2019–21 (9 in 2019, 18 in 2020, and 10 in 2021). The number of suicides in Merton for the last ten years has ranged from 9 to 20<sup>x</sup>.
- 3.11. Rates per 100,000 population are calculated on a three-year rolling aggregate with the latest data available for the period 2019-2021. A three-year period is used because numbers can vary between years and rates are used to compare suicide rates between areas. In 2019-2021, Merton has a rate of 6.5 per 100,000 population which is similar to London (7.2 per 100,000) and significantly lower than for England (10.4 per 100,000)<sup>xi</sup>. This rate has decreased slightly in Merton since 2015-2017, where the rate was 10.3 per 100,000. Rates have also declined slightly at a London level (8.6 in 2015-17 to 7.2 per 100,000 in 2019-21) but increased slightly in England (9.6 in 2015-17 to 10.4 per 100,000 in 2019-21).
- 3.12. The latest data on gender and suicide in Merton is available for 2018-20 (as a rate could not be calculated for women due to low numbers for 2019-21).

This found a rate for women of 4 per 100,000 compared to 10.2 per 100,000 for men<sup>xii</sup>.

- 3.13. Earlier research (2017) to inform Merton's Suicide Prevention Framework found men aged 35-64 formed the largest group who died by suicide in Merton<sup>xiii</sup>.
- 3.14. Nationally there has been concern about the pandemic increasing suicide rates. Although rates did not increase nationally during 2020, it is too early to know if there are any long-term impacts of the pandemic on suicide rates due to risk factors e.g. household employment and finance. We do know that rates of mental health issues went up during 2020, especially for young women<sup>xiv</sup> and that lockdowns made mental health issues worse for those with pre-existing mental health conditions<sup>xv</sup>.

### **Suicide Prevention Plans**

- 3.15. England's Suicide Prevention Strategy 2012 requires all local authorities to have plans in place to address suicide. The Government's fifth progress report (2021)<sup>xvi</sup> highlights the continuing importance of these plans.
- 3.16. Local plans should have two main objectives; to reduce the suicide rate in the general population and to support those bereaved or affected by suicide. Further guidance by Public Health England (now Office for Health Improvement and Disparities) highlights the importance of working to address suicide in high-risk groups including middle aged men and young people.
- 3.17. [Merton's Suicide Prevention Framework](#) provides a strategic overview to our Suicide Prevention Activity, which is then complimented with annual delivery plans. Staff in Adult Social Care, Integrated Care & Public Health work closely with staff in Children, Lifelong Learning and Families to develop plans. Governance is through the Child and Adolescent Mental Health Services (CAMHS) partnership board (young people) and Mental Health Programme Delivery Board (Adults). The Action Plan is led by Merton Council but as part of the multi-agency response includes actions from other local organisations such as South West London Integrated Care Board (SWL ICB).
- 3.18. The Framework takes a life course approach and has five key priorities
- Suicide prevention in high-risk groups
  - Reducing access to the means of suicide
  - Improving the mental health offer for targeted populations
  - Suicide prevention awareness and good mental wellbeing for all
  - Supporting those bereaved or affected by suicide
- 3.19. An annual action plan is developed with around 7-12 high value actions per year. The most recent plan is for 2022/23 (see appendix A), which focused on running a number of suicide prevention and Mental Health First Aid (MHFA) programmes. Whilst there is still some work to do in the last quarter of 2022/23, key achievements for this year include:

- MHFA awareness programme to Council managers and social workers with 121 staff trained
- MHFA awareness programme to community and voluntary sector partners with 64 representatives trained
- Suicide Prevention training to Council staff with 87 staff trained
- Suicide Prevention training programme to community and voluntary sector partners with 86 representatives trained
- Papyrus Suicide Prevention Training promoted to schools and those working with young people across SW London (SWL ICB)
- Extension of the 'Tuned In' music project by Libraries to include an extra evening session. The aim of the sessions is to connect people through a common love of music. Originally aimed at middle aged and older men, sessions are now open to all. The project also includes raising awareness and signposting to services on health issues.
- Awareness raising activity such as for World Suicide Prevention Day (10<sup>th</sup> September 2022)

### **SERVICES THAT SUPPORT PEOPLE AT RISK OF SUICIDE**

- 3.20. Services can be incredibly important in suicide prevention, in raising awareness amongst our communities and encouraging good mental health and wellbeing; in listening to and supporting our most vulnerable residents and in encouraging hope and resilience to those in need.
- 3.21. Services that support people at risk of suicide can broadly be divided into preventative services at a community level, that may reduce risk factors around suicide such as welfare and benefits advice or services that support general mental wellbeing; services that may support a client or patient who is at greater risk of suicide, such as the work carried out by WDP (Merton's Adult Substance Misuse service) or by CAMHS to support a young person with mental health issues.
- 3.22. Services aimed at those in crisis or focused on suicide prevention such as the South-West London and St Georges Mental Health Trust (SWLSTG MHT) crisis line or Recovery cafes.
- 3.23. More detail on services available in Merton are provided in Appendix B. The support of Overview and Scrutiny members in promoting these services would be helpful.

### **ACTIVITY DURING THE LAST TWO YEARS ON SUICIDE PREVENTION**

Including more detail on the work from the Merton Action Plan but also wider work of partners)

- 3.24. The Council through its local action plan and partners through their action plans (such as SWL ICB and SWLSTG MH NHS Trust) have taken a range of activity during the last two years on suicide prevention. The following provides an overview of activity.
- 3.25. **Mental Health First Aid (MHFA) Activity within the Council** Within the Council's workforce Public Health have worked with Human Resources to

train over 20 Mental Health First Aiders who can support Council staff and signpost to appropriate services. Human Resources have also commissioned training so that 121 Council managers and social workers have completed Mental Health First Aid Awareness training in 2022, to further support staff and those working with vulnerable residents. HR have also promoted suicide awareness training, with 87 Council staff trained during 2022.

- 3.26. **MHFA Activity with statutory, community and voluntary sector partners.** Merton public health have funded MHFA training including MHFA 2-day courses and MHFA awareness training. The latest training round during September to December 2022 saw representatives from 64 organisations trained in [Mental Health First Aid Awareness](#). This included staff from organisations such as AFC Wimbledon, the Community Fridge and local Food Banks, WDP and Faith in Action. SWL ICB and Primary Care have also funded MHFA training for their staff. This training is important as it provides information on mental health conditions, helps address stigma around talking about mental health and includes skills such as active listening for talking to someone who may need support as well as how to signpost to appropriate services.
- 3.27. **Suicide Prevention Training** – Merton Public Health have funded suicide prevention training. Courses took place during September to December 2022 and 86 representatives from Merton partner and community organisations were trained in suicide awareness and prevention. This included staff from Clarion housing association, WDP, YMCA Wimbledon, those working with domestic abuse and the community fridge project. Suicide Prevention training is important as it gives staff information on the risk factors for suicide and gives people the skills to feel confident to talk to and discuss the issue of suicide risk with a vulnerable person, as well as how to signpost to services.
- 3.28. **Rail** - Public Health have engaged with transport networks, such as Network Rail and South-West Rail regarding their suicide prevention strategies, training and measures implemented, especially for stations that historically may have been seen as 'higher risk'. All providers have regional or national suicide prevention strategies, training available for staff as well as partnership working with organisations such as Thrive LDN or Samaritans.
- 3.29. **Substance Misuse Safeguarding Training** on safeguarding and capacity considering suicide risk has taken place with those working with substance misuse clients, a high-risk group for suicide.
- 3.30. **Awareness raising.** World Suicide Prevention Day and [Zero Suicide Alliance training](#) have been promoted both to Council staff as well as to statutory, community and voluntary sector partners in Merton. We have also worked collaboratively with SWL ICB on communications and engagement aimed at middle aged men and suicide risk and raised awareness of Kooth support during summer exam results.
- 3.31. **SWL ICB Suicide Prevention Champions and outreach** – working with [MIND Brent](#), [Wandsworth](#) and [Westminster](#) work has taken place in South West London developing Suicide Prevention Champions and outreach to

raise awareness – with work aimed at middle aged men and more recently younger people.

- 3.32. **SWL ICB – Bereavement Support Activity** - Suicide Bereavement Liaison officer supports individuals and families bereaved by suicide and links them to relevant services. Support for people bereaved by suicide is incredibly important as evidence shows people bereaved by suicide are at greater risk themselves. On a personal level grief and ‘taboos’ around discussing suicide may make grieving difficult for the bereaved and they may feel isolated or not able to talk to family or friends. The Bereavement Support project has more recently included online and face to face peer support groups. Feedback from the worker involved has said this has been helpful for the bereaved, who can speak to and be understood by someone who has been through a similar tragic experience.
- 3.33. **SWLSTG MH Trust** – SWLSTG MH Trust have their own Suicide Prevention Action Plan. Activity on this which supports Merton patients includes;
- Risk Assessment Training (RATE) for all clinicians, ensuring suicide risk is considered and properly managed. This has been refreshed to ensure the voices of patients and carers are included.
  - Suicide awareness training for all service users of the Recovery College and their carers.
  - Ensuring psychosocial assessments (considering how social factors affect health outcomes) for adults who self-harm (as per NICE guidance) and flagging up in A&E of patients who self harm with timely interventions and follow up.
  - 48 hour follow up for those discharged from hospital to the community, with higher risk patients having face to face follow up or phone follow up for lower risk (this relates to risk of suicide being higher on leaving mental health hospitals).
- 3.34. **Westminster Drug Project (WDP)** – have carried out a range of activity around suicide prevention for clients in Merton. This has included
- Suicidal ideation and acts as well as acts of deliberate self-harm (historic/current) forms part of every comprehensive risk assessment and 3 monthly treatment review.
  - My Safety Plan’ templates created for use with service users to develop a safety plan if they experience a MH crisis including thoughts of self-injury or suicide.
  - All frontline staff trained in suicide prevention and Suicide Prevention Champions in team.
  - Mental Health First Aider in team.
  - Co-ordination with Mental Health Services on dual diagnosis.

### **Suicide Prevention Work Activity around young people**

- 3.35. **Supporting young people who self harm or experience suicidal ideation protocol.** As part of the Merton Working Group for Self-Harm and

Suicidal Ideation including CAMHS, SWL ICB, CLLF and Public Health staff, an updated 'Merton supporting young people who self-harm or experience suicidal ideation' protocol following feedback from schools was produced. This includes practical guidance for professionals, as well as resources for sharing with young people and parents. It seeks to provide clear guidance on where to seek advice and steps to follow should a young person share that they have been self-harming or experiencing suicidal ideation.

- 3.36. **Mental Health First Aid (youth) courses** have trained up 16 staff as Mental Health First Aiders working with young people. This included a range of agencies working with young people including Spectra, Catch 22 and Tooting and Mitcham Football Club. Staff from schools included Raynes Park High, Wimbledon College, Ursuline Convent and Goringe also became MHFA's.
- 3.37. **SWL ICB during 2021 and 2022 have commissioned suicide prevention training with Papyrus to all secondary schools in South-West London.** Staff in Children, Schools and Families have helped promote this locally. Training included SP-EAK, a half day training that helps staff recognise the 'signs' that might indicate that someone is having thoughts of suicide, help to talk openly about suicide, how to listen to a young person and how to support safety and safety planning. During 2022 ASIST training from Papyrus was also commissioned for secondary schools, colleges and those working with young people. This is a two-day workshop training around suicide prevention for young people.
- 3.38. As part of their whole school initiative Merton CAMHS are carrying out the following projects.
- 3.39. **Promotion of CAMHS Crisis Line** – promotion activity has taken place including the voices of different services and stakeholders – this project looks to seek ways to promote the SLP CAMHS Crisis Line to young people, families and professionals. This is to reduce young people, families and professionals experiencing delay in accessing advice or guidance or inappropriately attending A&E in circumstances where immediate advice via crisis line would have been sufficient, which may risk detrimental experience as part of the journeys to accessing appropriate support and help.
- 3.40. **Webinars and Workshops.** Merton CAMHS are hosting webinars and workshops for Parents: webinars to parents across schools has included topics on supporting emotional dysregulation in children and adolescents, with discussion around support and resources for self-harm.
- 3.41. **Consultation and Thinking Together with Educational Staff:** weekly consultation and thinking together slots offered to educational staff to think about the needs of young people and families including those who may be self-harming or experiencing suicidal ideation, with guidance and signposting advice available.

#### **4 NEXT STEPS**

- 4.1. At the heart of our work we need to consider what we can do to raise awareness with our communities on suicide prevention, how we can reduce risk in those most vulnerable to suicide and how services can contribute to

this and how to support families, friends, schools and colleagues who may have been bereaved by suicide.

- 4.2. Our next steps are to develop a multi-agency Action Plan for 2023/24 to outline activity for the coming year. Merton’s plan will compliment plans across South West London and plans developed by other organisations e.g.SWLSGMHT.
- 4.3. We will set up a multi-agency Suicide Prevention Steering Group to develop our plans for 2023/24, with colleagues from across the Council including CLLF, C&H and Human Resources.
- 4.4. Our training offer e.g. suicide prevention training and mental health first aid is being finalised and will be promoted widely to partners, stakeholders and to all Councillors.
- 4.5. A Youth Mental Health First Aid (MHFA) Project aimed at young people, is being developed, which will target 16-18 year olds and aims firstly to make young people feel more equipped and confident in having conversations with friends/peers/family members about mental health, and signposting to appropriate services. It will also train staff and community members who have the greatest interaction with the young people being trained, so that they are confident in supporting the Youth MHFAs, giving them the confidence and practical skills to support and signpost appropriately. There will be an initial 75 young people, supported by 15 adults trained, followed by another 75 young people and 15 adults trained. Monthly online support for six months will also be provided

## 5 ALTERNATIVE OPTIONS

All local authorities are required to develop an action plan around suicide prevention. Activity is informed by good practice outlined in Government Guidance such as [‘Suicide Prevention: developing a local action plan’](#).

## 6 CONSULTATION UNDERTAKEN OR PROPOSED

- 6.1. N/A

## 7 TIMETABLE

Timetable	Activity
March 23	Set up Action Plan Steering Group
March 23 – April 23	Develop short action plan with partners
May 23 – June 23	Sign off of action plan for 23/24 and report on 22/23 action plan to Mental Health Programme Delivery Board and CAMHS Partnership.
June 23 to March 24	Delivery of Action Plan



## **8 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

- 8.1. SWL ICB have provided grant funding to all SW London Boroughs of £10,000 for suicide prevention project and £5,000 for youth self-harm project in 2022/23.
- 8.2. SWL ICB have received £323,848 in grant funding during 2022/23 for Suicide Prevention and £69,000 for suicide bereavement support from NHS England for suicide prevention activity, which delivers projects at SW London level such as bereavement support and Papyrus training. Plans are monitored and progressed by SWL ICB with SW London Boroughs through the SW London ICB Suicide Prevention Steering Group.

## **9 LEGAL AND STATUTORY IMPLICATIONS**

- 9.1. The National Suicide Prevention Strategy “Preventing suicide in England: a cross-government outcomes strategy to save lives” (2012) requires all local authorities to develop a suicide awareness strategy or plan. The Office for Health Disparities and Improvement (OHID) London, monitor plans across London annually.

## **10 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

- 10.1. Suicide Prevention activity has positive impacts in terms of disability (mental health, long term conditions), gender (most suicides are in men although women are more likely to attempt suicide), age (young people, middle aged) and sexual orientation (LGBT).
- 10.2. People who live in more deprived areas are at greater risk of suicide, with those in the 10% most deprived being twice as likely to die by suicide than the 10% who are least deprived<sup>xvii</sup>.

## **11 CRIME AND DISORDER IMPLICATIONS**

- 11.1. It is important that we differentiate suicide and suicide prevention from crime and disorder. The language around suicide should also refrain from using ‘commit’ or ‘committed’ as organisations working on suicide prevention highlight this is linked to the historic criminal offence of suicide, which is stigmatising and hurtful for families who have experienced a family member die by suicide.
- 11.2. Both adults and young people known to the criminal justice system are at greater risk of suicide.

## **12 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

- 12.1. Suicide Prevention training activity can provide awareness on how to listen, intervene appropriately and signpost to appropriate services. It has positive health and safety implications.

- 12.2. Human Resources are working collaboratively with Public Health around mental health training for Council staff and supporting wellbeing resources, which has positive health and safety implications for Council staff and service users.

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

Appendix A - Suicide Prevention Action Plan 2022-23

Appendix B – Suicide Prevention services

### 14 BACKGROUND PAPERS

- 14.1. None

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<sup>i</sup> [Middle-aged men and suicide | Our policy and research | Samaritans](#)

<sup>ii</sup> [men-suicide-society-samaritans-2012.pdf](#)

<sup>iii</sup> [NCISH | Suicide by middle-aged men - NCISH \(manchester.ac.uk\)](#)

<sup>iv</sup> Gender and Suicide, Samaritans website available at [Gender and suicide | Our policy and research \(samaritans.org\)](#)

<sup>v</sup> Gender and Suicide, Samaritans website available at [Gender and suicide | Our policy and research \(samaritans.org\)](#)

<sup>vi</sup> Who is most at risk of suicide?" Office for National Statistics. 2017 [cited 15<sup>th</sup> Jan 2023]. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/whomostatriskofsuicide/2017-09-07>

<sup>vii</sup> State of Child Health Report, available at [Adolescent mortality – RCPCH – State of Child Health](#)

<sup>viii</sup> Suicide by Children and Young People, Appleby et al, (2017) available at [NCISH | Suicide by children and young people - NCISH \(manchester.ac.uk\)](#)

<sup>ix</sup> [NCISH | Suicide by children and young people in England - NCISH \(manchester.ac.uk\)](#)

<sup>x</sup> Suicides in England and Wales by local authority [Internet]. Office for National Statistics. 2022 [cited 29 September 2022]. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesbylocalauthority>

<sup>xi</sup> Suicide Prevention Profile, PHOF available at [Suicide Prevention Profile - OHID \(phe.org.uk\)](#)

<sup>xii</sup> Suicide Prevention Profile, PHOF available at [Suicide Prevention Profile - OHID \(phe.org.uk\)](#)

<sup>xiii</sup> Merton JSNA, Suicide and Self Harm in Merton (2017) available at [files \(merton.gov.uk\)](#)

<sup>xiv</sup> Mental Health of Children and Young People in England 2020, Wave One available at [Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey - NDRS \(digital.nhs.uk\)](#)

<sup>xv</sup> Coronavirus: the consequences for mental health, MIND available at [the-consequences-of-coronavirus-for-mental-health-final-report.pdf \(mind.org.uk\)](#)

<sup>xvi</sup> Preventing suicide in England: Fifth progress report of the cross government outcomes strategy to save lives available at [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/973935/fifth-suicide-prevention-strategy-progress-report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973935/fifth-suicide-prevention-strategy-progress-report.pdf)

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xvii “Who is most at risk of suicide?” Office for National Statistics. 2017 [cited 15<sup>th</sup> Jan 2023]. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/whomostatriskofsuicide/2017-09-07>

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## Suicide Prevention Action Plan 2022/23

	Themes	Objective	Actions	Lead	Timescales
1	Prevention in High-Risk Groups	Deliver a Task and Finish Group supporting schools and providers on Self Harm and Suicidal ideation amongst young people	Finalise protocol for those working with young people providing support around suicidal ideation and self harm.  Support delivery of training/project identified by T & F Group on prevention of self harm for younger people via £5000 grant funding	Senior Child and Adolescent Mental Health Service Transformation Manager (Merton)	June / July 2022/23  Jan 2023 – March 23
2		Deliver Project Hope with the objective to reduce suicide amongst Young People.	Deliver Project Hope in 2 GP practices in Merton	Transformation Manager SWL CCG	Jan 23 and ongoing
3	Good Mental health and support services for at risk groups	Suicide Awareness Training	1) Imagine Independence to provide Suicide Awareness Training Programme (5 training sessions) to those working with at risk groups.	Senior Principal Public Health	June 2022 – December 2022
4	Suicide Awareness and good mental health and wellbeing for all	Mental Health First Aid and wellbeing activities - Merton Council Staff	To provide a programme of training sessions to managers on Mental Health First Aid awareness training.  To hold awareness raising campaigns, e.g., MH awareness week and Men's Health week.	Learning and Development Advisor	Ongoing throughout 2022/23
5		Support Good MHFA with community organisations	Deliver a training programme of Mental Health First Aid Awareness to community organisations and partners.	Senior Public Health Principal	June to Dec 2022

6		Support Youth MHFA for schools and organisations working with young people	Run a MHFA 2 day training course for those working with young people.	Senior Public Health Principal	Sept 2022
7		Support the promotion of Papyrus suicide prevention training for Young People	Support promotion of SWL ICB training programme with Papyrus in Merton.	Senior Principal Public Health and Strategic Manager CSF.	April 22 to March 23
8		Improve social connection and addressing social isolation and loneliness	To provide and deliver Men's Shed's music recording sessions project.	Head of Libraries and Heritage	April 2022 - Feb 2023
9		To manage the delivery of a Merton Suicide Prevention Forum	To schedule, plan, organise and deliver a twice yearly Suicide Prevention Forum that brings together a range of partners from across the borough.	Senior Public Health Principal  Public Health Officer	Ongoing 2022/23
10		To promote awareness raising campaigns tackling Suicide Prevention and Mental Health	Using platforms such as social media and Council newsletters, raise awareness of campaigns such as World Suicide Awareness Day and Mental Health Awareness week to promote health messages to Council staff and borough residents.	Public Health Officer	Ongoing 2022/23
11	Suicide Awareness and good mental health and wellbeing for all	To identify, reach out and disseminate Z cards for key providers in the borough.	To identify and engage with key partners operating in the borough who work with individuals and groups who may be vulnerable or exposed to a higher suicide risk. To disseminate these cards to help	Public Health Officer	Dec 2022 to Jan 2023

			share information on services and support available.		
12		Support the Suicide Bereavement project across South-West London.	To help signpost and introduce key partners to the Suicide Prevention Support worker and to more broadly support the development of this programme.	Public Health: Senior Public Health Principal	Ongoing 2022/23

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## Appendix B

### Preventative services at a community level, that may reduce risk factors around suicide

1. [Primary Care and Social Prescribing](#) support people's mental and physical health and social prescribing can link people to wellbeing activities and referring patients to non medical interventions that support wellbeing and address loneliness and isolation. [info@mertonconnected.co.uk](mailto:info@mertonconnected.co.uk) 0208 685 1771
2. [Merton Uplift](#) provide a range of mental health support including CBT and other psychological treatments to address common mental health issues such as anxiety and depression. Services that can keep people well and support good mental health are an important preventative part of the overall services that support the wider community. 0203 513 5888  
[mertonupliftreferrals@swlstg.nhs.uk](mailto:mertonupliftreferrals@swlstg.nhs.uk)
3. [Good Thinking](#) is an online resource providing digital services to tackle anxiety, stress, low mood and sleep issues. [www.good-thinking.uk](http://www.good-thinking.uk)
4. [Tuned In](#) at Merton Arts Space is a weekly music project giving the opportunity for people to play music together. Led by famous musicians Jah Wobble and John Klein it allows an opportunity to meet new people and play music. The project has received funding from South-West London ICB as part of their suicide prevention activity to support Men's Sheds and address loneliness and isolation amongst middle aged men (Tuned in is open to all ages and genders). Other services such as Merton's Befriending Service run by Age UK Merton and Wimbledon Guild for older people, provide one to one support for older people. Registration needed at [Tuned in with Jah Wobble Survey](#) ([surveymonkey.co.uk](http://surveymonkey.co.uk))
5. [Be Well Hubs](#) aim to help tackle the cause of mental ill-health, promote access to mental health services and support people in the community. This will include Be Well Champions trained on mental health issues. The Hubs aim to strengthen the capacity of community organisations to support on mental health issues and improve links between the community and health services. In Merton there are Be Well hubs in all of Merton's libraries as well some faith organisations. Contact via [Contact 1 — South London Listens](#)
6. [Citizen's Advice Merton and Lambeth](#) and other community and voluntary sector partners, housing associations as well as Merton Council all support residents on welfare and benefits, debt, housing issues, food poverty and the cost of living crisis. This is relevant to suicide prevention as debt, financial insecurity, housing insecurity and unemployment are all risk factors for suicide, especially for middle aged men. Phone 0808 278 7831 or [Advice Contact Form - CAML](#)

## Services that support those at greater risk of suicide, those in crisis or focus on suicide prevention

7. South-West London and St Georges Mental Health Trust (SWLSTG MHT) provide a range of [crisis support](#) for people in mental health crisis. This includes 24-hour crisis line (0800 028 8000) which offers emotional support and advice to people who are affected by urgent mental health issues. It is open to all ages.
8. For those struggling with their mental health SWLSTG MH Trust also commission Recovery Café's in Wimbledon Chase and in Tooting. These are open 6-11pm weekdays and 12 noon to 11pm weekends and bank holidays. They provide a safe space and support including listening, companionship, therapeutic support and activities. . Sunshine Café 0208 872 8217 [info@sunshinerecoverycafe.org](mailto:info@sunshinerecoverycafe.org) / Tooting Recovery café 07794 394 920 [recoverycafe@hestia.org](mailto:recoverycafe@hestia.org)
9. There is also a 'crisis house' available to Merton patients. This is usually used as 'step down' accommodation for those leaving hospital but is also available as an alternative to hospital admission for those in mental health crisis but who don't need hospital admission. Patients can stay for up to one week.
10. [Focus 4 1](#) is a mental health user led organisation that supports Merton residents experiencing mental health problems or distress. Services include peer support, wellbeing activities, the opportunity to share experiences and a support line. [info@focus-4-1.co.uk](mailto:info@focus-4-1.co.uk) 07870 898 811.
11. [Westminster Drug Project](#) (WDP) support and treat Merton residents affected by substance misuse issues. In Merton this includes an outreach service with homeless people. People with substance misuse issues and rough sleepers are both at increased risk of suicide. [info.merton@wdp.org.uk](mailto:info.merton@wdp.org.uk)
12. [Thrive London](#) is a citywide partnership led by the Greater London Authority (GLA) to ensure all Londoners have good mental health. Suicide Prevention is one of four area of activity. Work includes campaigning as well as specific projects, such as working with ICB's and local authorities on real time surveillance.
13. There are also national resources available to Merton residents in crisis. The [Samaritans](#) offer a 24 hour phone line (116 123) [jo@samaritans.org](mailto:jo@samaritans.org) and listening and support to people in crisis as well as campaigning on suicide prevention. [Shout](#) provide a 24 hour text line (text 85258) whilst online and phone support is available through the campaign against living miserably [CALM](#) 0808 58 58 58 or webchat at [Homepage | Campaign Against Living Miserably \(CALM\)](#) ([thecalmzone.net](http://thecalmzone.net)) .

## Young People's Services

14. Designated Safeguarding Leads within schools speak to young people on issues around self-harm and suicidal ideation. They will form part of an initial response and gather information, support any immediate physical health

needs (self-harm) and discuss how the young person can and would like to be supported, this can include completion of an interim safety plan as appropriate at an early help and low risk level. They will also refer onwards to services.

15. School nurses deliver frontline support to schools and their pupils with health-related matters, including: physical, mental, and emotional. Nurses provide weekly drop-in sessions in most secondary schools, which are confidential and will support pupils with a range of health issues. Emotional problems and self-harm feature significantly in their workload.
16. [Merton CAMHS](#) service is provided by South West London and St Georges Mental Health Trust and supports young people experiencing mental health challenges. This includes working with young people on issues such as depression, post traumatic stress disorder and self-harm and suicidal ideation. CAMHS also support young people with a serious mental health condition, such as Bi-Polar disorder. The crisis support line outlined in the adults section is also available for young people out of office hours. Crisis Line 0203 228 5980

A number of teams within Merton CAMHS include

17. Single Point of Access (SPA) who discuss onward referrals and can provide advice. [MertonSPAreferrals@swlstg.nhs.uk](mailto:MertonSPAreferrals@swlstg.nhs.uk) 0800 292 2505
18. Merton NHS Education Wellbeing Services are now based in all Merton mainstream primary and secondary schools, as well as offering support to specialist schools, providing support and advice to children, young people, parents and staff. Wellbeing Practitioners are offering 1:1 Guided Self-Help Programs for Supporting Young People in Secondary Schools with common mental health challenges such as mild-moderate anxiety and low mood. This provides a high level of preventative support for children who may be at risk of deteriorating with more severe mental health challenges and/or self-harm and suicidal ideation. All Wellbeing Practitioners are also trained in supporting with safety and wellbeing plans collaboratively with young people and their families should these concerns arise. Additional workshops and groups provide support during times of acute stress such as transitional support and support during exam stress periods.
19. CAMHS 'Getting More Help' Team where a young person has been accepted and is being offered support through CAMHS.
20. There is also a SW London CAMHS Emergency Care Service (CECS) who support young people in crisis who present at local hospitals including Kingston, St Georges and St Heliers.
21. [Off the Record](#) provide a range of services that support young people. These include a [Merton Schools Wellbeing Team](#) that provide a confidential and non-judgemental space for young people to explore difficulties, 1:1 sessions and workshops for parents to help them to support their young people. Off the Record also provide free counselling to young people, text based counselling and online webinars for young people and workshops to support parents around young people and self-harm. Support line 0800 980 7475

22. [Catch 22](#) provide a 'Risk and Resilience Service' aimed at mitigating risk and promoting resilience in young people. The service aims to reduce harm to young people aged 24 and under and who are at serious risk of harm. This includes work around substance misuse, sexual health and work with young people at risk of exploitation. [msm@catch-22.org.uk](mailto:msm@catch-22.org.uk) 0203 701 8641.
23. [KOOOTH](#) offer online counselling and support information for young people who want someone to understand them or need advice for a friend. South-West London ICB have a Winter 2022 campaign with KOOOTH promoting good mental health. Join KOOOTH at [Kooth is available in many areas across the UK - Kooth](#)
24. [Papyrus](#), a youth suicide awareness and prevention charity provide online resources and 'HopelineUK' a support line (phone 0800 068 4141, text 07860 039967 or email [pat@papyrus-uk.org](mailto:pat@papyrus-uk.org) ) for young people open 9am to midnight. There is also an advice line and information for Parents – advice about having difficult conversations and supporting young people who are experiencing suicidal thoughts: 0800 068 4141. Papyrus also run a range of suicide prevention training and campaign to reduce suicide amongst young people.
25. There are a range of national digital resources such as the Stay Alive app developed by Brighton Charity, Grassroots. [StayAlive - Essential suicide prevention for everyday life](#). The app includes a safety plan, customizable reasons for living, and a life box where the young person can store photographs that are important to them.

# Healthier Communities and Older People Work Programme 2022/23



This table sets out the draft Healthier Communities and Older People Panel Work Programme for 2022/23. This Work Programme will be considered at every meeting of the Panel to enable it to respond to issues of concern and incorporate reviews or to comment upon pre-decision items ahead of their consideration by Cabinet/Council.

The work programme table shows items on a meeting-by-meeting basis, identifying the issue under review, the nature of the scrutiny (pre decision, policy development, issue specific, performance monitoring, partnership related) and the intended outcomes. The last page provides information on items on the Council's Forward Plan that relate to the portfolio of the Healthier Communities and Older People Panel so that these can be added to the work programme should the Panel wish to.

**Chair:** Councillor Agatha Akyigyina  
**Vice-chair:** Councillor Jenifer Gould

## Scrutiny Support

For further information on the work programme of the Healthier Communities and Older People please contact: -  
Stella Akintan (Scrutiny Officer)  
Tel: 020 8545 3390; Email: [stella.akintan@merton.gov.uk](mailto:stella.akintan@merton.gov.uk)

For more information about overview and scrutiny at LB Merton, please visit [www.merton.gov.uk/scrutiny](http://www.merton.gov.uk/scrutiny)

**Meeting date 6th September 2022 – deadline for reports – 19<sup>th</sup> August**

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<b>Item/Issue</b>	<b>How</b>	<b>Lead Member/ Lead Officer</b>	<b>Intended Outcomes</b>
Building Your Future Hospitals Programme.	Report to the Panel	Jacqueline Totterdell, Chief Executive Officer	To get a progress update and consider budget and timetabling issues.
Integrated Care System Governance - Update	Report to the Panel	Mark Creelman Executive Locality Director. South West London CCG Gemma Dawson,	Review the role and impact of the Integrated Care Systems on services provided in Merton
Home Care re-commissioning	Report to the Panel	Keith Burns	To ensure Merton residents receive value for money for re-commissioned services.
Rowan's Surgery	Report to the Panel	Mark Creelman Executive Locality Director, Merton and Wandsworth. South West London CCG	Review proposals for the future of the Surgery. Head of Commissioning and Marketing Development
Work Programme 2022-2023	Report to the Panel	Cllr Agatha Akyigyina, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2022-23

## Meeting Date 1 November 2022 -

<b>Item/Issue</b>	<b>How</b>	<b>Lead Member/Lead Officer</b>	<b>Intended Outcomes</b>
Winter / surge planning	Report to the Panel	Mark Creelman, Anne Brierley	To ensure sufficient services are in place to respond during this busy period.
Hospital Discharge arrangements/ process	Report to the Panel	Assistant Director Strategy and Improvement.	To review service provision and ensure continual learning and improvement is taking place.
Adult Social Care Reform Integration White paper Care Act part 2 Care Quality Commission Assurance	Report to the Panel	Keith Burns, Head of Commissioning and Market Development	An update on forthcoming legislation and its impact on policy direction
Learning Disabilities/ Day opportunities	Report to the Panel	Gillian Moore	Comment on the outcomes from the review of day services
Work Programme 2022-2023	Report to the Panel	Cllr Agatha Akyigyina, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2022-23

**Meeting date – 10 January 2023 - BUDGET**

<b>Item/Issue</b>	<b>How</b>	<b>Lead Member/ Lead Officer</b>	<b>Intended Outcomes</b>
Budget and Business Plan 2022-2025	Report to the Panel	Councillor Billy Christie, Cabinet Member for Finance and Corporate Services	Scrutinise the budget and any send comments to the Overview and Scrutiny Commission
<b>Access to Health Care</b>	Report to the Panel	Mark Creelman	Review on how residents access different healthcare services
<b>Adult Safeguarding Update</b>  Adult Safeguarding Annual Report  Safeguarding Adult Reviews  Liberty Protection Safeguards		Aileen Buckton, Independent Chair of the Safeguarding Panel	To review work undertaken over the last 12 months.
Work Programme 2022-2023	Report to the Panel	Cllr Agatha Akyigyina, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2022-23

**Meeting Date – 07 February 2023**



<b>Item/Issue</b>	<b>How</b>	<b>Lead Member/Lead Officer</b>	<b>Intended Outcomes</b>
Suicide prevention	Report to the Panel	Public Health Team	Looking at services and support available across all age groups, including children given that this was an area where not as much work has been done.
Long Covid	Report to Panel	Barry Causer, Dagmar Zeuner, Director of Public Health	Review support for those living with Long-Covid
Work Programme 2022-2023	Report to the Panel	Cllr Agatha Akyigyina, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2022-23
Responding to the Impact on Mental Health following Covid 19	Report to the Panel	Vanessa Ford, CEX South West London and St George's mental health trust.	Review mental health provision following the pandemic

**Meeting date – 14 March 2023**

<b>Item/Issue</b>	<b>How</b>	<b>Lead Member/Lead Officer</b>	<b>Intended Outcomes</b>
Immunisations and screening Schedule	Report	NHS England	Review the take up of local immunisation and screening in Merton.
Report of the Health and Wellbeing Board	Report to the Panel	Dagmar Zeuner, Director of Public Health Peter McCabe, Cabinet Member for Health and Social Care	Review of the work undertaken by the Board over the previous year.
Work Programme 2022-2023	Report to the Panel	Cllr Agatha Akyigyina, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2022-23
Annual Public Health Report 2022	Report to the Panel	Dagmar Zeuner, Director of Public Health	Members informed of key issues arising from 2022 Annual Public Health Report