Committee: Health and Wellbeing Board

Date: 19th April 2016

Wards: All

Subject: East Merton Model of Health and Wellbeing

Lead officer: Adam Doyle, Chief Officer, MCCG / Dr Dagmar Zeuner, Director of Public Health, LBM

Lead member: Councillor Caroline Cooper Marbiah

Contact officer: Amy Potter, Consultant in Public Health, LBM / Cynthia Cardozo, Director of Transformation MCCG

Recommendations:

A To agree that the HWBB take accountability for the East Merton Model of Health and Wellbeing (EMMoHWB).

B To commit to a preliminary delivery timeline for the health facility and the EMMoHWB.

C To agree the programme structure for the delivery of the EMMoHWB.

D To agree the EMMoHWB delivery priorities for action for 2016/17 as childhood obesity and social prescribing.

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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

The purpose of this report is to set out the Health and Wellbeing Board's (HWBB) agreed mission for the East Merton Model of Health and Wellbeing (EMMoHWB), set out and agree a timeline for the delivery of the health facility at the heart of the model, and to agree priorities for 2016/17 of childhood obesity and social prescribing.

The EMMoHWB is a partnership effort to build a local sustainable model of health and social care that is asset based, focusing on the whole person, community and wider health and care system, which has a preventative and proactive approach at its heart and fully embraces health and social care integration as well as the important links into the social determinants of health.

The EMMoHWB will form a blueprint for the whole Merton vision for Health and Wellbeing transformation, taking a whole systems approach to design and implement a model of health and wellbeing that meets the health and social needs of the population, stemming the increase in the significant inequalities in health outcomes between the east and west of Merton, and providing more equal opportunities for all residents of Merton to be healthy.

2. DETAILS

2.1 Context

At the last meeting of the HWBB it was agreed, following a facilitated discussion, that our focus and core priority as a Board will be to develop and deliver the East Merton Model of Health and Wellbeing. The EMMoHWB will deliver the Health and Wellbeing Strategy at a local level, cutting across all the themes, to both address health inequalities and promote prevention.

The HWBB commitment followed an earlier HWBB session in November 2014 and the commissioning of Consilium Partners Ltd jointly by London Borough of Merton (LBM) and Merton Clinical Commissioning Group (MCCG) to initially take forward the work to develop the EMMoHWB. Two Design Workshops have now taken place with a range of stakeholders and a visit to the Bromley by Bow Centre by the Design Group and HWBB members and partners has helped both inform and enthuse plans for East Merton.

This has been further supported by a successful bid under the Local Vision programme which has awarded the HWBB 30 funded days of one or two enablers/facilitators to work on the EMMoHWB. The two facilitators proposed bring particular local knowledge and special expertise to help us to develop the new model of health and wellbeing: Mari Davis has already worked with the HWBB over the last year, and the proposal is to continue our work with Mari whilst also bringing in Allison Trimble who was a founding member and CEO of the Bromley by Bow Centre to work collaboratively with Mari and the HWBB.

Our approach is not just about the new building of a healthcare centre in East Merton but about developing a new, innovative model of health and wellbeing in partnership with the local community– starting by building real insight through engagement and a Community Power Mapping Exercise. There is an opportunity for all partners including GPs and Councillors who have such close links with local communities to work effectively together. The aim is to build a movement of behaviour change around the new building. This will in turn support the delivery and success of the East Merton Model of Health and Wellbeing, as a blueprint for the whole Merton vision for Health and Wellbeing transformation.

2.2 Timelines

The key draft milestones for Merton CCG to deliver the health facility are as follows:

Task	**Timeline**
Develop Options Paper for balance of services (health, social care, voluntary sector) to go onto the Wilson site	June 2016
Community engagement around the developed options	Autumn 2016
Final decision on what services to go in the building	December 2016
Work up of building plans and financial case (12 months)	December 2017
Financial close (sign off on plans) and start on site	March 2018
Building work finished	December 2019
Building operational (doors open to public)	June 2020

Therefore, the proposed timeframe and actions for the development of the EMMoHWB are as follows:

Task	Timeline
Consilium final report produced	End April 2016
Programme structure set up	End April 2016
Community engagement and power mapping	May 2016
Mapping of estates and assets	May 2016
Review of evidence around points of intervention across the life course	May 2016
Develop approach to childhood obesity through the EMMoHWB	May 2016
Review of evidence and best practice on social prescribing and develop local pilot	May 2016
Contribute to Options Paper for balance of services to go into the Wilson	May 2016
Present update to the HWBB on progress to date	June 2016
Community engagement around the developed options	Autumn 2016
Development of final model of EMMoHWB	December 2016

A more detailed action plan and timelines will be set once the programme structure is in place, and an update will be brought to the HWBB in June 2016.

2.3 Process and structure

In order to effectively deliver the EMMoHWB, it is proposed to set up a clear programme structure. The establishment of a new Merton Model of HWB Steering Group is proposed by MCCG, to be convened by Cynthia Cardozo, Director of Transformation for MCCG, that will report to the HWBB.

It is important for the HWBB to think through the co-Chairing/co-Sponsor arrangements with LBM and the voluntary sector to ensure that a partnership approach is hard wired into the programme structure (not just the Steering Group, but also any sub-groups). One example is the proposal that the Steering Group will be co-Chaired by the Director of Public Health to ensure joint ownership and vision, and strong links into LBM.

The remit and structures are in preliminary development but sub-Steering Group workstreams could include:

- **Estates/facilities workstream**, for discussion and decisions about estate availability in the Mitcham area, the design and layout of the healthcare facility on the Wilson site, and what wider services could be re-located there from elsewhere in the borough, for example advocacy and advice services.
- **Funding model workstream**, to develop clarity around the options for sustainable funding sources for the core delivery model of the healthcare facility and the broader EMMoHWB, as well as exploring from the start future funding models that could support the EMMoHWB to grow and be entrepreneurial.
- **Community engagement workstream**, led by the voluntary sector, to plan and oversee engagement infrastructure and low cost models for on going dialogue with the community, for example through Citizen's Cafés.

- **Community delivery model workstream**, to develop the model for health care and social care integration in the facility and within the wider model; this should also consider workforce issues underpinning the delivery of the model.
- **IT workstream**, to consider how IT can best be used as an enabler underpinning health and social care integration and the wider model of health and wellbeing.

2.4 Delivery Priorities 2016/17

At the HWBB development session in January 2016 it was agreed that clear stepping stones should be set annually for the EMMoHWB. Potential delivery priorities for 2016/17 that were discussed were childhood obesity and social prescribing. Both these priorities have good strategic fit with the borough's Health and Wellbeing Strategy, with LBM's wider priorities including expansion of self care and social capital, as well as with Merton CCG strategy and the broader South West London Sustainability and Transformation Plan (STP) which brings local health and care leaders, organisations and communities together to develop local blueprints for improved health, care and finances over the next five years, delivering the NHS Five Year Forward View, including the ambition for a radical upgrade in prevention.

Outlined below is a suggestion for what taking forward these priorities might look like in practice for the HWBB.

Throughout both these suggested priority areas, there is opportunity to 1) ensure an asset based approach, identifying and building on individual, family, community and other assets, 2) consider key life course points where interventions are more likely to lead to behaviour change and build on national social marketing and programmes, and 3) make the links across families rather than individuals through a 'Think Family' approach to ensure best use of resources and 'Make Every Contact Count'.

2.4.1 Childhood Obesity

Childhood obesity is a national priority (with the government obesity strategy due out in autumn 2016), as well as a London priority – all London boroughs have recently been part of a whole system Childhood Obesity Thematic Review (Sector Led Improvement), sharing learning and best practice. Overweight and obese children are more likely to become obese adults, and have a higher risk of morbidity, disability and premature mortality in adulthood, including increased risk of diabetes, a priority for both Merton CCG and in the South West London STP, along with reducing childhood obesity itself.

We now plan to work across HWBB partners and with residents to design and implement a whole system approach to reverse the trend in childhood obesity and give Merton children the best start in life, from strengthening commissioned services and pathways for pregnant women, children and families, through to action on the wider environmental determinants of obesity, working through settings such as schools, public sector spaces and workplaces.

A Merton 3 year action outline plan for Prevention of Childhood Obesity is being prepared - to be considered by the HWWB on 28 June. This action plan is being

designed to reduce inequalities in the following 'headline' outcomes between east and west Merton:

- Reduced rates of children who are overweight or obese
- Increase rates participation of participation of physical activity
- Improved rates of breastfeeding
- Improved dental health among children

The plan will provide a framework for enabling different stakeholders across the council (including public health, children's services, education, environment, transport and planning) and NHS organisations to work with the community to tackle childhood obesity as part of the related and wider health and wellbeing improvements.

Key components will include:

Communications and engagement with families, children and young people to promote healthy eating and physical activity through Council activities (such as MyMerton, and Mitcham Festival), as well as participation in national and London-wide campaigns and initiatives such as the SugarSmart (tax) Debate to reduce consumption of sugary drinks.

Improving the local food environment and culture to increase availability of healthy food and drinks through:-

- Targeted work with local businesses and community venues by Environmental Health on the Healthy Catering Commitment, and Merton Food Charter
- Review of Council planning and regulations to restrict growth of fast-food outlets around schools and family settings

Maximising the role of Early Years and Schools as settings and services promoting healthy eating and weight through for example:-

- Strengthening the role of Health Visiting, Family Nurse Partnership and School Nursing in obesity prevention, close collaboration with wider children's services and as part of the implementation of the Community Services Contract (joint commission between LBM and CCG).
- Working with all early years providers (including nurseries, and children centres) to improve the diet of under 5s through working to achieve accreditation in programmes such as *Eat Better, Start Better.*
- Ensuring the delivery of the new Schools meals contract achieves required nutrition standards and healthy choices.

Promoting active travel (cycling and walking) and physical activity through strengthening partnership working on design, promoting and commissioning sport, recreational and physical activity opportunities that are community and family focused.

Build partnership working with local community and voluntary sector organisations and networks on the healthy food and active travel agendas and linked to wider sustainability issues (for example food growing, recycling and environmental quality)

2.4.2 Social Prescribing

Social prescribing (SP) is “a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector. It provides GPs with a non-medical referral option that can operate alongside existing treatments to improve health and well-being and can be done with or without the use of an intermediary such as a link worker or navigator. SP enables primary care services to refer to a variety of holistic, local, non-clinical services such as:

- Voluntary Work Agencies
- Further Education
- Social Or Lunch Clubs
- Self-Help Groups
- Befriending Organisations
- Leisure And Sports Clubs
- Cultural Groups Including Book Groups And Art Or
- Dance Classes
- Citizens Advice
- Employment support
- Housing support and advice

The evidence base for social prescribing is continually growing, is predominantly evaluated pilots that show that SP enables a more appropriate use of health care professionals’ time, and reduces unnecessary medical prescribing. Whilst medical interventions are inevitably necessary to treat specific health problems, the importance of strong social networks, access to friends, family and support, and an active social life cannot be underestimated. Social Prescribing is based on a wider recognition of the influence of social, economic and cultural factors on health outcomes, as well as the impact that positive social and learning opportunities have on health and wellbeing.

Developing a strong model for social prescribing is a great opportunity to engage with primary care in east Merton. Building on the evidence base and case studies of good practice from elsewhere, we will work in 2016/17 to develop and pilot a tiered model for primary care social prescribing based on need, from enabling better individual self care, through to connecting individuals and their families with existing services (information and signposting), to a more hands on ‘navigator’ approach to work with individuals to support them to access opportunities, and/or provide coaching. The model would include consideration of options for funding (both start up and on going delivery costs, including staff and any supporting costs such as a digital directory of services). Acknowledging the wider pressures on GPs, the pilot will also consider the most suitable and sustainable models for delivering social prescribing, including staffing and opportunities to engage the voluntary sector to deliver social prescribing in partnership with primary care.

A Department of Health vision document stated that care must again be about reinforcing personal and community resilience, reciprocity and responsibility, to prevent and postpone dependency and promote greater independence and choice[1] . Traditional approaches to improving wellbeing, reducing health inequalities and achieving other social goals have focused on the deficits and problems of individuals and communities. In contrast, using an approach such as social prescribing values assets identifies the skills, strengths, and capacity of communities and transcends barriers between different levels of care while facilitating a multi agency approach to meeting health needs. Expanding the boundaries of primary care is a recurring theme in a range of primary care guidelines, including stronger engagement with local authorities and closer links with, for example, Citizens Advice Bureaus, benefits and housing agency workers and all this strengthens community resilience.

It will be important to develop robust evaluation of the pilot, including the potential return on investment to the NHS and other parts of the system, to inform decisions around further investment.

3. NEXT STEPS

If the HWBB agrees the programme structure, timelines and delivery priorities these will be taken forward by partners. The next meeting of the HWBB in June 2016 is due to be a seminar and will focus on the East Merton Model of Health and Wellbeing reviewing progress to date and specifically developing the actions around the chosen priorities of childhood obesity and social prescribing.

4. ALTERNATIVE OPTIONS

None for the purpose of this report.

5. CONSULTATION UNDERTAKEN OR PROPOSED

Work on both the priorities for 2016/17, and on the wider EMMoHWB will involve consultation and community engagement.

6. TIMETABLE

Not for the purpose of this report.

7. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

Not for the purpose of this report

8. LEGAL AND STATUTORY IMPLICATIONS

None for the purpose of this report

[1] Department of Health (2010) A Vision for Adult Social Care: Capable Communities and Active Citizens. Department of Health, London

9. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

EMMoHWB is focused on addressing inequalities of health.

10. CRIME AND DISORDER IMPLICATIONS

Not for the purpose of this report.

11. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

Not for the purpose of this report. .

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

None

13. BACKGROUND PAPERS

None