

# Merton Council

## Health and Wellbeing Board

**Date:** 24 January 2023

**Time:** 6.15 pm

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

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

1	Apologies for absence	
2	Declarations of pecuniary interest	
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## **Health and Wellbeing Board Membership**

### **Merton Councillors**

- Peter McCabe (Chair)
- Brenda Fraser
- Jenifer Gould

### **Council Officers (non-voting)**

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

### **Statutory representatives**

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

### **Non statutory representatives**

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

### **Quorum**

Four members in attendance including one from each constituent groups for decisions can be taken:

- Council Members
- Council Officers
- Clinical Commissioning Group
- Voluntary Sector

# Agenda Item 3

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

## HEALTH AND WELLBEING BOARD

29 NOVEMBER 2022

(6.15 pm - 7.52 pm)

PRESENT Councillors Councillor Peter McCabe (in the Chair),  
Councillor Brenda Fraser, Councillor Jenifer Gould,  
Dr Dagmar Zeuner, Creelman, Brian Dillon, Ganesaratnam and  
Jarvie

Barry Causer (Public Health Commissioning Manager) and  
Clarissa Larsen

### 1 WELCOME AND INTRODUCTION OF NEW ICS MEMBERS (Agenda Item 1)

The Chair welcomed participants to the meeting and introduced the new members of the Committee: Dr Sy Ganesaratnam (Vice Chair), Dr Laura Jarvie and Dr Karen Worthington.

### 2 APOLOGIES FOR ABSENCE (Agenda Item 2)

Apologies were received from Sarah Goad and Jane McSherry (Elizabeth Fitzpatrick attended as substitute).

### 3 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 3)

There were no declarations of interest.

### 4 MINUTES OF THE PREVIOUS MEETING (Agenda Item 4)

RESOLVED: That the minutes of the meeting held on 20 September 2022 were agreed as a correct record.

### 5 ACTIVELY MERTON/BOROUGH OF SPORT (Agenda Item 5)

The Head of Strategic Commissioning introduced the paper, which had been circulated to members. He drew members' attention to the Health in all Policies paper presented in June, which introduced the ambition to put health, equity and sustainability at the centre of the Health and Wellbeing Board's policy making. Actively Merton is the first exemplar of this work.

The aim is to increase activity and connectedness among residents, presenting a strong alignment with the Borough of Sport priority. Actively Merton has a particular focus on 4 to 16 year olds and those over 60s, as those who can benefit most from a more active lifestyle.

In response to questions, the Head of Strategic Commissioning confirmed that while the Borough of Sport focused on sport, Actively Merton has a wider scope and that

the two programmes complement each other. It is a priority of the council to increase physical activity including sport, which requires a strong partnership effort.

Members stressed the importance of considering any costs to participate in activities, especially given the financial pressures on families of the cost of living crisis, and to ensure that facilities and programmes are accessible to all.

RESOLVED:

- That the HWBB discussed and agreed the approach to increasing physical and social activity in a way that residents want it, through the Actively Merton programme, the first Health in All Policies exemplar
- That the HWBB noted the synergies between Actively Merton and the council's corporate priority for Merton to be a Borough of Sport and HWBB members agreed to support and increase as awareness for both programmes.
- That HWBB member organisations committed to providing input on the component parts of actively Merton during initiation and on-going support to the programme.

## 6 HEALTH ON THE HIGH STREET (Agenda Item 6)

The Health on the High Street Project Manager introduced the report. The Project Manager highlighted the purpose of the project, developed following the success of vaccinations for COVID in shopping centres, to explore whether other services could be delivered in new ways. Health on the High Street is now a key project in delivery of Merton's Local Health and Care Plan (slides from the presentation are attached to the minutes).

The Project Manager outlined the progress made through a range of activities being delivered as part of to the programme. He referenced several voluntary sector partners that he has linked with across the borough and members suggested additional opportunities to connect including to help avoid any duplication of effort where existing projects are in place. Progress to date and the evaluation framework that is planned were welcomed.

RESOLVED: That the Board noted and commented on the report.

## 7 NHS & SOCIAL CARE: SOCIAL CARE REFORM (Agenda Item 7a)

The Head of Commissioning and Market Development introduced the report which had been circulated to members. He gave an update on the latest developments in social care reform and the recent autumn statement that has put back much of the planned reforms for a further two years. No similar advice has been given on the planned CQC assessments and preparations that are going ahead for this were outlined. Members commented they will be interested to see the ICB (Integrated Care Board) framework alongside adult social care and agreed the need to plan together with learning from SEND.

In response to questions, it was confirmed that the first two years are baselining periods to gain an understanding of each local authority's strengths and weaknesses, although it was not yet clear what that would mean in terms of inspection activity, it was expected that reasonable notice of inspections would be provided.

RESOLVED:

- That the Board noted the upcoming social care reforms now scheduled to take effect in 2025 and the work that has been undertaken to prepare for the implementation of the reforms.
- That the Board noted that the implementation timetable for charging reform changed following the Government's Autumn Statement on the 17th of November 2022, with implementation being moved from October 2023 to October 2025. The Care Quality Commission Assurance arrangements were still scheduled to come into effect in April 2023.

8 NHS & SOCIAL CARE: ICP INNOVATION INVESTMENT FUND AN INEQUALITIES INVESTMENT FUND (Agenda Item 7b)

The Executive Place Lead, Merton and Wandsworth with the Deputy Director, Merton Health and Care Together presented (slides from the presentation are attached to the minutes).

The Innovation Fund has been significantly oversubscribed with bids and it was suggested that there may be an opportunity to look at future funds, or other ways, of supporting some of these. Members recognised that a great deal of work has taken place in a short period of time. Both funds are likely to be repeated next year and the need for early planning involving the voluntary sector was agreed.

It was agreed that it would both help manage expectation and support planning if it was known what funds are available to each borough for the Innovation Investment Fund (as is currently the case for the Inequalities Investment Fund) and the Executive Place Lead confirmed that he had made this request.

RESOLVED:

That the Board noted the report.

9 NHS & SOCIAL CARE: MAYOR OF LONDON'S SIX TESTS (Agenda Item 7c)

The Deputy Director, Merton Health and Care Together. presented the update to the Mayor of London's 'six tests' and the greater emphasis and depth now placed on health inequalities, together with specific changes to the hospital bed test (slides from the presentation are attached to the minutes).

The position of the council was made clear, in that it is united in its opposition to taking services away from St Helier.

RESOLVED:

That the Board noted the report.

10 YOUNG INSPECTOR INVITATION TO HWBB (Agenda Item 8)

The Director of Public Health introduced the report, noting that the proposal to invite a Young Inspector to the Board had come from their presentation to the September meeting of this Board. As the appointment would be non-voting and a pilot for six months, it would not require changes to the Terms of Reference for the Board.

RESOLVED:

That the Board agreed that a nominated Young Inspector be appointed to attend the Health and Wellbeing Board at the invitation of the Chair for an initial period of six months.



## **Committee: Health and Wellbeing Board**

**Date: 24<sup>th</sup> January 2023**

Agenda item:

Wards:

### **Subject:**

Lead officer: Jane McSherry, Director of Children, Lifelong Learning and Families

Lead officer: Graham Terry, Interim Assistant Director Adult Social Care.

Lead member: Cllr Brenda Fraser, Cabinet Member Children's Services

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

Forward Plan reference number:

Contact officer for Children's: Maisie Davies, Head of Service, Performance, Improvement and Partnerships

Contact Officer for Adults: Janet Miller, Merton Safeguarding Board Business Manager, Adult Social Care, Community & Housing

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### **Recommendations:**

- A To consider and note the Merton Safeguarding Adults Board (MSAB) and the Merton Safeguarding Children Partnership (MSCP) Annual Report for the period 2021-2022.
- B This year it has been agreed that the MSCP and MSAB Safeguarding Annual Reports will be presented at the same HWB meeting in order for the members to give consideration to the interface and joint work of MCSP and MSAB. Areas of learning, such as the local child safeguarding practice reviews (LCSPRs), Safeguarding Adult Reviews (SAR's), Think Family, Transitional Safeguarding and Domestic Abuse are highlighted for specific focus.

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

1.1. To provide information and account of the Safeguarding Children Partnership and the Safeguarding Adults Board's activity for the year period in line with its Business Plans and set objectives for that year prior to the report's publication.

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## **2 BACKGROUND**

2.1. The Children's Social Work Act 2017 and Working Together to Safeguard Children 2018 requires each Local Authority area to establish arrangements for safeguarding and promoting the welfare of children. The Merton Safeguarding Children

Partnership fulfils this role for the London Borough of Merton. More detail on our local arrangements can be found in our [Partnership Agreement](#)<sup>1</sup>.

2.2. Annually, the MSCP are required to produce and publish a report on actions taken by statutory partners and relevant agencies for the local authority area to safeguard children and promote their welfare and outline how effective those arrangements have been in practice. The 2021-22 annual report has been shared widely across the local partnership and is published on the MSCP website<sup>2</sup>.

2.3. The MSAB has three core duties to:

1. Develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute
2. Publish an annual report detailing how effective their work has been
3. Commission safeguarding adults reviews (SARs) for any cases, which meet the criteria for these

The Care Act 2014 states that the Safeguarding Adults Board Annual Report must be sent to:

- the Chief Executive and Leader of the local authority which established the SAB
- any local policing body that is required to sit on the Safeguarding Adults Board
- the local Healthwatch organisation
- the Chair of the local Health and Wellbeing Board. As soon as is feasible after the end of each financial year, a SAB must publish a report on:
  - what it has done during that year to achieve its objective,
  - what it has done during that year to implement its strategy,
  - what each member has done during that year to implement the strategy,
  - the findings of the reviews arranged by it under section 44 (safeguarding adults reviews) which have concluded in that year (whether or not they began in that year),
  - the reviews arranged by it under that section which are ongoing at the end of that year (whether or not they began in that year),
  - what it has done during that year to implement the findings of reviews arranged by it under that section, and

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<sup>1</sup> <https://www.mertonscp.org.uk/documents/partnership-agreement-december-2021/>

<sup>2</sup> <https://www.mertonscp.org.uk/documents/mscp-annual-report-2020-21/>

- where it decides during that year not to implement a finding of a review arranged by it under that section, the reasons for its decision.

### **3 DETAILS (MCSP AND MSAB 3.5- 3.7)**

3.1. The Merton Safeguarding Children Partnership (MSCP) report covers the period April 22 to the end of March 22. Whilst there remained continued pressures on safeguarding systems as a result of the pandemic, safeguarding partners in Merton have worked together to continuously improve our safeguarding systems and strengthen the voice of the child in our Partnership. During the reporting period, the partnership welcomed on board our Young Scrutineer, who works in partnership with our Independent Scrutineer. We appointed an interim Independent Person, Aileen Buckton, who also chairs Merton Adults Safeguarding Board (MSAB). We also welcomed Justin Roper, Director of Quality, who represents South West London ICB (previously CCG), and Andrew Wadey, Detective Superintendent, who represents the Police, on the MSCP Executive Board.

3.2. During 2021/22 work was progressed against our three thematic priorities; Early Help and Neglect, Domestic Abuse and Think Family, and Contextual Safeguarding. The appended report provides further details about work in these areas and the difference this has made to safeguarding practice locally. The MSCP also further developed our training and audit programmes, including the completion of a Section 11 safeguarding audit.

3.3. During the business year 2021-22, the partnership oversaw the publication of three local child safeguarding practice reviews (LCSPRs (Jason, Baby Grace and Ananthi). During the business year, the MSCP also published our partnership review on Eddie and undertook a local learning review on Sudden Unexpected Death in Infancy (SUDI). There were no further notifications to the Department for Education (DfE) of significant incidents during 21/22. The MSCP annual reports sets out some of the steps the partnership has taken to respond to these reviews and how learning has been embedded across the Partnership.

3.4. Members of the Health and Wellbeing Board may be particularly interested in exploring the learning from the MSCP's local child safeguarding practice reviews, partnership reviews, and audits, which are all available on the MSCP's website. 7 minute briefings are available to be widely disseminated among all professionals working to safeguard children and young people in Merton.

3.5. The Merton Safeguarding Adults Board (MSAB) report covers the period April 21 to the end of March 22 and reflects on the work of the board as we recover from the Pandemic. Our role has been to continue to ensure the systems, policies and procedures in Merton continue to be effective in keeping adults at risk safe. We also welcomed new members Justin Roper, Director of Quality, who represents South West London ICB (previously CCG), and Andrew Wadey, Detective Superintendent, who represents the Police on the Board. The MSAB continues to focus its work on its

Strategic Priorities 2021-2024 as well as the statutory duties that include, publication of an annual report; focused work based on a strategic plan; and the commissioning and completion of Safeguarding Adults reviews (SARs).

3.6. The MSAB received and considered three new SAR Notifications during 21-22, which resulted in two new SARs commencing. Included in the two was one referral that had been reconsidered and recommissioned, and another where the decision to carry out a SAR had been reviewed and did not meet the Criteria. However, it was agreed at the SAR Subgroup that a Practitioners Event would be arranged to consider learning. The Practitioner Event was facilitated by Mike Ward from Alcohol Change UK. In total four cases were considered and or monitored by the Sub-Group throughout the reporting period (SARs). [Published SAR's include RD Colin and SK](#). In line with the Boards strategic priorities, action plans developed in response to findings from the reviews is clearly set out in the report.

3.7. As mentioned in the MSCP details, members may be particularly interested in the learning from SAR's and the themes in relation to Domestic Abuse and young carers support. We continue to develop tangible plans for improving our 'Think Family' approach and are working closely with our Children's colleagues to embed systems and processes to enable this to happen. This is a priority for the Board and has been woven through our Business Plans for 2021-2024 as well as the annual subgroup work plans. [Think Family and Transitional Safeguarding were key themes for our Joint Safeguarding Conference in March 2022](#).

3.8. In summary stronger strategic and working relationships have been forged with the Children's and Adults Services to support partnership working going forward. This includes the establishment of an annual Joint Safeguarding Conference, representation at Board and Partnership meetings and its subgroups. We continue to learn from reviews and seek out opportunities to improve safeguarding for children and adults in Merton.

#### **4 ALTERNATIVE OPTIONS**

N/A

#### **5 CONSULTATION UNDERTAKEN OR PROPOSED**

5.1. The MSCP annual report has had input from all statutory partners as well as local agencies and the MSCP sub-group chairs. It received formal sign off from the MSCP Exec partners and the MSCP Full Partnership in October 2022. The MSCP's Independent Scrutineer and Young Scrutineer have had the opportunity to review and comment.

5.2. Individual partner agencies of the MSAB have submitted their accounts, which have informed the collective report. (Individual agency reports can be accessed via the Annual Report). The report has been accepted /signed off by members of the

Safeguarding Adults Board and presented to the Healthier Communities and Older People Overview and Scrutiny Panel.

**6 TIMETABLE**

N/A

**7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

7.1. None.

**8 LEGAL AND STATUTORY IMPLICATIONS**

8.1. As outlined in the report.

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

9.1. As outlined in the report.

**10 CRIME AND DISORDER IMPLICATIONS**

10.1. As outlined in the report.

**11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

11.1. As outlined in the report and the MSCP's Business Plan 21-23, available on the MSCP website. Also outlined in the MSAB Business Plan Strategic Priorities 22-24 which are available in the report and on the MSAB website.

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

Appendix 1 – Merton Safeguarding Children Partnership Annual Report 2021-22.

Appendix 2 – Merton Safeguarding Adults Board Annual Report 2021-22.

**13 BACKGROUND PAPERS**



**MERTON SAFEGUARDING CHILDREN PARTNERSHIP**

**Annual Report 2021-2022**

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## Foreword

This report covers the work of the Merton Safeguarding Children Partnership (MSCP) during the period April 2021 to March 2022, a year which saw continued pressures on safeguarding systems as a result of the Covid-19 pandemic. In this year, the tragic deaths of Arthur Labinjo-Hughes and Star Hobson shed a light nationally on the continued challenges in safeguarding children. The upsetting case of Child Q also highlighted the serious consequences for children and families when agencies do not take a safeguarding first approach or engage in robust, professional challenge.

During 2021-22 there were some significant changes locally for the MSCP. We were delighted to welcome on board our Young Scrutineer, Halima Mehmood, who has enabled us to start to scrutinise in depth how well we meet our ambitions to put children and young people's voices at the heart of what we do. Halima has worked closely with our Independent Scrutineer, Sarah Lawrence during the year to provide holistic and child-focused scrutiny on some key topics. The appointment of our interim Independent Person during 21-22 (Aileen Buckton), who also chairs the Adults Safeguarding Board, has helped us forge stronger connections with our Adults counterparts and progress our work around supporting a 'Think Family' approach and ensuring effective transition.

With the appointment of a new permanent team to support the Partnership from April 2021, the MSCP has been able to deliver significant progress against the priorities set out in the MSCP Business Plan. New data sets and dashboards were developed to help the Partnership monitor the impact of its work with families, supported by a multi-agency data lead.

The Partnership's Executive Board saw some changes with NHS representation, with Julie Hesketh Director of Quality, SWLCCG being replaced by Gloria Rowland, Chief Nurse, SWL CCG who is

represented by Justin Roper, Director of Quality. In addition the responsibilities of the SWL CCG transferred to SWL ICB (Integrated Care Board) on its establishment in July 2022. The ICB has responsibility for the development of the Integrated Care System (ICS), which will support improvements in health and wellbeing across SWL. Owain Richards, Superintendent, was also replaced on the Board by Detective Superintendent Andrew Wadey in July 2021.

In what has been another challenging year, safeguarding partners in Merton have worked together to continuously improve our safeguarding systems and strengthen the voice of the child in our Partnership. We welcomed the recognition from Ofsted in their inspection of the Local Authority's Children's Services that in Merton *'strong and respectful safeguarding partnerships act to protect children from harm'* and that locally excellent services are *'making a positive difference to enrich the daily lived experiences of children, while making them safer'*<sup>1</sup>. The inspection found that Children's Services in Merton are Outstanding.

We are proud of the work of all our partners who work tirelessly with families to keep them safe and promote their welfare and wellbeing. We also remain highly ambitious for our children and families and hope the year ahead will bring further opportunities to improve how children and families experience our services.

### **Justin Roper**

Director of Quality, SWL ICB on behalf of Gloria Rowland

### **Andrew Wadey**

Head of Safeguarding, Public Protection, Southwest BCU

### **Jane McSherry**

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

## **Introduction**

The Children's Social Work Act 2017 and Working Together to Safeguard Children 2018 requires each Local Authority area to establish arrangements for safeguarding and promoting the welfare of children. The Merton Safeguarding Children Partnership fulfills this role for the London Borough of Merton. More detail on our local arrangements can be found in our [Partnership Agreement](#).

Every 12 months the safeguarding partners must prepare and publish a report on what the safeguarding partners and relevant agencies for the local authority area have done as a result of the local safeguarding arrangements and outline how effective those arrangements have been in practice.

This report provides an overview of the impact of the MSCP's work on the safety and wellbeing of Merton's children and families, as well as an update against the Partnership's key priority areas outlined in the [partnership's business plan](#). These priorities are:

- Strong Leadership and Strong Partnership
- Early Help and Neglect
- Domestic Abuse and Think Family
- Contextual Safeguarding

Under the first priority area, the report will also include how the Partnership learns from scrutiny, audits and learning reviews (local child safeguarding practice reviews) to embed a culture of continuous improvement in our local safeguarding arrangements.

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<sup>1</sup> [50182669 \(ofsted.gov.uk\)](https://www.ofsted.gov.uk/inspections/50182669)

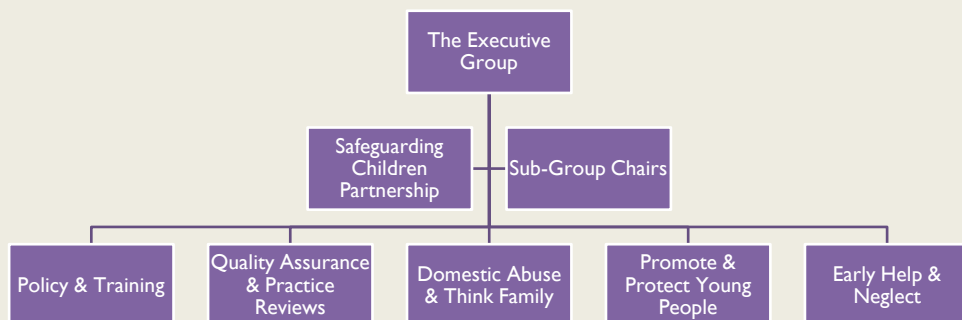


## Strong Leadership and Strong Partnership

### Governance and Oversight

In May 2019, the MSCP formally adopted changes ushered in by the Social Work Act 2017. These are outlined in the [MSCP's Partnership Agreement](#), which we refreshed in December 2021 following consultation with partners. Changes include an additional Full Partnership meeting, holding them termly to have more regular engagement with our wider partners (especially schools). Executive meetings would include the three statutory partners as core members and be held monthly to enable more agile decision making.

Business is prioritised and organised in the Biannual [Business Plan](#) and functions delivered through Sub-Groups which meet quarterly. Agency engagement with sub-group meetings has been strong overall, and strong multi-agency engagement in the delivery of statutory and non-statutory processes demonstrate continued commitment from partners. Sub-group chairs also meet monthly to ensure that the work of sub-groups is coordinated and effective and support with leading strategic updates to the Executive.



The Partnership also has three independent posts to support with our core duty to promote the welfare of children and monitor the strength of partnership working.

- An Independent Person, to act as chair
- An Independent Scrutineer, and
- A Young Scrutineer

Following the departure of the MSCP's Independent Person during 20-21, an interim Independent Person, Aileen Buckton was recruited. Aileen also chairs the Merton Safeguarding Adults Board and has provided challenge to our Partnership when chairing the Executive and the Full Partnership. She has also facilitated closer, more joined up working with the Merton Safeguarding Adults Board. This has enabled the MSCP to work more closely with the Merton Safeguarding Adults Board, for example in delivering a joint conference on Think Family and Transition. It has also supported closer working together in preparation for new requirements around the Mental Capacity Act and Deprivation of Liberty Safeguards.

Sarah Lawrence has been our Independent Scrutineer since February 2020, and during this year the MSCP prioritised appointing to the Young Scrutineer post. The MSCP was delighted to see this post filled by Halima Mehmood, a young Merton resident, who also worked as a Young Inspector for the London Borough of Merton.

### Scrutiny Activity

The MSCP's Independent Scrutineer and Young Scrutineer work to a jointly owned workplan and report regularly to the Executive. The workplan uses best practice models for Independent Scrutiny including the 'Six Steps to Independent Scrutiny'.

At the MSCP's Full Partnership meeting in February 2022, our Young Scrutineer, Halima, presented the findings of the [Merton Young Residents Survey](#), a survey of over 2,000 children and young people living and learning in Merton, with particular reference to

'Staying Safe'. She highlighted how young people still turn to informal support from family and friends in favour of professional support, and that many young people do not think they have a say in decision making.

*"Young people want to feel safe locally, with a better relationship with the police"*

*"If there were more people to help... young people when getting sexually harassed because when it does happen it makes young people feel uncomfortable, scared, and panicked"*

In follow-up to this session, Halima attended all of the MSCP's sub-groups to look at how we can better engage children and young people in the day-to-day work of the MSCP. It is hoped that we start to feel the impact of this work in 2022-23 as the Partnership's workplans are reviewed to reflect our Young Scrutineer's feedback.

During 21-22, the Scrutineers also undertook a thematic review on sexual harassment in schools, following concerns raised by the Everyone's Invited testimonials and the subsequent Ofsted report, which recommended safeguarding partnerships improve their working with schools and colleges. The review included interviews with headteachers and designated safeguarding leads in a variety of education settings, as well as wider partners (Children, Schools and Families, Community Safety and the Police). Importantly, they also spoke to young people living and learning in Merton to understand their lived experience of sexual harassment and how they experience the Partnership's response to the issue.

*"School makes our feelings feel valid, e.g., they say 'banter' is not an excuse."*

*"We have to trust the people before we'd tell them or report SH. If we have a bad experience before it puts us off telling them something so personal."*

Recommendations from the scrutiny work have been incorporated into the Partnership's ongoing workplans. Some examples of these are (this is not an exhaustive list):

- Refreshing Harmful Sexual Behaviour Policy with schools and college representatives, including special schools
- Develop and promote innovative ways that children can report sexual harassment and abuse
- Supporting all schools, including primary and early years, on this topic, and to share good practice

Other scrutiny activity undertaken by the scrutineers on behalf of the Partnership during 21-22, include:

- Scrutiny of the 20-21 MSCP Annual Report
- Scrutiny of the Section 11 audit submissions
- Engaging the Full Partnership and sub-groups on the voice of the child
- Feedback and challenge around nationally important issues such as Arthur Labinjo-Hughes, Star Hobson and Child Q

### **Reflections from Independent Scrutineer & Young Scrutineer**

*"We have worked together, with children, practitioners and with the MSCP during this year to assess how well the partners work together to protect children. We have carried out scrutiny work as this report describes which has enabled us to assess the level of success and impact that MSCP has had in doing this."*

*We have been very privileged to be able to speak directly to children in the Borough gaining their views about safeguarding and what they would like to see happen to support them to stay safe. We are also grateful to the practitioners and system leaders that have contributed to our work."*

Our reflections fed by our work this year are, on the whole, very positive and while we have identified learning and improvements that can be made in some key areas, we feel confident that the MSCP is a mature and developed safeguarding partnership that can continue to respond to ever present challenges that face children and families at this time. We feel the feedback given by Ofsted reflects the strength of the MSCP accurately. They said:

*“Partnership working is strong, both at strategic and operational levels...a culture of professional accountability, respectful challenge and mutual support [exists] across the partnership. Consequently, almost every child in Merton has access to good or outstanding support”.*

*The need for safeguarding services that respond to the needs of children and families is ever evolving and demand is growing. Learning from Merton and national safeguarding practice reviews of tragic cases this year have highlighted this starkly. It is evident to us that the high level of trust and cooperation between safeguarding partners in the borough will enable services to adapt in response.*

*Nevertheless, stubborn challenges on some key safeguarding topics remain for the partnership, some of which were reflected in feedback to MSCP from our scrutiny work. We feel confident that MSCP is able to act on such issues and has prioritised them in future planning for multi agency work. For example, children have clearly vocalised ways that partners can improve the level of trust they have in reporting abuse and harassment and we will continue to monitor and evaluate responses to these concerns through our scrutiny work in the coming year, while supporting MSCP with its priorities.*

**Sarah Lawrence**  
**Independent Scrutineer MSCP**

**Halima Mehmood**  
**Young Scrutineer MSCP**

## Learning Reviews and Audit

### Learning Reviews

During 21/22, the partnership oversaw the publication of three local child safeguarding practice reviews (*Jason, Baby Grace, and Ananthi*). We also published our partnership review on Eddie and undertook a local learning review on Sudden Unexpected Death in Infancy (SUDI), following the death of two babies in SUDI circumstances. There were no serious incident notifications during 2021/22. All our [learning review full reports](#) and [7 minute learning briefings](#) can be found on our website at the relevant webpages.

#### Child F / ‘Jason’ – LCSPR

The events surrounding ‘Jason’ led the MSCP to commission a Local Child Safeguarding Practice Review (LCSPR). Jason had been missing for the first two weeks of April 2019, during which time he was involved in selling drugs (county lines) in a large town many miles from his home. On his return he presented as traumatised and disclosed that he had been assaulted and threatened that he would lose his life by those organising the drug-selling. He was highly anxious about his safety. The day after, Jason was taken to hospital after being stabbed in his leg and back.

The final report and a 7-minute learning briefing were published in June 2021 and lunch and learn events held to share findings with the MSCP.

#### Baby Grace – LCSPR

Grace died in 2017, aged four weeks. Post-mortem forensic evidence showed that she had been shaken on three separate occasions and had 27 fractures. In November 2020, both her parents were found not guilty of murder, but both were convicted of causing, or allowing the death of a child. After the parents were charged with murder in Spring 2019 the MSCP agreed to commission a review to

learn lessons and to ascertain if any changes to local systems were required as a result.

The final report and a 7-minute learning briefing were published in August 2021 and lunch and learn event held to share findings with the MSCP.

#### **Child H / 'Ananthi' – LCSPR**

On 30 June 2020, emergency services were called to an address where a woman and 5-year-old child were found with serious injuries, stab wounds. They were both admitted to hospital. The child was in cardiac arrest when found and was pronounced dead at the scene, but the woman underwent surgery for her injuries. Ananthi was described by her father as *'a lovely child. She was very confident at cycling, and you were going to remove the stabilisers on her bike. She was good at school and liked learning spellings and doing well in spelling tests.'*

The final report and a 7-minute learning briefing were published in November 2021 and lunch and learn event held to share findings with the MSCP.

#### **Child E / 'Eddie' – Partnership Review**

In May 2019, a child, referred to in this review as 'Eddie', took an overdose of 9 Ibuprofen following an argument with a friend on the phone and following negative comments from his father. Following a Critical Incident Notification from the Youth Offending Team, this was escalated to the MSCP Quality Assurance Sub-Group and then to Statutory Partners to consider whether the incident met the criteria for a Local Child Safeguarding Practice Review under Working Together 2018. At an Extraordinary Meeting of the MSCP in June 2019, it was agreed that the case did not meet the criteria for a LCSPR but did warrant further investigation through a Partnership Review.

The final report and a 7-minute learning briefing were published in November 2021 and lunch and learn events (jointly with the Jason review) were held to share learning with the MSCP.

#### **SUDI Review**

The MSCP received a recommendation from a Joint Agency Response (JAR) meeting to undertake a Partnership Review on two cases of Sudden Unexpected Death in Infancy (SUDI). Although neither of the SUDI cases met the criteria for a Serious Incident Notification, the JAR identified that there could be learning for multi-agency partners. The review took the form of two learning events, chaired by an independent lead reviewer using an appreciative inquiry approach.

The review found good practice of agencies providing information to families around risk factors for SUDI, including safe sleeping, addressing smoking and drinking alcohol, and monitoring birth weights. Following learning from Baby Grace, it was also positive to find that routine enquiries had been made for both babies. There was good information sharing and evidence of timely decision making.

The review identified some areas for improvement, which included strengthening the relationship between Children, Schools and Families and Merton Housing Services to ensure early, proactive support for families at risk of experiencing homelessness or overcrowding. The review also identified learning around how Early help services, midwifery, health visiting and the Children and Families Hub work together, the importance of undertaking agency checks and use of professional curiosity by agencies. Several recommendations were made and will be implemented by the MSCP.

The report was published in February 2022 and lunch and learn was held to share the findings of the report with the MSCP in March

2022, along with a Safer Sleep event to raise awareness in coordination with the Lullaby Trust.

## What we did in response to the reviews

### Sharing Learning

The MSCP took a range of actions in response to the reviews outlined above. In addition to final reports for each review, the chair and lead author for each review helped develop learning materials for dissemination across the partnership, which are published alongside the full reports on the [MSCP website](#). We also launched 'Lunch and Learn' events to share the learning from our reviews and audits. These provided an opportunity for report writers and practitioners to explore the themes and recommendations from the reviews and embed the learning into their future work and practice. The MSCP also worked with agencies to embed learning from reviews into multi-agency and single agency training and events such as delivering presentations at the Early Help Summit and Children's Schools and Families Practice Week.

The MSCP's Section 11 audit 2021/22 identified that disseminating and embedding learning from reviews was a particular strength for the Partnership, demonstrating the impact of this work.

### Informing our Strategy and Practice

Learning from the practice reviews has directly impacted on the strategic work of the MSCP and its training programme.

- During 21-22, the MSCP continued to implement its contextual safeguarding strategy and action plan, as highlighted in the below contextual safeguarding section to respond to issues raised in the Jason and Eddie reviews.
- The practice reviews highlighted the importance of addressing trauma, and recommendations around

trauma-informed approaches were made in both the Eddie and Jason reports. As a result, the CCG (now Integrated Care System ICB) funded CAMHS to deliver trauma-informed training to the MSCP to help embed trauma-informed approaches. Partners are also delivering trauma-informed practice across Merton. Asked what difference delegates thought the training would make to their work with children, young people and families, comments included:

- *“Reinforce the importance in foster carers to be trauma informed; to better serve the needs of our children in care.”*
- *“I would feel confident with supporting families/teachers with the approach to managing trauma.”*
- *“Allows greater knowledge of how trauma has affected the person and its impact on younger sibling members.”*
- To respond to concerns around disproportionality, the multi-agency Youth Crime Prevention Executive Board has focused on disproportionality as a priority, particularly in relation to young people open to the Youth Justice Service. Given learning around use of stop and search in Jason's story, a local stop and search pilot in Merton has been in place to identify where further interventions can be made to support young people who are stopped and searched. 66 young people were referred for further interventions to a range of partners offering support as a result.
- Following the 'stop and search' pilot and the national learning from Child Q, the BCU has adopted a policy whereby all children who are stopped and searched

receive a Merlin<sup>2</sup> which will then be followed up through appropriate pathways, e.g., MASH checks and Liaison and Diversion Panel. A Stop and Search workshop was also held to support better relationships between young people and the police, and to support better awareness raising of young people's rights. One young person said as a result of the workshop:

*'I feel like I will definitely complain in the future now if the police treat me badly, I think I would have more understanding now.'*

- In response to Baby Grace, the MSCP has commissioned the ICON programme to ensure it can be embedded systemically across the Partnership. Further work on implementation will continue into 2022-23. Health partners have shared learning from the Baby Grace report widely, for example, at the GP leads safeguarding forum in March 2021 and delivering targeted training on issues arising from the review, for example, having difficult conversations and routine enquiry.
- The MSCP has commissioned Inner Strength Network (ISN) to speak to the Full Partnership about difficult conversations in the context of Baby Grace. ISN will also be delivering training sessions on this area during 2022-23. Although our Non-Accidental Injury (NAI) audit found good evidence of routine enquiry, our audit on the lived experience of Domestic Abuse undertaken in November 2021 found there is still some further work to do on these themes.

- With 'Think Family' being a feature of several of our learning reviews in children and adults practice (including the MSCP Ananthi and Eddie reviews), the Partnership focused on 'Think Family' as a priority at the Joint Conference with the Adults Board. The Domestic Abuse and Think Family sub-group will be following up further actions in 22-23. The MSCP are also planning some follow up scrutiny work on family networks to support with this further in 22-23.
- Several areas of learning from the local child safeguarding practice reviews were followed up with reassurances in our Section 11 audit for 21-22.

### Learning from national reviews

During 2021-22 there was also considerable learning for safeguarding partnerships nationally, with the publication of the [Child Protection in England report](#) following the tragic deaths of Arthur Labinjo-Hughes and Star Hobson.

The Merton Safeguarding Children Partnership undertook reassurance with partners to ensure that the learning from these reviews were embedded. Responses were sought from across the Partnership and reported to the Executive. Several areas of improvement were already underway. For example, the MSCP are in the process of reviewing the local bruising policy to ensure it is up to date and includes risks to older children. Bruising was considered as a topic at the Full Partnership in February 2022, and some additional training and awareness raising sessions are being developed for 2022-23.

<sup>2</sup> The Merlin system was created as a vehicle for police officers to deal with vulnerability. This allowed the recording and sharing of concerns with partners in order to effectively safeguard members of the public. An MPS employee records

their findings in a Merlin which is then processed according to the type of report written.

In March 2022, the sad case of Child Q in Hackney reminded us of the ongoing concerns around the adultification of Black children and the importance of professional challenge across partnerships. The MSCP published our statement on Child Q to help reassure professionals, children and families. As a Partnership we reviewed partners' processes and practice with reports to the Executive and the Full Partnership. Given the importance of this topic and the feedback locally that adultification of Black children can be less well understood among professionals especially outside of safeguarding roles, the MSCP has commissioned training from Listen Up to be delivered during 2022-23. We have also asked our Scrutineers to undertake thematic scrutiny on this topic during 2022-23.

### **Child Death Overview Panel (Summary of Caseload 2021-22)**

The Merton Safeguarding Children Partnership works alongside the Child Death Overview Panel, which reviews all child deaths in Merton. A full report of activity of the Child Death Overview Panel can be found in the CDOP annual report.

A national consultation concluded that for CDOPs to be effective, reviews need to cover a sufficiently wide geographical area to produce meaningful data on the cause and demographics of child deaths. South West London (SWL) Child Death Review partners implemented this guidance and started regional operations in September 2019. The amalgamation of panels provides a larger cohort of information to enable better detection of themes, analysis of trends and learning to prevent future child deaths in line with national trends. Therefore the data provided is on a SWL level.

In 2021-22 there were 64 new notifications of child deaths for SWL, which is a reduction of 16 deaths from last year's 80 notifications of child deaths (2020-21). Nationally there were 3,068 notifications of child deaths for 2020-21 which is 361 fewer deaths than the previous year. One identified trend was a marked reduction over the winter months, which may have been due to social distancing and other

public health measures put in place in response to the Covid-19 pandemic. This trend is also reflected in SWL.

In terms of the management of the CDOP process, as of 1 April 2022, there were 64 open cases, with 81 Child death reviews in 2021-22 being completed and closed. This is similar to the previous year of 78 completed child death reviews being closed and 61 open cases. Each case is kept open until all investigations are complete and then the case is reviewed by the CDOP Panel for closure. This means that some cases may remain open for an extended period of time until coroners inquests, serious incidents etc. have been completed.

### **Learning from audit**

During 21-22, the MSCP launched a new audit programme to further embed its commitment to continuous improvement, and to ensure it meets expectations set out in [Working Together 2018](#) to learn from multi-agency audits.

### **Section 11**

The MSCP undertook a Section 11 audit during 21-22 (one of the recommendations/requirements of Working Together) to help organisations in Merton undertake their own quality assurance processes to safeguard and promote the welfare of children. 16 organisations submitted an online audit tool response and attended a peer review session with our Scrutineer and Young Scrutineer.

The Section 11 found that there were significant strengths in Merton with regards to safeguarding children and young people. This included clearly stated organisational safeguarding responsibilities, clear accountability frameworks, awareness of

information sharing procedures, and Safer Recruitment practice and LADO<sup>3</sup> processes.

The audit found less confidence from partners in embedding a culture of listening to children and taking into account their wishes and feelings. There were also other areas where agencies felt there could be further development, including: assurance in addressing issues of Equality and Diversity; practitioners' confidence in engaging with professional healthy challenge; and analysing and reporting the impact of training on practice and outcomes for children and young people.

During the Section 11 process, several multi-agency and single agency actions were identified, and these will be followed up in a further peer review meeting with the scrutineers in 22-23. More information can be found in our [Section 11 learning summary](#).

### Multi-agency audits

During 2021-22, the MSCP also developed a modest audit programme, with a rotating chair to share ownership across partners, and overseen by the QA sub-group. All audit briefings are [published on our website](#) to support dissemination of learning.

The first pilot audit was held in August 2021 on Non-Accidental Injury<sup>4</sup> and followed on from learning from the Baby Grace review and our Scrutineer's thematic scrutiny on NAI earlier in the year.

- The pilot audit concluded that agencies had
- acted promptly to safeguard children
  - worked collaboratively with the family
  - provided an enhanced offer of support

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<sup>3</sup> Local Authority Designated Officer (LADO) – for more information see the MSCP website: [Managing allegations against adults who work with children \(LADO\) - Merton Safeguarding Children Partnership \(mertonscp.org.uk\)](#)

- and that there was appropriate use of routine enquiry.

However, the audit identified some possible areas for improvement, including the need for senior managers to be available in the Out of Hours (OOH) service, which was followed up with this service.

The second audit on Domestic Abuse and the lived experience of young people was held in November 2021. The audit found several areas of good practice, including agencies acting promptly to make referrals, resulting in timely interventions to protect children. It also identified strong communication and information sharing between agencies, including with neighbouring boroughs. There was also evidence of additional needs being proactively identified and acted upon.

Learning for the Partnership included reviewing how robust interventions are in addressing domestic abuse and to ensure there is proactive engagement with parents. The audit also identified that there is more we can do as a Partnership to ensure the voice of the child is recorded. The recommendations from the audit are being overseen by the QA sub-group, and relevant actions have been added to the workplan for the Domestic Abuse and Think Family sub-group.

Due to the Children's ILACS inspection in March 2022, the third audit on contextual safeguarding has been rescheduled to July 2022.

<sup>4</sup> Non-Accidental Injury is **a term that is used to describe a number of different physical injuries or abuse to a child**. The term describes any injury that is said to have been inflicted. This means that it cannot simply be an injury that occurred unintentionally or unexpectedly.



## Learning and Development

### Training Programme 2021/22

The MSCP training programme continued to be overseen by the Policy and Training sub-group. Following a disruptive year in 2019-20, which impacted the delivery of training in that year.

With ongoing uncertainty around Covid advice to stay at home, the MSCP continued to deliver the majority of its training programme for 2021 virtually. The MSCP was able to deliver more events and attendance at events was considerably higher than the previous year. Feedback from partners indicated that the option to access training remotely enabled more partners to participate in the training.

The training programme is mostly delivered in house, by a range of partners across the MSCP. Courses and training themes are derived from sub-group work plans and recommendations (via Policy & Training Sub-Group), as well as from learning from case reviews. The training programme for 21/22 included training modules on our three thematic priorities, as well as a range of core safeguarding training. It included new courses to respond to emerging concerns, for example Understanding Eating Disorders course and targeted safeguarding training for local Madrassahs.

During 21/22, the MSCP also introduced 'Lunch and Learns' to share bitesize learning from emerging themes from our learning reviews, which have been successful in engaging higher numbers of delegates from a wider range of partners.

In 2021, the MSCP also delivered an [Early Help Summit](#) to formally launch the new Early Help Strategy and Effective Support Model, alongside the Effective Support for Families training (highlighted below in Early Help and Neglect).

The MSCP also delivered a joint conference with the Merton Safeguarding Adults Board on the themes of 'Think Family' and 'Transitional Safeguarding'. These themes were jointly agreed by representatives from the MSCP Policy and Training sub-group and the MSAB Learning and Development sub-group.

In addition, during 21-22, the MSCP also oversaw delivery of the Reducing Parental conflict e-learning training and are working with the provider to identify impact. This work will be further developed under the Domestic Abuse and Think Family sub-group during 22-23, with further training courses on reducing parental conflict to be delivered via a train-the-trainer approach.

### Impact of our Training Programme

During the 2021/22 period, the MSCP offered 51 occurrences of 34 separate events. We offered a total of 1,399 training places; we had 1,032 bookings and 760 attended, an attendance rate of 74%. This brings the MSCP back in line with pre-pandemic training delivery (in 2019-20 there had been 77 occurrences, attended by 601 people).

The services with the highest number of attendees at MSCP training events during 2021/22 were London Borough of Merton Children Schools and Families (Education and Children's Social Services), Central London Community Healthcare Trust (CLCH), the Voluntary and Community and Faith group sector (VCS) and Education (schools, colleges and nurseries). The Policy and Training sub-group monitors attendance at training by agencies regularly and follows up with agencies where take up is lower.

### Evaluation

The Policy and Training sub-group continues to use its Training Evaluation and Impact Analysis Framework, as endorsed by the London Safeguarding Board as good practice. Improving the rate of return for evaluation forms was a priority during 21-22. To date, 56

evaluation forms were returned via the Learning Management System. To help improve the return rate, completion of the evaluation form is now a mandatory requirement for receiving certification but work to encourage completion of evaluations will continue into 22-23. The MSCP ensures continuous improvement by providing summaries of evaluation feedback to trainers, so it can inform the development of the training programme.

Feedback from participants indicated that courses met their needs and participation was encouraged. Of the 56 evaluations returned through the Learning Management System, 98% of participants stated that trainers were well informed and encouraged participation. 95% agreed or strongly agreed that the training course met its aims and 87% agreed or strongly agreed that the course gave them a better understanding of the subject. The majority of participants strongly agreed that the course would help inform future practice. Below are some extracts from comments received.

*"I work within sexual health and everything I learnt can be applied to my day-to-day role". (Key Principles in Responding to Young People's lived experiences of Sexual Violence)*

*"I know of services Merton has to offer. I feel I can recommend and refer to services now. I feel more comfortable if I need to speak to a victim. (Domestic Violence and Abuse)*

*"Greater knowledge and understanding of contextual factors that children and young people experience in their lives" (Contextual Harm)*

*I highly recommend this course because it equips you with the knowledge on how to deal with certain situations. These situation are nerve wrecking at the start but you gain confidence once you learn the process and realise there is support. (LADO)*

The joint conference with the multi-agency safeguarding children partnership and adults board was attended by over 100 people. It provided an opportunity to share practice between children and adults' practitioners, particularly on Think Family and transitional safeguarding. Some of the feedback from delegates about how it would support their practice are as follows:

*"By thinking about how MDT models around families really help and how the teenage brain develops in neurotypical as well as atypical young people. Another excellent course, thank you." (Integrated Safeguarding: Working Together to Safeguard Adults and Children)*

*"Having a greater awareness of how my organisation can work with partners to enable effective adult safeguarding." (Integrated Safeguarding: Working Together to Safeguard Adults and Children)*

*"I have a better understanding of The Think Family Model and how to work with young people acknowledging their brain development and the impact it has on their decision making." – (Integrated Safeguarding: Working Together to Safeguard Adults and Children)*

The themes, content and scope of the MSCP training programme, and the sub-group workplans, is developed with a close association to the multi-agency data and its analysis. It is also informed from multi-agency practice from audits and learning reviews. From the 2021-22 year, each of the sub-groups conduct performance monitoring as standing items on their agenda in a move to ensure that trends and themes identified are better developed, understood and responded to. Where training gaps are identified the Business Support Unit will work with the Policy and Training sub-group towards finding suitable training.

### **Improving Dissemination of Learning**

During 21-22, the MSCP also reviewed and developed ways in which we can share learning with the wider Partnership. This included a review of the MSCP website to ensure content for professionals is up to date, accurate and reflects best practice. The MSCP also launched a new bi-monthly news bulletin to help share local, regional and national safeguarding news and best practice with partners. Partners have fed back that they find this helpful and use it to keep up to date with the MSCP's training offer and to understand learning from learning reviews and audits.

## Early Help and Neglect

One of the MSCP's priorities for 2021-22 was Early Help and Neglect. A dedicated sub-group, comprising a range of partnership agencies progressed actions to improve our early help offer and response to neglect.

### What have we achieved this year?

We launched our [Early Help Strategy](#) and [Effective Support for Families](#) Model guidance and documents in 20-21 and focused on embedding the approach with partners during 21-22. Our Early Help strategy was informed by stakeholder engagement and feedback from children, families and practitioners.

The new integrated 'Children and Families Hub' went live October 2021, integrating the way in which the Council responds to children and family needs at targeted Early Help and statutory levels. To support the new arrangements the MSCP held an Early Help Summit in November 2021, chaired by our Independent Person. It was attended by over 70 delegates from across our partnership and provided partners, stakeholders and practitioners an opportunity to reflect on the strategy and early help priorities and how to embed these in practice.

We also used evidence and information from local and national data to develop our vision. As part of our Early Help strategy, we are focusing on three priority outcome areas:

1. Fewer children and families require support from specialist services (and reduction in number of children in need).
2. More babies/children meet the expected stage of development for their age

3. More children/young people attend school regularly and fewer are excluded

During 21-22, we developed our early help performance dashboard to ensure we are able to monitor our progress against our three priority outcome areas and the impact on children and families. Our Early Help Performance Dashboard reports to every Early Help and Neglect Sub-group, using [predictive 'turning the curve' modelling](#).

Multi-agency partners also reviewed the [MSCP's Neglect Strategy and toolkit](#), which supports partners to identify and recognize neglect of children and young people. It included engagement with practitioners specifically on adolescent neglect, as this is recognized as a less well understood area. The Partnership launched the new Neglect Strategy and Toolkit at the February 2022 Full Partnership. The Neglect Toolkit aims to support practitioners in the early identification and assessment of neglect and in recognizing the impact of the cumulative harm caused by neglectful experiences on children and young people.

### What difference have we made?

With our focus on embedding our "Effective Support for Families in Merton" model and guidance we delivered a comprehensive training programme during 2021-22. We delivered 9 sessions to the Partnership, with over 100 attendees from a wide range of partners. Feedback from this training has been positive and encouraging, with the majority of attendees saying that the training was either very or extremely relevant to their role (80%) and would recommend the training to their colleagues (93%).

Participants told us how it had made a difference to their work with children and families:

*“It has helped me think more deeply about the trauma and patterns families have and how this can impact the young people we work with”*

*“My team are now more aware of what support for families is in the borough.”*

*“A family is now being given the right support due to myself and the school understanding the procedures and who to refer to”*

*“Having the training has helped me to empower families to access the extra support they may need.”*

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In February and March 2022, Merton's Children's Services were inspected by Ofsted under the Inspecting Local Authority Children's Services (ILACS) framework. The findings evidenced the impact of the MSCP's early help strategy and effective support model.

*“Children and their families benefit from responsive well-coordinated universal and targeted early help services, helping to reduce harm. A recently updated coherent multi-agency strategy underpins the delivery of these services. This supports a system-wide relationship-based professional practice approach that is aligned to the social work model. Skilled and specifically trained early help practitioners use a variety of tools to build relationships with children and help them to express their wishes and concerns.”*

### **What will we do next?**

Priorities for the Early Help and Neglect sub-group in 22-23 will be:

- To continue to embed and promote the Effective Support for Families Model. We will also review the impact of the Early Help strategy and Neglect Toolkit, and refresh the strategy and guidance as required.
- Develop our multi-agency early help approach further, using resource secured through grant funding, e.g. Supporting Families, Reducing Parental Conflict and Family Hubs.
- Continue to develop our Data Maturity work through the Insights to Intervention Project
- Develop further our work with partners to improve school attendance as part of our Early Help key priorities
- Embed the ICON programme across Merton's safeguarding system
- Strengthen our governance arrangements and alignment with key strategic work across our Partnership

## Domestic Abuse & Think Family

### What have we achieved this year?

The MSCP's Domestic Abuse and Think Family sub-group has oversight of work on domestic abuse from across the Partnership. This has included regular reporting from representatives from the Multi-Agency Risk Assessment Conference (MARAC) and Violence Against Women and Girls (VAWG) Boards. The group has also overseen and driven forward actions from the MSCP's ['Baby Grace' LCSPR](#), which featured learning for the Partnership on identifying and addressing risk of domestic abuse and promotion of Clare's Law.

April 2021 saw the [Domestic Abuse Act 2021](#) receive Royal Assent, which brings in some significant changes. The Act provides a statutory definition of domestic abuse for the first time and explicitly recognises children as victims of domestic abuse. The MSCP has worked with Safer Merton, who are leading a dedicated group overseeing the implementation of the Act locally with a dedicated Domestic Abuse Act Officer and working with Housing colleagues on progressing the Housing Duty.

Merton's multi-agency MARAC panel coordinates the partnership's response to the most complex/high risk domestic abuse cases using a range of statutory and non-statutory agencies.

The sub-group have developed a dedicated multi-agency performance dashboard to help monitor outcomes in this area, including regularly reviewing MARAC data.

### What difference have we made?

In 2021/22 the MARAC considered 636 high risk and complex cases involving domestic abuse, 639 children were identified as part of these discussions.

There has been a continued increase in the number of cases discussed at MARAC since 2020 to date, an increase of 35% since 2019-2020. The rise in repeat cases being seen by MARAC across the three reporting years has also continued and we believe this was due to COVID lockdowns and DA increasing during this period. The number of children identified as in the household for 2021-22 is also the highest when compared to 2018-19 and 2019-20.

**Figure 1: An overview of MARAC cases 2019/20 – 2021/22**

Year	Number of Cases Discussed	Number of Repeat cases	% repeat cases	Number of children in the household
2019-20	410	162	39%	376
2020-21	576	234	41%	557
2021-22	636	301	47%	639

Multi-agency partners continue to deliver a strong response to domestic violence over the period, initiatives have included:

### **Independent Domestic Violence Advocates [IDVA's]**

The work of Merton's IDVAs continued throughout 2021-22. Having introduced a case worker within the Multi-Agency Safeguarding Hub (MASH - now Children and Families Hub) the three IDVAs and Complex Needs IDVA in the community have seen an increase in case referrals. This arrangement remains under review and reports regularly to the Domestic Abuse and Think Family sub-group.

The IDVAs role includes sourcing safe/emergency accommodation, referrals to Safeguarding and/or MARAC, accompanying service users to court, information provision around criminal justice system, signposting for legal advice including clients with no recourse to public funds, and emotional support. It is

recognised that the IDVA role plays a pivotal role in supporting and managing domestic violence issues.

As a result of the pandemic, the One Stop Shop confidential weekly drop-in service for people experiencing domestic abuse was forced to close due to social distancing rules. However, it did manage to operate on a virtual basis during the pandemic and has reopened in November 2021.

The IDVA service received 769 referrals between April 2021 and March 2022 (compared to 691 the previous year), of which 283 were high risk. 93 of the total referrals came from Social Care services. In addition:

- Intensive support to 5 clients by the MASH DV caseworker during April 2021 to March 2022, representing 6 or more significant contacts, e.g., appointments, joint appointments, telephone-based RIC and ISSP completion.
- Medium support the MASH DV caseworker provided 63 clients with 2-5 significant contacts
- Single contact and advice provision was provided to 7 clients by the MASH DV caseworker
- 3 clients were uncontactable and 1 client declined support

### **Domestic Abuse Disclosure Scheme – Clare’s Law**

The overall aim of Clare’s Law is to help people to make a more informed decision on whether to continue a relationship and provide help and support when making that choice; or have recently separated. Learning from Merton’s Baby Grace Review suggested that Merton would benefit from increased promotion of Clare’s Law locally. As a result, the MSCP has worked with other partners to deliver awareness raising activity, promoting the law in our newsbulletin as well as raising awareness of local training coordinated by the Police.

280 professionals attended the Police-led training and, since the training, 43 Clare’s Law requests have been made in Merton.

### **Operation Encompass**

Has been implemented successfully at many schools in Merton and informs school settings of incidents of domestic abuse involving children on roll in order that Designated Safeguarding Leads and key staff are aware of this context when supporting and working with their children.

### **Training**

Over the course of 2021-22, the MSCP Training programme also delivered two Domestic Violence and Abuse virtual training courses, attended by 14 participants. This is slightly lower than the previous year. However, the MSCP plans to return to quarterly delivery of training in 22-23, which should see numbers increase again. For those who attended the training sessions, the feedback was very positive, with all delegates saying they would recommend the course to a colleague.

*“I know of the services Merton has to offer. I feel I can recommend and refer to services now. I feel more comfortable if I need to speak to a victim.”*

The Domestic Abuse and Think Family sub-group also supported the planning of a Joint Conference with the Merton Safeguarding Adults Board. One of its themes was ‘Think Family’. The first half of the conference focused on family safeguarding and the importance of adopting a ‘Think Family’ approach to safeguarding. The MSCP heard from Sue Williams from Hertfordshire County Council, and Programme Director for The Centre for Family Safeguarding Practice, on the family safeguarding model. It also provided an opportunity to consider the Think Family themes that have arisen from local reviews such as Eddie, Ananthi and Basita (Domestic Homicide Review, DHR).

There has been some highly positive feedback and partners have told us they would welcome further resources to work with their staff on developing think family approaches. As such, the Domestic Abuse and Think Family sub-group are developing further training resources that can be shared across the Partnership.

Ofsted's inspection of Merton's Children's Services highlighted the positive impact 'Think Family' work is having for Merton's families. Following the findings from our learning reviews, we acknowledge that there is still further work to be done locally, and we will continue to progress with our plans during 2022-2023:

*"Assessments using Merton's strengths-based social work model help identify the impact of parental mental illness, domestic abuse, substance misuse and the neglect of children.*

*Thoughtful and sensitive work with children during the assessment is supporting them to cope with and navigate entrenched parental difficulties. Trauma-informed therapeutic practice that assists professional thinking and approaches through systemic reflection and evaluation is augmented effectively by good-quality management direction and specialist consultants.*

*Exceptional examples were seen of social workers sensitively using bespoke direct work tools to evaluate the impact of parental vulnerabilities, while keeping a clear focus on children's need to remain safe. Social workers act to routinely involve fathers in assessments and plans. Care is taken to understand parental and family histories, cultural heritage and each child's unique and diverse needs."*

### **What will we do next?**

In 2022-23, the Domestic Abuse and Think Family sub-group will be further developing and embedding our work around 'Think Family'; working with Safer Merton in the preparation for and

implementation of the Domestic Abuse Act locally; and taking forward actions from our recent domestic abuse audit.



## Contextual Safeguarding

### What have we achieved this year?

The Promote and Protect Young People (PPYP) sub-group has led on the Partnership's work to support a coordinated, embedded approach to contextual safeguarding. In addition to operational innovations, the partnership oversaw the development and monitoring of a multi-agency Contextual Safeguarding Strategy and Action Plan. This has led to several positive developments locally including:

- Clarifying referral pathways for adolescents via promotion of Merton's thresholds and referral routes through a comprehensive training programme (Effective Support Model).
- Delivery of regular training on contextual harm to safeguarding partners through 2021-22.
- Continuing to develop and promote our work on online safety, through regular training and refresh of our policy and resources.
- Identifying and training four contextual harm champions
- Developing and establishing the new Multi-Agency Child Exploitation (MACE) panel to replace MARVE, as outlined in the [Pan-London Child Exploitation Operating Protocol \(2021\)](#). The MACE Panel went live in November 2021 and helps to ensure swift identification of children at risk using screening tools. It is also supporting leaders locally to understand trends in the borough, which are regularly reported to the PPYP for oversight. Ofsted recognised that these multi-agency meetings were *'used constructively to share information'* and that *'management decisions are clear about next steps'*.

- Contextual Safeguarding working group for Designated Safeguarding Leads in schools and rolling out St. Giles Trust workers in schools to support relationship building and confidence.
- Delivery of child sexual exploitation day event with over 50 attendees, who heard directly from a Merton Young Resident about her lived experience of CSE.
- Development and publication of a refreshed [parents pack](#), in conjunction with other Southwest London boroughs to support parents whose children have experienced exploitation.

Multi-agency panels to support children and young people at risk of contextual harm (MACE, pre-MACE and Missing Panel) have retained strong multi-agency membership, engagement, partnership and attendance. The focus continues to consider the needs of young people, not just the criminal and protection elements. As a partnership, we identified patterns and peer networks through mapping and intelligence sharing, which underpins joint interventions.

As a partnership, we consider the young person's journey and support networks, which informs our wrap around plans and support for families. For high-risk young people, we explored emerging themes, locations and trends. Further development is taking place to strengthen the voice of young people, how this might reflect their concerns compared to professionals, demonstrate where they lead contextual harm plans.

During 2021-22, the PPYP worked with Performance colleagues to develop a comprehensive performance dashboard, which regularly reports to the sub-group. This helps the PPYP understand the contextual risks to children and young people in Merton, including child sexual exploitation and child criminal exploitation, children missing education and also missing (from home or placement) among others. The improvements in multi-agency data collection and

performance reporting have also supported our multi-agency panels such as MACE.

While there have been lower numbers of referrals/young people discussed at MACE, it is expected that the Pre-MACE and MACE panel arrangements will enable the most high-risk young people to be presented. The highest category theme for MACE referrals continues to be child criminal exploitation. Referrals for child sexual exploitation have recently decreased, which may not be due to risk decreasing but issues of understanding and identification of CSE. As a result, training and consultation sessions have increased to address this.

Merton's Children Social Care service continues to develop its contextual safeguarding approach, having previously been successful in its bid to the [London Scale Up project](#). An approach which develops safety planning has been developed and is in consultation with partners, which will be a priority into 2022/23. New assessments and tools are continuing to be embedded and this is supported by MSCP delivered training on contextual harm.

Following the abduction and murder of Sarah Everard and the establishment of the 'Everyone's invited' online platform for testimonies of sexual harassment, abuse and misogyny in schools, the MSCP continued to proactively respond to safeguarding concerns regarding sexual violence and harassment.

In June 2021, Alison Jerrard, Headteacher at Ricards Lodge High School, spoke to multi-agency partners at the Full Partnership about the challenges faced by schools. The MSCP's Scrutineer and Young Scrutineer undertook thematic scrutiny activity on sexual harassment in schools during 2021, which identified strong practice in schools in Merton, and identified some recommendations for improving practice. The findings are due to be finalised and fed back to the MSCP in 2022-23 and the partnership will then take forward any recommendations.

### **What difference have we made?**

The new multi-agency MACE has enabled partners to better understand practice and risk for young people. We have identified:

- Emerging evidence of good information sharing across boroughs and between partners. Evidence that professionals can confidently tell the child's story, identify exploitation and risk and strengthen interventions with families.
- Consistent lead professional attendance at pre-MACE and improved communication with partners via contextual harm newsletters and better systems for updating screening tools.
- For a small number of young people open to Pre-MACE for extended periods, this reflects changing patterns of risk and the need for more time for these young people to build relationships and embed plans.
- The need for some reviews of strategic boards to reduce duplication, which will take place in 22-23.
- Case studies showing significant positive change – for example, one young person who was at significant risk of exploitation and involvement with Police. Following a strong partnership approach, and integrated, wraparound support for the young person, he was stepped down following positive outcomes.

Merton Safeguarding Children Partnership were pleased to see the work of Children's Social Care, alongside its partners, recognised by Ofsted in their inspection of Children's Services:

*“Work with vulnerable adolescents and those at risk of exploitation is helping to keep them safer. Emerging risks to*

young people are identified early using screening tools. Effective multi-agency arrangements ensure that there is swift identification of children at risk. Evidence of individualised skilful direct work is helping children understand risks posed to them, helping them develop strategies to exit harmful situations. Established professional partnerships and good management support strengthen the response to risk across communities and are helping practitioners engage young people in danger of extra-familial sexual and criminal exploitation. While contextual risks remain very real for young people, there is evidence of professionals persistently making an impact with their work.”

### **What will we do next?**

The Partnership will continue to develop and embed its approach to contextual safeguarding in 22-23, with a refreshed strategy focusing on making improvements in the following areas:

- Our practice
- Our data and systems
- Our partnership and risk management forums
- Our quality assurance

## Looked After Children and Care Leavers

When a child comes into care, the council becomes their 'Corporate Parent', the term means the collective responsibility for providing the best possible care and safeguarding for the children in our care.

Children in Merton are less likely to be in care when compared to other boroughs. In 2020/21, 30 out of every 10,000 children in Merton are in care, compared to 47 in London and 67 Nationally.

Merton continues to buck the trend in increases of the number of children entering care nationally. The children-in-care population in Merton has been declining over the last four years. The number of unaccompanied asylum-seeking children in our care, has also declined, but at a lower rate to Merton residents.

Provisional data shows more boys are in care than girls (55.7% 44.3%). We also know that proportionally more Merton children enter care at a later age when compared to London and national averages. Provisional data for 2021/22 also shows Black/Mixed children are over-represented in our care population. On 31<sup>st</sup> March 2022, the percentage of black/mixed-race is 43%; this compares to one in ten under-18s in Merton's general population. By contrast, only 6% of our children in our care are from an Asian background. This compares to just under 20% of Merton's under-18 population.

There are many reasons why a child may become looked after, in Merton for 2021/22, the main reasons for entering care are abuse or neglect. This has remained static for the last 6 years. Absent parenting is the second biggest reason why a child became looked after in 2021/22.

For care leavers, provisional data shows, as at 31st March 2022, 96% of our care experienced young people between the ages of 19 and 21 were 'in touch' with the Local Authority; this compares with 91% nationally as of 31st March 2021. The percentage of young people in suitable accommodation increased substantially from 66% in 2015 to

89% in 2021, faring better than London and national comparators. Provisional calculations show performance remains in line with last year.

74% of our care experienced young people, according to provisional reports, were in education, employment or training during 2021/22. This is an increase from 61% at the end of last year.

[Merton's Corporate Parenting Strategy 2019-22](#) offers an overview of strategic multi-agency priorities.

In their recent inspection of Merton's services for children in need of help and protection, Ofsted said of children in care and care leavers:

"Children in care and young people leaving care in Merton receive outstanding care and support. Teams of highly committed, ambitious and determined professionals work extremely well together to help children to remain safe and achieve in life."

## Annex 1: MSCP Budget and Spend 2021/22

### MSCP Budget 2021-22 – Contributions by agency

London Borough of Merton	84,750
Merton CCG	55,000
Metropolitan Police	5,000
<b>Total</b>	<b>144,750</b>

### MSCP Spend 2021-22

	<b>Spend</b>	<b>Budget</b>	<b>Variance</b>
Staffing:			
<input type="checkbox"/> Salaries	89,882.57	88,970	912.57
<input type="checkbox"/> Independent Posts	17,420.31	20,000	-2,579.69
Training	6,445	13,710	-7,265
Earning Reviews	3,889.28	3,890	-0.72
Supplies and Services (Office costs)	15,173.18	18,180	-3,006.82
<b>Total</b>	<b>132,810.34</b>	<b>144,750</b>	<b>-11,939.66</b>



Merton  
Safeguarding  
Adults Board

# Annual Report 2021/22



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**Work continues with raising awareness of safeguarding adults in the community and working with our partners.**  
**The MSAB are in the process of developing an initiative to recruit and work with ‘Community Safeguarding Adults Champions’ in the coming year.**

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## **Message from Interim Chair**

This report covers the work of the Merton Safeguarding Adults Board (MSAB) during the period April 21 to the end of March 22 and reflects on the work of the board as we recover from the Pandemic and look forward to brighter days. Our role has been to continue to ensure the systems, policies and procedures in Merton continue to be effective in keeping adults at risk safe.

The MSAB continues to focus its work on our Strategic Priorities 2021-2024 as well as the statutory duties that include, publication of an annual report; focused work based on a strategic plan; and the commissioning and completion of Safeguarding Adults reviews (SARs).

With our priorities in mind, partners have continued to build strong partnerships and develop new and innovative ways of connecting with people using services, residents of Merton and each other. They are committed to hearing the voices of people with lived experience as well as learning from feedback to improve on practice going forward.

This annual report includes details of SARs that have been completed during 2021-2022 and has demonstrated via the case study, how we are following through on learning from previously completed SARs.

One area of learning has been around how we better support people experiencing difficulties with alcohol and substance misuse. As well as working closely with Public Health colleagues and partners, workshops have been facilitated by Mike Ward from Alcohol Change UK to ensure the Blue Light Approach is embedded in the way

we support people with these difficulties. The Blue Light approach means that, while we may not always be able to make someone change completely, we can help reduce harm and manage the risk they pose to themselves and others.

Work continues with raising awareness of safeguarding adults in the community and working with our partners. The MSAB are in the process of developing an initiative to recruit and work with ‘Community Safeguarding Adults Champions’ in the coming year. As well as awareness raising, this will provide links to our residents, the voluntary sector and faith communities around the safeguarding adults agenda.

I once again thank all our partners as well as those who manage and support the work of the MSAB for their contributions and commitment to keeping people safe in Merton.



**John Morgan**  
**Interim Director of Community and Housing**  
**(Interim MSAB Chair)**





## Safeguarding Adults in Merton

**The Merton Safeguarding Adults Board (MSAB) work together as a partnership to prevent abuse and neglect.**

When someone has experienced abuse or neglect, we are committed to responding in a way that supports their choices and promotes their well-being. This is known as Making Safeguarding Personal.

### **What we do and how we do it**

The role of the MSAB is to assure itself that local safeguarding arrangements are in place to help and protect adults in Merton.

Our main objective is to assure itself that local safeguarding arrangements and partner organisations act to help and protect people aged 18 and over in the area who:

- have needs for care and support are experiencing, or at risk of, abuse or neglect (as a result of their care and support needs) are unable to protect themselves from either the risk of, or experience of, abuse or neglect regardless if the local authority are funding care or not

### **Core Duties**

We develop a strategic plan and publish an annual report of the work of the board. We also commission Safeguarding Adults Reviews (SAR) for any cases that meet the SAR criteria. Further on in the report there is an update on the position in terms of SAR's.

# Our Strategic Priorities 2021-2024

## Priority 1: Prevention and Early Detection

**Our aim:** Adults from all communities will feel supported to keep safe. Partners, service users and residents will recognise risk and be confident in their response.

## Priority 2: Building and strengthening connections

**Our aim:** Partners, service users and residents from all communities are engaged and working together to ensure an inclusive safeguarding framework.

## Priority 3: Making Safeguarding Personal

**Our aim:** People will feel listened to and have real choice and control in shaping their safeguarding journey.

## Priority 4: Quality Assurance & Embedding Learning

**Our aims:** To establish a Quality Assurance & Performance Framework to provide assurance that the Board and its partner agencies have effective systems, structures, processes and practice in place.

To learn from reviews, for example SAR's, Domestic Homicide Reviews (DHR's) and Learning Disability Mortality Reviews (LeDeR) and ensure mechanisms are in place to measure effectiveness.

## We Said, We Would

- MSAB partners would complete the annual Safeguarding Adults Partnership Audit and attend a Challenge Event to measure the effectiveness of safeguarding activity and establish what's working well and where improvements are needed.
- Review the Safeguarding Adults Review (SAR) Protocol and or processes around SAR's to ensure the recommendations from the National SAR Analysis Review April 17-March 2019 are embedded.
- Oversee the implementation of the Liberty Protection Safeguards, now due to be implemented in April 2023. The Liberty Protection Safeguards were introduced in the Mental Capacity (Amendment) Act 2019 and will replace the Deprivation of Liberty Safeguards (DoLS) system.
- Continue to work with partners to develop a comprehensive MSAB data set using the National Data Framework Tool. This will assist with assessing the impact of our work as well as identifying the need for improvements. We want to know that what we do is making a difference.
- Agree and sign off the Learning & Development Strategy and Training Competency Framework and continue to look at ways of providing level 1 Safeguarding Adult's Training to our voluntary sector, service users and residents.
- Develop a programme of work to engage people with lived experience and to include their voices in the work of the Board as well as Safeguarding Adult Review Action Planning.

The Liberty Protection Safeguards will deliver improved outcomes for people who are or who need to be deprived of their liberty. They have been designed to put the rights and wishes of those people at the centre of all decision-making on deprivation of liberty.

## What We've Done So Far

- In May 2021 we held our annual Challenge Event'. We were able to agree a very ambitious Strategic Plan for 2021-2024 and the MSAB annual priorities for 2021-2022. There was recognition of the continued work undertaken in keeping people safe during the pandemic as well the recovery plan required going forward. Also highlighted was the need to harness and embrace some of our new ways of working brought about by the pandemic as well as reverting back to the responses that worked well before the outbreak.
- The Safeguarding Adults Review (SAR) Protocol was reviewed to ensure the recommendations from the National SAR Analysis Review April 17-March 2019 were embedded. Michael Preston-Shoot, the author of the review, presented the findings to the MSAB in December 2021 and an action plan for continuous learning from SAR's was produced. The refreshed SAR Quality Markers are due to be launched in April 2022 and will be added to the Protocol as an appendix. The SAR Quality Markers are a tool to support people involved in commissioning, undertaking and quality-assuring SARs to know what good looks like.
- In 2020/2021 the MSAB commissioned a Task and Finish Group to oversee the implementation of the Liberty Protection Safeguards (LPS) that will replace the Deprivation of Liberty Safeguards (DoLS). This is being led by the London Borough of Merton and the Clinical Commissioning Group (CCG). The group have met regularly and completed a scoping exercise to determine resources and to ensure systems are in place for a smooth transition.
- A Learning & Development Strategy and Training Competency Framework has now been signed off by the Board. We are also pleased to confirm that a safeguarding adult's E-learning package has been agreed and in 2022/23 will be added to the MSAB Website. It will provide Level 1 Safeguarding Adult's training for our voluntary sector partners, volunteers, and the wider partnership.
- The Communication Strategy for the Board has been developed. The focus has been on the COVID 19 recovery as well as strengthening links with service users, carers and the local community. We have begun developing mechanisms to enable this to happen. Links with Black, Asian and Minority Ethnic people as well as the seldom heard have begun. Our Voluntary Sector lead and Board partners are providing a bridge to those communities. Work is progressing well.



## Our Priorities – Feedback from Partners

**Safer Merton** is a key member of Merton Safeguarding Adults Board. They ensure a coordinated partnership approach in response to Violence Against Women and Girls (VAWG). In 2021/2022, they have developed a DASH (Domestic Abuse, Stalking and Harassment and Honour Based Violence) training focused on early risk identification, intervention and prevention delivered to Housing officers.

This year they have facilitated Bite Size training including, Domestic Abuse Awareness: Supporting those at risk of Domestic Abuse, which focused on the use of the DASH risk assessment referral form and was delivered by the Safer Merton Domestic Abuse & VAWG Lead. They also promoted the SafeLives Dash risk checklist for the identification of high-risk cases of domestic abuse, stalking and 'honour'-based violence.

A Multi -Agency Risk Assessment Conference (MARAC) Learning Day was facilitated, to bring together a wide range of MARAC partner agencies to build and strengthen the connections across the partnership. It allowed partners to reflect on practice, including prevention and early detection, seeking to continuously improve how the partnership recognise and respond to risk of domestic abuse.

**South West London and St Georges MH Trust** provides representation at the MSAB and continues to support the work of the Board and its subgroups.

Mental Health Teams review Merlin's received at their Multi-Disciplinary Team (MDT) meeting for multidisciplinary consideration of the issue and action as appropriate –this is ongoing. Going forward, further action in this area will be evidence of consistent contribution to the decision making. (Merlin is the police database that generates 'Adult Come to Notice' information).

Safeguarding incidents are reported within the Trust assurance process including at Executive level and local regular Safeguarding Meetings ensure staff remain focused on Safeguarding considerations. Staff are also encouraged to attend Safeguarding Adult Managers (SAM) and Enquiry Officer meetings with Adult Social Care colleagues.

The Trust has established and has embedded robust interventions around Domestic Abuse, which necessitates partnership working and actions to support families and adults at risk.

Below is an example of advice given by the Trust, Domestic Abuse Lead, regarding a case brought to her attention. It evidences there is routine consideration of partnership working and using national and local frameworks which support the reduction of domestic abuse.

*"On reading the below detail can I clarify if this family are known to children's services and how old the children are now? (They may be adults).*

*Really glad to see her being referred to IDVA services and they will complete a DASH risk assessment – do you know if they have made contact yet? If there is a delay it would be best practice for you to complete the DASH as this lady may need a MARAC referral – could you explore any threats to kill made towards her or any harm to pets or use of weapons."*

In response to learning from Safeguarding Adults Reviews (SAR's) the Trust is establishing robust responses to the complexities of Substance Alcohol misuse in the context of serious mental illness. This is evidenced in staff meeting notes and information disseminated across the Trust.

There is local embedding and Trust wide Learning from SARs, Domestic Homicide Reviews (DHR) and Learning Disability Mortality Reviews (LeDeR). Learning is evaluated and assured via auditing and quality assurance systems and fed back at the Learning and Development Subgroup.

**The Metropolitan Police Borough Command Unit (Met's BCU)** in the Southwest continue working on processes to improve adult safeguarding work. This includes an appointment of a dedicated Detective Inspector to lead on adult safeguarding. This has strengthened the Met's responses and engagement with partner agencies. It is beginning to raise the adult safeguarding agenda within policing locally,

developing improved awareness around adult abuse safeguarding and embedding learning from Safeguarding Adults Reviews (SAR's).

In the previous year the police have been developing a cuckooing protocol with partners, which includes clear referral pathways for police and other professionals. The protocol is now being used and embedded to identify perpetrators and to support victims of cuckooing.

In 2021-2022 the police have made improvements to frontline Multi Agency Safeguarding Hub (MASH) referrals to allow for a smoother escalation process ensuring strategy discussions can be effectively run.

The SW BCU continues to be fully engaged with the work of the MSAB and subgroups as well as other multi-agency panels including Multi Agency Risk Assessment Conference (MARAC) and Community Multi Agency Risk Assessment Conferences (CMARAC). They also play a key role in embedding learning from SARs, as well as sharing 7-Minute learning briefings widely across the SW teams.

In 2021-2022 the **Clinical Commissioning Group's (CCG)** Designated Adults Safeguarding Professional for Merton, has contributed directly to the MSAB and its priorities by co-chairing the Communications and Engagement Subgroup and the Liberty Protection Safeguards Task and Finish Group, as well as being an active member and working closely with the MSAB through attending all other sub-groups

They also worked closely with the Violence Against Women and Girls (VAWG) for Merton as a member of the board as well as Counter-Terrorism, Channel Panel to provide expert advice and support to these groups.

Examples of feedback towards the MSAB Priorities include contributions towards the development of a Communications and Engagement strategy (including action plan) to support partners, service users, carers and residents to understand the work of the board and how to stay safe.

The Safeguarding Adults Leads Forum for Southwest London continued to meet six weekly with representation from safeguarding leads from all the major health provider services across SW London, the local authority leads and with private and voluntary sector representatives. During the pandemic these meetings provided assurance to the safeguarding adult designates that providers and partner organisations continued to work collaboratively to support adults at risk across South- West London. The aims of this group are to work jointly across SWL to provide support, advice, and guidance and to share information related to adult safeguarding between partners on the local and national safeguarding agenda. This group values a spirit and culture of partnership and collaboration with professional safeguarding leads across SWL.

In 2021/22 SWL CCG have been preparing to transition smoothly to become an Integrated Care Board (ICB) to establish an Integrated Care System (ICS) across South West London to empower better joined up health and care as set out in the Health and Care Bill 2021.

The four aims of an ICS are:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience, and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

Integrated Care Boards (ICBs) will replace Clinical Commissioning Groups in the NHS in England from 1st July 2022.

The team also hosted an on-line Adults and Children Safeguarding Conference. The Safeguarding Designates recognised that safeguarding issues had increased during lockdown with the local tier restrictions and that it was increasingly important to understand the issues adults and children were facing and to support the most vulnerable. This conference was aimed at and attended by over one hundred front line health staff and safeguarding practitioners and was an accredited level 3 safeguarding event. The event was opened by the Director of Nursing for NHS England/ Improvement and Regional Safeguarding Lead for London and facilitated by a national Safeguarding Consultant.

Daily learning events were also arranged during the National Safeguarding Week in November 2021, the theme was based on “creating safer cultures”. Also in March 2022, SWL CCG hosted a webinar conference on the Liberty Protection Safeguards and Mental Capacity Act Amendment Bill (2019) which are currently under consultation with the Government.

Our **Central London Community Health (CLCH) NHS Trust** has continued to contribute to the MSAB and its subgroups: Contributions include

- L&D subgroup: The group has been co-chaired by Haidar Ramadan-Head of Adult Safeguarding to ensure Merton SAB has a clear learning and development strategy in place
- CLCH represented at all Merton SAB subgroups
- Merton Safeguarding Adults Partnership Audit Tool- submitted and engagement with the SAPAT challenge event to inform the MSAB objectives, priorities, and 3 Year Business Plan in 2022/23.
- Facilitated joint workshops and learning events with Richmond and Wandsworth SAB, part of the adult safeguarding week 2021

Examples that led to improvements in practice included the CLCH safeguarding business continuity plan in place to ensure increased reach and influence with frontline staff and managers during COVID and virtual training, safeguarding supervision and drop-in sessions in place. A well-established ‘duty’ system to support staff accessing timely advice and support.

They contributed to several panels including CMARAC, MARAC and MSAB sub-group as well as being fully engaged with safeguarding adult activity and safeguarding reviews.

Trust wide audits on quality of safeguarding referrals to social services continued and CLCH SAFER guidance was developed and promoted to assist when making a referral to local authority.

Two cohorts of safeguarding and MCA champions graduated, and network days for update and supervision with all champions were organised. Bespoke training was also developed for staff and partners re: MCA, DOLs and Making Safeguarding Personal (MSP).

There were revised safeguarding training packages virtual with interactive software linked to L2 booklet and a safeguarding training passport. Compliance for Level 3 adult safeguarding and MCA training compliance was 95% in Merton and Wandsworth

The annual CLCH safeguarding conference: What really matters in safeguarding? was attended by 520 delegates and received very positive feedback. CLCH also attended and contributed to the MSAB and CSP ‘Think Family’ Conference in March 2022 which had some focus on a SAR that had been undertaken. In Safeguarding Adults Week CLCH utilised their networks and reach to promote and share the weeks programme and ADASS conference. They also developed and cascaded a significant number of 7-minute briefings in response to internal investigations, S42 and learning from local and national inquiries or reviews. (Focus on Self-neglect, No Access, DHR).

As well as supporting the formulation of actions for implementation of the MSAB Communication Strategy, they used intelligence from already established local forums to share and understand current issues and learn from lived experiences of people in the wider community in relation to adult safeguarding. This is an area that will be progressed in the coming months to ensure the voices of people are heard and included in the safeguarding adults work of the board.

**The London Fire Brigade (Merton)** continues to support the partnership. They have introduced a new electronic and interactive Safeguarding Adults Referral form for all staff that has been very well received. The new referral system has provided another opportunity to highlight the importance of safeguarding to staff and has also encouraged staff to make referrals through the ease of using the new form. The Safeguarding Adults and Deprivation of Liberty Safeguards (DoLS) Team Manager has also begun to deliver a bespoke Level One Safeguarding Adults Training session to Fire Service staff with a view of evaluating the impact on referrals in the coming months.

**Merton Connected** – Continue to cascade the message that **#safeguarding is everybody's business**.

Enhancing the knowledge and confidence amongst staff and volunteers across the local voluntary, community and faith sector, has been a key focus of our work with the Board this year. In pursuance of this they have co-hosted three Introduction to Safeguarding for Adults training workshops with Merton Local Authority. The workshops were well attended, with 54 individuals, representing 31 organisations in attendance.

Further work has been undertaken with regards to an ongoing training offer for the voluntary sector and next year we are hoping to launch an accredited level 1 and 2 E-learning module that voluntary sector staff and volunteers will be able to access and undertake via the MSAB website.

In addition, they are working on an initiative to develop a cohort of volunteer Community Safeguarding Adult Champions, who will be a valuable resource to help raise awareness and increase knowledge and confidence amongst local voluntary, community, and faith sector organisations, with regards to their role in safeguarding the adults who used or benefit from their services and activities. It will also provide a valuable link to the MSAB and support them to understand the issues and priorities with regards to the safeguarding adults in the community.

**In June 2021 the National Probation Service and Community Rehabilitation Companies (CRC)** unified to become one organisation.

The Probation Service has experienced severe staffing challenges since this time, alongside managing the ongoing changes required to embed new processes and policies and ensuring appropriate training is undertaken by staff to deliver effective offender management services. Delivery of services are therefore modified in line with available resources in different boroughs, with Merton delivering under 'Amber'. Adult safeguarding processes remain unchanged as part of this model and remain a priority. In relation to safeguarding, they continue to implement mandatory training and encourage staff to access all available safeguarding training opportunities from local authorities and other bodies. They also ensure adult safeguarding activity is addressed at all points of delivery, including Courts, custody and supervision in the community. Concerns about safeguarding are escalated for management through MAPPA where necessary.

**Healthwatch Merton** continues to support the work of the MSAB and the Communication & Engagement subgroup. Their Chief Executive has contributed to the formulation of actions for the Communication Strategy. They have used intelligence from already established local forums to share and understand current issues and learn from the lived experiences of people in the wider community in relation to safeguarding adults.

Next steps include seeking to develop something more robust and formalised to feed in local intelligence regarding safeguarding adults' activity on a more regular basis. They have begun supporting work on developing a way to test access by public and organisations in raising safeguarding issues. In March 2022 they attended the MSCP/MSAB Joint Conference - Integrated Safeguarding: Working Together to Safeguard Adults and Children as well as attending events in National Safeguarding Week, including the ADASS conference.

# The Work of the Subgroups of the Board

## **The Safeguarding Adults Review (SAR) Subgroup**

The SAR Sub-Group manages and oversees the Safeguarding Adults Review (SAR) process in Merton and meet six weekly with representation including the London Borough Merton, the Metropolitan Police, South West London Clinical Commissioning Group (CCG), St George's University Hospitals NHS Foundation Trust, Epsom & St Helier's University Hospital, London Fire Brigade and Central London Community Healthcare NHS Trust.

The group has been co-chaired by Trish Stewart, Associate Director for Adult Safeguarding and Phil Howell, Assistant Director Community & Housing in Merton. With clear leadership from the chairs and commitment to making a difference, the subgroup is focused on learning from SAR's as well as embedding learning from local and national reviews across all agencies in Merton.

During 2021-22 as part of the learning from SAR's and hearing the voices of people with lived experience, they met with family members and set up meetings to discuss how their experiences can be shared. This led to an arrangement for them to speak at the Epsom and St Heliers University Hospital Safeguarding Conference. As part of the groups work going forward, this will be an approach taken to ensure voices are included as part of the SARs process. SAR themes were also included in the Joint conference with the Merton Children Safeguarding Partnership, which focused on Think Family.

## **Performance and Quality Subgroup**

This group aims to oversee the collective performance of partner agencies in Merton in relation to protecting adults at risk of abuse and neglect. The group meets quarterly and has been co-chaired by Beau Fadahunsi, Head of Development and Volunteering at Merton Connected and Claire Migale, Head of Social Care Operations in Merton.

Its focus this year has been on the continuing development of the MSAB dashboard that includes data from agencies across the partnership.

The National Safeguarding Adults Board Managers Network have been working on the development of a National Data Toolkit Framework to support and inform the work of the Board and the Performance and Quality Sub-Group. The aim is to succeed in using data to improve services and prevent neglect and abuse in their area effectively and consistently. The MSAB has agreed to look at this and will shortly be launching a Task and Finish group to follow through on the work.

## **Learning and Development Subgroup**

This group meets quarterly and has been co-chaired by Haidar Ramadan (HR), Head of Adult Safeguarding, Merton & Wandsworth CLCH and Lisa Hewitt- Principal Social Worker at Merton.

The aim of this subgroup is to develop robust mechanisms to assure the Board of good practice regarding safeguarding adults in workforce development, quality of training and monitoring training standards across agencies.

A key focus continues to be the learning and findings from Safeguarding Adults Reviews (SAR's) and sharing key learning. Partners have shared Seven Minute Learning Briefings around themes from SAR's with their staff groups and they have also been added to the MSAB website to ensure a wide reach.

The subgroup members have also been involved in the planning and facilitating of the Joint Conference and promoted the 'Think Family' approach in its Learning and Development Strategy and wider work. They have continued their pursuit of a Safeguarding Adults Level One E- Learning programme for the voluntary sector and volunteers and are pleased to announce a package will be available in 2022-2023. This will be available to access via the MSAB website.

## **Communication and Engagement Subgroup**

The Communication and Engagement Subgroup meets quarterly and has been co-chaired by Lorraine Henry, DoLs and Safeguarding Team Manager and Edwina Curtis, Designated Adult Safeguarding Professional (Merton). The aim of the group is to continue to raise the profile of the work of the board and promote awareness of safeguarding adults. This is done via partner engagement with people that use their services as well as through the MSAB website.

Some of initiatives are almost ready to get off the ground and some introduced. The implementation of Discovery Interviews for people who have gone through the safeguarding adults process and linked to Making Safeguarding Personal have begun. In the local authority they have been carried out by practitioners who haven't been involved in the case and information is then used to improve the process. A review is currently underway to ensure the approach is effective going forward.

As well as listening to the voices of people with lived experience, an initiative is underway to recruit Community Safeguarding Adults Champions, who will be a link between the Board, the voluntary sector and the residents of Merton



## Merton Safeguarding Children Partnership (MSCP) and the Merton Safeguarding Adults Board (MSAB) Joint Conference – 21st March 2021

The joint conference was opened with addresses from Cllr Stringer, Joint Deputy Leader and Cabinet Member for Children and Education, and Cllr Lanning, Cabinet Member for Adult Social Care and Public Health, who expressed their pleasure to see colleagues from across partner agencies coming together to share in the event.

The first half of our joint conference focussed on family safeguarding and the **importance of adopting a 'Think Family' approach to safeguarding**. To open our conference we heard from Sue Williams, who developed the Family Safeguarding model as part of her work as Hertfordshire County Council's Director for Social Work.

Continuing the theme of holistic provision to families, we next heard from speakers Dr Benedicta Ogeah (Co-Chair of the MSCP Domestic Abuse & Think Family sub-group), Dheeraj Chibber, (Chair of the MSCP Quality Assurance sub-group) and Trish Stewart (Chair of the MSAB Safeguarding Adults Review (SAR) Subgroup), who spoke about the 'Think Family' model and approach in Merton.

**In the afternoon there was a focus on the transition of young people moving into adulthood.** It got underway with our second keynote speaker, Sarah Ashworth, Schools and Families Programme Director at The Charlie Waller Trust. In her presentation, she explored the difficulties, complex needs and pressures young people face in transition to adulthood, as well as some of the physical and psychological challenges faced through growing up. The statistics and figures for self-harm and mental health problems were deeply concerning, and particularly resonated with attendees.

Also highlighted was thinking on how to support resilience in transition and the importance for individuals to have: a 'secure base' of support from their family and wider community networks; an interesting and engaging education; quality, positive friendships; encouragement to pursue talents and interests, and support for developing positive social values and competencies.

The conference provided plenty of key learning points, with lots to talk about and learn in breakout group discussions. It was wonderful to see colleagues from across the children's and adult's partnerships sharing experiences and working together to improve our collective understanding and practice. We will be looking at what multi-agency practitioners shared and considering next steps on both these important topics for the MSCP and MSAB, also planning a Joint Conference for 2022-2023.



## Pandemic Recovery

COVID-19 assurance, recovery, and learning continue to be a key priority for the MSAB. There has been a focus on continuing to ensure adults at risk are supported in ways that are flexible and meet individual's needs. Partners report that some of the ways of working during the pandemic that have worked well continue to be used, as well as returning to more traditional ways of working with people. Prevention and risk management continue to be key components in service delivery and Making Safeguarding Personal remains a priority.

## Care Homes

“Over the past 12 months the Council, primarily through our Public Health and Contract Management teams have continued to provide significant support to all 38 care homes in the borough, particularly as we have moved into ‘living with Covid’. Additional Infection Prevention and Control (IPC) capacity was maintained and continued to provide both on-site and remote advice, training and support to care home managers and staff.

In addition to this enhanced IPC support, very regular contact was maintained with all care home managers and proactive support provided in response to Covid outbreaks and other out of the ordinary events. There has been close and effective partnership working with the developing Care Home Support Team commissioned by the CCG; with specialist Community Pharmacists and with a range of other health colleagues to respond to safeguarding concerns as and when required. The Merton Joint Intelligence Group (MJIG) has continued to provide an effective means of identifying issues early and ensuring that the required support and, where necessary, challenge is provided to care homes.

As we continue the return to pre-pandemic ways of working routine on-site quality visits are restarting and these will add to our oversight of the care home market across the borough and further enhance our ability to provide support.”





# Learning from Lives and Deaths

## (Previously known as, The Learning Disability Mortality Review (LeDeR))

The National programme aimed at making improvements to the lives of people with learning disabilities is known as “Learning from Lives and Deaths” People with a learning disability and autistic people, previously know as The Learning Disability Mortality Review (LeDeR). It requires that reviews are carried out following the death of anyone with a learning disability and those people who have a diagnosis of autism. The purpose of the review is to identify whether there are any concerns or areas of learning to improve the health and quality of care for people with learning disabilities.

These reviews are conducted by South West London Clinical Commissioning Group (CCG) and the findings are reported to NHS England. The LeDeR process and the way reviews are undertaken is currently being reviewed to ensure it is in line with the recommendations from the NHSE LeDeR Policy (2021).

Integrated Care Boards (ICBs) will replace Clinical Commissioning Groups in the NHS in England from 1st July 2022.

### **Learning from Lives and Deaths in Merton**

In 2021/22 Merton CCG has received a total of 4 death notifications for the learning from death reviews (LeDeR) which are discussed at the Merton, Sutton, Wandsworth LeDeR steering group, which is held quarterly.

- 2 people died from pneumonia
- 1 person died from aspiration pneumonia
- 1 person died from sepsis of unknown aetiology

Across South West London, respiratory disease was the most common cause of death, in particular aspiration pneumonia which continues to be an urgent focus of attention in South West London, which is consistent with previous years.

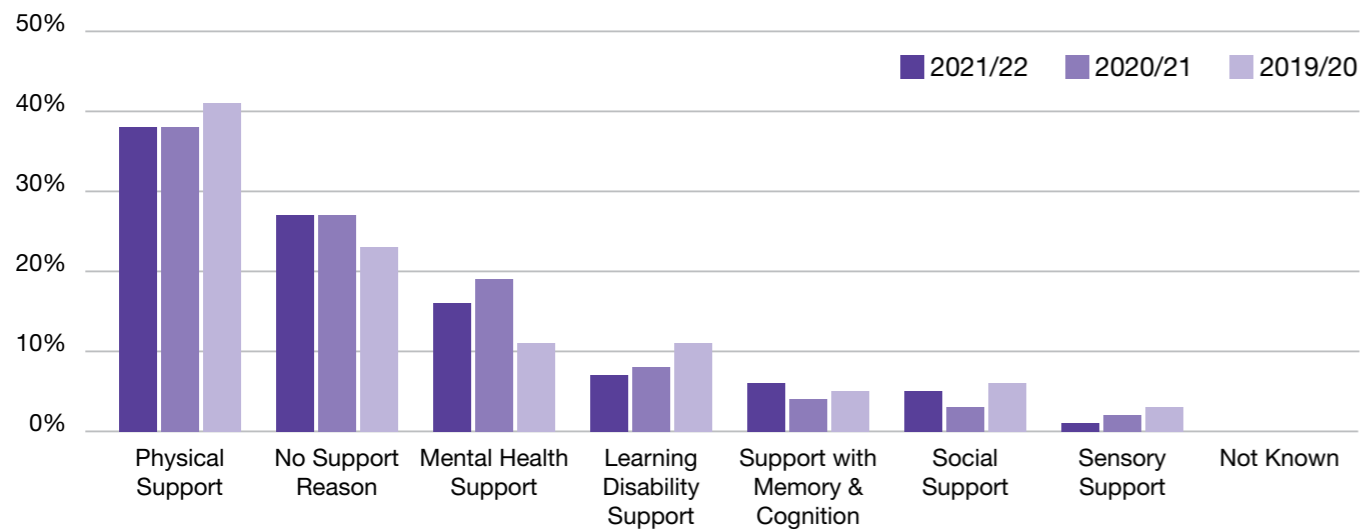
Whilst good practice is also identified and shared within the LeDeR steering group, key learning has also been identified across SWL which included;

- Annual health checks as a key means to improve and maintain health of people with learning disabilities
- DNACPR notice (Do Not Attempt Cardio-Pulmonary Resuscitation) as a feature of advance care planning, which attracted some notoriety during Covid-19 where there was widespread concern that orders were being issued to groups of people rather than for individuals based on their circumstances
- Application of the Mental Capacity Act and robust recording following assessment

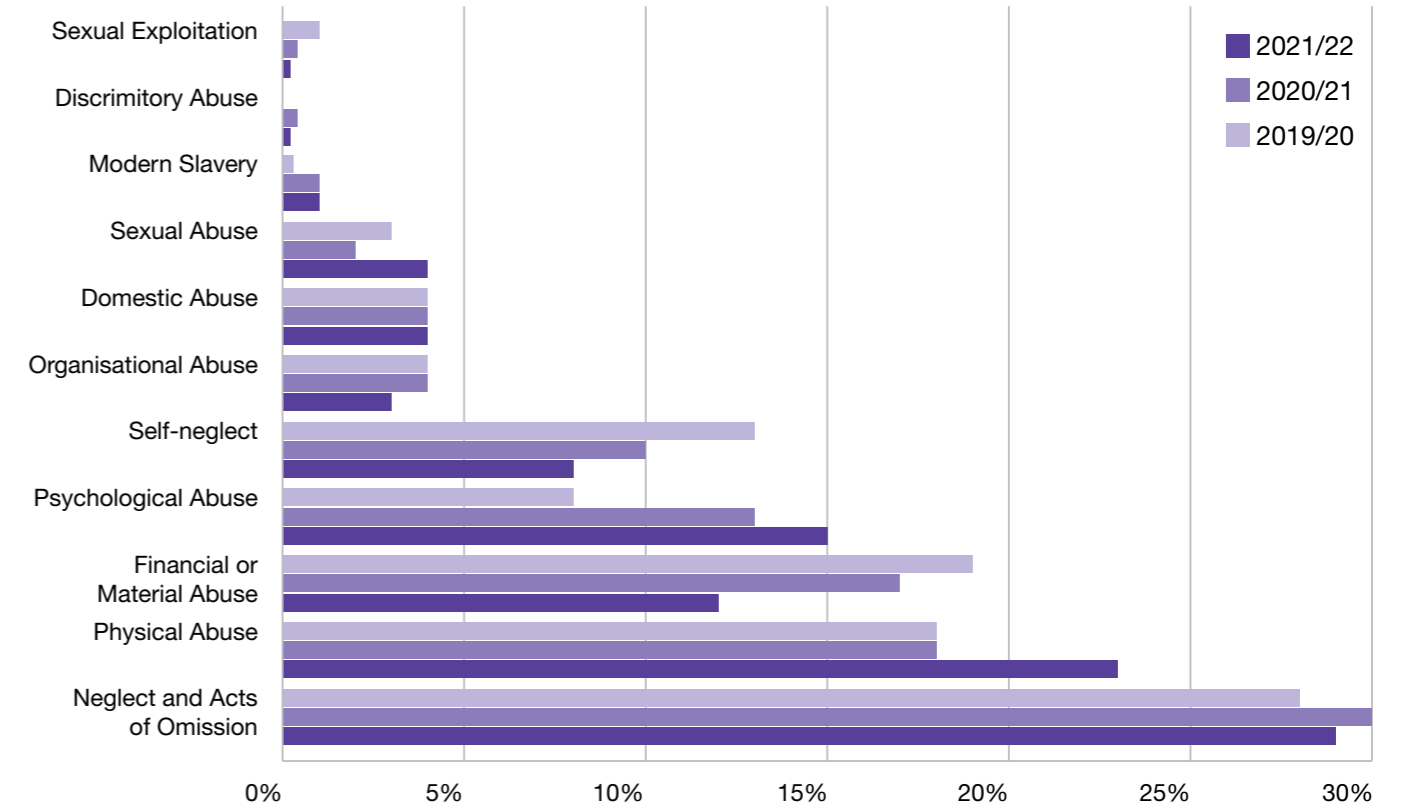
# Safeguarding Adults Data

Year	2021/22	2020/21	2019/20	2018/19
Total number of Adult Safeguarding Concerns raised during the year	810	830	732	483
Total number of Adult Safeguarding Enquiries commenced during the year	447	379	366	98
Conversion Rate (Number of Section 42 Enquiries + Number of Other Enquiries / Number of Concerns)	55%	46%	50%	20%
Conversion Rate (England)	34%	34%	37%	39%
Conversion Rate (London)	33%	33%	41%	43%

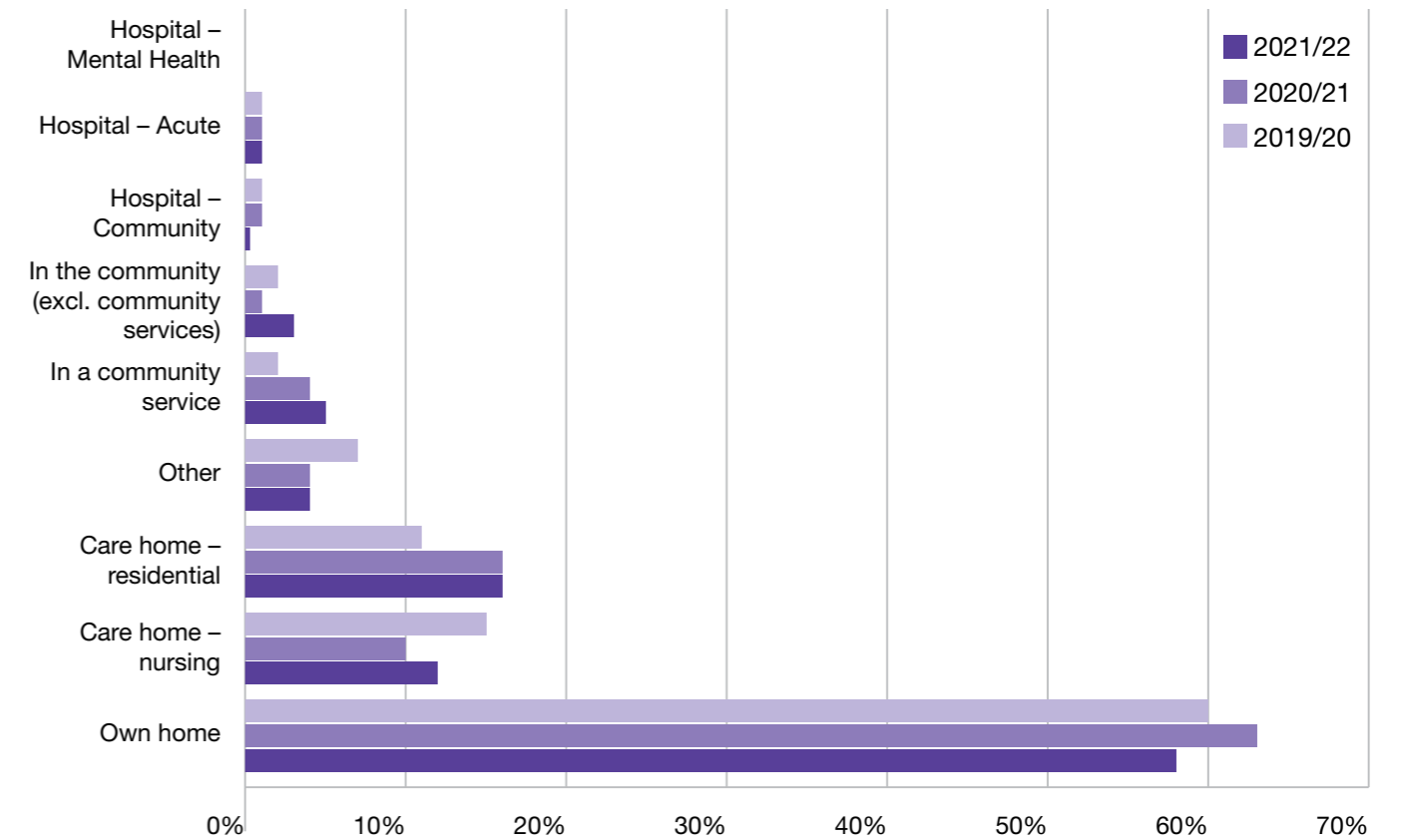
Individuals involved in Safeguarding Concerns during 2020/21 by Primary Support Reasons



Type of Risk (Data source: concluded enquiries during the year)



Location of Risk (Data source: concluded enquiries during the year)



During 2021-22 810 concerns were received by Merton Local Authority in total. This is a decrease of 20 (2.5%) on the number of concerns raised in 2020-21.

In terms of location of risk 60% were reported to be in people's own homes. Last year it was slightly higher at 63%, however it is broadly in line with the national picture.

Section 42 enquiries were commenced in 327 cases and Other enquiries commenced in 120 cases, giving a total of 447 enquiries commenced. This is an increase of 68 (18%) on 2020-21 and represents a conversion rate (concerns raised to enquiries started) of 55%.

The percentage of the conversion rate is higher this year and is attributed to an improvement in the recording of safeguarding adult activity on the database and more importantly a greater understanding amongst practitioners regarding what constitutes a Safeguarding Adults Enquiry.

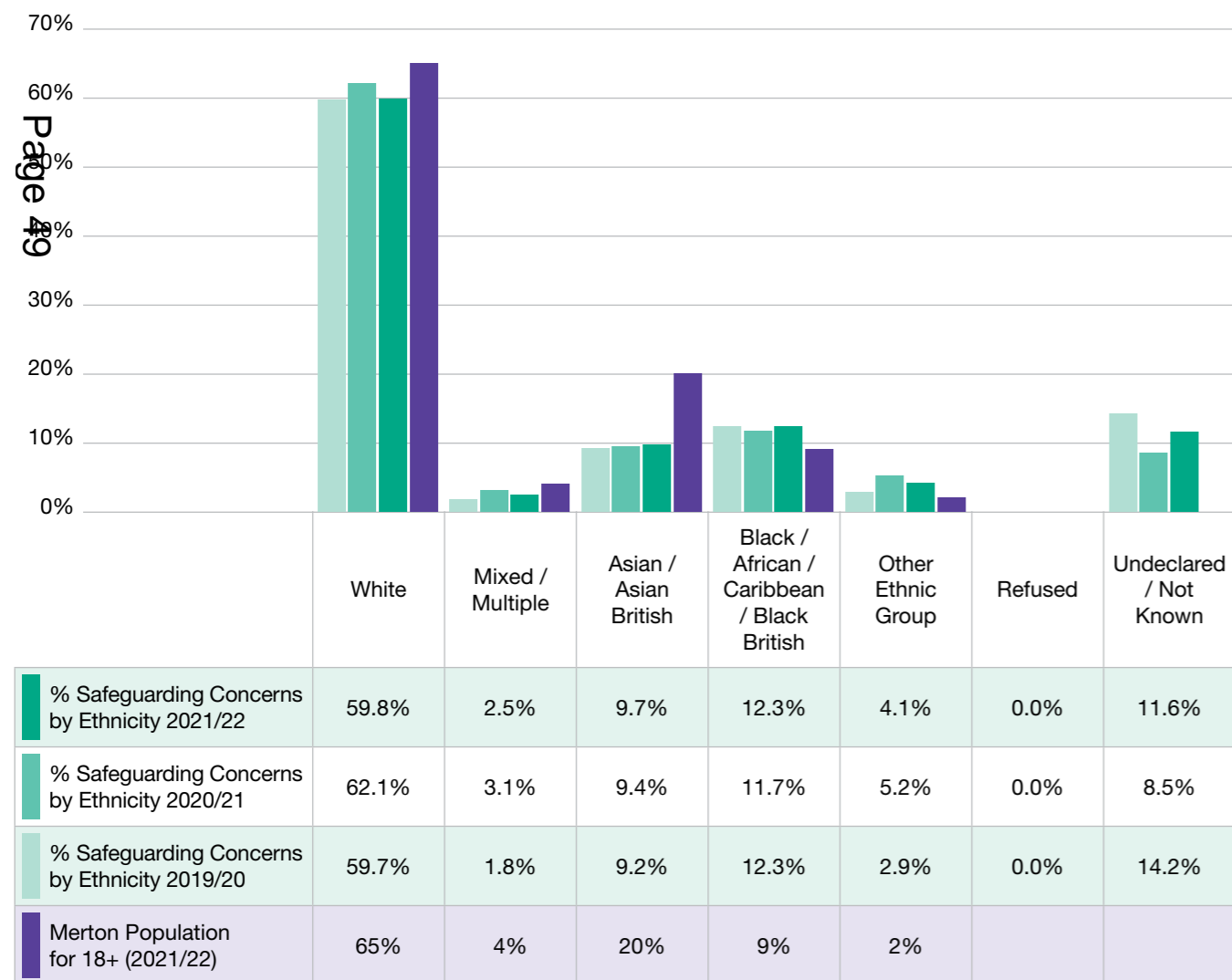
Last year we began to analyse our data in relation to Ethnicity. Our aim was to paint a picture across the protected characteristics so that it can be used in the context of inequalities and diversity. This couples with the intention to get much broader data from our partners. The work on reviewing the current MSAB data set to include partner information, is one of our priorities and a Task and Finish Group is about to be set up.

As a result of what the data is telling us, we have begun focusing on raising awareness of safeguarding adults in the local community, voluntary sector, and faith groups. Our Safeguarding Adults Champions initiative came as result of this work and plans are in place to launch in 2022-2023.

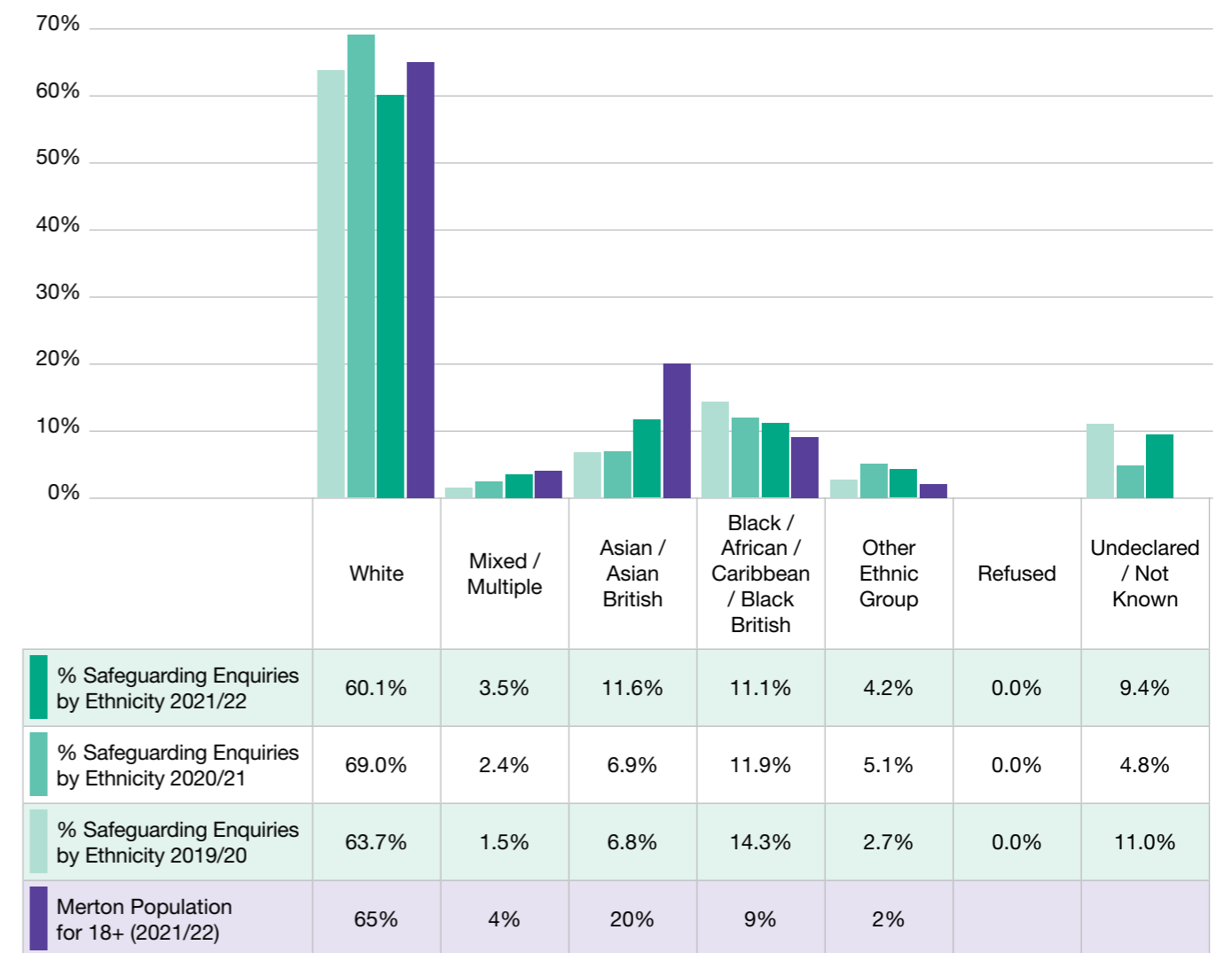


The charts below demonstrate individuals involved in Safeguarding Concerns and Enquiries by Ethnicity compared to the Merton 18+ population

**Individuals involved in Safeguarding Concerns by ethnicity compared to Merton 18+ population**



**Individuals involved in Safeguarding Enquiries by ethnicity compared to Merton 18+ population**



In 2021/22 9.7% of people from Asian/Asian British were involved in safeguarding concerns and 11.6% were involved in safeguarding enquiries. There is an increase in the proportion involved in safeguarding enquiries, moving closer to being comparable to the Merton 18+ population.' This has been attributed to the awareness raising around safeguarding adults, by our voluntary sector partners and lead representative from Merton Connected.

During 2021/22 12.3% of people involved in safeguarding concerns and 11.1% of people involved in safeguarding enquiries were Black/African/Caribbean/Black British. This compares to 9% of the Merton 18+ population who are Black/African/Caribbean/Black British.

In 2021/22 the Communication and Engagement Subgroup, as well as the Learning and Development subgroup, developed programmes to raise awareness of safeguarding adults. Merton Connected have been working with groups to ensure appropriate safeguarding adults' policies are in place and generally raising awareness of how to report and record safeguarding concerns.

The Local Authority Safeguarding Adults and Deprivation of Liberty (DoLS) Team manager has also facilitated Safeguarding Adults Level 1 Training as well as bespoke workshops for the Voluntary Sector and volunteers.

We are still working in partnership and gathering information to see if the difference in concerns compared with the % of the population is due to a difference in the level of safeguarding issues present in these communities or due to over or under reporting of safeguarding concerns.



# Making Safeguarding Personal

## Completed Enquiries Outcomes 2021/22 %

**68%**

Fully Achieved

**29%**

Partially Achieved

**3%**

Not Achieved

**97%**

of people's outcomes being fully or partially met.

**71%**

of people expressed a desired outcome compared to

**66%**

last year

An important success measure of 'Making Safeguarding Personal' is the extent to which the person's desired outcomes are met. Locally, Making Safeguarding Personal is well embedded in practice, with 97% of people's outcomes being fully or partially met. Where outcomes were not met, this is usually due to the person not engaging with the process or being unable to articulate if they consider that their outcomes were met. There was a slight increase in the number of people who expressed a desired outcome compared to last year.

## Impact on Risk Adult

Safeguarding aims to remove or reduce the risk to the adult. It is not always possible to completely remove risk and the risk will remain in cases where adults with capacity make a decision to continue living with an elevated level of risk. The impact of safeguarding on risk is good with the risk removed or reduced in over 93% of cases. Where the risk remains, this is usually the result of people choosing to live with risk and understanding the implications of it.

## Completed Enquiries where risks were identified No, %

**324, 93%**

Risk removed or reduced

**23, 7%**

Risk remains

# Safeguarding Adult Reviews

**A Safeguarding Adults Review (SAR) is a legal duty under the Care Act 2014. The purpose of a SAR is to learn from cases, on a multiagency level, to prevent similar incidents occurring. The aim is not to apportion blame on an organisation or individuals for any failings that may be discovered.**

The criteria for a SAR states that we should consider a SAR if:

An adult in its area dies as a result of abuse or neglect, whether known or suspected, *and* there is concern that partner agencies could have worked more effectively to protect the adult.

## SAR Notifications in Merton

The Board received and considered three new SAR Notifications during 2021-2022, which resulted in two new SAR's commencing. Included in the two was one referral that had been reconsidered and recommissioned, and another where the decision to carry out a SAR had been reviewed and did not meet the Criteria. However, it was agreed at the SAR Subgroup that a Practitioners Event would be arranged to consider learning. The Practitioner Event was facilitated by Mike Ward from Alcohol Change UK.

In total four cases were considered and or monitored by the Sub-Group throughout the reporting period.

## Published SAR'S

### RD Colin-SAR

Colin was found deceased at his home address by police after neighbours had raised concerns with police that they had not seen him for at least six weeks. It is believed that Colin had been dead some two weeks prior to being found by police.

Colin had been known to mental health services since at least 2006 and had a diagnosis of Paranoid Schizophrenia.

### Actions for improvements

Mental Capacity Act training and the reviewing of guidance on triggers for cases where repeated unwise decisions have been made. This review has also recommended further changes in some of these areas, including, a review of:

- How Adult Social Care and Mental Health Services assess risks with regards self-neglect and non-engagement
- The Board's self-neglect policy will incorporate the learning from this review, including,
  - what constitutes self-neglect
  - risk assessment and risk panel and thresholds
  - case coordination
  - importance of relationship building
  - legal guidance and measures to protect others - advocacy

### SK SAR

The MSAB received a referral for SK from Merton Centre for Independent Living (MCIL). The concerns raised by MCIL at this time centred around the long delays in getting support in place for SK, and the concerns raised regarding the discharge from hospital shortly before her death.

The SAR explored whether the views of SK reflected her complex situation and if her care may have been delayed due to a failure to recognise her needs and to work effectively with health and other agencies.

As a result of this specific review, the lessons learnt have led to improvements in how we work together to support people who are alcohol dependant and their families, namely:

### Learning from SAR's

- The MSAB commissioned training for practitioners, from Alcohol Change UK, on the 'Blue Light Project' principles as well as the guidance they produced for 'Safeguarding Vulnerable Dependent Drinkers'. The training aimed to improve and innovate practice in working with people experiencing difficulty with alcohol use. The Board will evaluate the impact of this training going forward.
- We continue to develop tangible plans for improving our 'Think Family' approach. This is a priority for the Board and has been woven through our Business Plan for 2021-2024 and was one of the key themes of our Joint Safeguarding Conference in March 2022. Stronger strategic and working relationships have been forged with the Children's Safeguarding Partnership to support this work.
- Board partners have agreed to establish a Multi -Agency Risk Assessment Framework. This guidance will be developed in partnership with members of the Merton Safeguarding Adult Board and sit alongside the London Multi-agency Safeguarding Adults Policy and procedures. It will provide guidance on managing cases relating to adults where there is a high level of risk. The circumstances may sit outside the statutory adult safeguarding framework however a multi-agency approach would be beneficial.

The MSAB continues their learning around Mental Capacity, and this learning has been at the forefront of the plans to introduce the Liberty Protection Safeguards (LPS).





Key messages and guidance coming from the MSAB LPA Task and finish Group include.

- LPS (formerly DoLS) is rooted firmly within the Mental Capacity Act 2005 (MCA) and all the key principles of the MCA fully apply.
- LPS will be about safeguarding the rights of people who are under high levels of care and supervision but lack the mental capacity to consent to those arrangements for their care.
- LPS will apply to people in care homes, hospitals, supported accommodation, Shared Lives accommodation and their own homes.
- LPS will apply to everyone from the age of 16 years.
- LPS will need to be authorised in advance where possible by what will be termed 'the Responsible Body' which now includes health authorities.

#### **Alcohol Change UK Workshop and Practitioners Root Cause Analysis Event**

In November 2021 MSAB commissioned a workshop for Board members and practitioners to assist with their work with dependant drinkers. The focus was on the guidance, safeguarding dependant drinkers and how to use legal powers. The guidance was produced by Alcohol Change and written by Professor Michael Preston-Shoot and Mike Ward.

The guidance aimed to help practitioners to improve the wellbeing and safety of adults who are highly vulnerable, chronic, dependent drinkers.

The Practitioners Event in February 2022 was arranged to review a specific alcohol death so that we could learn about what happened and think about what could have been done differently using the Blue Light Root Cause Analysis Approach.

The Blue Light approach involves bringing key agencies such as police, housing, mental health, hospital and others together with specialist alcohol services and challenges the belief that only drinkers who show clear motivation to change can be helped.

# Working in Partnership and Making Safeguarding Personal Case Studies

**Making Safeguarding Personal in its simplest form means putting the person at the centre of everything we do during the safeguarding process, from the very beginning to the very end.**

**The Making Safeguarding Personal (MSP) programme has been running since 2010. The Care Act 2014 guidance required adult safeguarding practice to be person led and outcome focused, aiming towards resolution or recovery. This embodies the MSP approach.**

**As an outcome of a Safeguarding Adult Review (SAR) the Merton Safeguarding Adults Board commissioned training for practitioners, from Alcohol Change UK, on the 'Blue Light Project' approach. The training and Practitioners Event aimed to improve and innovate practice in working with people experiencing difficulty with alcohol use.**

**This case study demonstrates how practitioners have put learning into practice, using the Blue Light Project principles as well as Making Safeguarding Personal to support an adult at risk.**

## Case example

### Situation:

This case example refers to an older person who was alcohol dependent and had been self-neglecting for many years. There had also been reports of drug misuse. Several safeguarding referrals, relating to self-neglect as well as possible sexual abuse, exploitation (Cuckooing) and financial abuse had been received by the Adult Social Care Team (ASC). Their general health was poor, and weight was reported to be around six stone. They lived alone and had a close family network who were generally supportive, however the children had experienced trauma growing up because of difficulties their parent faced, which made relationships tenuous at times.

### The Blue Light Approach

Practitioners who had undertaken the 'Blue Light Project' training, worked closely with the person to develop a support plan with the aim of reducing the risk of self-neglect, and minimise the risk of harm and exploitation. The Blue Light initiative offers an innovative approach to supporting and motivating high impact dependent drinkers.

There were times when the person was sober and had mental capacity when the plan worked well, however as soon as they were intoxicated any interventions broke down quickly and the same behavior was perpetuated. Detoxification was tried but unfortunately could not be sustained for any length of time. A placement

was also tried which broke down after about six weeks due to their continued dependency on alcohol.

An important breakthrough came after practitioners trailed through previous files and worked closely with other agencies, including the Westminster Drug Project (WDP) to discover the person had a diagnosis of Alcohol Related Brain Injury. After consultation with the person, their family and other agencies involved it was agreed that a specialist placement would be sought to allow for expertise in supporting the person.

### Making Safeguarding Personal:

By speaking with the person and their family, their wishes and feelings were established as well as what outcomes they wanted to achieve.

What practitioners involved in the case noted was that if they hadn't properly understood the nature of a problem the individual was facing, they would risk proposing the wrong solutions. In this case, they sought to fully understand the issues including the diagnosis. They also worked closely with the family who remained very supportive of the person.

Joint working was also established with the Westminster Drug Project (WDP), police, and the Hospital Safeguarding Team, for a suitable specialist placement to be found that fully met the person's needs.

### What was put in place to support the person?

- A specialist residential placement was commissioned to meet the person's individual needs in relation to their brain injury and substance misuse, including appropriate therapy.
- Regular accompanied and more recently unaccompanied community visits supported by the home to promote independence.
- Regular communication with family via telephone and plans for home visits.
- Regular telephone and face to face reviews by practitioners.

### Outcomes achieved

The person settled well at the placement that provided personalised support as well as therapy to support recovery. It was also important to minimise further risk of harm from alcohol misuse to enable them to have a better quality of life.

Feedback regarding person putting on weight, spending time looking after their personal appearance and being involved in activities demonstrated that their, health, wellbeing and quality of life had considerably improved.

Practitioners have undertaken regular telephone and face to face reviews and heard from the person about how happy and fulfilled they were and the improvements in their life they were now living, thanks to the intervention.

## Annual Priorities 2022/23

- Develop a programme of work to engage people with lived experience and to include their voices in the work of the Board as well as the Safeguarding Adult Review (SAR) action planning process. Public Health partners have agreed to work with the MSAB on an approach, which will then inform the service model and specification for commissioning substance misuse services. A bid for funding has been submitted.
- Work will continue around learning from SAR's. There will also be a focus on what SAR's are telling us in terms of themes we might be seeing and how as a partnership we can improve our practice for those at risk.
- The MASB strategic priority around Prevention and Early detection focuses on enabling people to recognise risk, includes developing links with residents and the local community, particularly those who are seldom heard. The Communication and Engagement Subgroup of the Board are working with Merton Connected on developing a model of Community Safeguarding Adults Champions. They will be the vehicle for raising awareness of safeguarding adults in the community and amongst its residents, as well as informing the board of what's needed to support the community and to identify any emerging issues.
- After consultation and discussions at the Board on how best to go forward with gathering meaningful data to support their work, partners have agreed to develop a comprehensive data set for the Board. This will be linked to the National Data Framework Tool, recently produced by the National Safeguarding Adults Board Managers Network.
- Social Care departments will be inspected by the Care Quality Commission from as a result of the Health and Care Act 2022 coming into force, which will include a focus on adult safeguarding. The same legislation will see Clinical Commissioning Groups replaced by Integrated Care Boards. Safeguarding will continue to feature prominently in these new arrangements across South West London.  
  
The MSAB will be kept updated and prepare for the implementation of the Care Quality Commission's framework on Oversight for Local Authorities and Integrated Care Systems, due to be introduced in April 2023.

### Summary

This report seeks to provide assurances to our stakeholders, including the residents of Merton, that the Merton Safeguarding Adults Board (MSAB) are fulfilling their statutory responsibilities in terms of safeguarding adults at risk.

It demonstrates a strong commitment to working in partnership to keep people safe throughout the report.

There has been a huge amount of work and development to improve practice, build on existing systems and processes, as well as work with the local community, to achieve further improvement and embed good practice.

A robust evolving work plan has been created for the safeguarding Strategic Priorities 2021/2024, to translate the plan into tangible actions.

## Reporting a Safeguarding Concern

### Phone:

020 8545 4388  
9:00am-1:30pm excluding  
Bank Holidays

### Crisis Line:

After 1.30pm, 07903 235 382 which  
is available from 1.30pm to 5.00pm  
Monday to Friday

### Out of Hours and Bank Holidays:

020 8770 5000

### Email:

safeguarding.adults@merton.gov.uk

### Emergency:

Call the Police or emergency services -  
999



Merton  
Safeguarding  
Adults Board

## Committee: Health and Wellbeing Board

Date: 24th January 2023

Wards: All

## Subject: Merton Story/ Joint Strategic Needs Assessment 2022/23

Lead officer: Dr Dagmar Zeuner, Director of Public Health

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

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### Recommendations:

For Health and Wellbeing Board members:

- A. To consider Merton Story / Joint Strategic Needs Assessment (JSNA) 2022/23, including summary slides, summary report and the final draft of the full JSNA in order to inform priorities of the Health and Wellbeing Board and Merton Health and Care Together.
  - B. To agree Merton Story/ JSNA 2022/23 for publication and dissemination to partners and stakeholders.
- 

### 1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report presents the JSNA/Merton Story 2022/3 to members to consider and inform future priorities and for their agreement for publication and dissemination.

### 2 BACKGROUND

- 2.1 The Joint Strategic Needs Assessment (JSNA) is an assessment of population health and wellbeing needs. Production of the JSNA is a statutory duty of the Health and Wellbeing Board. It is led by the Public Health team, with contributions from other council departments, the ICS (Integrated Care System) and other partners.
- 2.2 In Merton, the main annual publication of the JSNA has been renamed the 'Merton Story' as a more accessible term. However, the JSNA also includes a number of other user-friendly products, including Ward Health Profiles, Bulletins and in-depth Health Needs Assessments.

### 3. DETAILS

- 3.1 The full Merton Story 2022/23 is currently composed of a set of summary slides for ease of access (Appendix i), a summary report containing the key messages from the thematic sections (Appendix ii) and a full, detailed reference document (link in Appendix iii).
- 3.2 The key messages have been identified initially by reviewing the Public Health Outcomes Framework - a robust and comprehensive indicator set outlining population health at a local authority level, compiled by the Office for Health Improvement and Disparities - and with reference to the previous Merton Story 2021. They were developed and then checked with the partnership JSNA Steering Group involving public health, cross-council colleagues, the local NHS and other partners drawing on local knowledge and experience.

3.3 The full Merton Story reference document and the summary report have been drafted across six main chapters:

- The Merton population
- COVID-19
- ‘Start well’, ‘Live well’ and ‘Age well’, taking a life course approach to population health and wellbeing and mirroring the well-recognised headings of the Health and Wellbeing Strategy and Local Health and Care Plan
- ‘Healthy place’, reflecting the fact that population health is determined, to a large extent, by the physical and social environment in which residents are born, live and work.

In addition there is a section on background and methodology. We have avoided describing statistical confidence intervals in the text as they make reading the document cumbersome; however, we have used them to interpret comparative data and can provide them on request.

3.4 It is not the role of the Merton Story to cover performance of individual health and care services or to make specific service recommendation but to provide a strategic tool to Health and Wellbeing Board and other place-based partners to inform evidence-based decision making with the main conclusions informing partnership priorities and action

3.5 This is timely in light of the opportunity to explicitly inform the review of the Local Health and Care Plan and the annual rolling programme of priorities for the Health and Wellbeing Board for the next financial year 2023/24.

3.6 In response to the Health and Care Act 2022 and enhanced place-based working with the Integrated Care System (ICS) we are reviewing the future JSNA process to ensure it is linked closer to integrated health and care commissioning and service developments on an ongoing basis.

#### **4 ALTERNATIVE OPTIONS**

The JSNA is a statutory requirement of the Health and Wellbeing Board

#### **5 CONSULTATIONS UNDERTAKEN OR PROPOSED**

During development of the Merton Story 2022/23, a Steering Group of key stakeholders and users of the JSNA was formed to inform and advise on the work. Draft key messages for each chapter have been developed through consultation with relevant stakeholders, within the Council, the local NHS and other partners.

#### **6 TIMETABLE**

If approved by the Health and Wellbeing Board, all parts of the Merton Story will be published on the council’s website. The full reference document will be published by individual chapters for ease of access.

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

No direct financial or resource implications. The Merton Story presents a summary narrative of population needs, to inform health and wellbeing partnership working, strategies and commissioning agendas.

#### **8 LEGAL AND STATUTORY IMPLICATIONS**

As noted above, production of a JSNA is part of statutory guidance for all Health and Wellbeing Boards

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

Describing inequalities in health and social outcomes is a key theme in The Merton Story. Outcomes are compared between different areas of Merton as well as between different population groups across Merton.

**10 CRIME AND DISORDER IMPLICATIONS**

No direct implications.

**11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

N/A

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

Appendix 1 - The Merton Story 2022/23 summary slides

Appendix 2 – The Merton Story 2022/23 summary report

Appendix 3 –

[The Merton Story: snapshot of health and wellbeing needs | Merton Council](#)

# Merton Story / Joint Strategic Needs Assessment (JSNA)

## 2022/23 Summary Report

### Background

#### About the Merton Story

1. The Joint Strategic Needs Assessments (JSNA) is a statutory requirement of the Health and Wellbeing Board to provide a common evidence base for its partners to inform policy, strategy, commissioning and action in a way that reflects the needs and priorities of Merton residents. In Merton we have renamed the main annual publication the 'Merton Story' as a more accessible term. The JSNA also includes a number of other products, such as Ward Health Profiles, Annual Public Health Reports and Health Needs Assessments on specific topics – these are held on the Council's [Website](#) and are listed under resources below.

2. The full Merton Story 2022/23 comprises of this summary report containing the key messages, and a detailed reference document. This year we have further structured the key messages into headlines, key statistics and conclusions to inform priorities. This structure is designed to meet the needs of a range of users, who vary in terms of the breadth and detail they require. For ease of communication, we have also produced a set of summary slides: *Merton Story 2022/23 – at a glance* (attached as appendix).

3. The Merton Story is limited to describing the risk and resilience factors that influence health and wellbeing, and the distribution of diseases and deaths. It is not the role of the Merton Story to cover performance of individual health and care services, or to make specific service recommendations, but instead, to provide a strategic tool for the Health and Wellbeing Board and other place-based partners to inform evidence-based decision-making, including on priorities for joint action.

4. The full Merton Story 2022/23 and the key messages in this summary document have been drafted across six main chapters:

- The Merton population
- COVID-19
- Start Well
- Live Well
- Age Well
- Healthy Place

5. Last year's Merton Story contained a significant focus on the COVID-19 pandemic, and this year this theme continues. Though vaccination has significantly weakened the link between COVID-19 infections and severe outcomes such as hospitalisation and deaths, other impacts of



the pandemic are being increasingly felt, especially for children and young people (see under Start Well), and in the context of the current increases in cost of living.

6. The Start Well, Live Well, Age Well chapters are taking a life course approach to population health and wellbeing, and mirroring the well-recognised headings of the Health and Wellbeing Strategy and Local Health and Care Plan.

The Healthy Place chapter is reflecting the fact that population health is determined, to a large extent, by the physical and social environment in which residents are born, live and work.

7. There are several topics that are key issues for Merton and are being covered in more depth in bespoke needs assessments. They include:

- Alcohol and Substance Misuse: an in-depth needs assessment is in progress, as required for the newly established 'Combatting Substance Misuse Partnership', and following concerning data about increases in alcohol consumption and related admissions to hospital. The findings will be available early in 2023.
- Special educational needs and disabilities (SEND): a needs assessment for SEND is also underway, in response to high demand for Education, Health and Care Plans (EHCP) and to inform strategies to meet that need.
- Climate Change: the Annual Public Health Report 2022/23 has a focus on the health co-benefits of climate action and opportunities for place-based partnership working.

## Methodology

8. We identified key issues for analysis and distilled key messages in the Merton Story 2022/23 using several approaches:

- We ran an automated analysis of the Office of Health Inequalities and Disparities (OHID) [Public Health Outcomes Framework](#) for Merton (see also under resources below), comparing current data to recent years, as well as to South West London and England. This gave us a comprehensive overview of what the key issues emerging from this data set are. Initially we took an inclusive approach to ensure we identified any potential issues to use the RAG rating higher, lower, or similar for the comparison of values and confidence intervals (CIs) from what the published data source has provided. Where data sources have not provided RAG ratings of values and CIs to say higher, lower, or similar we have used the benchmarking method 'CIs that overlap with the reference value', from the Office of Health Inequalities and Health Disparities (OHID) for consistency. However in order to keep the text non-technical we have not quoted the numeric CIs.
- We drew on insights from our chapter leads, key stakeholders for each chapter and a broad Steering Group involving colleagues from the NHS and the voluntary and community sector, to identify any other key issues and to distil key messages based on partners' local insights and experience. Headlines and conclusions to inform priorities were further honed through several rounds of discussions in DMTs and CMT.
- We also looked at the Merton Story 2021, to ensure that any key issues from last year were reviewed.

9. Merton's ward boundaries changed recently. Our approach is outlined below:
- As much of the data available at the time of writing relates to the old ward boundaries, we have presented the old ward boundaries on maps for consistency, except for the chapter on East and West population demographics where data is available on the new ward boundaries.
  - Maps in the population and life expectancy chapter include maps on both the new and old ward boundaries, but it is important to note that the data in this chapter is based on the old ward boundaries, and have been overlaid with the new ward boundaries only.
  - Future editions of the Merton Story will need to reflect the new ward boundaries and data directly based on these new ward boundaries as they become available.

10. Some Census 2021 data has been included where data has become available. Further data from the 2021 Census will be added to the next Merton Story.

11. The Merton Story 2022/23 does not use the terms BAME (Black, Asian and Minority ethnic) and BME (Black and Minority ethnic), in accordance with the recommendation from the Commission on Race and Ethnic Disparities (March 2021). The terms provide emphasis on certain ethnic minority groups (Asian and Black) and exclude others (Mixed, Other and White ethnic minority groups) that can mask disparities between different ethnic groups and can create misleading interpretations of data.

## Resources

12. In addition to the [Public Health Outcomes Framework](#) a number of other resources can be used alongside this year's Merton Story including:

- [The Merton Story: snapshot of health and wellbeing needs | Merton Council](#) – JSNA overview
- [The Merton Story 2021](#) (previous version)
- [Health Profiles](#) by ward and comparing East and West Merton
- [Health Needs Assessments](#)
- [Merton data](#) provides an overview of Merton level demographics
- [Annual Public Health Reports](#) including Tackling Childhood Obesity Together; Tackling Health Inequalities - Closing the Gap; Diabetes Whole System Approach
- [Merton Health and Wellbeing Strategy](#)
- [Merton Local Health and Care Plan](#)
- [Insight reports from Black, Asian and Minority Ethnic group voice & MenCap](#)

## Key messages

### The Merton population

#### Headline

13. Overall Merton's population is aging with falling births and increasing older age groups, and is becoming more diverse. Population growth is slow but churn is high. Merton has significant persistent social and health inequalities between the East and West of the borough. The gap in life expectancy between the 10% most deprived and the 10% least deprived in Merton is 7.7 years for males and 5 years for females.

#### Key statistics

##### 14. Population size and growth

- Merton has a resident population of 215,200 according to the 2021 Census and a registered population of 232,368 people as of 1<sup>st</sup> October 2022.
- By 2035, Merton's population will grow by over 9,000 people with an increase of over 16,000 people aged 18 years and over and a decline by almost 7,000 people under 18 years.
- Births have been declining in Merton since 2015, but there is evidence from 24 European countries, including the UK, that in 2021 a further drop of 14.1% was observed compared to the average number of live births in January 2018 and 2019.
- East Merton has a larger population than West Merton and will gain 6,000 people compared to only 3,000 people in West Merton by 2035.
- More than half of Merton's population is of working age and is projected to increase by almost 3,000 people by 2035.
- Merton's population is growing older and by 2035 it is estimated to increase by over 10,000 people aged 65 years and over with more than half residing in East Merton.
- Overall 37% are from an ethnic minority group, increasing by 10,000 by 2035 and higher in East Merton (61.9%), and in young people in Merton (19.3%).
- For the year 2022, population turnover encompassing occurrences of births, deaths, and migration in Merton is high at 219 per 1,000 population.

##### 15. Inequalities

- Deprivation in Merton is illustrated by the Index of Multiple Deprivation (IMD) pattern, of an East/West divide. These social inequalities are mirrored by inequalities in life expectancy, mortality and morbidity for main diseases.
- Overall life expectancy is 78.6 years in males and 83.5 years in females, and healthy life expectancy is 66.6 years in males and 67.1 years in females. The gap in life expectancy between the 10% most deprived and the 10% least deprived in Merton, is 7.7 years for males and 5 years for females and similar to London and lower than England for males and females. Since 2010-12 there is no clear trend in the gap between the 10% most and 10% least deprived communities in Merton for both males and females.

- Of the 340,000 Core20 population in South West London, 29,000 are located in East Merton with characteristics of ethnic diversity, significant school aged population, older working age population (44-64 years) and deprivation in housing.

## 16. Conclusions to inform priorities

- **Our people are our biggest asset**
- **Using common projections for joint planning**
- **Embedding health inequality reduction in all we do: health in all policies (HIAP) approach, considering equity alongside health and sustainability.**
- **Exploring further use of core20 approach with health partners to monitor inequalities, where core20 represents the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD).**

## COVID-19

### Headline

17 The pandemic has retreated with vaccinations and natural immunity protecting the majority from severe disease / deaths. However, recovery from Covid is compounded by the cost-of-living crisis. Health services remain under strain and backlogs are still substantial. Particularly for CYP, indirect impact from Covid measures is contributing to ongoing challenges – see under Start Well. The natural history and impact of Long-Covid is still not fully understood.

### Key statistics

18. Key statistics for COVID-19:

- Merton's all cause and COVID-19 mortality rates have been comparable to other SWL boroughs during the pandemic. Despite the large surge in Omicron cases in 2022, the COVID-19 mortality rate was much lower than earlier in the pandemic, due to the success of the vaccination programme and the lower rate of serious complications seen after Omicron infection.
- Uptake of the COVID-19 primary course of vaccination shows 51.5% are fully vaccinated (over 12 years, third/booster dose) but was unequal, with lower uptake in East Merton (71% v 73% first dose in the West,) and in some ethnic minorities.
- Many routine healthcare services were interrupted or cancelled to prioritize the pandemic response and the impact of this will be seen for a number of years to come.
- Nationally self-reported prevalence of long COVID is 3.5% in mid-2022 and is greatest in people aged 35 to 69 years, females, people living in more deprived areas, those working in social care, those not working, and those with an activity-limiting health condition or disability. The number of people with long COVID in Merton is estimated to be 7,500. Locally a Health Equity Audit will seek to identify inequalities in self-reporting and access to long COVID services by different groups.
- The Voluntary and Community Sector in Merton has had a key role in the pandemic response in Merton, including understanding the impact on our communities and promoting vaccination. There are currently two sets of Community Champion programmes in Merton, for under 18's, and 30+'s with over 300 Champions in the latter group. The programme continues to grow over time, with active participation of around

50 people each week and all Champions receive the resources and notes to share with their networks. These foundations can be built upon, as we live safely and fairly with COVID-19 and as we recover from the pandemic.

## 19. **Conclusions to inform priorities**

- **Living safely and fairly with Covid-19**
- **Vaccination for ongoing protection, especially for the most vulnerable**
- **Resilience and response readiness for other infectious diseases, jointly working with UK Health Security Agency (UKHSA) and their local Health Protection Teams (HPTs).**
- **Supporting people with Long-Covid, and more Long-Covid research**
- **Learning from the pandemic: the community hub with the voluntary sector; solution-focused partnership working, especially with health; community champions for ongoing engagement**
- **Responding to ongoing impact on children and young people's health – see under Start Well**

## **Start Well**

### Headlines

20. Most children and young people living in Merton are healthy and have a good start in life, experiencing better health and related outcomes than the London and England average. However not all children enjoy similar positive outcomes and the health divide is evident from the start of life.

21. The COVID-19 pandemic has had a significant negative impact on children and young people, spanning mental health, child healthy weight, school readiness and education attainment; and risk factors and vulnerabilities were exacerbated by the pandemic, and are likely to be further aggravated by the cost-of-living crisis, i.e. food poverty. This is translating into increased referrals, i.e. for mental health support and Education, Health and Care Plans.

### Key statistics

#### 22. Childhood adversity and safeguarding

- A person's experiences during childhood lays down a foundation for the whole of their life, including physical and mental wellbeing. While Merton has generally lower rates of children living in deprived circumstances and consequently better health outcomes, numbers with poor outcomes remain substantial.
- In Merton, just over 5,000 children or four children in each school class of 30 on average are living in absolute low-income families (less than 60% of the average income). This is fewer than London and England, but East Merton has a significantly higher proportion than West.
- Both levels of child poverty and the gap between the East and West of the borough have remained broadly stable over the past six years, however these findings do not reflect the likely disproportionate impact of the recent cost of living crisis, which needs to be closely monitored.

- The level of eligibility for free school meals (FSM) has been increasing in Merton and is now similar to London, but we have seen a steeper increase from 2019/20, reflecting the negative financial impact of the pandemic and inflation.
- There were 94 children with a Child Protection Plan in Merton in 2022 (March 31<sup>st</sup>) and 1,233 Children in Need, numbers for both were lower than any previous year in the past decade, apart from 2020 which was impacted by the COVID pandemic. Emotional wellbeing of 44% of Looked After Children was identified as a cause for concern, significantly higher than London.
- Poor parental mental health, substance misuse and domestic abuse are among the greatest risk factors for child health and wellbeing. The evidence around whether the pandemic has led to an increase in domestic violence is complex and there is a need to monitor data on this.
- National data on substance misuse among 11 to 15 year olds indicates that there has been a decrease in illicit drug use and no change in levels of drinking alcohol regularly. Although a decrease in prevalence of smoking cigarettes was reported, levels of vaping has increased among young people, particularly among girls aged 11-15 years, with 10% reporting being current e-cigarette users. There is no local data.

### 23. Education

- Overall, most children and young people in Merton obtain good levels of development and attainment, attending schools and early years' settings that are rated good or outstanding by OFSTED. However, like nationally, lower proportions reach expected levels of development in more deprived areas, especially in the East. Early interim data for 2021/22 indicates that due to the COVID pandemic both nationally and locally there has been more than 6% reduction in children achieving a good level of development up to age 5 years.
- In Merton 20% of learning time in school was missed due to the COVID pandemic, equal to over 800,000 school days, which has had a negative impact on outcomes.
- Like nationally, provisional data for Merton indicates that there have been reductions in educational outcomes for children at both Reception (age 4 to 5 years) and Key Stage 2 (age 10 to 11 years). Nationally, the attainment gap at Key stage 2 between disadvantaged pupils and all other pupils has increased following the pandemic.
- There has been an increase in persistent absence in Merton during the pandemic which was 11% (2,600 pupils) in 2020/21.
- Home schooling has increased, with national data indicating a 7% increase in the number of children and young people electively home educated from 2020, suggesting this is a likely result of the pandemic.
- In 2020/21 there was a continuing increase in the proportion of Merton pupils with an Education Health and Care Plan, which was higher than London and England levels. Recent local activity indicates that the increase in EHCPs in Merton may be levelling off.

### 24. Mental health

- Mental health needs amongst young people have increased during the pandemic. National survey findings indicate that 1 in 6 children had a probable mental health disorder in 2021, compared to 1 in 9 pre-pandemic. Nearly 2 in 5 children aged 6 to 16 years and over half of 17 to 23 year olds had experienced a deterioration in mental health since 2017.
- In Merton there has been an increase in school pupils with a social, emotional and mental health need identified through Special Educational Need (SEN) support use since pre-pandemic and is significantly higher than London and national levels.

- In Merton rates of hospital admissions for mental health conditions in under 18 year olds have reduced over the past six years, however, rates of hospital admission for self-harm remain higher than national levels.
- Eating disorders and disordered eating in children and young people increased during the pandemic. National survey findings indicate that the proportion of children and young people with possible eating problems have increased since 2017. This is reflected in urgent referrals for treatment for eating disorders among young people, which have doubled nationally and increased five-fold in South West London.

#### 25. Healthy weight

- Childhood obesity is a significant risk factor for poor physical and mental health and the pandemic has had a negative impact on children's weight resulting in an increase in overweight and obesity. Stigma associated with obesity can be particularly severe for children and young people and can also lead to disordered eating, avoidance of physical activity and avoidance of support.
- In Merton in 2019/20, nearly 1 in 5 children aged 4-5 years were overweight or living with obesity. Like nationally, during the primary school years levels increase significantly and just over 1 in 3 children aged 10-11 years in Merton were overweight or living with obesity, an increase of 17%. By the time young people reach adulthood this increases further, with 1 in 2 adults in Merton classified as overweight or obese.
- National data for 2021/22 indicates that the prevalence of obesity remains higher than any year up to 2019/20. Merton's data up until 2019/20 shows a higher proportion of children in East Merton wards are living with obesity compared to West Merton wards and the inequality gap in obesity between the East and West of the borough has been increasing since 2008/09.
- About half of children and young people aged 5-16 years in Merton are not physically active enough. International studies and London and national level data indicate that levels of activity declined during the pandemic.

#### 26. Maternal health and the newborn period

- Maternal health in Merton is generally better than in London and England
- Readmission to hospital of babies under 14 days old is significantly higher in Merton than London and England. National studies indicate that jaundice, feeding difficulties, and respiratory tract infections are the primary reasons for readmissions of babies under 14 days, some of which are potentially avoidable. Neonatal mortality is similar to London and England.
- Emergency admissions to hospital for those aged under 1 year and 0-4 years are also significantly higher than London but lower than England.
- Further investigation of data and evidence is underway to understand what is driving these local trends.

#### 27. Childhood Immunisation and newborn screening

- In Merton, like London, immunisation uptake at age 5 and under is well below the 95% World Health Organisation (WHO) target and rates are generally lower than for England. However, there have been some improvements in Merton's position and uptake in 2020/21

is now higher than London, apart from MMR first dose, MMR second dose and the pre-school booster.

- Vaccine coverage is overall higher for children with GP Practices located in West Merton compared to East Merton. Analysis indicates that disruption caused by the pandemic is likely to have caused some of the decreases in vaccine coverage. This is most likely in the 12-month cohort, where some children would have been scheduled to receive their routine childhood immunisations from March 2020 onwards.
- Newborn hearing, bloodspot and infant physical examinations coverage are all above the London and England average. For newborn hearing screening, Merton is just slightly under the nationally set acceptability target of 98% at 97.9%.

## 28. Conclusions to inform priorities

- **Further developing strategies to meet the need of children and young people with SEND on the basis of new in depth needs assessment**
- **Holistic mental health support offer in response to increasing demand / need.**
- **Healthy weight programme considering the link to increase in disordered eating and food poverty**
- **Responding to multiple adversity through Think Family and Healthy Place links, such as school streets and school super-zones**
- **Specific concerns for further exploration include increasing CYP vaping, increasing school absences and air pollution impact, especially around schools.**

## Live Well

### Headline

29. There are persistently large numbers of people with public health risk factors such as unhealthy diet, lack of physical activity, smoking, alcohol misuse, often underpinned by poor mental wellbeing; those with undiagnosed clinical risk factors such as hypertension, or who are exposed to environmental risks such as air pollution and poor housing. All these risk factors are preventable and they are substantial drivers of the main long term conditions, such as cardiovascular disease, cancer and dementia, causing suffering as well as rising health and care costs and are leading causes of premature deaths. Relatively favourable comparison with other London boroughs only means they are even worse.

### Key statistics

#### 30. Risk factors: overweight and obesity, healthy food and physical activity

- 1 in 2 adults (around 79,550) were classified as overweight or obese in Merton in 2020/21, which is lower than England and London. Prevalence of obesity may be higher in East Merton than West Merton.
- Physical inactivity is a risk factor for many non-communicable diseases such as cardiovascular disease (CVD), dementia and diabetes. In Merton 20.2% of residents (around 31,500) reported being physically inactive (less than 30 minutes moderate intensity physical activity per week) in 2020/21, which is lower than London (24.3%) and England (23.4%).



### 31. Smoking and Respiratory Health – COPD & Asthma

- 1 in 7 residents (around 22,900) in Merton still smoke, which is similar to London and England. Prevalence remains static and is highest in the East (17.2%) of the Borough (compared to 10.8% in West Merton - a 6.4% difference), in adults in routine and manual occupations, as well as those with long-term mental health conditions.
- 1% of Merton residents or about 2,150 people are diagnosed with chronic obstructive pulmonary disease (COPD), which is a disabling disease often leading to exacerbations and hospital admissions. Prevalence is lower than the England rate but similar to both London and South West London. The prevalence is higher in East Merton compared to West Merton and is likely associated with a higher smoking prevalence in the East. There were 51 COPD deaths in 2020 compared to 64 deaths in 2019 and 67 deaths in 2018.
- In 2020/21, an estimated 4.7% of or 10,000 Merton residents aged 6 and over are recorded as having asthma, which often affects young people and their quality of life. Recorded asthma prevalence is lower than England, however, it is higher in East Merton (5.1%) compared to West Merton (4.2%).
- Environmental air pollution and poor housing also worsens these conditions (see also Healthy Place chapter).

### 32. Diabetes and Other Long-Term Conditions, including cardiovascular disease (CVD)

Diabetes remains a key issue for Merton and is increasing annually. The diagnosed prevalence of diabetes is 6.4% or 13,700 people, higher than south West London but lower than England's. The diagnosed prevalence of diabetes is higher in East Merton compared to West Merton.

- Hypertension is a major risk factor for cardiovascular disease. In Merton the diagnosed prevalence rate of hypertension (10.6%) is stable and is similar to South West London (10.5%) and lower than England (13.9%). The diagnosed to expected ratio of hypertension across SWL in 2019/20 was 59%, which means that there are a large number of people in Merton with undiagnosed high blood pressure.
- The diagnosed prevalence of cardiovascular disease (a combination of heart attacks and stroke) in Merton (7%) is lower than England (11%). The trend for cardiovascular diagnosis has remained stable in Merton. A similar pattern to diabetes can be seen for cardiovascular disease e.g. East Merton (2.1%) has a higher prevalence of diagnosed coronary heart disease compared to West Merton (1.7%). In England, people living in most deprived areas are four times more likely to die prematurely from cardiovascular diseases compared to those living in least deprived areas.

### 33. Adult Mental Health and Suicide

- The COVID-19 pandemic had a significant impact on wellbeing with almost 28% of Merton residents reporting a high anxiety score (2020/21) which is almost a 6% increase from the previous year and 1 in 4 adults were lonely in 2019/20. In a 2021 international meta-analysis, during the pandemic the overall prevalence of depression, anxiety, distress, and insomnia were 31.4%, 31.9%, 41.1% and 37.9% respectively, which was higher than pre-pandemic.
- National estimates suggest that 20% of the UK population will require additional intervention due to the impact of the COVID-19 pandemic. The support required is likely to change over time, with anxiety and depression needs increasing in the short-term and other conditions

e.g. PTSD more likely to follow later. Impact on severe mental illness and complexity of need, potentially due to late presentation due to the pandemic, is still being investigated.

- Suicide rates are calculated on a three-year rolling average and in Merton these have declined slightly since 2016-2018. The 2019-21 rate (6.5 per 100,000), is similar to the London average and significantly lower than the England average. 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 on suicide due to risk factors e.g. household employment and finance.

#### 34. Sexual Health

- Sexually transmitted infections (STI rates) in Merton remain stable and lower than the London rate. However, health inequalities remain with STIs and poor sexual health disproportionately affecting men who have sex with men (MSM), some ethnic groups, those with complex health and social needs and under 25s. Stigma, myths and embarrassment about sexual health however, remain and disproportionately affect certain groups including young people, those at risk of HIV, those with learning disabilities and LGBTQ+ groups.
- Nearly 50% of HIV diagnoses in Merton are made at a late stage of infection, so there is a continued need to diagnose and treat people earlier, especially heterosexual men and women. However once diagnosed and on anti-retroviral therapy (ART) 97% have an undetectable HIV viral load.
- Cases of Monkey Pox infection have been emerging in England since May 2022 with the majority of these cases being reported in London residents (69%, as of 26<sup>th</sup> September 2022). The outbreak (national and globally) is abating. But an ongoing focus will be rolling out vaccination to gay, bisexual and other MSM. Merton cases have been low (25 cases as of 26<sup>th</sup> September 2022).

#### 35. Substance Misuse

- Alcohol is the most commonly used substance in Merton, with higher numbers for those in treatment and for estimated unmet need than for drugs. There are an estimated 1,700 dependent drinkers in Merton and a further 38,000 adults who drink to a level that increases the risk to their health (“hazardous drinking”). The proportion of those reporting the use of drugs in last year has been decreasing since 2003/04.
- In Merton in 2020 there were 64 deaths due to alcohol related mortality in Merton. This is an increase from the previous year of 45. Substances misused by those in treatment was alcohol (475), followed by cannabis (155), and opiates with crack cocaine at (115), and opiates without crack cocaine (115).
- Alcohol related and alcohol specific hospital admissions have reduced in England, London and Merton in 2021. Alcohol-specific mortality in 2020 is significantly higher in Merton than in London (16.6 per 100,000 vs London at 9.9 per 100,000) and this has increased since 2019 (8.0 per 100,000<sup>i</sup>). Further analysis is required to make sense of this pattern.
- Around 70% of adults presenting to services with an alcohol problem in Merton also have a co-existing diagnosis of depression and or anxiety and vice versa – people with common mental health issues often self-medicate.

## 36. Conclusions to inform priorities

- **Embedding prevention into clinical and care pathways, to promote healthy food, physical activity, and support for smoking cessation, alcohol misuse, and mental wellbeing)**
- **Guarding essential, evidence-based and cost-effective prevention services from short-term savings**
- **Supporting the ‘Actively Merton’ programme/movement, synergistic with borough of Sport ambition**
- **Supporting health and wellbeing of joint health and care workforce**
- **Maximising health co-benefits of climate action, through more integrated place-based collaboration, especially air quality, active travel, energy-efficient housing**
- **Working with primary care on systematic clinical risk factor detection and management, especially hypertension.**
- **Equitable access to primary care and community services**

## Age well

### Headlines

37. The majority of older people are healthy; however an aging population, aggravated by the pandemic and now cost-of-living crisis, is leading to greater complexity of need due to several long-term conditions (multi-morbidities), increasing dementia rates, sensory impairment, frailty and loneliness/isolation. Particularly people with learning disabilities face health inequalities, including access to health care such as cancer screening.

38. Greater complexity, including social and welfare needs, is being reported by health, adult social care, and voluntary sector partners as well as carers and is putting increasing pressures on services. For example, some people with both learning disability and autism.

### Key statistics

#### 39. Dementia

- Dementia diagnosis is important as it allows both people diagnosed with dementia and their carers to plan and access support services. The dementia diagnosis rate among people aged 65 and over in Merton is 68.7% (2022) which is similar to the national target of 66.7% and similar to the London average of 66.8%. Dementia diagnoses fell during the pandemic, and have risen steadily since then.
- Merton has a high rate of emergency hospital admissions for people aged 65+ diagnosed with dementia compared with London and England. This is important because national research estimates that two thirds of emergency admissions for people living with dementia are avoidable with appropriate care and support e.g. prevention of infections, falls and dehydration.

#### 40. Physical Activity, Frailty and Falls

- Delaying and reducing the severity of frailty can help older people improve their quality of life and stay independent for longer.
- Falls are the number one reason for hospital admission amongst older people and one of the main reasons for needing residential care. The rate of hospital admissions due to falls amongst older people in Merton has historically been high but have been decreasing since 2017/18. Although reducing, the rates of hospital admissions are still significantly higher than the London average but similar to the England average.
- Rates of admissions in over 65's for hip fractures (as a consequence of a fall) in Merton have reduced to 429.4 per 100,000 in 2020/21 from 545 per 100,000 in 2018/19. This rate is similar to the London rate and significantly lower than the England rate.

#### 41. Social Connectedness, Loneliness, and Isolation amongst Older People

- Loneliness and social isolation can directly impact our physical and mental health. Older people face a range of factors that put them at particular risk of loneliness such as ageing and bereavement (of partner and friends), increased risk of long-term conditions and the impact of frailty.
- Just over 1 in 10 Merton residents reported feeling lonely 'often or always' and groups such as older carers, LGBTQ older people and ethnic minority older people may face specific issues around loneliness.
- Digital exclusion is a key issue, with national survey evidence showing people over 75 are most affected. There is no local data.

#### 42. Screening and vaccination

- COVID-19 has negatively impacted screening coverage rates with a reduction of patients invited for cancer screening. Screening services are now working above their usual capacity to deal with the backlog.
- Cervical cancer screening coverage has decreased in Merton since 2015 and is at 61.1% (25 - 49 year olds) and 70.3% (50 - 64 year olds) in 2021; below the London and England average and the NHS target of 80%.
- Breast cancer screening coverage decreased between 2020 and 2021 to 59.9%, below the NHS 'acceptable' target of 70% and achievable target of 80%. Breast cancer screening coverage in Merton is better than the London average but worse than England.
- Bowel cancer screening coverage increased from 58.2% in 2020 to 62.8% in 2021. This is above the London average but below the England average. This may be partly due to the introduction of the new home screening test kits.
- Flu vaccination in those aged over 65 increased significantly from 63% in 2019/20 to 71% in 2020/21 which is similar to the London average (71.8%) although this is still under the World Health Organisation (WHO) target of 75% and below the England average of 82%.

#### 43. Disabilities

- People with disabilities face inequalities around the wider determinants of health, and barriers that can prevent them leading healthy lives, such as undertaking physical activity.

- There are 5,300 children and young people receiving Special Educational Needs (SEN) support in Merton for autism spectrum disease (ASD). Of these, 887 are receiving some SEN support while 1,763 have a full Education and Health Care Plan (EHCP). Some people with both a learning disability and a diagnosis of autism have high and complex support needs. Increasing complexity of need for this group has been highlighted by colleagues within the learning disability service in Merton.
- People with learning disabilities face significant health inequalities and are also at greater risk of dementia, mental health conditions and loneliness. The prevalence of learning disabilities on GP registers in South West London is 0.44%, or an estimated 930 people in Merton, probably an underestimate. This highlights the importance of annual health checks and health care passports as well as activities that support social connection.

#### 44. Carers

- Over two thirds of Merton carers responding to a survey reported caring could be rewarding.
- Caring can impact our physical and mental health, with 70% of carers responding to the Merton survey reporting that caring had impacted their physical health and 67% stating caring had impacted their mental wellbeing.
- Carers may face additional barriers to accessing services and engaging in healthy lifestyles e.g. being physically active, which impacts their health and wellbeing.

#### 45. **Conclusions to inform priorities**

- **Developing a whole system frailty pathway**
- **Supporting carers**
- **Greater awareness, greater provision of reasonable adjustments to improve access to health services and annual health checks for people with learning disabilities**
- **Autism support throughout the life-course, especially focusing on transition and highly complex adults with associated learning disabilities**
- **Better understanding of pattern of increasing complexity in health, care and welfare**

## Healthy Place

### Headlines

46. Overall Merton is rich in physical and social assets, in particular its green spaces, libraries and sports history. However Merton is a borough of contrasts. It contains neighbourhoods with accessible and well-maintained parks, vibrant highstreets, strong local engagement, rich cultural and historic assets and good transport and active travel infrastructure. Equally, Merton has neighbourhoods with socio-economic deprivation and neglect, poor housing lacking insulation, traffic and transport, air pollution and environment vulnerability.

## Key statistics

### 47. Employment and cost of living

- Unemployment is low: 121,900 people are economically active (83.3%) compared to 79.7% in London and 78.6% in England. Unemployment is about 5,300 (4.3%) compared to 4.7% in London and 3.8% in England. 5.8% of the working age population were receiving unemployment benefits in March 2022. However, most wages are not increasing in pace with inflation and similarly benefits remain below the inflation rate of over 10%, therefore many people are experiencing a reduction in income in real terms.

### 48. Housing

Housing in Merton is of mixed quality, with the East having more low quality and overcrowding.

- Of Merton's homes, 30% are owned with a mortgage, owned outright is 30% and private rented 30%. Under the latter ownership category are some of the most poorly maintained properties. In March 2021, there were 304 registered Houses in Multiple Occupation in Merton.
- In London social rented housing has the highest proportion of overcrowded households at 14.6%, followed by private rented 12.6% and owner occupier 2.7%. Most recent data show that 7.2% of Merton total households (private and social housing) are overcrowded.
- Three quarters of Merton's 86,000 homes have an Energy Performance Certificate (EPC) rating of D (poor) or below and 98% of homes in Merton use gas as their primary source of heating making them vulnerable to increases in energy prices.
- By January 2023, it is estimated that (in the absence of an energy price cap) 66 per cent, or 18 million households, in the UK would be in fuel poverty, which would mean for Merton 57,000 households. In 2020, 10.5% (8,969 of 85,283) of Merton households were estimated to be in fuel poverty. The prevalence of fuel poverty varies across the borough however, ranging from 4 to 22.8% by Lower Super Output Area.
- In Merton, there were an estimated 60 excess winter deaths, between August 2019 and July 2020. It is estimated that 21.5 per cent of excess winter deaths i.e. about 15 are attributable to cold homes. Damp and mould may contribute to approximately 10 to 15 per cent of new cases of childhood asthma across Europe. See also respiratory health section.

### 49. Food Environment

- Two million Londoners – of which an estimated 400,000 are children under 16 – struggle to afford or access enough food.
- Nationally, over a half of adults meet the five fruit and vegetables a day target.

### 50. Green Space

- 22.4% of Merton residents live within 500m of woodland two hectares or larger, compared with 11.9% of London residents and the average distance to a public green space is 390m. Of London's 32 borough's Merton has one of the highest proportions of greenspace, but it is not equally distributed across the Borough.
- In 2017, the conservatively calculated benefit of Merton's major greenspaces value to its residents is; avoided healthcare costs (£464m), access to recreation activities (£453m),

carbon sequestration (£5m), temperature regulation (£14m) and property value (£1.62bn), or £657 per year to each resident.

- The majority of residents report valuing local green spaces more as a result of the pandemic and feel that tackling climate change is important.

#### 51. Climate Change

- The main health risk factor linked to climate change (through fossil fuel combustion) is air pollution – see next section. Other direct health impacts of climate change are due to heat and cold/damp housing, affecting the most vulnerable such as the very young, old and those with underlying health conditions.
- In Merton, neighbourhoods vulnerable to the ‘heat island effect’ contain what is classified as greenspace but with few trees and high concentration of grass, surrounded by traffic prioritised environments. Increasing tree cover would improve public health
- These greenspaces, for example, Fair Green and Figges Marsh, have high levels of air pollution (PM<sub>10</sub>, PM<sub>2.5</sub>), which is a major disease risk factor, in combination with nearby poorly insulated homes leading to higher susceptibility to deaths related to overheating.

#### 52. Community Cohesion and Crime

- Approximately 43 community voluntary organisations in Merton helped a total of 61,815 residents in 2022.
- Crime across the borough has remained steady over the past 2 years. Figges Marsh, Trinity, Dundonald, Wimbledon Park, and Collier’s Wood are the wards in Merton with the highest crime rates. Knife crime has seen an increase, meanwhile in Mitcham Town Centre burglary has seen a reduction.
- Domestic Violence accounts for 13.6% of all recorded crime in Merton, 72% of victims are female. Between October 2021 and October 2022 there were 499 domestic abuse violence with injury offences reported by the Met Police in Merton.
- While overall crime rates are generally low, hospital admissions for violence are higher than expected.

#### 53. Transport and Air Quality

The Mayor of London set a target for 80% of all journeys in London to be made on foot, by bicycle or public transport by 2041. In Merton transport links are good and currently 61% are made on sustainable forms of transport, approximately 30% by walking and only 2% by bicycle. Only a third of Merton’s residents do 20 minutes of active travel a day, and there has been a decline over the last five years.

- Driver compliance with 20mph speed limits is less than 20%.
- Merton’s Air Quality Status Report 2021 provides a full analysis of air quality in the borough in 2020, finding that Merton was still exceeding government targets. It is estimated, that between 54 and 100 people a year die in Merton due to air pollution. The fraction of mortality attributable to particulate air pollution in 2020 is 7.2% in Merton and 5.6% in England. Across England those living in the 20% most deprived neighbourhoods and neighbourhoods where more than 20% of the population are non-white experience higher concentrations of air pollution.

#### **54. Conclusions to inform priorities**

- **Maximising health co-benefits from climate action, especially active travel air quality, energy efficient housing**
- **Developing libraries as community assets**
- **'Actively' Merton programme/movement complementing the borough of Sport ambition – see also under Live Well**
- **Healthy place focus around schools, especially school streets and school super-zones – see also under Start Well.**



# Merton Story 2022/23 – at a glance

## What is the Merton Story?

- ✓ A common tool for partners to inform evidence-based decision-making.
- ✓ Summary of the Joint Strategic Needs Assessment (JSNA).
- ✓ High-level health profile of Merton's population.
- ✓ Statutory requirement of the Health and Wellbeing Board.
- ✗ Not a review of services or series of service recommendations.



## Useful Resources

- [Public Health Outcomes Framework](#) provides key public health indicators
- [The Merton Story 2021](#) and [Previous Merton Stories](#)
- [Health Profiles](#) by ward
- [Health Needs Assessments](#) e.g. Children & Young People SEND JSNA Profile 2020, Autism Profile 2018
- [Merton data](#) provides an overview of Merton level demographics
- [Annual Public Health Reports](#) (Childhood Obesity, Diabetes, Inequalities in Merton)
- [Merton Health and Wellbeing Strategy](#)
- [Merton Local Health and Care Plan](#)
- [Insight reports from Black, Asian and Minority Ethnic group voice & MenCap](#)

## Abbreviations

- |   |  |   |
|---|--|---|
| • <b>JSNA:</b> Joint Strategic Needs Assessment       | • <b>BAME:</b> Black, Asian, and Minority Ethnic | • <b>PHOF:</b> Public Health Outcomes Framework             |
| • <b>UKHSA:</b> United Kingdom Health Security Agency | • <b>HIAP:</b> Health in All Policies            | • <b>SEN/D:</b> Special Educational Needs/ and Disabilities |
| • <b>HPT:</b> Health Protection Team                  | • <b>IMD:</b> Index of Multiple Deprivation      | • <b>CYP:</b> Children and Young People                     |
| • <b>PCN:</b> Primary Care Network                    | • <b>NA:</b> Needs Assessment                    | • <b>EHCP:</b> Education, Health and Care Plan              |
| • <b>EPC:</b> Energy Performance Certificate          | • <b>MHD:</b> Mental Health Disorder             | • <b>SWL:</b> South West London                             |

## Methodology

Key issues were identified using:

- Data from the Public Health Outcomes Framework (PHOF) comparing:
  - Current data to recent years
  - South West London and England.
- Insights from chapter leads, key stakeholders and a steering group involving NHS and the voluntary and community sector colleagues.
- Review of key issues from the Merton Story 2021.
- Recent changes in Merton's ward boundaries have been reflected where data is available.
- Census 2021 data has been included where available.
- The term BAME (Black, Asian and Minority Ethnic) has not been used based on recommendations from the Commission on Race and Ethnic Disparities (March 2021).

## Conclusions for future work

In-depth analysis underway for:

- **SEND**
- **Substance misuse**
- **Health co-benefits of climate action**

Plan for future JSNA:

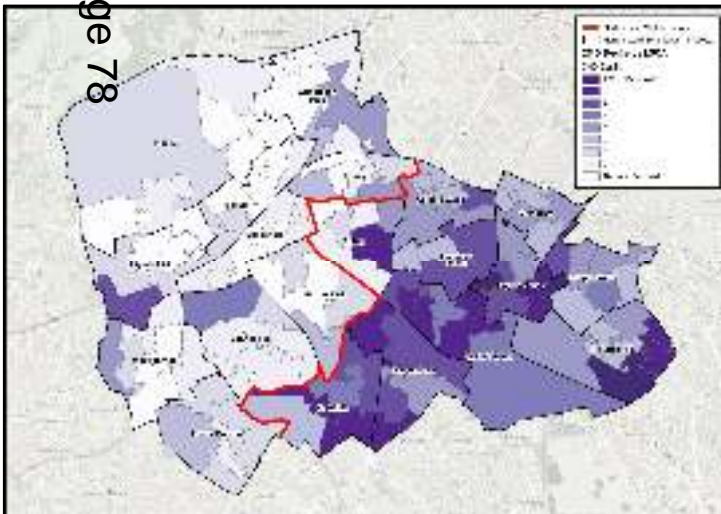
- **Embedding JSNA process further into health and care planning at place**
- **Using wider range of health and care data, including data insight platform**
- **Populating annual indicator set automatically**

# Merton's Population

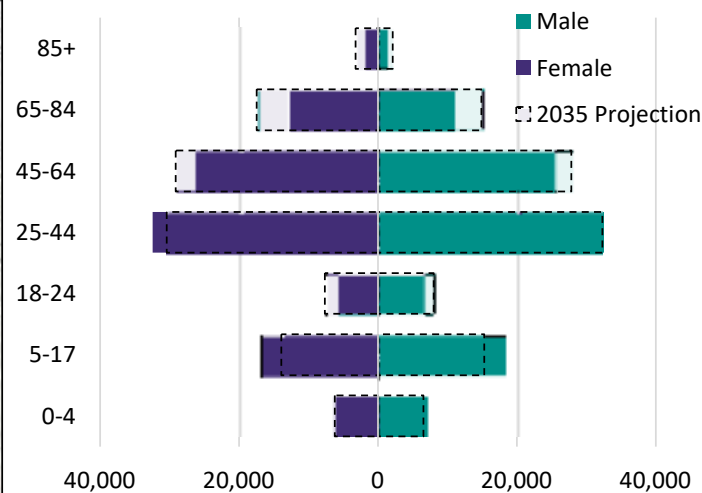
## Headlines

- Merton's population is ageing, with falling births, and is becoming more diverse.
- Population growth is slow but churn is high.
- Persistent significant social and health inequalities between the East and West of the borough.
- The gap in life expectancy between the 10% most deprived and the 10% least deprived in Merton, is 7.7 years for males and 5 years for females.

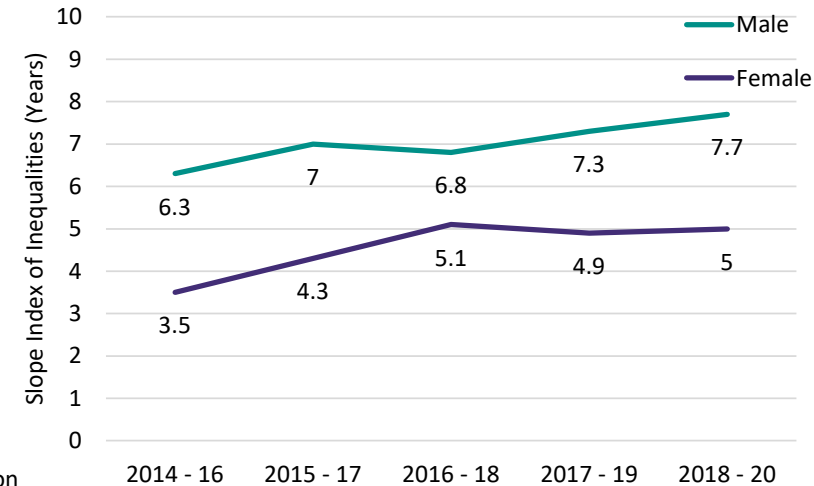
Merton Deprivation (IMD) Decile, based on the old ward boundaries, 2019.



Merton Population Pyramid, 2022.



Slope Index of Inequality for males and females in Merton, 2014-2020.



## Conclusions to inform priorities

- Our people are our biggest asset
- Using common projections for joint planning
- Embedding health inequality reduction in all we do: health in all policies (HIAP) approach
- Exploring further use of Core20 with health partners to monitor inequalities

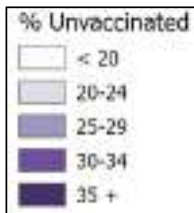
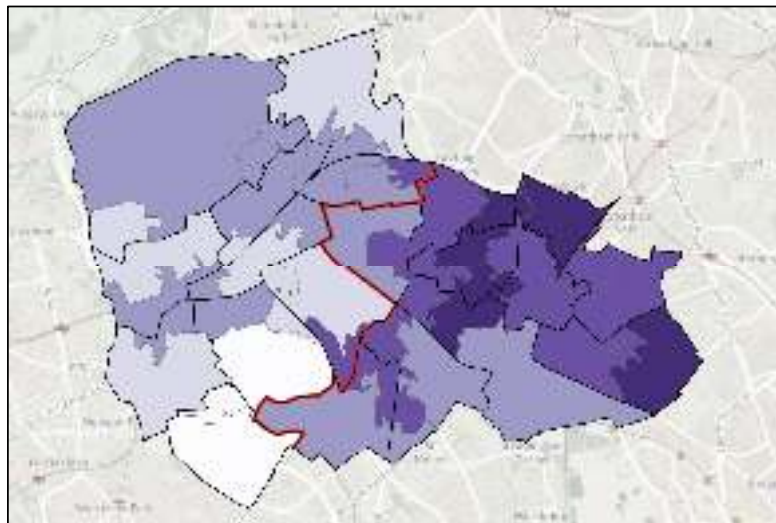
\*Core20: The Core 20 represents the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD).

# COVID-19 Pandemic

## Headlines

- The pandemic has retreated with vaccinations and natural immunity protecting from severe disease / deaths.
- COVID recovery is compounded by the cost-of-living crisis. Health services remain under strained and backlogged.
- Particularly for CYP, indirect impact from COVID measures is contributing to ongoing challenges – see under Start Well.
- The natural history and impact of Long-COVID is still not fully understood.

Proportion (%) of unvaccinated Merton residents in Merton, as of 15<sup>th</sup> June 2022.



## Vaccinated: As of 7th December 2022

- Age 50+ fully vaccinated (3 doses): 73.1%
- Age 50+ Autumn Booster uptake:
  - Merton: 47%
  - South West London: 51.1%
  - London: 44.3%

## COVID Deaths (as of 23<sup>rd</sup> September 2022)

- Direct COVID Deaths: 598
- Merton: 289.7 per 100,000 deaths
  - South West London: 203.2– 324.0 per 100,000 deaths
  - London 268.9 per 100,000

## Long-COVID: 2,400

- Higher in 35-69 year olds

## Conclusions to inform priorities

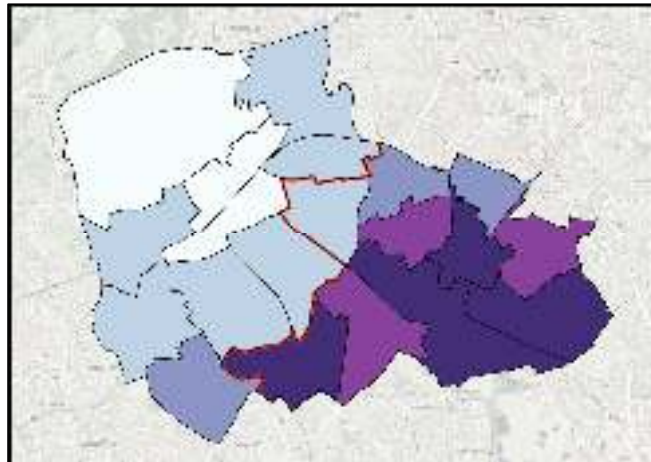
- Living safely and fairly with COVID
- Vaccinations for ongoing protection, especially for the most vulnerable
- Resilience and response readiness for other infectious diseases, joint working with UKHSA / HPT
- Supporting people with Long-COVID, and more Long-COVID research
- Learning from the pandemic: community hub, solution-focused partnership working, community champions (ongoing engagement)
- Responding to ongoing impact on CYP health – see Start Well

# Start Well

## Headlines

- Most CYP in Merton have better health and related outcomes than London and England. However, inequalities and the health divide is evident from the start of life.
- The COVID-19 pandemic negatively impacted CYP, spanning mental health, disordered eating, child healthy weight, school readiness and educational attainment, and are likely to be further aggravated by the cost-of-living crisis.
- This translates into increased referrals for mental health support. There has been a continuing increase in referrals for Education, Health and Care Plans (EHCP) however, recent activity indicates this may be levelling off.

The percentage (%) of children (aged under 19) living in Absolute low income families by Merton Wards, 2021.



### Children Living in Absolute Low-Income 2020/21:

- 12%, or 5,234 children aged 16 and under

### Healthy Weight

- Living with Overweight & Obesity:
  - 1 in 5 children (400) in Reception rising to 1 in 3 children (680) in Year 6
  - Higher in East at 43.1% than West at 25.6% (Year 6)
- Children not physically active enough: 50.4%, or 16,326 children
- Nationally, 58.2% of 17 to 19 year olds possibly have eating problems, urgent referrals for eating disorders have almost doubled, increase in SWL from 16 patients in 2020/21 to 87 patients in 2021/22
- Food poverty is an increasing challenge for families

### Mental Health Disorders (MHD)

- Estimated prevalence of MHD: 9%, or 2,943 children aged 5-16

### Education

- Good level of development in early years: decrease from 75.5% (2018/19) to 69% (2021/22)
- 12.6% of pupils receive SEN support (2020/21)
- EHCP (2020/21)
  - Merton: 1,583 pupils, or 4.8% of pupils
  - London: 3.8% of pupils

### Conclusions to inform priorities

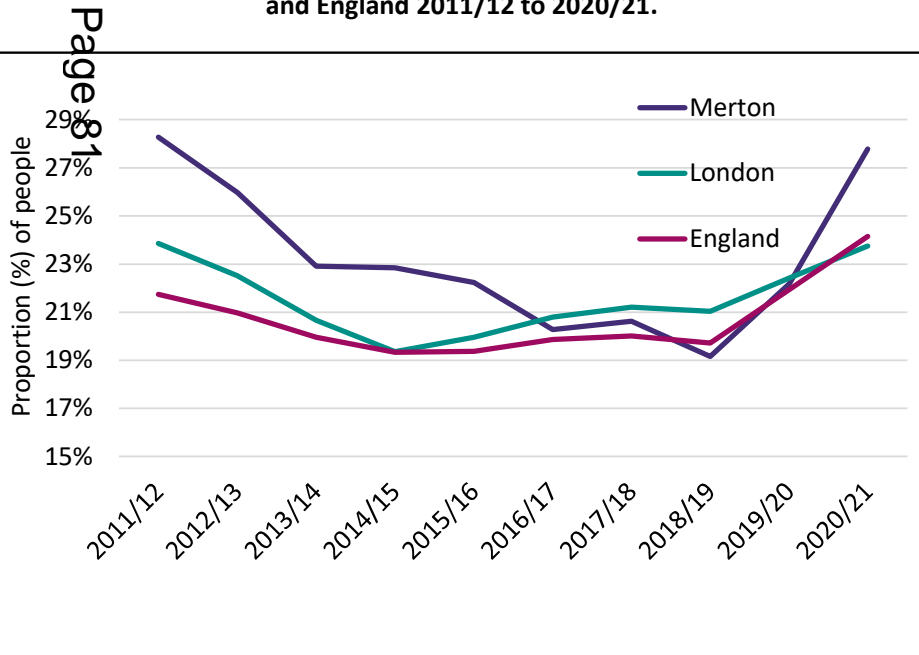
- Further developing strategies to meet the needs of CYP with SEND on the basis of new NA
- Holistic mental health support offer in response to increasing demand / need
- Healthy Weight Programme considering disordered eating and food poverty
- Responding to multiple adversity through Think Family and Healthy Place links
- Specific concerns for further exploration:
  - Increasing CYP vaping
  - Increasing school absence
  - Air pollution impact, especially around schools

# Live Well

## Headlines

- Persistent large numbers with public health risk factors such as unhealthy diet, lack of physical activity, smoking, alcohol misuse, underpinned by poor mental wellbeing; undiagnosed clinical risk factors, or exposure to environmental risks.
- These risk factors are preventable and leading causes of premature deaths.
- Favourable comparison with other London boroughs only means they are worse.

Proportion (%) of people reporting a high anxiety score in Merton, London, and England 2011/12 to 2020/21.



### Inactivity

- 31,334, or 1 in 5 residents physically inactive

### Smoking

- 21,300, or 1 in 7 residents smoke

### Diet

- 75,800, or 1 in 2 residents not meeting the 5-a-day

### Alcohol

- 36,700, or 1 in 4 adults drinking above the recommended limit per week

### Mental Health

- 25,258, or 1 in 6 residents with depression or anxiety

## Conclusions to inform priorities

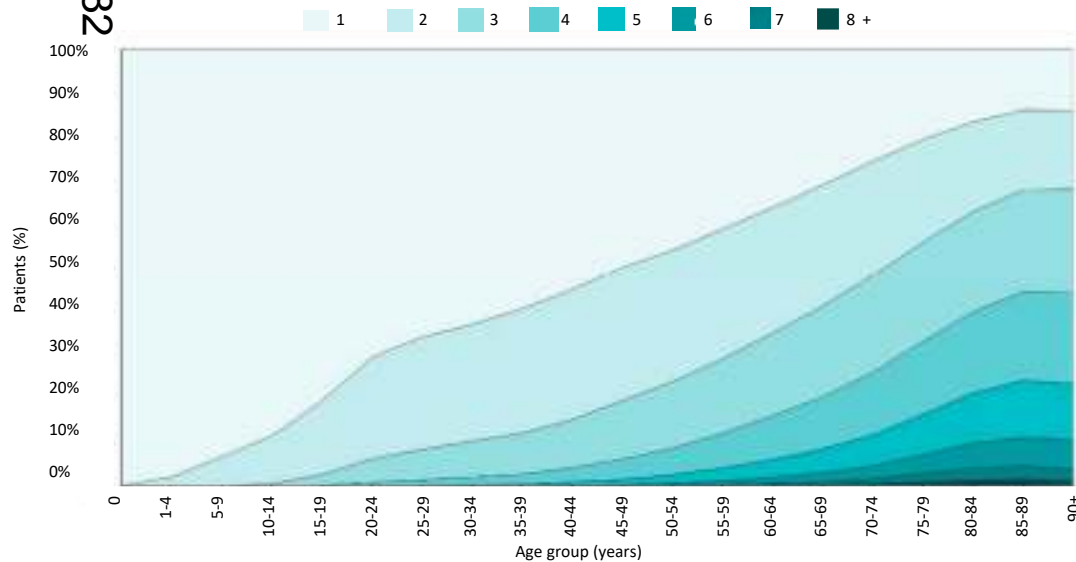
- Embedding prevention into clinical and care pathways (healthy food, physical activity, smoking, alcohol, mental wellbeing)
- Guarding essential evidence-based prevention services from savings
- Supporting Actively Merton, synergistic with Borough of Sport
- Supporting health and wellbeing of joint workforce
- Maximising health co-benefits of climate action especially air quality, active travel, energy-efficient housing
- Working with primary care on clinical risk factor detection and management, especially hypertension
- Equitable access to primary care and community services

# Age Well

## Headlines

- Majority of older people are healthy; however, an ageing population, the pandemic and now cost-of-living crisis, is leading to greater complexity of need due to several long-term conditions (multi-morbidities), increasing dementia rates, sensory impairment, frailty and loneliness/isolation.
- People with learning disabilities face health inequalities including access to healthcare, such as cancer screening.
- Carers, health, adult social care, and voluntary sector partners reporting greater complexity, including social and welfare needs, increasing pressures on services. For example, people with both a learning disability and autism.

Number of long term conditions by age



Source: Kent Integrated Dataset. Produced by KPHO (TG), 03/18. This is illustrative data – pattern in Merton would be similar.

## Loneliness and Isolation

- 18,135, or 1 in 9 adults feel lonely often/always

## Frailty

- Frailty is higher in Morden and East Merton PCNs
- An estimated 10%, or 2,764 residents aged over 65 live with frailty
- Falls in ages 65+: 575 emergency admissions, a rate of 2126.6 per 100,000
- Hip Fractures in ages 65+: 115 hip fractures, a rate of 429.4 per 100,000

## Carers

- 16,000 to 20,000 unpaid carers

## Learning Disability

- 3,789 residents aged over 18 have a learning disability

## Conclusions to inform priorities

- Developing whole system frailty pathway
- Supporting carers
- Greater awareness, greater provision of reasonable adjustments to improve access to health services and annual health checks for people with learning disabilities
- Autism support throughout the life course, especially focusing on transition and highly complex adults with associated learning disability
- Better understanding of pattern of increasing complexity in health, care and welfare

# Merton as a Healthy Place

## Headlines

- Merton is rich in physical and social assets, in particular its green spaces, libraries and sports history.
- It contains neighbourhoods with accessible and well-maintained parks, vibrant highstreets, strong local engagement, rich cultural and historic assets and good transport and active travel infrastructure.
- Equally, Merton has neighbourhoods with socio-economic deprivation and neglect, poor housing lacking insulation, traffic and transport, air pollution and environment vulnerability.

## Assets

- 43 Voluntary organisations helping 61,815 residents
- Low unemployment; higher in East (5,396 residents, 7.3%) than West (2,057 residents, 3.3%)
- Neighbourhoods with greenspaces
- Strong local engagement
- 7 Libraries used as community hubs
- Low crime rate; 5.8 per 1,000 (London; 8.4 per 1,000)
- Good transport links better in West than East

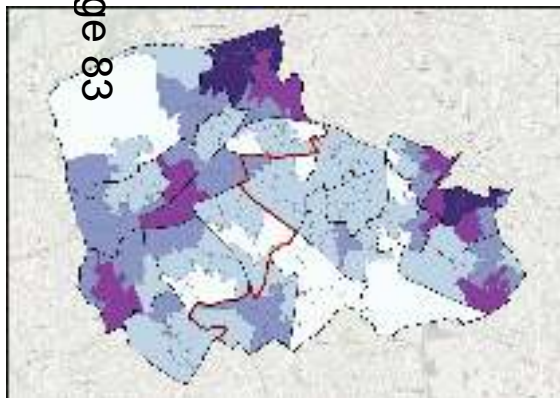
## Challenges

- Low quality housing higher in East
- 86,000 Homes with an EPC D rating or below
- 1 in 14 Households are overcrowded
- 54 - 100 Deaths/year due to air pollution
- Almost 500 domestic abuse violence with injury offences
- Wages and benefits below inflation rate
- Reaching Climate Change targets:
  - Council to be net-zero by 2030
  - Reach net-zero carbon in 2050
  - Reduce collected waste by 75%
  - Improve energy use of buildings
  - Increase active travel
  - Increase green canopy cover

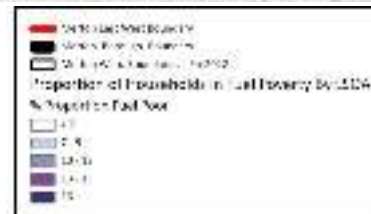
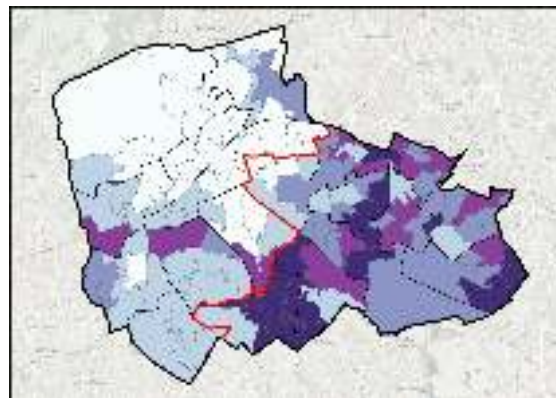
## Conclusions to inform priorities

- Maximising health co-benefits of climate action, especially active travel, air quality, energy-efficient housing
- Developing libraries as community assets
- Actively Merton complementing Borough of Sport– see under Live Well
- Healthy place around schools, especially school streets and super-zones

Average Distance to Nearest Park, 2020.



Merton Households in Fuel Poverty, 2022.



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## **Committee: Health and Wellbeing Board**

**Date: 24th January 2023**

Wards: All

## **Subject: Merton Annual Public Health Report 2022/3 – Health Co-benefits of Climate Action**

Lead officer: Dr Dagmar Zeuner, Director of Public Health

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

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### **Recommendations:**

Health and Wellbeing Board Members are asked:

- A. To endorse the attached independent Annual Public Health Report 2022/23 on the topic of Health Co-benefits of Climate Action: opportunities for place-based partnership working.
  - B. To consider the opportunities identified in the Annual Public Health Report and how we can innovate our ways of working across the council, with partners and Merton Health and Care Together, to maximise health co-benefits for the health and wellbeing of Merton residents.
- 

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

- 1.1. It is a statutory duty for the Director of Public Health to produce an independent Annual Public Health Report (APHR). The purpose of this report is to share with HWBB members the final APHR 2022/23 and to set out the key findings and implications for policy making and priorities.
- 1.3. The purpose of the APHR 2022/23 is:
  - i. To demonstrate the nature and scale of potential health co-benefits of climate action and to identify ways of working across the council and with partners, to capture those co-benefits.
  - ii. To demonstrate that action on climate can help to deliver the Health in All Policies approach that the Health and Wellbeing Board has agreed.
  - iii. To inform the rolling priorities for the Health and Wellbeing Board as well as Merton Health and Care Together and the Local Health and Care Plan and wider policies and strategies.
- 1.4 This APHR has been developed with contributions across the council and beyond, particularly with Environment and Regeneration colleagues. It has been shared with the council's lead Cabinet members for health and climate as well as health partners.

## **2 BACKGROUND**

- 2.1 Climate change, the long-term increase in the temperature of the earth's atmosphere caused by the release of greenhouse gases (GHG) is recognised as one of the greatest global health challenges. This is due to numerous direct

and indirect health risks associated with rising temperatures, including heat waves, floods, food insecurity etc. As elsewhere, climate change is leading to negative health impacts on Merton residents. These impacts are felt unequally: we know, for example, that areas in the east of Merton are overall more at risk from hot weather, that older people will be especially at risk of heat and that food security is a greater risk for those who are most deprived.

- 2.2 Climate action to reduce GHG will help to mitigate the above direct health risks and Merton's Climate Strategy and Action Plan, agreed in 2020, aims for the Council to become a net-zero organisation by 2030.
- 2.3 This report specifically sets out how climate action has a number of other positive health impacts that can help tackle some of the deep-rooted risk factors to public health. It is these health co-benefits that are the focus of this APHR.
- 2.4 It is important to acknowledge that there is a lot of good work already underway to tackle climate change and improve health in Merton and some examples are included in the report as case studies.

### **3. DETAILS**

- 3.1 This APHR is about the health co-benefits of climate action and specifically the opportunities they present for place-based partnership working. This is particularly timely given the creation of the Integrated Care System (ICS), Merton Health and Care Together Partnership and Committee and the development work currently taking place to work jointly and collaboratively.
- 3.2. The APHR aims to provide a reference for councillors, officers, partners and residents to understand what we mean by the health co-benefits of climate action, and seeks to develop a shared understanding of how we can work most effectively together to capture health co-benefits.
- 3.3 The most significant and well evidenced health co-benefits of climate action arise from tackling some of the most pressing public health risk factors, especially air pollution, physical inactivity, unhealthy diets and poor mental wellbeing. In addition, the focus of climate action on energy efficient healthy housing and good green jobs offers opportunity to improve two major determinants of health. Equity is a central consideration for all climate action: and consequent health co-benefits can help reduce health inequality when designed purposefully to be affordable, accessible and acceptable
- 3.4 Key messages are summarised at the beginning of the report, highlighting opportunities and also some of the challenges we face. They stress the need for system thinking, integrated planning and policies as well as evaluation and that, in Merton, there is a strong foundation to build on, with a commitment to the Health in All Policies framework that includes the core priorities of health, equity and sustainability.
- 3.5 The APHR is made up of six key themes:
  - Theme 1: Active Travel
  - Theme 2: Healthy and Sustainable Diets
  - Theme 3: Accessible Biodiverse Green Spaces

Theme 4: Good Green Jobs

Theme 5: Energy Efficient Healthy Housing

Theme 6: Green Health and Social Care

- 3.6 Each themed chapter provides an overview of the current climate action and its expected impact on carbon reduction as well as the impact on health, and the ways in which these health co-benefits can be captured and maximised through the right policies and actions.
- 3.7 The final section of the report looks at the opportunities for place-based working. Using conservative modelling assumptions it estimates that health co-benefits from active travel, healthy sustainable diets and housing retrofit could avert between 37 and 190 excess deaths per year. This does not include annual deaths attributable to air pollution (estimated at 52 -100) and heat (figures by borough not available).
- 3.8 Achieving these health co-benefits requires integrated planning and system working at place level, where all policy impacts are considered together as part of informed decision making. Merton has an increasing track record of considering health alongside carbon reduction. There is also considerable expertise in partnership working, including engaging with communities, the voluntary sector and businesses, with the potential to strengthen the contribution from young people and develop them as place leaders. As an example, a Young Inspector is currently being appointed to this Health and Wellbeing Board to bring young people's voice.
- 3.9 The APHR is supported by evidence available at the time of writing, with research in this field evolving fast. A range of sources of further information are included in the Appendices with more details available on request, including the methodology used for modelling in the report.

#### **4. NEXT STEPS**

- 4.1. Following the endorsement of the Health and Wellbeing Board the APHR, together with the Merton Story/JSNA, will help inform rolling priorities for action. It will also be designed for publication and dissemination and shared broadly with officers, members and partners to take forward.
- 4.2. Members are asked to actively consider the key messages of the APHR and how they apply to their own work and that of their partners, in particular for the future joint work of Merton Health and Care Together Partnership and the Health and Wellbeing Board.

#### **5. ALTERNATIVE OPTIONS**

The publication of an independent APHR is a requirement of each Director of Public Health.

#### **6. CONSULTATIONS UNDERTAKEN OR PROPOSED**

The APHR was developed with the contribution of a range of colleagues listed in Appendix I of the full report. The APHR has been shared with colleagues in Environment and Regeneration, Community and Housing DMT and with lead

councillors for health and climate as well as with health partners. It will be published, disseminated and shared widely with partners for action.

**7. TIMETABLE**

The timetable below sets out the reporting timescale for the APHR. Following this, it will be professionally designed, and published in 2023 as part of the Merton Public Health JSNA web pages.

24 January 2023	HWBB	To consider and endorse
7 February	Health Scrutiny Panel	To consider and note
TBC	Merton Health and Care Together	To consider and note
TBC	LSG/ Cabinet	TBC

**8 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

None for the purpose of this report. Implementation of the recommendations of the APHR is based on delivery within existing resources by developing ways of working across the council and partners rather than new investment.

**9 LEGAL AND STATUTORY IMPLICATIONS**

Producing an independent APHR is a statutory duty of the Director of Public Health.

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

The APHR focuses on health co-benefits of climate action that can help mitigate health inequalities.

**11 CRIME AND DISORDER IMPLICATIONS**

None for the purpose of this report.

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

None for the purpose of this report.

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

Appendix 1 -

Annual Public Health Report 2022/3

Health Co-benefits of Climate Action: *Opportunities for place-based partnership working*

**DRAFT**

Merton Annual Public  
Health Report 2022/3

**Health Co-benefits of  
Climate Action:**  
*Opportunities for  
place-based partnership working*

December 2022

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## Health Co-benefits of Climate Action

### I. Foreword

*Forewords to follow:*

*Dr Dagmar Zeuner, Director of Public Health*

*Cllr Peter McCabe, Cabinet Member for Health and Social Care, Chair of Merton Health and Wellbeing Board*

*Foreword also requested from Dr Sy Ganesaratnam, GP Clinical Director for East Merton Primary Care Network, Vice Chair of Merton Health and Wellbeing Board*

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## II. Key Messages - Health Co-benefits of Climate Action

1 Climate change, the long-term increase in the temperature of the Earth's atmosphere caused by release of greenhouse gases (GHG), is recognised as one of the greatest global health challenges. This is due to numerous direct and indirect health risks associated with rising temperatures. They include heat waves, floods, wildfires, food insecurity, virus spread and their impact of endangering livelihoods.

2 Climate action to reduce GHG mitigate the above risks. They have a number of other positive health impacts, called co-benefits, addressing some of the most pressing current public health risk factors, especially air pollution, physical inactivity, unhealthy diets and poor mental wellbeing.

3 Focussing on health co-benefits of climate action can lead to substantial cross-sectoral cost savings and increased public support. The latter is due to diversification of arguments and a near-term and more localised positive policy framing for climate action.

4 Maximising health co-benefits of climate action requires system thinking, integrated planning and policies, and tools to monitor and evaluate the effectiveness of actions on multiple cross-sector outcomes.

5 In Merton, there are good foundations to build on. They include the council's strong commitment to climate action, the NHS Green plan, the recent Integrated Care System (ICS) reforms that strengthen place-based partnership working, and the approval from Merton's Health and Wellbeing Board (HWBB) of a Health in All Policies (HIAP) framework explicitly considering health, equity and sustainability together in all policies.

6 This Annual Public Health Report aims to increase awareness of the health co-benefits of climate action and to highlight further opportunities for partnership working in Merton. The report is divided into seven themes, areas of climate action that offer most opportunities for health co-benefits, namely active travel, healthy and sustainable diets, accessible biodiverse green spaces, good green jobs, energy efficient healthy housing, and green health and social care.

7 The main health co-benefits of climate action are due to improved air quality, increased physical activity, healthier diets and better mental wellbeing. In addition, the focus of climate action on energy efficient healthy housing and good green jobs offers opportunity to improve two major determinants of health. There is strong evidence for all of the above to translate into substantial reductions of long-term conditions, premature deaths and associated health and care costs.

8 While looking to maximise health co-benefits of climate action through a system approach, this also lends itself to better understanding and mitigating any potential negative health impacts of climate action, such as injuries from more active travel,



pollen allergies from green spaces, reduced ventilation from energy efficient homes; as well as practical, joined up problem solving when there are perceived or real trade-offs between health and climate policy.

9 Equity is an essential consideration for all climate action and its consequences, including health co-benefits and negative health impacts, to reduce inequality. It means health co-benefits of climate action need to be purposefully designed to be widely affordable, accessible and acceptable. This is why Merton's HIAP framework explicitly promotes consideration of equity alongside both health and sustainability.

10 Health co-benefits of climate action must not distract from reducing GHG and the root causes of climate change such as unsustainable and unequal growth, consumption and development.

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## III. Introduction

### **About this report**

This is the 2022/23 Annual Public Health Report for Merton, in fulfilment of the statutory duty of the Director of Public Health.

This year's report looks at the health co-benefits of climate action and how place-based partnership working in Merton offers opportunities to improve the health of people and planet together. This is both by preventing climate related harms to health and by improving major public health risk factors and their resulting impact on disease, deaths and costs for health and care.

Whereas climate action mainly focuses on decarbonisation to prevent global temperature increase, this report shows that by explicitly including a focus on health improvement and equity, the overall benefit for people and planet can be increased.

The purpose of this report is to raise awareness of these health co-benefits, to ensure they are explicitly considered, valued and designed into climate policy and action; to foster place-based partnership working, including better decisions on investment and returns that maximize overall benefits.

The report complements the development of Merton's Health in All Policies approach, promoting consideration of health, equity and sustainability together, as endorsed by Merton Health and Wellbeing Board.

The case for action on climate change has been well covered and will not be repeated in this report. Nor is the report a comprehensive research project covering all the pathways linking climate change or climate action with health outcomes. Instead, it is a brief illustration of some of the key health co-benefits of climate action, spanning a range of topics that are particularly relevant for the health of Merton residents.

The report provides a summary of key messages, an introduction to the topic, followed by themed chapters covering active travel, healthy and sustainable diets, accessible biodiverse greenspaces, good green jobs, energy efficient healthy housing and green health and social care, and a concluding section on cross-cutting opportunities for place-based partnership working.

### **About climate change**

Climate change is a long-term increase in the temperature of the Earth's atmosphere due to the release of greenhouse gases (GHG), like carbon dioxide and methane, into the air, for example from burning fossil fuels, such as petrol and diesel, and from agriculture. This increase in temperature overall is already leading to changes in the environment around us – from the melting of the ice caps which will cause sea levels to rise, to an increase in flooding and extreme heat events.

Current research suggests that the climate has already warmed by around 1 Degree Celsius and predictions suggest that the Earth's climate could warm by a further 1 to 4.5

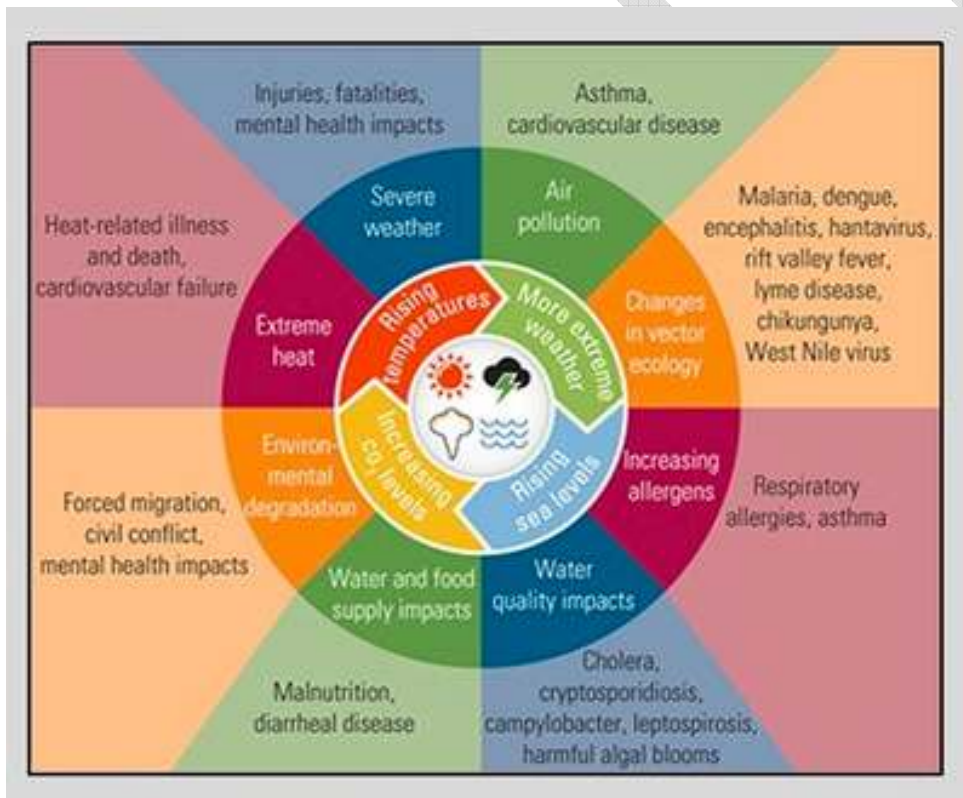
Degrees by 2100. This wide range is due to the fact that we do not yet know how much the world can cut down on GHG emissions during this time.

Climate change is recognised as one of the greatest global health challenges. For example, climate change will increase the risk of extreme heat, which can lead to an increase in mortality, with the 2022 heatwaves in the UK estimated to have caused around 3,000 excess deaths, the majority occurring in those over 65 years of age. 2022 has seen the hottest temperatures recorded in the UK so far and the number of deaths each year from heatwaves could potentially increase to 7,000 a year by 2050.

Flooding, which is also more likely with climate change, can cause both immediate threat to life and longer-term mental health issues; research has found that nearly a third of people suffer post-traumatic stress disorder following a flood. Climate change will also affect the global food supply, due to changes in growing conditions and will increase the risk of viruses spreading from animals to humans.

Figure 1, below, gives a summary of the main health impacts of climate change.

**FIGURE 1: World Bank (Derivative of *Impacts of Climate Change on Human Health*)**

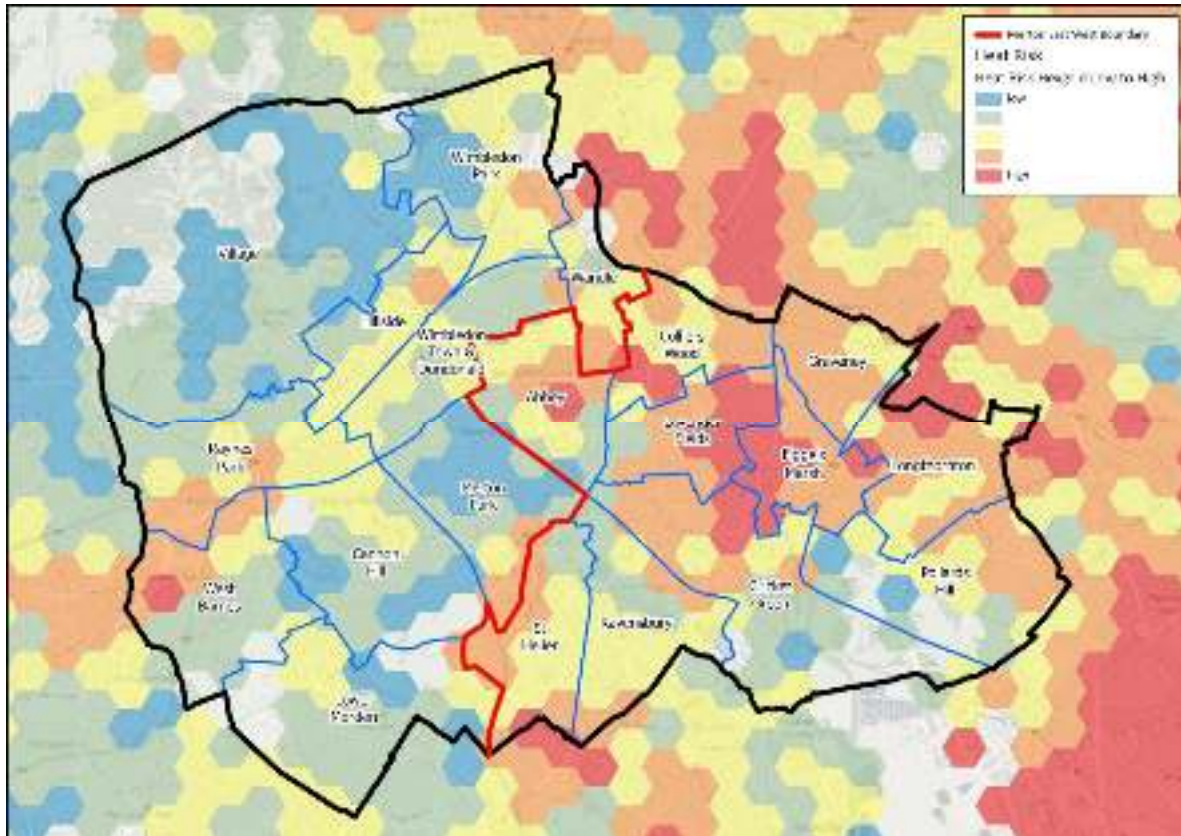


### How climate change will affect health in Merton

As elsewhere, climate change will lead to negative health impacts on Merton residents. The Met Office suggest that the hottest summer day in Merton over the past 30 years will have been 36.5 Degrees, already in 2022 the hottest day was just over 40 Degrees and under the scenario of 4 Degrees of global temperature increase the hottest day could reach 43.1 Degrees.

These impacts will be felt unequally. We know, for example, that East Merton is overall more at risk from hot weather than West Merton (see Figure 2 below). We also know that older people will be especially at risk of heat. Given the interconnected nature of modern society, Merton residents are also at risk from issues such as food security, with those who are most deprived being most at risk.

**FIGURE 2: Climate vulnerability map in Merton (Source: adapted from GLA/Bloomberg Associates)**



Those who will bear the highest impacts of these risks from climate change, are also those who contribute the least to climate change. Merton’s carbon footprint per household is 18.3 tonnes of carbon dioxide equivalent per year. East Merton wards have lower carbon footprints (range: 13.4–18.9 tonnes) than West Merton wards (range: 19.0–24.5 tonnes).

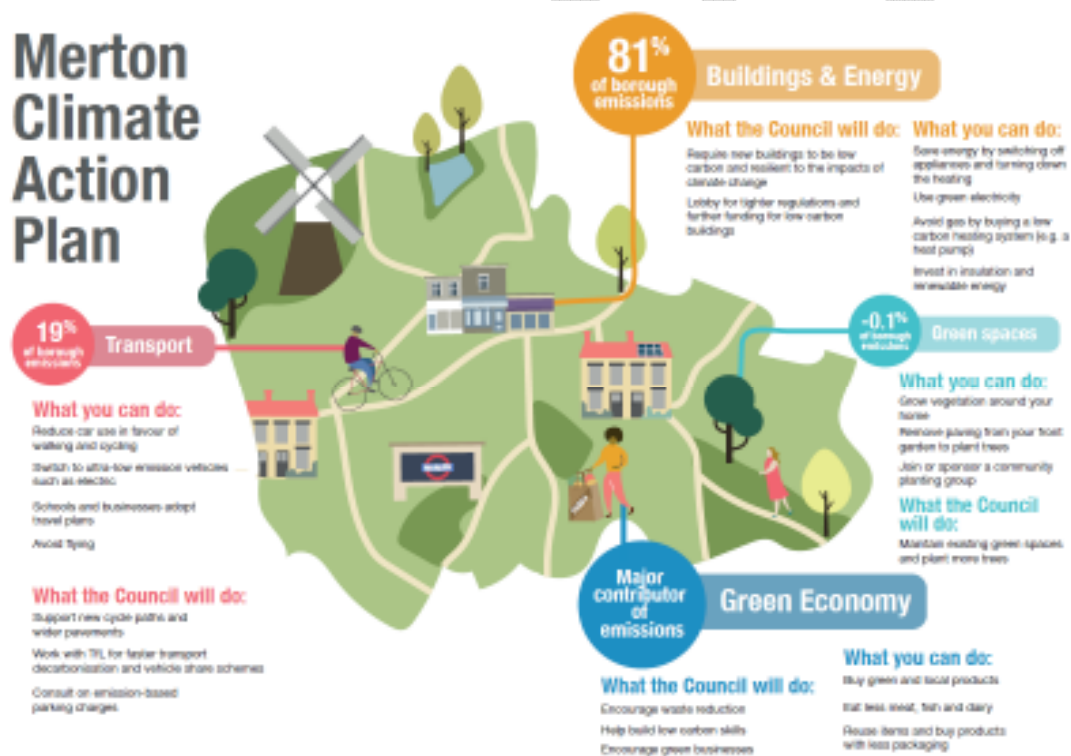
We know that there are inequalities in life expectancy between the most and least deprived areas in Merton. The Slope Index of Inequality represents the gap in years of life expectancy at birth between the most deprived and least deprived communities. For Merton from 2018 to 2020 this was 5 years for females (95% CI 3.3-6.6) and 7.7 years for males (95% CI 6-9.4). Climate change is likely to make these differences starker but we know that there are actions that can make a positive difference.

## Tackling climate change in Merton

Merton is one of around 300 local authorities to have declared a climate emergency in the UK. [Merton Climate Strategy and Action Plan](#) agreed in 2020 is summarised in Figure 3 below and aims to:

- Ensure the Council is a net-zero organisation by 2030 to lead by example
- Decrease the emissions across the borough to reach net zero carbon in 2050,
- Reduce the waste collected by the local authority by 75%,
- Improve the energy use of buildings through insulation, renewable energy and low carbon heating,
- Increase the number of active travel journeys while decreasing the number of petrol and diesel cars and increasing the number of electric charge points, and
- Increase the green canopy cover

FIGURE 3: Summary Climate Change Action Plan (Source: Climate Strategy and Action Plan)



[Merton's Climate Delivery Plan Year 2](#) sets out plans to deliver on the above targets. The new [Local Plan](#) for Merton also includes a strong focus on both health and climate change. For example, requirements for developments to promote biodiversity net gain, considerations regarding sustainable urban drainage systems and net-zero carbon and climate resilient development.

On 1 July 2022, the NHS became the first health system to embed net zero into legislation through the [Health and Care Act 2022](#), and the [Delivering a Net Zero NHS](#) report is now issued as statutory guidance. This places duties on NHS England and all NHS trusts and Integrated Care Boards to contribute towards statutory emissions and environmental targets.

South West London NHS Integrated Care Board has published its [Green Plan](#) committing to deliver a range of programmes to help achieve this ambition, focusing on the nine areas of: workforce and system leadership; sustainable models of care; digital transformation; travel and transport; estates and facilities; medicines; supply chain and procurement; food and nutrition; and, adaptation. The London Region NHS Greener Programme Board is also galvanizing partnership working between NHS, Local Authorities and GLA across the capital.

### **Climate and the Cost of Living Crisis**

The impact of climate change on health is particularly highlighted by the current cost of living crisis. A recent article in the Lancet sets out how - as health systems continue to deal with the impact of COVID-19 alongside increasing costs of fossil fuels - climate change continues to escalate: worsening health and wellbeing, exacerbating vulnerability and undermining the socioeconomic determinants that good health is closely linked to.

The Office for Health Improvement and Disparities recently released its London Winter Resilience and Prevention Programme outlining the impact of the cost of living crisis on population health. It identified four top areas of concern: the impact of cold homes and fuel poverty; worsening diet as a result of food insecurity; worsening mental health; and, worsening or preventable and treatable ill health.

Capturing the co-benefits of climate action and health are both achievable and imperative to help mitigate these immediate impacts and protect those most vulnerable.

## Theme 1: ACTIVE TRAVEL

### 1.1 Impact on Climate

Transport is the UK's largest emitter of greenhouse gases making up 24% of all emissions in 2020. In London 2020 it was estimated that greenhouse gas emissions released due to transport made up 29% of all emissions in London. In the same year in Merton, it was estimated that greenhouse gas emissions due to transport made up 24% of all emissions. Between 2019 and 2020, a large reductions in transport emissions of up to 26% were recorded, primarily due to COVID-19 restrictions reducing traffic on major roads.

As cities have developed, there has been an increased use of private vehicles rather than public transport, with infrastructure more focused on the needs of drivers and motorists and failing to prioritise active travel. More recently there has been some counter movement to this as cities work to reduce car use, for example, [City Changers](#) network encouraging a move away from private vehicles to more active forms of travel.

Modelling has found that addressing climate change requires a dramatic decrease in car use of between 20% and 60% by 2030 compared with 2016 levels, depending on the speed of electric vehicle roll out. This will include decarbonising transport by making vehicles more fuel efficient and moving from petrol and diesel to electric vehicles.

Some of this change can be achieved through low carbon public transport, but active travel will also be key. In the long term, emissions can only be reduced in a meaningful way if car journeys are reduced and people switch to more active forms of transport.

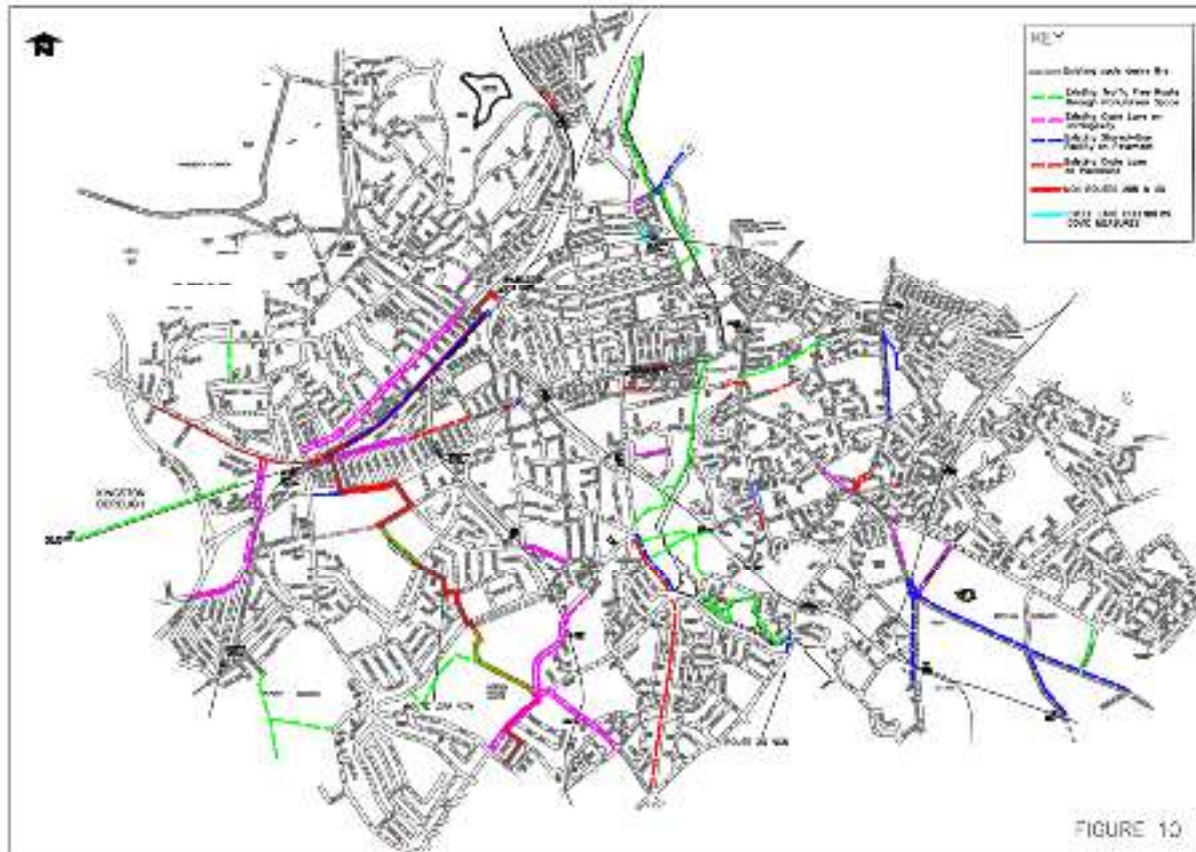
Active travel refers to modes of travel that involve a level of activity. This often means walking and cycling but can also include people using wheelchairs, mobility scooters and e-cycles.

The imperative for active travel is starting to be recognised. The Government's new agency, [Active Travel England](#), was launched in May 2022 and the latest [Cycling and Walking Investment Strategy](#) was also recently published aiming to double cycling and increase walking by 2025.

The COVID pandemic changed how we travel: use of Transport for London services has not yet fully recovered to pre-pandemic levels but cycling, is becoming more popular, Cycle journeys in London increased by 152% (more than doubling) between 2000 and 2020 and have remained higher than pre-pandemic levels. Between March and mid-June 2022 cycle levels were 24% higher than the same period in 2019. In Merton, just over a third of residents walked or cycled for at least 10 minutes twice a

day from 2017 to 2020. Figure 4 below shows current active travel routes across Merton.

**FIGURE 4: Map of active travel routes in Merton** [Transport and urban mobility - New Local Plan, Merton Council Existing Facilities \(merton.gov.uk\)](#)



## 1.2 Impact on Health

Current transport emissions have a direct impact on air pollution (especially particulate matter PM2.5 and nitrogen dioxide NO<sub>2</sub>), which is responsible for a wide range of health conditions including heart disease, lung disease and cancer.

Recent studies found an association of air pollution with higher incidence of dementia. Air pollution is also associated with complications in pregnancy and a lower birth rate; sleep efficiency is also negatively affected in the most polluted areas. Children and people with pre-existing health conditions are particularly vulnerable to the impacts of air pollution.

In April 2021 a landmark ruling was made when, for the first time, a coroner cited air pollution as a cause of death for Ella Kiss-Debrah, a nine year old girl with asthma living next to the South Circular Road.



The impact of air pollution on health is not equal. Those living in the 20% most deprived neighbourhoods, and neighbourhoods where more than 20% of the population are non-white, experience higher concentrations of air pollution <sup>xiii</sup> whilst the same areas have lower levels of car ownership.

It is estimated that by 2035 there will be 2.5 million cases of non-communicable disease in England related to air pollution, with around 40,000 deaths a year across the UK. Across London, in 2020, 7.1% of deaths were attributable to particulate air pollution, with an estimated 4,000 deaths. In Southwest London in 2020/21 there were 435 emergency hospital admissions for asthma in adults aged 19 years and over. In Merton, it is estimated in 2019 that the equivalent of 54 to 100 deaths a year were attributable to air pollution.

A lack of physical activity contributes to people becoming overweight and obese, leading to risk of health conditions including type 2 diabetes, heart disease and stroke. Lack of physical activity, even without excess weight, is a public health risk factor for a number of other long term conditions, including cancer and dementia.

Whilst those who use public transport are more likely to be active and burn more calories than car users, active travel is even better to prevent ill health. However, data shows levels of physically inactive adults at just over 20% in Merton (over 30,000 adults) and levels of physical activity are lower in more deprived areas of Merton.

Research suggests that doing 30 minutes of exercise five times a week could reduce the risk of death from the health conditions outlined above by over 30%. <sup>xlvi</sup> Active travel represents a regular way of making exercise part of a person's everyday routine which can help achieve this.

It is estimated that a quarter of the UK population cycling regularly could reduce the years of life lost to premature mortality by over 2%, whilst an increase in physical activity in the UK has potential to save the NHS £17bn within 20 years by, reducing the prevalence of the above long term conditions

As shown in Figure 5 below, if the proportion of Merton residents actively travelling (walking and cycling) for at least 20 minutes per day increases to 40% from the current 34.2%, 9 premature deaths would be saved annually, totaling 72 prevented deaths by 2030.

**FIGURE 5: Modelled number of premature deaths prevented per year and cumulatively compared to baseline as a result of 20 minutes of active travel (cycling and walking) in Merton by 2030 (full methodology available on request)**

*Source: World Health Organisation, Heat Tool.*

% Of Population using Active Travel	Premature Deaths prevented per year	Total Premature Deaths prevented to 2030
Baseline (34.2%)	0	0
Scenario 1 (40%)	9	72
Scenario 2 (50%)	25	197
Scenario 3 (60%)	41	322

Injury due to active travel, especially to cyclists, is a consideration in promoting active travel. Data indicates that in Merton in 2020, there were 69 casualties killed or seriously injured in road traffic collisions. More deprived areas of London are adversely impacted especially for young pedestrians and adult cyclists. However, cycling across London doubled from 2000 to 2017 alongside a significant decrease in the number of people killed or seriously injured on the roads in that time.

### 1.3 Capturing Health Co-benefits

[Merton Air Quality Action Plan](#) 2018 - 2023 sets out the Council’s commitment to air quality. By promoting and supporting active travel as a way of reducing transport emissions, there is the opportunity to secure real health co-benefits. It is vital to integrate active travel options into urban and transport planning and make them as easy, attractive and equitable as possible and normalise them as a preferred mode of travel. This applies to all residents and also to staff of the council and partners including the NHS and other anchor institutions and links closely to the current Actively Merton programme.

#### CASE STUDIES

Merton Council is developing a walking and cycling strategy for publication in 2023 to inform the borough’s future cycle and walking route network. The strategy will assess existing routes against the latest design standards and identify where improvements are needed. It will identify gaps in the network and develop feasibility options for schemes to support future funding bids and contributions from developers.

*The Mini Holland scheme* supports active travel across Enfield, Kingston and Waltham Forest through cycle hubs near transport stations, protected cycle lanes, traffic calming and other measures. After a year of interventions, an evaluation found that those living in areas with a high level of intervention were 24% more likely to have cycled within the previous week than those living in areas with no intervention.

Superzones and School Streets to be added linking to Actively Merton.

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## THEME 2: Healthy and Sustainable Diets

### 2.1 Impact on Climate

Modern diets have a high environmental impact, with approximately a quarter of all global emissions coming from food and agriculture and around half of these relating to the production and supply of animal products. Meat production is a particularly significant contributor to climate change; the [Climate Change Committee](#) have outlined the need for a 20% reduction in meat and dairy consumption by 2030, with a further 15% reduction by 2050 to contain global warming.

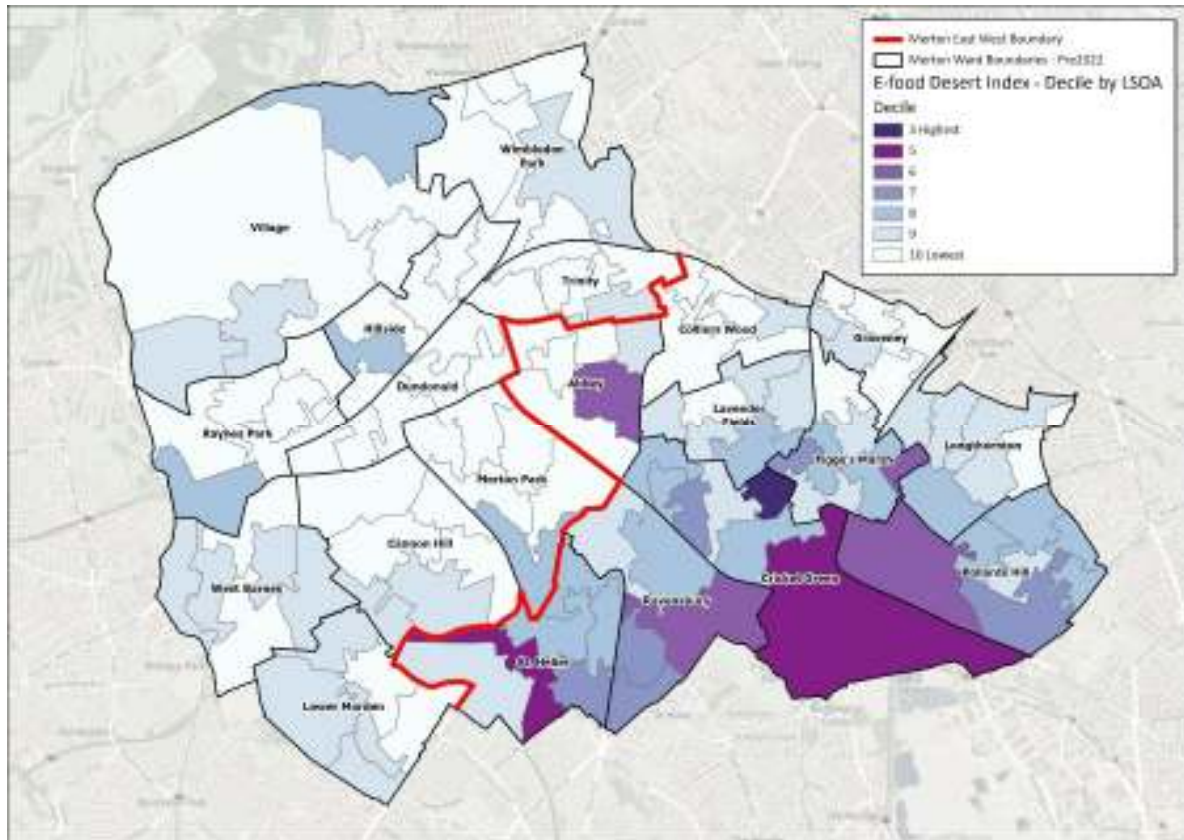
Approximately one-third of all food produced for human consumption is lost or wasted. Food waste itself contributes to emissions, as it represents wasted carbon emissions, and is a missed opportunity to feed more people. When wasted food goes to land-fill it decomposes producing greenhouse gases which also contribute to global warming.

Modern diets are also unhealthy, increasingly high in processed and refined foods, sugars and meats. This is influenced by the relatively low cost of refined food, a decline in home cooking, the convenience of delivery and processed foods and extensive marketing. A recent trend relates to home delivery apps, the use of which has increased during the COVID pandemic.

If the average diet in the UK were healthy and sustainable, complying, for example, with the recommendations of the [World Health Organisation](#) for a healthy diet, a 17% reduction in greenhouse gas emissions could be achieved.

There are currently notable inequalities in diets, with people on lower incomes tending to eat less healthily. Reasons for this include the perceived lower cost of unhealthy food, lack of space and time for cooking and lack of access to shops selling healthy food, whilst, simultaneously, being exposed to a higher density of fast-food outlets. For example, access to food is generally worse in south east Merton than in the rest of the borough, with some areas being particularly poorly served as illustrated in Figure 6 below.

FIGURE 6: E-Food Desert Index for Merton (Source: adapted from CDRC)



## 2.2 Impact on health

The health benefits of a diet that is lower in emissions largely comes from reducing red meat consumption. Diets with relatively high amounts of beef, lamb and pork, especially when processed, are associated with higher risks of cardiovascular disease, stroke and certain types of cancer.

Unhealthy diet, like low levels of physical activity, is also a key risk factor to becoming overweight and obese leading to a risk of the health conditions outlined in the Active Travel chapter. More specifically, people who are obese have three times greater risk of developing some cancers such as colon cancer, over two times the risk of developing hypertension and up to five times the risk of having type 2 diabetes.

Data shows that 50.4% of the Merton adult population are overweight or obese, this amounts to nearly 80,000 residents, with prevalence of GP registered obesity (2020/21) significantly higher in the east of the borough in comparison to the west. The inequality observed in healthy diets is reflected in those living in more deprived communities being more vulnerable to the health risks associated with obesity. This has been further exacerbated by the recent cost of living crisis with increasing food poverty and fuel poverty making healthy eating and cooking less affordable.

The use of food banks has risen enormously in the past ten years. Research shows that around 2.5% of all UK households used a foodbank in 2019/20 and the [Merton Story 2021](#) reported an increase in food parcels delivered in Merton between May 2020 and February 2021 by a factor of four.

The National Food Strategy states poor diets contribute to an estimated 64,000 deaths every year in England, the government spends around £18 billion (2021) on conditions related to high BMI alone every year.

The benefits of a lower carbon diet can help to reduce risk factors to health. There are various modelling estimates about the potential scale of health impact. For example, it is estimated that, if the UK average diet complied with [World Health Organisation](#) recommendations for a healthy diet, average life expectancy at birth would increase by over eight months.

Replacing half of the UK's meat and dairy consumption with fruit, vegetables and cereals could lead to around 37,000 deaths a year avoided or delayed. Even replacing 75% of cow and sheep meat with pigs and poultry could help avoid or delay around 2,000 deaths a year.

Food is a complex and emotive topic and, whilst evidence broadly supports a reduction in the amount of red meat consumed, concerns have been raised about the potential health harms of some meat substitutes and this is a fast emerging topic.

There is also an emerging evidence base about the harms of ultra-processed foods and vegetarian and vegan diets come with specific needs to ensure that people obtain the range of nutrients the body needs.

The cost of a healthy and sustainable diet can also be a concern but there is some indication that it is possible to have a healthier diet without additional expense. A recent study calculated that in high income countries, a sustainable 'flexitarian' diet, eating less meat and more vegetables, reduced costs by 12% to 14%, with vegetarian and vegan diets reducing costs by between 22% and 34%.

Applying to Merton the findings of a modelling study on the impact of environmentally friendly diets to the UK, to the population, a 50% reduction in meat consumption balanced with an increase in plant consumption could delay or avert around 114 deaths a year, adding up to around 909 deaths by 2030. Modelling all Merton residents adopting the diet set out by the Eat Well Guide, drawing on a national modelling study, it is estimated around 240 cases of diabetes, 81 cases of coronary heart disease and 50 cases of stroke could be averted or delayed each year (*details available on request*).

### **2.3 Capturing Health Co-benefits**

By supporting people to have a more sustainable diet, that reduces emission of greenhouse gases, there is an opportunity to secure real health co-benefits. It is vital to

shape the environment to make healthy choices easier, and this involves working with a wide range of stakeholders and targeting those areas where there is currently poorer access to healthy and affordable food.

Taking action, for example, to increase the availability of plant based foods, position healthy and sustainable foods in more prominent ways, and reduce the density of takeaways selling processed meats.

### CASE STUDIES

Merton's new Local Plan policies will require any new hot food takeaways seeking planning permission, to avoid being within 400m of the boundary of schools to encourage healthier food choices. The Council has a [Child Healthy Weight Action Plan](#) and has built on the recent implementation of local restrictions on unhealthy food advertising. It also commissions healthy lifestyle and weight management services.

Sustainable Merton are coordinating the local response to food poverty delivering a Community Fridge network-which aims to tackle food poverty and food waste through the redistribution of surplus fresh food and promotes the use of growing spaces. It is also refreshing Merton's Food Poverty Action Plan with Merton an award winner for most improved borough.

As part of Merton's School Meals Catering Contract review in 2020/21, the Council asked for a commitment on reducing greenhouse gas emissions, and to promote the delivery of more sustainable menu choices, with a greater emphasis on plant-based recipes. This contract review also involved the trial of Merton's new Social Value Measurement Charter which captures both environmental and wider social benefits;

*Incredible Edible* Todmorden promotes food growing in public spaces with research highlighting the role supermarkets can play in shaping a healthier food environment.

*Made in Hackney* is a charity providing a fully vegan community cookery school. Through a focus on tasty, culturally varied and healthy plant-based food, the charity delivers cookery and food growing classes.

## Theme 3: ACCESSIBLE BIODIVERSE GREEN SPACES

### 3.1 Impact on Climate

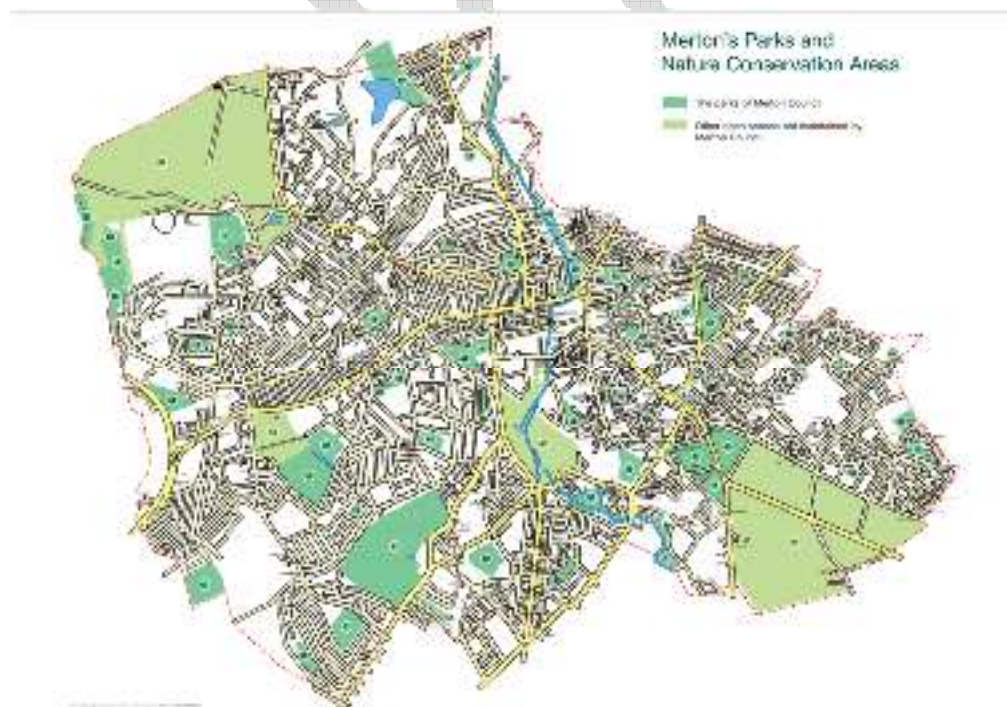
Green spaces absorb carbon dioxide and help mitigate against climate change. They can help reduce the risk of overheating and flooding - especially important in urban areas where green space helps to regulate temperature and to soak up surface water.

Green space is the vegetation that exists around us. From parks to urban orchards, allotments to trees on streets, green space constitutes a range of diverse natural features of our environment and it is vital to supporting biodiversity, the variety of living species around us.

In 2017, it was estimated that woodland in the UK had removed up to 18 million tonnes of CO<sub>2</sub>. This is the equivalent to 4% of the total UK greenhouse gas emissions for that year, excluding shipping or aviation. The area of tree-covered woodland in the UK has increased by 11% between 1998 and 2021.

In Merton, private domestic gardens are the dominant type of green space, covering over 25% of the borough, followed by outdoor sports facilities and grassland, heathland or scrubland, which together account for over 20% of the borough. Additionally, there are fourteen major woodlands, green corridors alongside the railways, and a range of other natural features. Figure 7 below shows Merton's parks and conservation areas.

**FIGURE 7: Merton's Parks and Nature Conservation Areas**



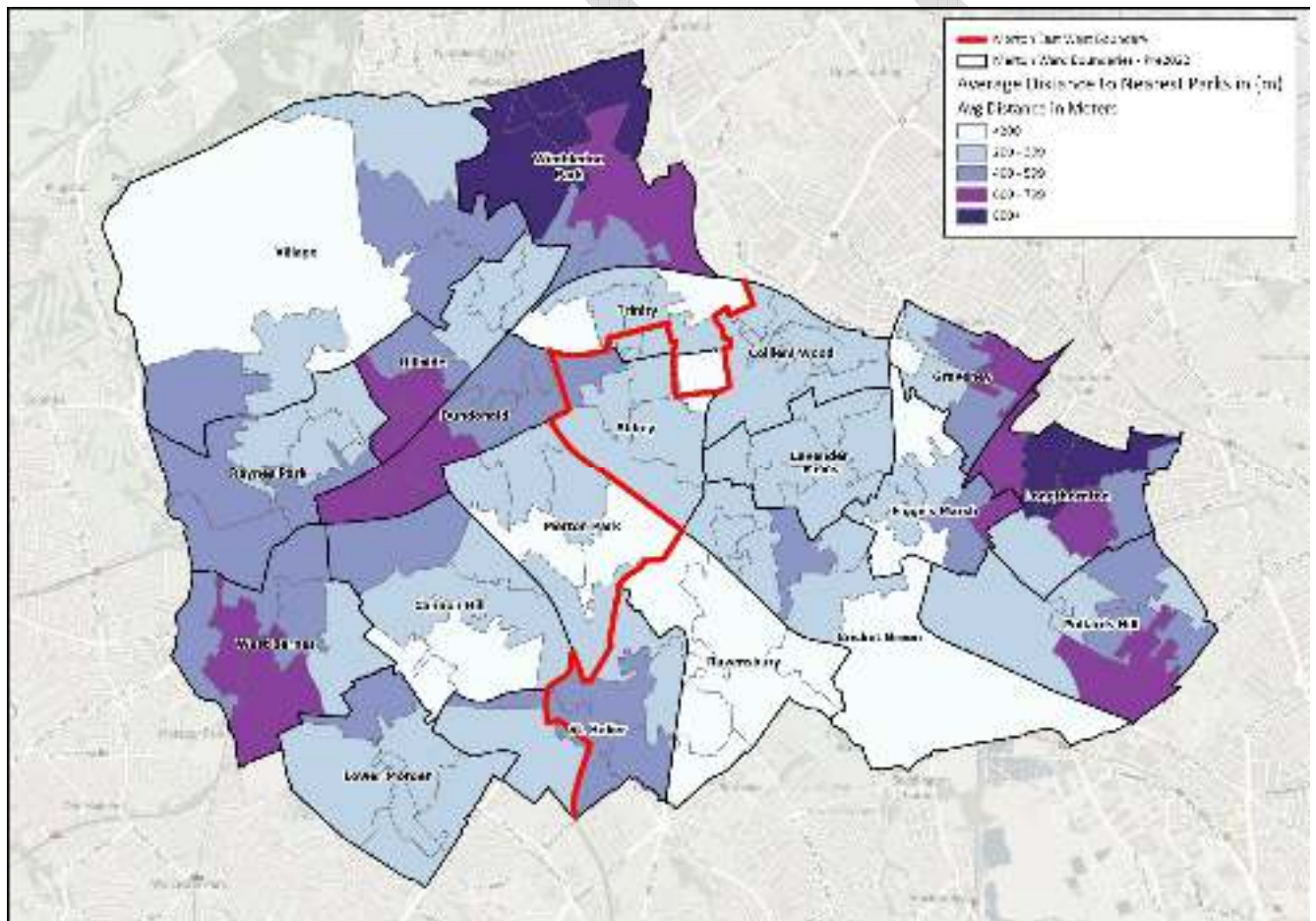


Access to green spaces also depends on suitability for walking, cycling, use of wheelchairs and buddies and perceived safety.

Across Merton there is relatively good access to green space. Over 22% of residents live within 500m of a woodland two hectares or larger, compared with just under 12% of London residents, with the average distance in Merton to a park or public garden of 390m, equivalent to less than 5 minutes-walk away.

However, access to green space is not equitable and areas with high levels of deprivation also tend to be those with lowest proximity to green space. In Merton, the average distance to a green space varies from just around the corner (182m) to a 10-minute walk away (818m). Large areas of the borough need better access to green space including Raynes Park, Morden and Mitcham and some of Colliers Wood as shown in Figure 8 below.

**FIGURE 8: Average distance to nearest park (Source: adapted from ONS)**



### 3.2 Impact on Health

The ways in which our health is shaped by our natural environment are multiple and wide ranging. From access to spaces which enable physical activity (see also the Active Travel chapter) to the benefits to mental health of spending time outdoors and connecting with nature.

People living closer to green space have been found to have lower levels of anxiety and mood disorder treatment, while a number of studies have shown the link between access to green space and reduced levels of stress. Mental health benefits of exposure to nature have been shown to be significantly greater where two hours of contact time are achieved a week.

Data shows that over 15% of Merton residents aged over 16 are having a common mental health disorder in 2017, this amounts to around 25,300 residents. The inequality that exists, in terms of the distance that some Merton residents live from a park or other accessible green space means access to green space is more difficult for some than others to achieve.

Green spaces can also help to ameliorate excessive heat exposure which is a risk factor for poor health outcomes, especially in vulnerable and older people with long term conditions. Recent data on excess mortality during heat-periods between June and August 2022 shows 3,271 (6.2%) more deaths above the five-year average. 92 excess deaths were recorded in outer London during this period and 121 recorded for the same period in 2021 (lower numbers for 2022, which was hotter than 2021, are likely due to registration delays and deaths among vulnerable individuals being brought forward).

There is also evidence suggesting that green spaces in healthcare settings can improve outcomes for patients and improve staff satisfaction with the workplace. Further ways in which exposure to nature can benefit increased levels of wider good health is still emerging but studies are consistently showing an association, including reduced mortality from any cause.

Some risks of increasing exposure to green space exist, including the impact of pollen on allergies including hay fever but, overall, benefits to health outweigh this.

### 3.3 Capturing Health Co-benefits

By prioritising development of accessible green spaces which improve air quality, facilitating physical activity and temperature regulation, there is an opportunity to also secure real co-benefits for people's mental health and wellbeing. It is vital to include consideration of the proximity to green space in planning and to encourage and support people wherever possible to spend time in green space, particularly where they live in an area which does not have ready access.

## CASE STUDIES

The Merton [Climate Action Plan](#) aims include increasing tree cover by 10% by 2050, potentially equivalent to planting around 800 trees every year and, as part of Merton's Climate Action Group, a wide range of other initiatives are underway. Merton's [Green Infrastructure and Biodiversity Study](#) identifies priority areas for the urban heat island effect in the north and north east of the borough, with other areas of need in the south west of the borough.

A Tree Strategy and Parks and Open Spaces Strategy are in development and there is a focus on biodiversity in Merton's draft [Local Plan](#) together with active 'friends of' groups focusing on Green Flag initiatives to expand rewilding.

*Folkets Park* in Denmark, an area which had a history of violent crime, set out to deliver an inclusive design process to ensure the needs of a wide range of park users were taken into account to create a safe park for residents to enjoy.

*The NHS Forest* is a national initiative which aims to plant trees on NHS sites. Nearly 100,000 trees have now been planted across 321 NHS Forest sites (as of 29<sup>th</sup> Nov 2022). A review of evidence has shown mental health benefits from the use of green care (such as therapeutic horticulture) combining exposure to the natural environment with meaningful and social activities.

*Green Gyms*® is an initiative run by The Conservation Volunteers provide free outdoor sessions to guide people in practical activities such as establishing meadows and ponds, while focusing on health and fitness. A study in 2015 found improved health outcomes and reduced social isolation.

## Theme 4: GOOD GREEN JOBS

### 4.1 Impact on Climate

With the current cost of living crisis, securing good green jobs is a particularly important area of opportunity. Green jobs are described as ‘employment in an activity that directly contributes to the achievement of the UK's net zero emissions target and other environmental goals, such as nature restoration and mitigation against climate risks.’

The Institute of Employment Research determines ‘good work’ on the six domains of: wages, employment quality, education and training, working conditions, work life balance and, consultative participation and collective representation.

The creation of good green jobs is reflected in the Government's [Plan for Jobs](#) which outlines the significant opportunity involved in wide-scale plans for housing retrofit and public sector decarbonisation.

The Oxford Economics report on Merton: Economic Analysis Prospects and Possibilities (November 2021) found that workplace employment across the borough was ‘mainly flat between 2014 and 2019’ and suggested a sustainable focus on climate issues including air quality, recycling, green buildings, road pollution, electric vehicles and green jobs.

Modelling suggests that the number of additional jobs created by a transition to net zero could be as high as 3,900 in South London. Research from the LGA projects that a net zero economy in England would require up to nearly 1,400 green jobs in Merton by 2030 and over 2,000 jobs by 2050, with the majority of these in low carbon heat, energy efficiency and low carbon services. Green Jobs in Merton would account for 13.6% of all green jobs required in South West London boroughs, following Croydon (25.5%), Wandsworth (22.3%), and Sutton (14.3%) respectively.

To secure these jobs it is important that people are trained in the relevant skills. The [Mayor of London's Construction Academy](#) Hub for South London, together with the [South London Green Skills Academy](#), are providing the skills training critical to securing good jobs locally. These jobs will also be key to delivering Merton's [Climate Action Plan](#).

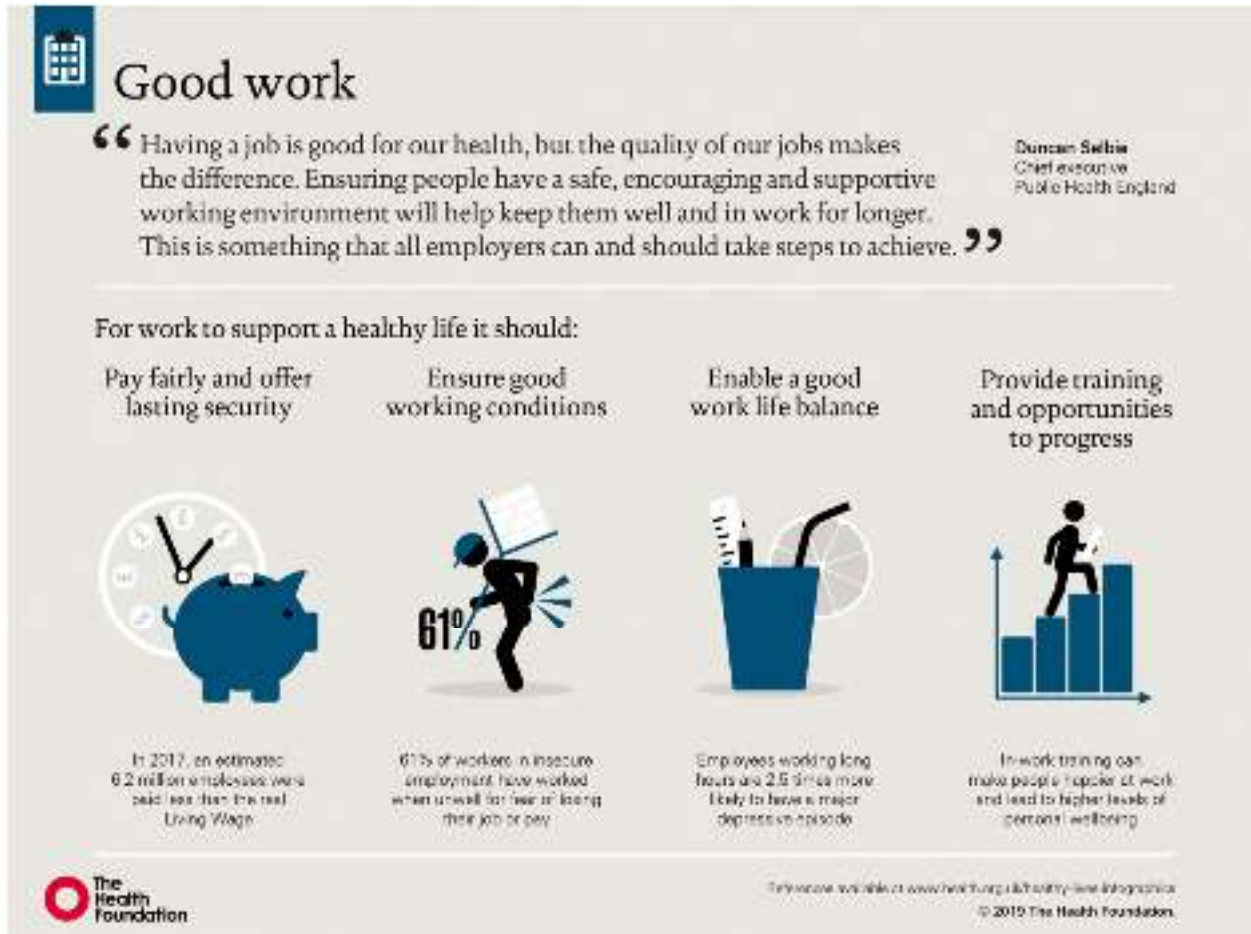
By providing the necessary training in Merton we can help secure these employment opportunities. In addition, targeting those living in more deprived areas of the borough for skills training and linking them to new good quality jobs can also help to address health inequalities.

As well as access to green jobs, the need for a fair transition for those currently working in carbon intensive sectors needs to be considered, with 40,000 people estimated to be working in these sectors within the South London Partnership footprint.

## 4.2 Impact on Health

Good work is good for health. It provides a protective influence on mental health against the negative impacts of job insecurity and unemployment and protects against poverty which is linked to risk factors for numerous health conditions, see Figure 9 below.

FIGURE 9: The Health Foundation [How is work good for our health?](#)



However, analysis by the Health Foundation has shown that a significant proportion of UK employees experience aspects of low quality work including low job autonomy, low job wellbeing and low pay which all have a negative impact on health.

In Merton, in 2022, there are around 17,000 jobs where individuals are earning below the Living Wage Foundation rates (£11.05 per hour), this accounts for 25.9% of jobs in Merton, to compare, this is higher than Outer London (21.2%), and all of London (13.6%). Those earning below the living wage is higher among people in part-time (46.7%) compared to those in full-time employment (16.4%); a proxy for inequalities between the East and West as the proportion of those in part-time employment is higher in East Merton (27.0%) in comparison to West Merton (21.3%).

### 4.3 Capturing Health Co-benefits

Actively providing training opportunities and targeting creation of good green jobs which benefit the environment can also secure real co-benefits for people's job security and consequent health and wellbeing, and redress some of the unequal distribution of low-paid and insecure jobs in Merton.

Creating good green jobs will require a wide range of approaches to development and communication of the diverse opportunities; supporting businesses in a range of sectors and also creating pathways into employment for people with newly gained skills. The ICP (Integrated Care Partnership) Strategy includes consideration of skills development and employment across the NHS as an anchor institution.

#### CASE STUDIES

Merton Adult Learning are developing new curriculum areas and have commissioned providers to deliver new courses including boiler retrofit and building insulation. Elements of green skills and environmental sustainability are also being embedded into all adult learning provision.

The Merton [Climate Action Group](#) is also developing green skills in the community through Merton Garden Street planting days and repair workshops, creating two green jobs for Merton, with residents leading both projects.

South London Partnership jointly commissioned a 2-phased piece of research into Green Jobs. The research was carried out by WPI Economics and Institute for Employment Studies with [phase 1](#) focusing on London as a whole, followed by [phase 2](#) which focused on analysis and opportunities across South London.

One of the [London Recovery Missions](#) aims to double the green economy in London by 2030 to promote inclusive employment opportunities. The South London Partnership Green Skills Academy is facilitating collaboration between employers and the education sector focusing on retrofit, reduce/reuse/recycle and horticulture to support South Londoners to access good green jobs.

## Theme 5: ENERGY EFFICIENT HEALTHY HOUSING

### 5.1 Impact on Climate

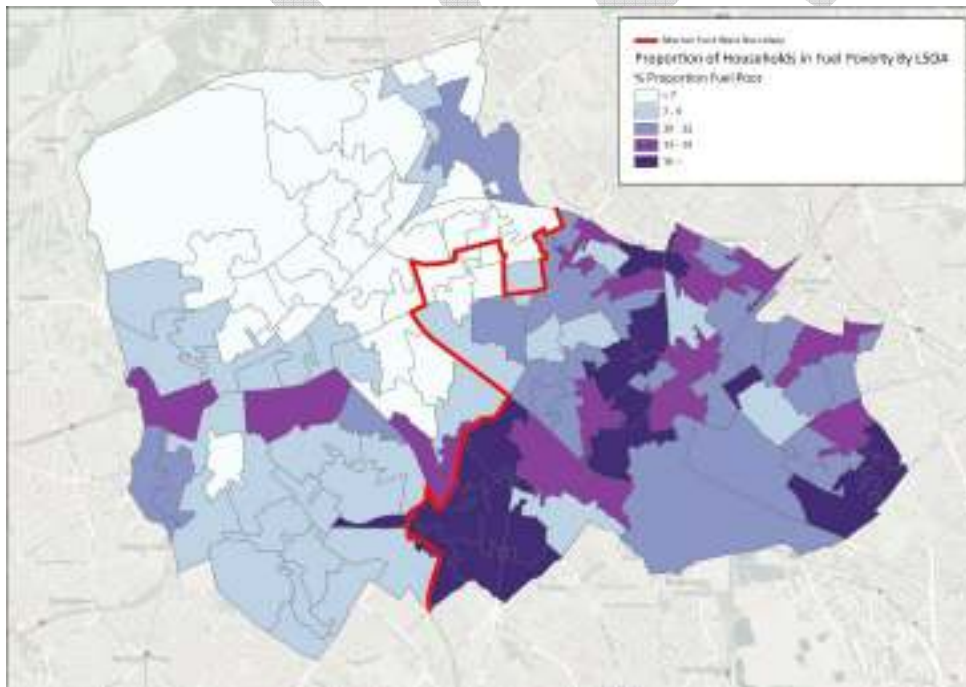
The UK has some of the oldest housing stock in Europe and this poses lasting challenges to make housing healthy and safe for all as eighty percent of the homes that will be in use in 2050 have already been built.

Domestic energy takes up 30% of the UK energy budget and represents 25% of the UK's greenhouse gas emissions. In Merton, residential buildings account for 44% of borough emissions.

Ensuring that new homes developed are energy efficient is key. A health promoting energy efficient house prevents overcrowding, is warm in the winter, cool in the summer, has good lighting and access to green space, whilst protecting residents from hazards.

Across Merton, some people cannot afford to keep their home adequately warm and this fuel poverty is of increasing concern in the current cost of living crisis. Figure 10 below shows the distributions of households experiencing fuel poverty, with east Merton generally showing higher proportions of households.

**FIGURE 10: Proportion of Merton households in fuel poverty by LSOA, 2020** Source: BEIS, 2022



Given that the majority of future homes have already been built, a focus on improving existing housing is needed. Effective housing retrofit can both increase warmth in winter and reduce the consequent impact of fuel poverty.

As Merton Council does not own the social housing stock, decarbonising the existing building stock requires action from wider stakeholders including owner occupiers, tenants, private landlords and social landlords.

It is vitally important that retrofit is completed effectively, as poor housing retrofit may carry health risks. For example, if ventilation is reduced this can lead to worsened indoor air quality or damp, so ventilation alongside good retrofit is key. Some interventions may also contribute to the risk of overheating; good housing retrofit must carefully consider the potential benefits and harms as part of the design.

There are some concerns on the cost of developing sustainable housing but research has shown that these can be outweighed by benefits over the life course of the building in terms of improved energy efficiency.

In September 2022 the government announced that around 130,000 low-income households may be eligible to receive energy efficiency upgrades through Help to Heat. Councils and social housing providers have been asked to submit bids for funding to upgrade the properties of low-income and social households to deliver upgrades from early 2023 to March 2025. In November 2022 the Government also announced an extra £1 billion to insulate the UK's least energy efficient homes. The ECO+ scheme will target homes which have a low energy efficiency rating and are in the lower council tax bands.

## 5.2 Impact on Health

Poorly insulated homes are difficult to heat. They lose heat faster, increasing the fuel needed and consequent cost to heat them. Fuel poverty presents a direct risk factor to health and specifically respiratory and cardio-vascular conditions which are aggravated by exposure to cold temperatures and damp. Higher summer temperatures can also lead to some homes becoming overheated, also a risk factor for health (see Chapter 3: Accessible Biodiverse Green Spaces).

People who are young, old, those likely to stay at home more or those who have a long-term conditions, are most likely to suffer harm to their health from fuel poverty. For example, cold homes put children at over twice the risk of respiratory disease compared with those living in warm homes.

In November 2022, a coroner concluded that two-year-old, Awaab Ishak, died as a result of a severe respiratory condition caused by prolonged exposure to mould in his home in Rochdale, in what the coroner described as 'a defining moment for the housing sector'.



A study showed that, without any adaptation of the housing stock in London, both heat and cold mortality would increase, whereas an ambitious retrofit rate can prevent deaths. A Public Health Wales report has summarised evidence on return on investment, finding that every £1 spent on warmth in vulnerable households, generated four times this in health benefits. Finding those with upgraded houses had over a third reduction in hospital admissions for injuries or heart and lung conditions.

The impact of fuel poverty on population health can be measured by using the Excess Winter Mortality Index. In Merton, this showed an average of 50 more deaths in winter months (December 2019 to March 2020) than would be expected in non-winter months, representing an additional one in seven deaths in winter. As reflected in Figure 10 above fuel poverty is not felt equally, particularly impacting communities in east Merton and other specific areas and is an increasing issue of concern given the current cost of living crisis.

As shown in Figure 11 below, applying the findings of a London model to Merton, without retrofit, there were likely to be an additional cold related deaths, whereas continuing retrofit at the current rate was likely to lead to 22 lives saved a year with an ambitious retrofit rate likely to save 36 lives a year.

**FIGURE 11: Estimated number of average cold-related deaths annually by 2030 in Merton based on different housing retrofit scenarios.** (-) represents a decrease in deaths, (+) represents an increase in deaths. Full methodology available on request.

Sources: Taylor et al, ONS population estimates and OHID excess winter deaths/

Scenario	Annual average cold-related deaths	Annual difference in deaths from baseline	Changes in death from baseline by 2030
<b>Baseline (2005-2014 average)</b>	73	-	-
<b>Scenario 1 (no retrofit)</b>	88 – 95	+15 to +22	+120 to +176
<b>Scenario 2 (current retrofit)</b>	51	-22	-176
<b>Scenario 3 (ambitious retrofit)</b>	37	-36	-288

To note, we have assumed the London (2013 to 2018) retrofit rate is similar to Merton’s current retrofit rate. The model also makes a number of complex assumptions about energy systems and the housing stock.

### 5.3 Capturing Health Co-benefits

Working closely with stakeholders to promote and support good retrofit of existing housing will both reduce greenhouse gas emissions and bring health co-benefits to residents, especially relating to exacerbation of respiratory and cardio-vascular disease. This work will particularly help those residents experiencing fuel poverty and therefore help mitigate against current inequalities.

Merton Draft [Local Plan](#) includes environmental and health considerations as part of any future developments. Merton's draft climate change policies are also looking to set ambitious targets for new development in Merton, to ensure compatibility with net zero by 2050, without requiring significant retrofit, in order to minimize the future retrofit burden in Merton. The draft Local Plan is also looking to all new development to be resilient to the impacts of climate change including overheating and flooding.

#### CASE STUDIES

Merton Council has been working with regional partners including the Greater London Authority to promote retrofit funding schemes and is working with housing associations to secure Social Housing Decarbonisation Funding to help retrofit social housing.

At the time of writing, the Council is looking to recruit two Community Retrofit Officers to lead on borough-wide retrofit in Merton. Part of their role will be to develop a retrofit strategy and energy masterplan for the borough. The climate change team supported Clarion's bid for Wave 1 of the Social Housing Decarbonisation Funding last year which included 50 properties in Merton.

*Energisprong* is a Dutch approach to energy efficiency. Nottingham City homes has piloted an *Energisprong* retrofitting of a selection of old terraced council housing to improve their energy efficiency and make them a healthier places to live. One of the benefits of this type of retrofitting was that by prefabricating most of the changes off site, installation time was minimised. Residents reported that after the retrofitting, their homes were warmer, a better place to live as well as being cheaper to heat.

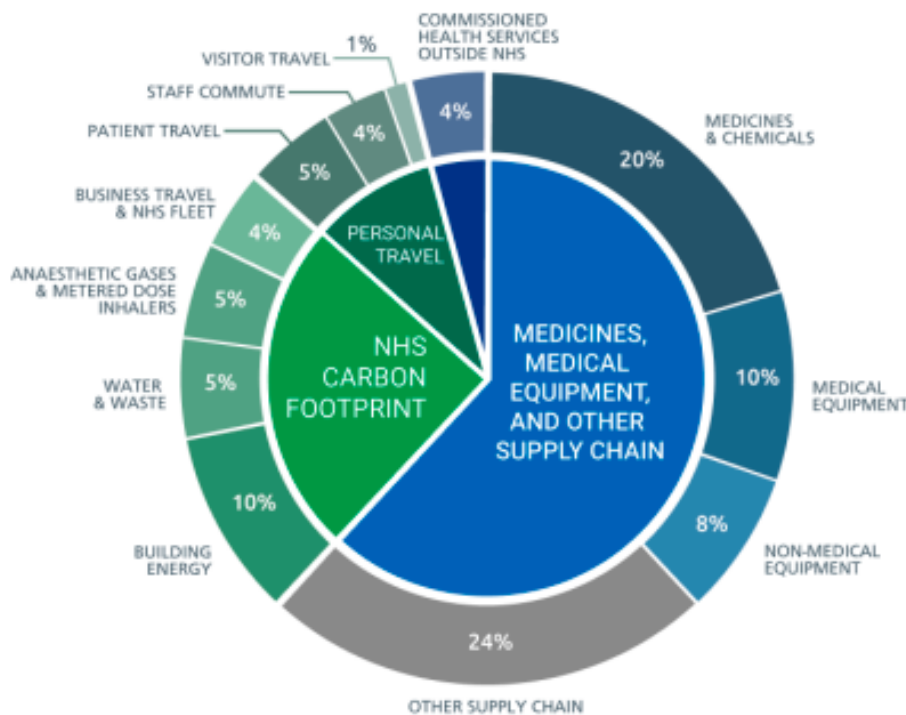
## Theme 6: GREEN HEALTH AND SOCIAL CARE

### 6.1 Impact on Climate

The health care system in England currently accounts for 4% to 5% of carbon emissions nationally. Green health and social care seeks to drive down this impact, providing services in a way that does not damage the environment.

The majority of carbon emissions across health and social care are derived from medicines and medical equipment but are also derived from staff and patient travel and buildings as summarised in Figure 12 below.

**FIGURE 12: Sources of carbon emissions by proportion of NHS Carbon Footprint Plus (NHS England and NHS Improvement. Delivering a Net Zero National Health Service. 2020.)**



NHS England recently set a target to reach net zero carbon emissions within its direct control by 2040, and for carbon emissions it can influence – such as those within the supply chain - to be net zero by 2045. This led to the development of the recently launched [South West London Green Plan](#)

It is recognised that in order to achieve the net zero ambition of the NHS, more sustainable health and care practice models are required with an emphasis on prevention. Sustainable health and care must also be aware of and ensure equity. For example, recent extensive use of digital appointments, which can significantly reduce emissions, need to consider the inequalities that exist in access to digital technology.

## 6.2 Impact on Health

The impact on health of green health and social care brings together the impacts of all the other themes covered in this report. There are opportunities for a range of health co-benefits across active travel, healthy diet, accessible green spaces, energy efficiency of buildings and good green jobs.

Personal travel accounts for a significant part of impact. Promoting active travel for health and social care patients, visitors and staff, can benefit both their own health, through increasing physical activity, and the health of the local population by reducing air pollution.

The NHS is the second largest public sector food provider in the UK. The recent review of hospital food catering highlighted actions that can be taken, including a focus on sustainability, in procurement and tackling food waste, both to reduce environmental impact and improve diet and health.

Inhaler use is one example of medical equipment that is currently a significant contributor to NHS carbon emissions. Where asthma is not effectively controlled, greater use of inhalers and even hospital care may be needed with a consequent higher carbon impact. By ensuring the right asthma treatment and prioritising low carbon inhalers, carbon impacts can be reduced and patients remain healthier.

## 6.3 Capturing Health Co-benefits

Merton Council is working closely with NHS colleagues to help lower emissions, deliver the new [South West London Green Plan](#) and at the same time secure co-benefits for health and equity of access to services. There is, for example, an opportunity to promote active travel at scale across the NHS whilst remaining sensitive to patient's needs including mobility issues.

### CASE STUDIES

Merton Council commissions support for GP practices to embed healthy workplace and sustainability initiatives. The Chamber of Commerce is currently working with five local GP practices and has helped two GP practices to become accredited under the Royal College of GP's Active Practices and Green Toolkit standards.

Merton Council is also reviewing how air quality alert systems can be integrated with health alert systems using a range of communication methods from apps to text message systems.

*Global Action Plan* have developed a range of leaflets that inform patients on how to protect themselves from air pollution.

In Manchester, a NHS staff campaign and changes to the sustainable travel infrastructure resulted in 40% of staff using sustainable travel including active travel and public transport.

DRAFT

## V. Opportunities for place-based partnership working

Climate action aims to reduce GHG to mitigate the risks of global warming and the associated serious negative health consequences, for example from extreme weather events. These are increasingly felt not only globally but in the UK, such as heat waves and flooding.

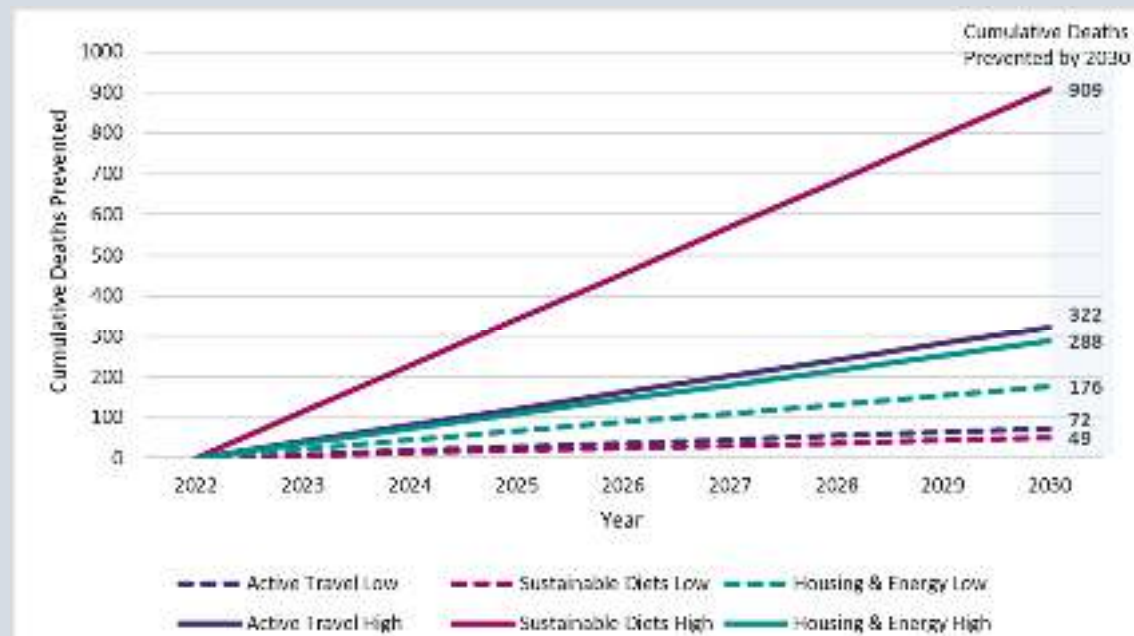
Climate action has a number of other positive health impacts or co-benefits, addressing some of the most pressing current public health risk factors. These include air pollution, physical inactivity, unhealthy diets and poor mental wellbeing, major risk factors for the most common physical long-term conditions, such as cancer, cardiovascular disease, dementia, and mental health conditions such as depression and anxiety. In addition, the focus of climate action on energy efficient healthy housing and good green jobs offers opportunity to improve two major determinants of health.

Using conservative modelling assumptions, health co-benefits from active travel, healthy sustainable diets and housing retrofit could avert between 37 and 190 excess deaths per year (see Figure 13 below). This does not include annual deaths attributable to air pollution (estimated at 52-100) and heat (figures by borough not available).

As context, in 2020, there were 1,513 deaths from all causes all ages in Merton

**FIGURE 13: Cumulative deaths prevented from 2022 to 2030 if Merton residents achieved low or high intervention impacts across active travel, sustainable diets, and housing retrofit**

*Full methodology available on request*



**Active Travel Low:** 40% of the Merton population actively travel for 20 minutes per day (cycling and walking).  
**Active Travel High:** 60% of the Merton population actively travel for 20 minutes per day (cycling and walking).  
**Sustainable Diets Low:** “A shift from red (for example, beef and sheep meat) to white (pigs and poultry meat), with no overall reduction in livestock consumption.”  
**Sustainable Diets High:** “A 50% reduction in livestock product supply balanced by increases in plant commodities.”  
**Housing retrofit Low:** Current retrofit rate based on rate for London 2013-2018  
**Housing retrofit High:** Ambitious retrofit based on 94% of the housing stock to have a deep retrofit.

Despite growing interest and evidence about the health co-benefits of climate action, for example during the recent COP27 and COP26, the latter hosted by the UK in Glasgow, they often remain overlooked and underutilized in policy making.

Improved air quality is probably the best recognised health co-benefit of climate action, particularly reduction of air pollution caused by traffic and transport. In London, the coroner’s verdict in a world first ruling in 2020, confirmed air pollution as a material contribution to the death of nine year old Ella Kiss-Debra. The above has spurred public concern and concerted action across the capital to improve air quality; in recognition of the substantial health risks due to air pollution and the societal means to mitigate these risks this year’s Chief Medical Officer’s report covers this topic..

Other health co-benefits from climate action, such as improved physical activity and healthier diet, while recognised, are often underestimated in their scale of positive health impact.

Missed health opportunities when developing climate action include, for example, a single focus on swapping diesel and petrol cars with e-cars, rather than swapping as well as reducing car use overall, and thereby increasing active travel to reap the health co-benefits of increased physical activity; this would also improve air quality by reducing brake induced particulate matter pollution. Another example is the focus of sustainable diets on reducing meat consumption through meat substitution, that are often highly processed, rather than explicitly looking for sustainable as well as healthy diet alternatives.

The link between access to green spaces and improved mental wellbeing is probably least well understood and quantified so far but health benefits from greening are likely to be far greater than currently described, and creation and preservation of green spaces and biodiversity rank highly among public interest, including in Merton.

The focus of climate action on energy efficient healthy housing and good green jobs offers opportunity to improve two major determinants of health, with both being particularly pertinent in the current cost of living crisis.

As the previous chapters have illustrated, maximizing health co-benefits of climate action can lead to substantial cross-sector savings. A wide variety of empirical and

modelling studies, in different settings, draw congruent conclusions about the large scale value of co-benefits, often equal to or exceeding climate mitigation costs.

Similarly, a focus on the health co-benefits of climate action can help broaden the argument and strengthen public support, which is crucial for successful implementation. This is achieved by joining up the support of stakeholders with a primary interest in climate action, with those whose primary interest is health and wellbeing. As some of the health co-benefits are more immediate and tangible at local level, than the longer-term change in global warming, this can further help with local community engagement.

Finally, opportunities for securing concrete health co-benefits offer a more positive and energising frame as a counter-balance to some climate disaster narrative that can be perceived as depressing and fatalistic.

However, silo working between departments and sectors still prevails, hampering truly integrated planning and system working at place level, where all policy impacts are considered together as a pre-requisite for well informed decision making.

Merton, like other local authorities, has an increasing track record of considering health alongside carbon reduction in the climate action plans and Local Plans, as outlined in the introduction section. There is also considerable expertise in partnership working, including engaging with communities, the voluntary sector and businesses; with Merton's Climate Action Group, and planned climate action engagement strategy, bringing opportunities to further strengthen the link between climate action and health outcomes. Using meaningful participation as a core principle, to achieve more inclusive and sustainable outcomes, and because research has shown that the act of participating itself is critical to wellbeing.

Of particular importance is to garner the voice of young people and to ensure their voice feeds into policy decision-making. This is relevant for the climate emergency as it is the future health of the planet that is in jeopardy, but also to help tackling the current increasing mental health issues that young people suffer, as well as improving childhood healthy weight and the pervasive unfair gap in childhood obesity between more and less deprived parts of the borough. Merton has a long-standing commitment and strong track record of working with children, young people, their families and communities; more explicitly linking the policy agendas of climate change and health offers further ways to strengthen the contribution from young people and opportunities to develop them as place leaders.

The Health and Care Act 2022 put into legislation new NHS reform around establishment of Integrated Care Systems (ICS) with the explicit aim to further strengthen collaboration between NHS, local authorities and the voluntary sector. At place level, this means a renewed focus on public health risk factors for prevention of ill health and reducing inequality through truly integrated planning, and closely working with communities and neighbourhoods.



The same Health and Care Act 2022 legislation obliges the NHS to comply with net-zero targets, and all Integrated Care Boards and Trusts have now published their first NHS Green Plans. This has unleashed some considerable energy and progress, with many clinicians and other NHS staff now accepting and pursuing an active role in climate action and starting to recognise the huge potential for tackling public health risk factors and reducing entrenched health inequalities at the same time.

Securing and maximizing equitable health co-benefits from climate action is one of the big opportunities for place-based system leadership.

In Merton we are developing our place-based partnership arrangements in this spirit, including our Merton Health and Care Together Partnership and HWBB.

For example, the HWBB recently approved a Health in All-Policies (HIAP) framework to explicitly consider health, equity and sustainability together; the Director for Environment, Civic Pride and Climate is a member of the HWBB and the board is experimenting with having a young person representative as additional member. Both HWBB and Merton Health and Care Together partnerships are working on 'Actively Merton', a way of working to scale up physical and social activity for all residents the way they want it, as an exemplar for HIAP. Linking up activity around active travel will be an integral part.

Going forward, reviewing the Local Health and Care Plan and HWBB priorities for place, with a true commitment to system thinking and system leadership, offers further ways of strengthening collaboration and alignment with climate action to maximize health co-benefits.

This needs to include concrete and practical ways to facilitate place-based integrated planning, including better understanding and mitigation of potential negative health impacts of climate action, problem solving when there are perceived or real trade-offs between climate and health policies, and joint approaches to ameliorating the cost of living crisis, without negating the climate crisis but instead focusing on common ground.

One of the major enablers is a place-based intelligence function with use of common tools for mapping and monitoring of cross-sector impacts and outcomes, use of common frameworks for business cases and estimation of return on investment. Another important enabler is joint workforce development and training, including integrated climate and health literacy.

Finally, local place leaders and partnerships have important responsibility to not use health co-benefits to obfuscate or distract from the root causes of climate change such as unsustainable growth, consumption and development.

## Appendix i

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## **Appendix ii**

### **Lead Authors and Contributors**

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## **Committee: Health and Wellbeing Board**

**Date: 24/01/23**

Agenda item: **Adult Social Care Discharge Fund**

Wards: Merton

### **Subject:**

Lead officer: John Morgan, Interim Director of Community and Housing /Mark Creelman, Locality Executive Merton and Wandsworth

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

Forward Plan reference number:

Contact officer: Graham Terry -Interim Assistant Director of Adult Social Care- Community and Housing -LBM/ Annette Bunka- Assistant Head of Transformation - Integrated Care (Merton)- SWL ICS

---

### **Recommendations:**

- A. To ratify the submission of the Adult Social Care Discharge Fund to NHS England by the deadline of 16<sup>th</sup> December 2022.
- 

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

The Government announced a £500m Adult Social Care Discharge Fund in September 2022 and guidance around its distribution and use was published later in the autumn. The slides attached provide a summary of the Merton allocation and how the funding is being used, with funding being focused on achieving the maximum reduction in delayed discharges.

The funding is to form part of the Section 75 agreement and is therefore owned by the Health and Wellbeing Board (HWB). The allocation of the fund required the approval at a meeting of the HWBB. Like the majority of ICP's that was not possible during the very short timescale for its submission on the 16<sup>th</sup> December and so the approval of the chair of the HWBB was obtained before submission. It was agreed that it would be presented to the first available meeting of the HWBB on the 24<sup>th</sup> January 2023.

## **2 BACKGROUND AND DETAILS**

Please refer to the presentation slides.

## **3 ALTERNATIVE OPTIONS**

Not applicable as this is an NHS England requirement in order to access the funding.

## **4 CONSULTATION UNDERTAKEN OR PROPOSED**

Local discussions have taken place at pace to enable a plan to be drawn up at short notice which supports the aims of the funding.

## **5 TIMETABLE**

Funding is available until 31st March 2023.

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

Adult Social Care Merton £623,258

ICB- Merton £850,780

Total Funding £1,474,038

## **7 LEGAL AND STATUTORY IMPLICATIONS**

The funding is to form part of the Section 75 agreement.

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

The funding has been allocated to a wide range of schemes, which will support those who may have had longer stays in hospital without this additional resource.

## **9 CRIME AND DISORDER IMPLICATIONS**

Not applicable.

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

The funding has been allocated in two tranches and activity reporting is required on a fortnightly basis in order to access the second tranche of funding. Systems have been set up to do this and the first report was completed on 6<sup>th</sup> January 2023.

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

### **APPENDIX A SUMMARY SLIDE DECK**

## **12 BACKGROUND PAPERS**

Link to the guidance [Adult Social Care Discharge Fund - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/adult-social-care-discharge-fund)



# The Adult Social Care Discharge Fund

## 2022-2023- Merton

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Merton Health and Wellbeing Board 24 January 2023

Graham Terry -Interim Assistant Director of Adult Social Care, Community and Housing, London Borough of Merton  
and Annette Bunka Assistant Head of Transformation (Integrated Care) SWLICB



# Purpose and Allocation

- The funding is focused on achieving the maximum reduction in delayed discharges, with a focus on a *'home first' approach and discharge to assess (D2A)*.
- Link to the guidance [Adult Social Care Discharge Fund - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/adult-social-care-discharge-fund)
- *"...not use this funding to compensate for expenditure already incurred, activities for which the local authority has already earmarked or allocated expenditure, or to fund inflationary pressures"* or to fund admission avoidance schemes.

**Allocation have been made based on ASC Relative Needs Formula and monies are to be spent by 31<sup>st</sup> March 2023:**

<b>Adult Social Care Merton</b>	<b>£623,258</b>
<b>ICB-Merton</b>	<b>£850,780</b>
<b>Total Funding</b>	<b>£1,474,038</b>

Allocation of the funding has been agreed within short timeframes and distributed into a number of different schemes to maximise impact.



# Sign Off and Monitoring

- All funding needs to be pooled into the BCFs. Funding will be released provided the grant conditions have been met.
- Spending Plans needed to be agreed by the ICB and LA CEs and signed off by HWB by 16<sup>th</sup> December 2022.
- There should be one planned spending report per local authority. To receive the remaining 60% of the allocation a local authority must provide a planned spending report. The DHSC can withhold the second tranche of funding until the local authority provides this report.
- Fortnightly activity reports need to be provided to DHSC, setting out what activities have been delivered in line with commitments in the spending plans. The first report was submitted on 6<sup>th</sup> January 2023 and will need to be submitted every 2 weeks.
- Metrics are measured weekly at the SWL Discharge meeting.
- A final spending report provided to DHSC by 2<sup>nd</sup> May 2023 alongside the wider end of year BCF reports.

Metrics used to measure impact of the funding are :

- the number of people discharged to their usual place of residence (existing BCF metric)
- the absolute number of people 'not meeting criteria to reside' (and who have not been discharged)
- the number of 'Bed days lost' to delayed discharge by trust (from the weekly acute sitrep)
- the proportion (%) of the bed based occupied by patients who do not meet the criteria to reside, by trust
- the number of care packages purchased for care homes, domiciliary care and intermediate care (to be collected through a new template)

<b>Summary of Schemes</b>			
<b>Scheme Name</b>	<b>Description</b>	<b>Source of Funding</b>	<b>Funding allocated</b>
Additional Social worker and out of hours capacity	Additional Social worker and out of hours capacity to support hospital discharges and move patients on from short stay placements	Local authority grant	£150,850
Same day discharge support	Additional capacity to facilitate same day discharge with initial support post discharge	ICB allocation	£343,467
Telecare to support discharge	Telecare offered via hospital SW or as part of reablement pathway	Local authority grant	£71,600
Additional capacity for short term placements	Additional bedded capacity for short term placements	ICB allocation	£199,906
Additional capacity for short term placements	Additional bedded capacity for short term placements	Local authority grant	£408,000
Additional trialling of 1:1 support via D2A	Trial at home using live in carer for 5-7 days	ICB allocation	£23,526
Additional equipment costs	Additional costs to support same day delivery to support discharge	ICB allocation	£60,649
Step down provision for people with MH diagnosis	Step down support for those with complex mental health needs	ICB allocation	£137,040
Inreach drugs and alcohol service	Additional capacity to enable inreach to support faster discharges	ICB allocation	£50,000
HR to support recruitment	Additional HR capacity and expertise to speed up recruitment and allocation of staff	Local authority grant	£29,000
	<b>Total Funding</b>		<b>£1,474,038</b>