

Healthier Communities and Older People Overview and Scrutiny Panel

Date: 13 March 2018

Agenda item:

Subject: Health and Wellbeing Board and HWB Strategy 2015-18 update monitoring report and plans for 2018 refresh

Lead officer: Dr Dagmar Zeuner, Director of Public Health

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

Contact officer: Amy Potter, Consultant in Public Health & Clarissa Larsen, Health and Wellbeing Board Partnership Manager

Recommendations:

- A. To consider the update from the Health and Wellbeing Board (HWBB), specifically progress on Childhood Obesity and Social Prescribing priorities and to continue to champion action in these areas;
 - B. To consider the update on the outcome indicators measuring progress on the Health & Wellbeing Strategy (HWBS) 2015-18, which is coming to an end;
 - C. To note the outline plans and timeframe for the refresh of the HWBS in 2018.
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PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1. To provide an update from the Health and Wellbeing Board, including progress on Social Prescribing and Childhood Obesity priorities;
To provide an update on indicators from the current Health and Wellbeing Strategy 2015-18 which is coming to an end;
To outline plans and timeframe for the refresh of the HWBS in mid/late 2018, to fit with the timeframes for development of the new Merton multispecialty community provider (MCP) – Merton Health and Care Together – Local Health and Care Plan.

DETAILS

2. The Health and Wellbeing Board (HWBB) is a statutory body with a duty to encourage integrated working, to develop Joint Strategic Needs Assessments (JSNAs) and joint Health and Wellbeing Strategies.
In 2016 and 2017 Merton HWBB has undertaken significant development work as system leaders. This has successfully strengthened partnerships and helped move the HWBB from simply ratifying reports to delivering effective strategic leadership for health and wellbeing.
The development work, supported by funding secured through the Leadership Centre Local Vision programme, has also involved the HWBB working to engage and listen to people through a series of 'community

conversations'. Recently HWBB members have acted by 'buddying' with people who are experiencing, or at risk of, diabetes to establish a dialogue that will help inform tackling diabetes as an exemplar project for 2017/18.

The Wilson Health and Wellbeing Campus

3. The development of the Wilson Hospital site by Merton CCG, as the centre of a health and wellbeing campus for east Merton, is a large-scale, ongoing legacy project for the HWBB, helping to 'bridge the gap' between east and west Merton. Along with the development of a new model of health and wellbeing for the residents of east Merton, it is a key priority of the HWBB and the Council and all partners are involved in, and supporting, the work. The campus will have integrated clinical and community facilities. Actions and progress include:

- Through the summer of 2016 [Community Conversations on the Wilson](#) led by the HWBB took place. Over 450 people from many different groups were engaged in the vision and design of the campus.
- A joint community engagement manager for the Wilson is in place and the Wilson Programme Office has been established, including the CCG's programme director, supporting the joint Wilson Programme Board.
- One Public Estate (OPE) funding was secured to assess the optimisation of publicly owned land and property, including around the Wilson campus.
- Workshops have been held throughout autumn 2017 to begin to develop the model of health and wellbeing, with a focus on mental health, children and young people, and primary care.
- The Project Initiation Document for the Wilson programme was approved by NHS England's London Capital Pipeline Group on 1 December 2017.

The 'participants requirements' for the clinical part of the site is in development, and work has also started on the business plan for the wellbeing and community aspects of the Campus.

- A Communications and Engagement Strategy is in development by Merton CCG, with a 'kick off' public engagement event involving the Council, voluntary sector and local MP, planned for May 2018, post local elections, and a programme of further engagement events will take place throughout 2018.

Childhood Obesity

4. Childhood obesity is a big problem in Merton, with around 4,500 children (age 4 - 11 years) overweight or obese and nearly a third of children leaving primary school overweight or obese. The increasing gap in obesity between the east and the west of the borough is a significant health inequality. This impacts on children's health and potentially their life chances. Merton Health and Wellbeing Board made tackling childhood obesity a key priority for 2016/17.

5. [The Child Healthy Weight Action Plan](#) was developed working with a range of partners, and the Director of Public Health's Annual Public Health Report for 2016-17, [Tackling Childhood Obesity Together](#), provides an easy reference to evidence what works. Merton also took part in a pan London Childhood Peer Review, linked to the London Great Weight Debate, which was supported by the Chair of the HWBB. We continue to align with London and national priorities including implementing the LA Declaration on Sugar, Sugar Smart and Change4Life campaigns. Actions and achievements in 2017 have included a focus on tackling the inequality between the east and west of the borough and are set out below by action plan theme (see appendix 1 outcome 1.3 for details):
- Theme 1: Leadership, communication and engagement - 2,100 residents engaged in the Great Weight Debate Merton on childhood obesity, focusing on the east of the borough. Promotion of Change4Life national childhood obesity campaigns
 - Theme 2: Food Environment - Merton Food poverty action plan was developed (receiving an award for the most improved borough in London). 37 food businesses are now fully signed up to the Healthy Catering Commitment (HCC). Merton's Local Plan is asking residents their view on limiting hot food takeaways near schools. Work is underway on signing up to the Local Authority Declaration on Sugar Reduction and Healthier Food. This will now be signed alongside the launch of a Merton Sugar Smart initiative after the local elections, requiring partners and organisations to agree to pledges on reducing sugar.
 - Theme 3: Physical Activity/Physical Environment - The All England Lawn Tennis Club Early Years Activation Programme pilot was delivered and evaluated in 25 schools. Initially focused on schools in the east. 20 schools are implementing the *'Daily Mile'* with further work to introduce a *'Merton Mile' in a local park*
 - Theme 4: Early Years and school age settings and pathways - 171 teachers benefited from schools staff training on talking about weight and childhood obesity. 5 schools achieved Bronze Healthy Schools London Award and 1 has achieved Silver.
6. Going forward we aim to further strengthen Merton's 'whole systems approach' to tackling childhood obesity by further aligning to national and regional approaches including establishment of a Childhood Obesity Taskforce for London and London Obesity Leads Network

Social prescribing

7. Social prescribing (SP) is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector. Merton Health and Wellbeing Board made developing a social prescribing pilot in Merton a key priority for 2016/17.

- The pilot was based in Wide Way and Tamworth GP practices (population 17,400). A Social Prescribing Coordinator was appointed based in the practices (and hosted by MVSC).
- The pilot was operational from Jan 2017. Patients eligible for the service are those with issues relating to social isolation, low level mental health problems and frequently presenting at general practice. Over the last 12 months the Social Prescribing Coordinator has seen over 200 patients for their first appointment and 129 for their follow up appointment and these patients are accessing a range of community services.
- An independent evaluation was commissioned, with funding support from the SW London Health Innovation Network. This has shown an increase in self-reported health gains (shown via the outcomes star) by individuals and a statistically significant reduction in GP visits.
- Following the success of the pilot project shown by the evaluation, Merton Clinical Commissioning Group (MCCG) is to fund an extension and expansion of the scheme for another year to allow for further detailed analysis of the benefits it brings to the health and care system.
- This will see every GP in east Merton offering social prescribing, with the aim to roll the scheme to every GP practice across Merton.

Health in All Policies

8. Health in All Policies (HiAP) presents potential for strong co-benefits, across the council and partners and, with an emphasis on inter-sectoral collaboration, offers a way of increasing efficiency of public sector spending. The HWBB has championed HiAP through all the actions above.

Merton Council participated (as the first London Council) in the LGA's Health in All Policies peer assessment to translate its existing commitment into an action plan.

9. In October 2017 a Prevention Matters workshop was held with the LGA. The session had over 20 councillors attending, with Healthwatch and, as a first for the Prevention Matters programme, three local GPs also attended. The session was aimed at improving understanding of health across Merton and encouraging all to become champions of health and wellbeing. LGA facilitators were joined by the Leader and four Cabinet leads and all councillors committed to actions to take forward. The LGA facilitators were impressed with Merton councillors knowledge and enthusiasm and commented that it was one of the most successful sessions they had held.

10. The HWBB provides the governance for HiAP and the HiAP action plan was agreed by the HWBB in June 2017. The priority areas agreed are to: take forward leadership and advocacy; explore social value in commissioning; promote healthy workplaces; pursue joint work between the Environment Directorate and public health; investigate housing and homelessness;

embed Think Family in council working; tackle childhood obesity; and, develop a dementia friendly Merton.

11. Successes to date across the Council and partners include:

- A draft Social Value Toolkit: for commissioning and procurement developed by Corporate Services and due to be presented at the Council's Procurement Board in March 2018. This will also be shared with Merton CCG to explore opportunities for this being used as a template for Social Value in Merton CCG.
- Environment and Regeneration joint work on health impact assessments focussed on estate regeneration and Morden town centre development to create health promoting environments. Also working jointly on health in the new Local Plan towards 2019, involving the HWBB in the consultation process. Merton participation in national TCPA (Town & Country Planning Association) project.
- A Joint Strategic Framework for Prevention of Substance Misuse and related harm 2017-21 has been developed across partners. The Strategic Framework is a whole systems response to the problems relating to alcohol and drug misuse, and to achieving desired outcomes spanning health, social care, welfare and community safety and criminal justice. The Safer Stronger Executive Board has oversight of the Strategic Framework and Action Plan, to ensure cross council, CCG and partners' ownership and commitment.
- Children's Services 'Crossing Bridges' Think Family training for adult mental health and children's Social Care professionals underway. 20 participants in October 2017 and further 20 participants in Feb 2018 together with Parental Mental Health Awareness training sessions (5 sessions) planned for spring 2018.
- Launch of Merton Dementia Friendly community with over 60 organisations and people with dementia and their carers attending. [Merton Dementia Action Alliance](#) (DAA) now meets quarterly with thematic meetings based on the lives of people with dementia including culture, sport and leisure and legal and financial planning. Merton's DAA was the fastest growing London alliance during Summer 2017 and now has 62 members.

JSNA (Joint Strategic Needs Assessment)

12. The [Joint Strategic Needs Assessment](#) (JSNA) gives an overview of the health and wellbeing of Merton residents and informs all that the HWB does. The JSNA is made up of a number of products, including '[Merton Data](#)', a new online platform launched in January 2018 that pulls together the key sources of data about Merton into one place. The 'Merton Story' is the annual JSNA summary that sets out the headline health and wellbeing needs for Merton residents. It is currently being refreshed and will be signed off by the HWBB at the end of March 2018

Health and Wellbeing Strategy 2015-2018

13. It is a statutory duty for the HWBB to produce a joint Health and Wellbeing Strategy, based on the JSNA. The current Merton Health and Wellbeing Strategy 2015 – 2018 comes to an end in 2018, and is due to be refreshed this year. This report provides a summary of progress on implementation of the current strategy.
14. This HWB Strategy has the broad goal of achieving a fair share of opportunities for health and wellbeing for all Merton residents embedding the commitment of the council and partners to reduce health inequalities through improving outcomes across five priority themes:
 - Theme 1: Best Start in Life
 - Theme 2: Good health
 - Theme 3: Life skills, lifelong learning and good work
 - Theme 4: Community participation and feel safe
 - Theme 5: A good natural and built environment.
15. This paper assesses progress towards achieving these outcomes as measured by agreed indicators and targets set out in the HWB Strategy Delivery Plan. A full set of indicators is included in Appendix 1, but the body of this report specifically focuses on the strategic overarching indicator of life expectancy, indicators where significant progress has been made, and the three indicators with Red status in the Final Progress Report (immunisation, childhood obesity, and fuel poverty).
16. The HWBS strategic overarching indicator used to measure and monitor differences in health and wellbeing between different communities in the borough is **life expectancy**. Over the course of the HWBS 2015 – 2018, the trend has been mixed. Our analysis shows that the trend for women is positive - the difference in female life expectancy between the most deprived and least deprived wards reduced over the period 2005-2014. In contrast, the difference in male life expectancy between the most deprived and least deprived wards increased slightly.
17. The 2018 Annual Public Health Report (currently due to be published in June 2018) will examine the trends in health inequalities within the borough in more detail, and help to inform the choice of indicators for the HWBS refresh.
18. There has been positive progress across many areas covered by the HWBS 2015-2018. There is good evidence in certain areas of movement in the right direction, both through activities undertaken (*process* indicators), and evidence of actual impact on *outcomes*, including:

- Reduced average waiting times for local **children and adolescent mental health services** through introduction of a Single Point of Access. (Waiting times for centralised neurodevelopmental services have been more challenging to achieve due to demand pressures, work is underway to address this). Increased proportion of children with free school meal status achieving a good level of **development in early years**, and some closing of the gap with their peers.
- Reduced gap between disadvantaged **pupils achieving 5 a-c* GCSEs** and their peers.
- Development of a **prevention framework** that sets out a whole-systems approach to promoting healthy lifestyles, preventing ill health and reducing health inequalities. This encompasses the progress made on training health champions, piloting a Social Prescribing approach, developing healthy workplaces, changing the food environment through the Healthy Catering Commitment, and the strong partnership working with Licensing to influence decisions about alcohol licenses.
- Increased numbers of **residents supported in volunteering** through the MVSC activities.
- Improved performance in the **offer of reablement** to older people, through the introduction of the new reablement service.
- Increased number of **residents supported into employment** through IT and soft skills training.
- Increased numbers of **businesses supported** in starting up, and the creation of new jobs.
- Health themes have been embedded into all commissioned adult learning programmes focusing on **English for speakers of other languages**, and a significant proportion of learners live in deprived wards.
- **Support for adults who are lonely and isolated**, including positive findings from the older people's befriending scheme pilot which has now been extended for a further two years.
- Positive reports that **residents feel safe** in the borough.
- The increasing use of **Health Impact Assessments** as a tool within the planning process, and Merton's work towards becoming a Dementia Friendly borough, with plans to incorporate this commitment into the new Merton Local Plan.

19. There are three indicators with Red status in the final report:

- **Immunisation:** The target for increasing the uptake of MMR immunisation at 5 years of age has increased from 72.2% baseline in 2013/14 to 80.4% in 2016/17 (and for the first time, Merton figures are above the London average of 79.5%), however the challenging HWBS local target of 87.6% remains unlikely to be met by the end of 2018. Work will continue through the updated Childhood Immunisation Action Plan and steering group.

- **Childhood obesity:** Having met the HWB Strategy target to reduce childhood obesity (currently 34.4% 2016/17), a more challenging and ambitious target was set to reduce the gap in obesity between the east and the west of the borough (currently 10% gap against a target of 9.2%) which has not been met. Despite an increasing gap in childhood obesity in 10-11 year olds between the east and the west (due to levels reducing in the west and increasing in the east), there are some signs from the most recent data that the overall trend in excess weight may be beginning to decrease. This trend will continue to be carefully monitored, and action taken through a whole systems preventative approach targeted in the east of the borough) through the child healthy weight action plan and steering group
 - **Fuel poverty:** the latest figures show that since 2012 there has been a gradual increase in fuel poverty in Merton. An estimated 10.2% of household (8,151) are fuel poor (2015) compared to 8.6% in 2012. The current level of fuel poverty is similar to London (10.1%) and less than the average across England (11.4%). The target of increase annual participation of residents in energy switching has proved extremely difficult to achieve. Promotion of energy switching to reduce residents' energy bills has proved not to be an effective way to address fuel poverty because of the limited reach of scheme. It is clear that a more comprehensive approach is required. We plan to undertake a further review of the problem and the opportunities for actions taking account of resource constraints.
20. In addition, some programmes of development and redesign are still at a relatively early stage and, therefore, it is too early to fully assess impact on outcomes - although the trajectory is promising:
- The **childhood obesity action plan** in reducing the gap between East and West Merton.
 - The first phase of development of the **East Model of Health and Wellbeing** through the redevelopment of the Wilson hospital site.
21. Assessment of progress towards outcomes is difficult in some areas due the measurement challenges. A longer time period is required to assess trends, particularly with respect to indicators relating to **health behaviours** –smoking, use of outdoor spaces, alcohol-related harm. Year on year changes are subject to variability.
22. Along with an assessment of need, and taking into account the strategic context and changing national and local priorities, all of the above findings will be considered when developing the refreshed HWBS from 2019 onwards, especially when choosing appropriate indicators to effectively measure progress, including action on health inequalities.

Health and Wellbeing Strategy 2019 – plans for refresh and next steps

23. It is a statutory duty of the HWBB to promote health and social care integration. Significant work has taken place to establish the local Merton multispecialty community provider (MCP) Board, Merton Health and Care Together (MHCT), with representation from the Council, Clinical Commissioning Group, and partners, and agree a work plan for delivery.
24. The June 2018 meeting of the HWBB, is planned as a seminar on the role of HWBB going forward, including the HWB Strategy refresh, in the context of the South West London (SWL) Sustainability and Transformation Partnership (STP) work, and the development of the Local Health and Care Plan of Merton Health and Care Together Board in mid 2018.
25. Through the HWBB, there is the link to shape the determinants of health – such as the physical, economic and social environment – which are crucial to the STP ambition of upscaling current prevention efforts and curbing the epidemic of multiple long-term conditions and care dependency.
26. All SWL Councils, in a February 2018 joint response to the STP refresh plans, proposed a piece of work across SWL to rethink how best to evolve and align HWBBs with the current STP planning arrangements, identifying what happens at each level and the role of the different boards and structures in this new landscape.
27. The current thinking is that the refreshed Merton HWBS from 2019 will focus on the wider determinants of health and embedding a ‘HIAP’ approach across partners, where as the MHCT Local Health and Care Plan will focus on health and care service delivery, but the two will be developed in tandem so they are complementary.
28. Other work is underway which will inform the refresh of the HWBS, including the development of 2018’s Annual Public Health Report, APHR (a statutory duty for the Director of Public Health to produce). This annual report complements the JSNA. The focus of the 2018 APHR is on ‘Tackling health inequalities – progress in closing the gap within Merton.’ It will aim to describe and analyse the trends in key health inequalities in Merton between the most and least deprived wards and look at what has happened over time with inequalities in Merton. It will provide a baseline for monitoring progress in reducing inequalities in the future, and to inform the refresh of the Health and Wellbeing Strategy from 2019.
29. The table below sets out key milestones for the refresh of the HWBS 2019, with work starting after the May elections, but may be subject to change:

Action	Timeframe
APHR 2018 published on trends in health inequalities	End June 2018
HWBB Seminar, to include approach to HWBS Refresh	26 June 2018
Development of refreshed HWBS 2019 onwards	Autumn/Winter 2018
Launch of refreshed HWBS 2019 onwards	Proposed for HWBB Jan 2019 agenda

ALTERNATIVE OPTIONS

None for the purpose of this report

CONSULTATION UNDERTAKEN OR PROPOSED

None for the purpose of this report

TIMETABLE

See Section 2.3 for timeframe for refresh of the HWBS 2018

FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None for the purpose of this report

LEGAL AND STATUTORY IMPLICATIONS

The Health and Wellbeing Board (HWBB) is a statutory body with a duty to encourage integrated working, to develop Joint Strategic Needs Assessments and joint Health and Wellbeing Strategies. The current Merton Health and Wellbeing Strategy finishes in 2018, and so is due for refresh.

HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The JSNA gives an overview of the health and wellbeing of Merton residents, including health equalities, and informs all that the HWB does.

CRIME AND DISORDER IMPLICATIONS

None for the purpose of this report

RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None for the purpose of this report

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

Appendix 1 - HWBS 2015-2018 Outcome indicator table

BACKGROUND PAPERS

None for the purpose of this report

Appendix 1

Final report 2018: Merton Health and Wellbeing Strategy 2015-2018

The report provides a final summary of progress on implementation of the Merton Health and Wellbeing Strategy 2015-2018.

This strategy has the broad goal of achieving a fair share of opportunities for health and wellbeing for all Merton residents. This means that we want to halt the rise in the gap in life expectancy between areas within Merton.

The strategy provides the opportunity to embed the commitment of the council and partners to reducing health inequalities through improving outcomes across five priority themes:

- **Theme 1: Best Start in Life**
- **Theme 2: Good health**
- **Theme 3: Life skills, lifelong learning and good work**
- **Theme 4: Community participation and feel safe**
- **Theme 5: A good natural and built environment.**

This report assesses progress towards achieving these outcomes as measured by agreed indicators and targets set out in the delivery plan (the following sections cover each theme in turn).

Theme 1: Best Start in Life: early years development and strong educational achievement

1.1 Outcome: Uptake of childhood immunisation is increased:

- Uptake of Childhood immunisations in Merton have been historically low. Measles, Mumps and Rubella (MMR2) at age 5 is the indicator used to monitor progress against the Health and Wellbeing Strategy priority. 2016/17 performance for MMR2 has been maintained at 80.4% which is higher than London (79.5%) but lower than England (87.6%), and lower than our local target (87.6%).
- In March 2017, an update paper on Childhood immunisations was presented to the Overview and Scrutiny Commission by NHS England as commissioners of childhood immunisations This provided detailed information on actions to improve uptake including the move to a South West London Child Health Information Service (CHIS), data cleansing to improve the quality of data, visiting GP practices where performance is particularly low to provide advice and support, working with CCGs to continue the focus on improving uptake.

- Merton Childhood Immunisations steering group made of commissioners and providers monitors a local action plan. Training for front line staff on childhood immunisations as well as Flu has been provided in 2017 and uptake has been promoted in My Merton and Young Merton Together.

1.2 Outcome: Waiting time for children and adolescents to mental health services shortened

- **Waiting times – local services:** The average waiting time for local Tier 3 CAMHS services are well within the eight week target, ranging from between 1.3 to 3.9 weeks in 2016/17,. On average 96% of CYP were seen within eight weeks and 98% within 12 weeks. Year to date 2017/18 data indicates that the average waiting time for local CAMHS services is 3.8 weeks, again meeting the target. A total of 94% of CYP have been seen within 8 weeks and 98% within 12 weeks. This performance shows significant improvement and the introduction of a Single Point of Access (SPA) has had a positive impact on reducing waiting times.
- **Waiting times – centralised services:** The SWL-wide Neurodevelopmental Assessment service continues to experience demand pressure, mainly due to increasing referrals for Autism Spectrum Disorder (ASD) assessments reflecting a growing child population. The average waiting time for assessment was 11.3 weeks in 2016/17 and year to date it is 9.3 weeks.
- Following additional investment from the 6 CCGs, the most recent waiting times for neurodevelopmental assessments show good progress. The position in November 2017 shows 14 CYP waiting for assessment in excess of 12 weeks (from a starting position of 33 in April 2017), and 1 (from a starting position of 15 in April 2017) waiting in excess of 18 weeks. It is expected that all waiting times will be fewer than 12 weeks by March 2018. Given the sustained volume of activity, a decision on the local plan for Merton and SWL from April 2018 is in development.
- SWL CCG commissioners are working to find a solution to the ongoing challenge of the level of demand. In the short term commissioners are exploring options to offer earlier support for families who are waiting for assessment as parents have requested more support and advice pre and post diagnosis. Commissioners are also looking at the different practice across the region to establish the possibilities of efficiencies within the system to increase capacity for assessment. The aim is to put these strategies in place as soon as possible from April 2018. It is the expectation of the council that current arrangements will continue until alternatives are in place.
- CAMHS Strategy 2015-18: The CAMH strategy continues to inform CAMH transformation action plans. The 2015/16, 2016/17 and 2017/18 action plans were ratified by NHSE and a total of approximately £370,000 is being invested per year as part of the Government's 'Five Year Forward View for Mental Health'

- CAMHS transformation initiative: areas for CAMHS transformation work included improving access to CAMHS, increasing access to early intervention, improving support for our most vulnerable CYP and development of the workforce. Recent activity includes: investment into Community Eating Disorder Services; investment into increased psychiatric liaison nursing; investment to support to the emotional wellbeing of CYP who have been victims of sexual assault; development of a CAMHS on-line local offer; development of wider workforce training; pilot projects in schools to develop in-house emotional wellbeing services; pilot projects to develop the ASD offer for parents; investment in a self-harm intervention service.

1.3 Outcome: Childhood obesity is reduced.

- The Child Healthy Weight Action Plan with a whole systems approach is being implemented in Merton monitored through a steering group. The focus of the action plan is to reduce rates of childhood obesity overall, at the same time as reducing the gap in obesity between the east and the west of the borough It sets out 4 key themes 1) Leadership, communication and community engagement, 2) Food Environment, 3) Physical Environment and 4) Early Years, school settings and pathways. .
- Action has included:
 - Great Weight Debate Merton engaged with over 2,100 residents on childhood obesity raising awareness, disseminating consistent messages and hearing what will support residents to support healthy weight to inform local approach and refresh of action plan
 - Supporting schools to achieve the Healthy Schools London awards scheme building on the targeted Healthy Schools programme in the east of the Borough.
 - Increasing the number of schools implementing the 'Daily Mile' where children run, skip or walk a mile each day at school – around 20 schools participating
 - HENRY (Health, Exercise & Nutrition for the Really Young) online training commissioned for early years settings
 - Healthy Catering Commitment projected completed in 2017 which has increased number of businesses to 37 signed up to HCC and 50 premises visited
 - Child healthy weight support service (Family Start) embedded within School Nursing service to support children identified as 'obese through NCMP
 - Training for school staff on talking about childhood obesity and weight: 171 teaching staff from 10 schools have benefited from training and a further 13 schools have been offered training which will be delivered within the 17/18 academic year.

- Food Poverty Action Plan: Merton was successful in bidding for additional funding from the GLA and Sustain to support development of a Food Poverty action plan. Plan has now been developed by Sustainable Merton. Merton has also been recognised and awarded at City Hall for being the most improved borough in London on Food Poverty
- All England Lawn Tennis Club (AELTC) Early Years Activation Programme: pilot was delivered with 25 schools with Public Health evaluating the pilot. Pilot involved a 5 week timetabled 10 minute structured physical activity delivered in 25 schools with positive results. A longer term in-depth evaluation is planned with an academic institution and more schools
- Project Learning Garden: Following a successful programme in the US, 7 schools in the east of the borough (14 participants) have benefited from training which encourages the use of the garden as a classroom.
- Work to signing up to the Local Authority declaration on Sugar Reduction and Healthier Food. This aims to make a public commitment to improving the availability of healthier food and to reduce the availability and marketing of unhealthy food and drink. This will now be signed alongside the launch of a Merton Sugar Smart initiative after the elections which requires partners and organisations to agree to pledges on reducing sugar/promoting reduced sugar consumption.
- Mayor of London's draft London Plan proposes A5 hot food takeaways would not be permitted within 400 meters walking distance of existing or proposed schools. Aligning to this, Merton's Local Plan is also asking residents their view on limiting A5 hot food takeaways near schools to inform planning

1.4 Outcome: Educational achievement gap in children eligible for pupil premium is reduced.

- The Schools Standards report for academic year 2016/17 will be published in March 2018. The gap for disadvantaged pupils has narrowed in some indicators but it remains a priority to further decrease this gap in educational achievement. Where the gap has narrowed, this has been achieved by focusing on improvement in schools, including the targeted and effective use of pupil premium.. Overall 91% of Merton schools are judged to be good or better as at January 2018; this is the strongest performance by Merton schools with regard to Ofsted inspections and is a strong improvement from 81% in 2014. In 2017 the gap between disadvantaged pupils and their peers narrowed at the end of KS2 with regard to progress in writing and mathematics, but widened slightly with regard to progress in reading and in the combined attainment indicator.
- 2016 data for GCSE outcomes (the most recent data available) shows a gap of 10.3 between disadvantaged pupils (45.1) achieving Attainment 8 average score at GCSE and all other pupils groups (55.4). This is higher than the London gap (9.0), but lower than national (12.3)

1.5 Outcome: The proportion of children ready for school is increased

- In the academic year of 2016 – 2017, 74% of all children in Merton provision achieved a Good Level of Development (GLD) at the end of the Early Years Foundation Stage. Within this cohort 62% of children eligible for Free School Meals (FSM) achieved a good level of development compared with 75% of all other pupils, showing a 13% gap between these two cohorts of children. Nationally, the gap is wider at 18 percentage points.
- The gap in Merton is reducing year on year and overall the proportion of children eligible for FSM achieving a good level of development in early years has increased by 18 percentage points from 44% in 2014 to 62% in 2017, and is an improvement on the national average by 5%
- The focus of work in settings and schools is on reducing the gap through targeted support, maximising funding opportunities for effective use of the pupil premium underpinned by evidenced based practice. 98% of all settings registered with Ofsted on the early years register delivering the EYFS are good or better.
- Other activity includes:
 - The continued roll out of the free 2 year old early education offer to disadvantaged groups; delivering free child care places to eligible 2 year olds in good and outstanding provision.
 - Borough wide consultation on the Council's Children's Centres and Early Years Services, underpinned by the three principles of: provide support at the earliest age, provide the right amount of support and working together.
 - Redesigned early learning together programmes delivered through Children's Centres focussing on child and parent interaction and embedding the importance of early child development through the programmes delivered in Centres, based on evidence and research
 - Improved and developed the continuous improvement, support and advisory programmes and training offer for early education providers, with an ongoing focus on preparing children for school and early identification of need
 - Responding to new statutory duties for a national funding formula for early years, maximising n child led funding for children eligible for the Early Years Pupil Premium
 - Reshaped referral pathways to be more responsive to a range of multi agency assessments, facilitating improved timeliness and access to early years services
 - Worked with the new community health provider to secure colocation across the network of Children's Centres, improving integrated working and supporting improved outcomes for young children and their families.

Theme 1: Best Start in Life: early years development and strong educational achievement					
Outcome Indicator	Baseline	Current	Target	RAG rating	Commentary
Immunisation - MMR2 at 5 years	72.2% 2013/14	80.4% (2014/15) 80% (2015/16) 80.4% (2016/17)	87.6% (2018) National target 95%	R	<p>MMR2 has increased from 72.2% baseline in 2013/14 to 80.4% in 2016/17. Performance has been maintained from 2015/16 to 2016/17. Merton performance is slightly above the London average of 79.5% but lower than England at 87.6%. Performance has always been below London, however, for the first time Merton is above the London average.</p> <p>The 2018 target of reaching 87.6% will be a challenging target to meet. The updated childhood Immunisation Action Plan and steering group, will progress work towards reaching target in 2017/18.</p>
Integrated CAMHS pathways in place, reduced waiting times from referral	Baseline wait times >10 weeks No CAMHS Strategy	CAMH Strategy and Transformation Plans in place. Average wait time for local Tier 3 service: 2.6 weeks (2016/17) 3.8 weeks (2017/18 YTD) Average wait time for centralised neurodevelopmental service: 11.3 weeks (2016/17) 9.3 weeks (2017/18 YTD)	Integrated CAMHS pathways embedded and average waiting times from referral < 5 weeks	G	<p>The Single Point of Access continues to have a positive impact on wait times locally.</p> <p>However, demand on centralised neurodevelopmental assessment service continues to grow with some families waiting longer than the target waiting times in spite of waiting list reduction funding initiatives.</p>

Excess weight (overweight and obesity) in 10-11 year olds	36.4% 2013/14	34.7% (2015/16) 34% (2016/17)	35.7%		<p>Excess weight refers to those that are obese and overweight. Excess weight in 10-11 year olds in Merton has been lower than the London average for the last 7 years, and there are signs that the trend in excess weight is beginning to decrease.</p> <p>The target set reflected the aim to halt and then begin to reduce this upward trend. Data for 2016/17 shows a reduction in excess weight at age 10/11 years since 2013/14 and has met the H&W target. However, there is a gain of 12.9% between level of excess at age 4-5 years (21.5%) and 10-11 years (34.4%)</p>
Gap between % of 10-11 year olds with obesity weight between east and west Merton	6.2% 2010/11- 2012/13	9.2% gap 2012/13-2014/15 10% 2013/14 – 2015/16 Trend in the gap between east and west Merton is increasing: East: 23.5% obese West: 13.5% obese	2015/16 – 17/18 9.2% 2016/17 – 18/19 8% New target proposed	R	<p>There is a higher rate of obesity in the east of the Borough than the west which does link to deprivation. This is measured using data aggregated over 3 years. Trend over time show levels of excess weight are reducing in the west of the borough and increasing in the east and hence the gap is increasing .</p> <p>A new target is proposed: To halt the widening gap in childhood obesity between east and west Merton by 2018 and then reduce this gap by 2020, by improving in the east of the borough (levelling up). Child healthy weight action plan includes focus on whole systems preventative approach, with population wide approaches, but targeted in the east of the borough.</p>

Gap in % children achieving 5 GCSE's A-C including English & Maths between pupil premium children and children not eligible for pupil premium	24% (2012/13)	2014/15 - 23%	20%		<p>The gap between % of pupils achieving 5 GCSE's A-C including English & Maths between pupil premium children and children not eligible for pupil premium has reduced slightly between baseline and 2014/15. The measure has now changed nationally. Therefore this indicator would need to be reviewed and amended to align to the new reporting measures as part of the refresh for the Health and Wellbeing strategy.</p> <p>Attainment data for 2016/17 will be published in the Schools Standards Report in March 2018.</p>
Gap between % of pupils in receipt of Free School Meals and their peers achieving a good level of development in early years	15% (2012-13)	2016/17 - 13%	A target was not set because nationally the indicator was due to change.		<p>The Gap between % of pupils in receipt of Free School Meals and their peers achieving a good level of development in early years has reduced between baseline and 2016/17. Whilst the gap looks like it has only narrowed by 2%, the attainment is much higher for this cohort of children than before. The measure has not changed, contrary to what was expected and a target had not been set. Therefore this indicator would need to be reviewed as part of the refresh for the Health and Wellbeing Strategy and a target is set going forward.</p>

Theme 2: Good health- focus on prevention, early detection of long term conditions and access to good quality health and social care

2.1 Outcome: A prevention strategy will set the framework to embed prevention into local public policy and make health everyone's business to ensure that every contact counts and that influences on health make a positive impact

- A prevention framework has been developed that sets out a whole-systems approach to promoting healthy lifestyles, preventing ill health and reducing health inequalities. The approach, supported by Merton CCG, is based on employing a combination of programmes and actions at population, community and individual levels- creating opportunities for people to adopt healthy behaviours as part of every day life. The framework clarifies roles of partners - across the council, NHS, voluntary and private sectors in the changing financial and commissioning context. It is a tool to help integrate prevention within CCG commissioning as well as the Council activities, and as all boroughs in South West London have signed up to approach links closely to the Sustainability and Transformation Partnership.
- Merton Council has been participating (as the first London Council) in the LGA's *Health in All Policies* learning initiative to translate its existing commitment into an action plan. Successes include the Prevention Matters workshop held in October 2017 with the LGA for over 20 councillors, local GPs and Healthwatch to help improve understanding of health across Merton and encourage all to become champions of health and wellbeing. LGA facilitators were, joined by the Leader and Cabinet leads. All councillors committed to actions to take forward.

2.2 Outcome: Settings across the borough where people spend their time, including workplaces, schools and high streets are healthier and enable individuals to make healthy choices

- The pilot healthy workplace programme, in partnership with the Merton Chamber of Commerce, has provided significant learning on how to help employers to support their workforce to lead healthy lifestyles. Local findings are similar to the experiences of the GLA's Healthy Workplace Charter the key area for development in turning engagement of local business's into real action that produces change. A new programme is in development that will focus on businesses working together, through providing support to the Business Improvement Districts (BID) in the borough.
- The Healthy Catering Commitment (HCC) is being used as the focus for developing a number of healthy high streets in the borough, particularly East Merton. 37 food businesses have been supported to achieve the HCC award and around 50 premises have been visited and supported in helping their customers consume less saturated fat, less salt, less sugar and have the opportunity to purchase smaller portion sizes. We are working on how to support the HCC across Merton, linked to the Childhood Obesity work, so that businesses are supported through a light touch programme that provides light touch guidance and support.

- The revised Statement of Licensing Policy (SLP) was formally adopted by the Council in November 2015 and published in Jan 2016. It included a new Cumulative Impact Zone (CIZ) for Mitcham Town Centre and the surrounding area, focusing on the off sale of alcohol. The review was informed by health analysis undertaken by Public Health. Public Health continues to support the Licensing Sub-Committee in making informed judgements. It is important to note that this is partially restricted as there is not a public health licensing objective in the Licensing Act 2003.

2.3 Outcome: Adults make healthy lifestyle choices, including taking up clinical prevention services

- Guided by the prevention framework, and in response to a challenging budgetary position, a new model for supporting residents to lead healthy lifestyles was successfully commissioned and has been in place since April 2017. Delivering under the One You Merton banner, the service has developed a website and digital interventions that promote self care, a targeted stop smoking service, front line training and a comprehensive outreach and engagement programme that includes the training and support to health champions in community groups.

The contract for the management administration and delivery of the NHS Health Check programme has been awarded to Merton Health, the GP Federation. Aligned to the prevention framework, the delivery of health checks has been targeted to the most at risk groups in Merton; males, south Asians, people with a family history of clinical proven cardiovascular disease before 60 years of age, history of smoking and residing in area of higher deprivation.

- An ACE (Accelerate, Coordinate, Evaluate programme) Bowel Cancer Screening pilot ran for 12 months from October 2015, and was implemented across all 24 Merton GP Practices. Over the course of the programme, GPs followed up on 3,700 non-responders between the ages of 60-74, regarding bowel cancer screening. Screening levels and detection rates in Merton increased as a direct result of the pilot, and project review resulted in 20 key recommendations for Primary Care to consider implementing and incorporating as part of best practice. A range of health facilitation and promotion activities are being delivered to support people with learning disabilities by Community Nurses in LBM Learning Disability service. This includes hospital liaison visits (both planned and unplanned admissions), hospital discharges and follow ups and input to GP work relating to annual health checks and long term conditions. A link work role is undertaken in Residential Homes and supported living homes. Staff also provide health promotion advice and assistance on a variety of lifestyle risks including: obesity, diabetes, smoking and drug and alcohol abuse.
- A strategic framework for the prevention substance misuse and related harm has been developed and approved by the HWB. Led by the Substance Misuse Partnership Board, which reports to the Safer Stronger Executive, the strategic framework has five key themes; (1) Governance, Partnerships and Communication, (2) Prevention and early intervention of alcohol and drug problems, (3) Recovery Orientated drug and alcohol specialist treatment, (4) Families, Children and Young people and (5) Crime and ASB. Identification

2.4 Outcome: Improving access to Mental Health services through integrated locality working, resulting in improved parity of esteem

- This work is still in early inception, and includes as a starting point, a review of supported accommodation for adult mental health service users.

2.5 Outcome: East Merton Model of Health and Wellbeing – Residents of East Merton have access to a model of care that responds to their health needs, focusing on prevention, early detection and management in primary and community healthcare and multi-disciplinary team working with secondary care

- Extensive work is being taken forward to develop the East Merton Model of Health and Wellbeing and under this overarching umbrella, the re-design and re-development of the Wilson Hospital in East Merton is a starting point, as a health and wellbeing campus consisting of integrated health and community facilities, co-designed and co-owned by the community.
- A series of community conversations were undertaken by members of the Health and Wellbeing Board and others in 2016, with communities in East Merton facilitated through community connectors.
- Three health and wellbeing model ‘design’ workshops have been held in autumn 2017, focusing on mental health, children and young people, and primary care, that have resulted in invaluable insight into the future design, and mechanisms for co-production.
- Funded by Merton CCG, a lead officer called the Wilson HWB Campus Development Manager has been recruited to take the work forward on a full-time basis.
- OPE funding was applied for and secured for the Wilson development.
- The project plan, communications plan, governance, funding vehicle, engagement and co-production mechanisms are in development.
- The Proactive GP Pilot has concluded and the evaluation completed. The findings from this pilot helped to inform the development of a social prescribing pilot in East Merton.
- The social prescribing pilot was operational from January 2017, based in two East Merton GP Practices. A social prescribing coordinator was appointed based in the practices (and hosted by MVSC). Evaluation has shown a positive impact, and as a result Merton Clinical Commissioning Group (MCCG) is to fund an extension and expansion of the scheme for another year to allow for further detailed analysis of the benefits it brings to the health and care system. The longer-term aim is to roll the scheme out to cover the whole borough.

Theme 2: Good health					
Outcome Indicator	Baseline	Current	Target	RAG rating	Commentary
No. frontline staff trained as health champions within HWB partner organisations	0	107 staff trained plus 44 community health champions and 57 officers trained as Dementia Friends.	TBC	G	Staff trained include 48 who completed the RSPH Understanding Behaviour Changes course, 24 staff in children's centres who completed HENRY training and 35 staff who took part in a course on Making Every Contact Count (MECC). A further 58 officers completed Dementia Friends training in May 2017. 33 community health champions trained under the Livewell contract (2015-2017) and 11 as part of the current One You Merton contract (2017-Jan 2018).
Number of employers delivering healthy workplace schemes and / or signed up to the London Healthy Workplace Charter	1 employer	35 employers supporting healthy workplaces and 8 receiving formal recognition	50 employers supporting healthy work places by end of March 2017.	A	Work is underway to provide support to businesses in the Business Improvement Districts (BIDs) to become healthy work places. Organisations receiving formal recognition at Commitment level include Merton Council, MVSC, Merton Chamber of Commerce, Merco Medical Recruitment, Peldon Rose, Wimbledon Guild and Turners Property. Epsom and St Helier have received achievement level recognition.
GLA Healthy Workplace Charter in LBM. • Action plan developed by LBM	<ul style="list-style-type: none"> • 'Commitment' level • 9.92 days lost per FTE 	<ul style="list-style-type: none"> • Draft action plan was agreed by CMT on 11th October 2016.. 	<ul style="list-style-type: none"> • Action plan agreed • 8.0 days lost per FTE¹ 	G	The council has reached 'commitment' level in the GLA's London Healthy Workplace Charter framework and CMT have committed to strive for excellence,

¹ The Council's target is 8.0 days per FTE, The CIPD Absence Management Survey, 2013 showed that there was a sickness absence rate of 8.7 days per employee in the whole of the UK Public Sector and 7.2 days in the Private Sector; both have increased since 2012.

Theme 2: Good health					
Outcome Indicator	Baseline	Current	Target	RAG rating	Commentary
Workplace Steering Group based around the 8 LHWC themes <ul style="list-style-type: none"> Council sickness absence rates 	(2014/5)	<ul style="list-style-type: none"> 9.3 days lost per FTE (as at October 16) (awaiting updated figure from Corporate HR team)			which fits well with Merton's vision to be London's best council by 2020 and the pilot approach to embed 'health in all policies'. The action plan guides the work of the steering group and has had a number of successes including health and wellbeing days for staff, a number of workshops for staff on mental health and stress ion the workplace and the development of a briefing for staff and managers on the menopause.
Statement of Licensing Policy explicitly considers health and wellbeing.	N/A	Achieved.	SLP includes HWB	G	The revised SLP published in Jan 2016 included a new CIZ for Mitcham Town Centre and the surrounding area, focusing on the off sale of alcohol and based on health data.
Gap in alcohol-related harm (Standardised Admission Ratio) between east and west	31.7 ²	30.4 (2010/11-2014/15) 28.8 (2011/12-2015/16)	TBC (25 by 2018)	Not appropriate	Latest figures are for the period 2011/12 -2015/16. Figures shown a reduction in the SAR on both the baseline and previous period. Due to there being a two year delay in data, We will not be know if we have achieved the target (25 by 2018) until 2019/20.) .
No eligible food outlets signed up to Healthy Catering Commitments	New audit of HCC outlets against revised criteria. Baseline therefore zero.	29 awarded the Healthier Catering Commitment (July 2015 – November 2016). Further 8 awarded the Healthier	Y1: 20 outlets	G	In year 1 target was exceeded Since July 2015, the total number of food businesses who have been awarded the HCC is 37.

² Merton Standardised Admissions Ratio Baseline: East SAR 101.44; West Merton SAR: 69.78

Theme 2: Good health					
Outcome Indicator	Baseline	Current	Target	RAG rating	Commentary
		Catering Commitment January 2017 – July 2017 and around 50 premises visited.			
Proportion of people using outdoor space for exercise / health reasons <i>Public Health Outcomes Framework (PHOF indicator - percentages from Annual Population Survey sample so numbers not available)</i>	15% (Mar 2013-Feb 2014)	16.5% (Mar 2015 to Feb 2016). Merton is lower than England (17.9%) and London (18.0%).	17/18: 20%	A	This is below the target trajectory People accessing outdoor space for exercise/health reasons has dropped from 15% to 11.1% in 2014/15. There has then been an increase to 16.5% in 2015/16. Amber rating is because the proportion of people reported to be using outdoor space for exercise/health reasons is low, given that Merton has an abundance of green spaces. Also, figures are based on small annual survey sample and therefore subject to variability
Smoking prevalence – adults (18+) <i>Public Health Outcomes Framework (PHOF indicator - percentages from Annual Population Survey sample so numbers not available)</i>	2015:14.7% 2014:12.8% 2013:12.8%	2016: 12.7%	2018: 10.6%	A	Prevalence has declined since 2015 but is still lower than England (15.5%) and London (15.2%). However, we have not hit the target of 10.6%. To note: figures are based on small annual survey sample and therefore subject to variability
Alcohol-related admissions to hospital <i>Public Health Outcomes Framework PHOF indicator – no percentage available)</i>	517 (2014/15) 537 (2013/14) 502 (2012/13)	507 (2015/16)	17/18: 458	A	Admissions have fallen slightly in 2015/16 and are still lower than England (647) and London (545). Figures subject to annual variability and therefore further trend analysis required
ACE (Accelerate, Coordinate, Evaluate programme) Bowel Cancer Screening Pilot developed, implemented and evaluated • Number of GP Practices	N/A N/A	Pilot ran for 12 months from 1st October 2015 24/24 GPs	15 GP Practices 80% of patients	G	Screening levels and detection rates in Merton increased as a direct result of the pilot Project review resulted in 20 key

Theme 2: Good health					
Outcome Indicator	Baseline	Current	Target	RAG rating	Commentary
<p>participating in the pilot</p> <ul style="list-style-type: none"> Percentage of patients sent a bowel screening test (FOBT) and did not submit the test, who were engaged through the pilot 	N/A	<p>participated in the pilot</p> <p>GPs followed up on 3700 non-responders between the ages of 60-74</p> <p>Screening uptake increased by 3.9% compared to the same cohort 2 years before</p> <p>Clinical audit based on 1,077 non-responders, yielded a further 74 completed kits; 71 results recorded were normal, 2 needed to be repeated and 1 showed abnormality investigated by colonoscopy</p>			<p>recommendations for Primary Care to consider implementing and incorporating as part of best practice</p> <p>Pilot demonstrated the pivotal role played by GPs in delivering screening interventions together with the importance of supporting and incentivising GPs in sustaining ways of increasing bowel cancer screening uptake</p> <p>Since completion of the pilot on 30th September 2016 Open Exeter data shows a decline in the uptake figures</p>
East Merton Model of care developed and plan in place to with resources to deliver actions.	N/A	Progress to timeline	Model of care developed and plan in place with resources to deliver actions	G	Extensive work on first phase of the Development Programme underway. Governance via Wilson programme board.
A range of Health facilitation and promotion activities delivered to support people with learning disabilities	0	The breakdown of health facilitation is as follows:	Range of activities and support in place	G	This is an extensive and specialised service provided by LBM nurses/ psychotherapists. It is difficult to give a

Theme 2: Good health					
Outcome Indicator	Baseline	Current	Target	RAG rating	Commentary
		<p>In the Merton LD team: 3 Community Nurses 1 Senior Community Nurse/Psychotherapist 2 Clinical Psychologists 1 Physiotherapist 1 Occupational Therapist 1 Occupational Therapy assistant 2 Speech and Language Therapists</p> <p>Creative Psychotherapies team (based at LD day centre) 1 FTE 2 PT</p>			<p>definitive number on current caseloads due to the unpredictability of the work.. The community nursing service offers support to GP practices, and in cases where clients have no effective advocacy, will support clients to attend GP appointments so that they can fully understand the implications of what the GP is telling them. In addition, the Nursing team support with the production of hospital passports, to ensure that the person's needs are understood when they attend hospital appointments. Nursing staff also facilitate a drop in health clinic at the day centres throughout the year.</p> <p>Individual health promotion work is also undertaken, including co-ordination of health services for an individual's complex needs.</p>

Theme 3: Life skills, lifelong learning and good work

3.1 Outcome: The number of Jobseekers Allowance claimants in Mitcham is reduced

- The Economic Wellbeing Group set the target to reduce the number of JSA claimants within the 4 most deprived wards of the borough where unemployment rates continue to remain significantly higher than the borough average. These wards are Cricket Green, Pollards Hill, Lavender Fields and Figgie's Marsh, and are covered by Mitcham Job Centre Plus. Strong links have been developed with the Job Centre Plus and a small reduction in the number of JSA claimants has been achieved – 2.32% of the working population in the area against the baseline of 2.77% (average for the four most deprived wards). The target of 1.7% of the working population by March 2017 is ambitious. The Council no longer provide grants to support employability programmes for local providers to deliver so the EWG can only provide partnership support using their existing resources.
- From August 2017 DWP discontinued this dataset when they changed the way they publish their benefit statistics. Under the new Universal Credit a broader span of claimants are required to look for work than under Jobseeker's Allowance, referred to as out-of-work benefit claimants. As Universal Credit Full Service is rolled out in particular areas, the number of people recorded as being on the Claimant Count is therefore likely to rise.
- The records for December 2017 show out-of-work benefits in Merton at 1.7% (2,345 claimants) compared to the average for the four most deprived wards at 2.85%. (London's out-of-work benefits 2% and Great Britain 1.9%)
- Cricket Green 3.2% (235 claimants)
- Pollards Hill 3.0% (215 claimants)
- Lavender Fields 2.3% (175 claimants)
- Figgies Marsh 3% (235 claimants)

A comparison with Merton's four most affluent wards is as follows (average of 1.0%):-

- Wimbledon Park 1.0% (70 claimants)
- Hillside 0.8% (50 claimants)
- West Barnes 0.9% (60 claimants)
- Dundonald 0.4% (30 claimants)

Figures on out-of-work benefits are obtained from NOMIS.

3.2 Outcome: Increase employment by targeting initiatives to improve soft skills and to deliver skills in growth sectors

A London Councils European Social Fund Operational Programme (ESF) is aimed at supporting residents under:

- Priority Axis 1 – Inclusive labour Markets

- Priority 1.1 - Improving the employability and skills of the unemployed and economically inactive people
- Priority 1.4 - To address the root causes of poverty which creates barriers to work so more people move closer or into employment
- Priority Axis 2 – Skills for Growth
- Prevista were awarded the contract in December 2017 and the employability programmes have begun to be delivered from January 2018. Support is provided for 19-25 year olds unemployed for more than 6 months and for over 25 year olds unemployed for 12 months. Prevista who have based their offices at Vestry Hall, Mitcham. There are currently no figures available to report on numbers of residents supported.

3.3 Outcome: Assist business start-ups and growth of existing businesses and enable local unemployed to access the new jobs created

- The funding to support this Merton Business Support Service (MBSS) programme is no longer available and was closed in October 2016. Merton Chamber of Commerce have introduced a commercial version of the programme, which they deliver independently. Anyone enquiring about business support is directed to this programme.
- Merton is part of the sub-regional alliance known as the South London Partnership (SLP). The five boroughs (Merton, Sutton, Kingston, Richmond and Croydon) have commissioned Shared Intelligence to deliver a sub regional Skills Strategy which should be published at the end of February 2018. This will include activities to support businesses to grow and will lead to an Action Plan that will help residents into employment.

3.4 Outcome: Bridge the lifelong learning gap in deprived wards and increase access to ESOL (English for Speakers of Other Languages) courses using health themes

- Courses for English for speakers of other languages are mainly being delivered through two commissioned partners – South Thames College and Groundwork London. Health themes have been embedded into all courses. 38% of learners live in deprived wards, a total of 262 learners – although slightly below target for proportion of learners from deprived wards, the learner number has been exceeded. This is partly attributable to the increased focus on increasing key life skills courses within the provision of the new commissioned service.

Theme 3: Life skills, lifelong learning and good work					
Outcome Indicator	Baseline 2015	Current	Target 2018	RAG rating	Commentary
<p>The number of JSA claimants at Mitcham JCP and ESA claimants</p> <p>Please note that From August 2017 DWP discontinued this dataset when they changed the way they publish their benefit statistics. Under the new Universal Credit a broader span of claimants are required to look for work than under Jobseeker's Allowance. As Universal Credit Full Service is rolled out in particular areas, the number of people recorded as being on the Claimant Count is therefore likely to rise. In future this will be reported as number of out-of- work benefit claimants</p>	Average for deprived wards is 2.77% (NOMIS June 2015)	2.85% (860)	1.7% (513)	A	The records for December 2017 show out of work benefits in Merton at 1.7% (2,345 claimants) compared to the average for the four most deprived wards at 2.85%. (London's out-of- work benefits 2% and Great Britain 1.9%).
Increase employment by targeting initiatives to improve soft skills and to deliver skills in growth sectors	100 residents in IT and 200 residents in employability skills training	160	+ 150 employed	G	The initial target has been exceeded Reporting on this target beyond 2015/16 will relate to the new ESF London councils' programme - <i>still to be published</i>
Assist business start-ups and growth of existing businesses and enable local unemployed to access the new jobs created	N/A	545 new jobs created	+160 jobs	G	The MBSS programme completed in October 2016. Anyone enquiring about business support is directed to the Merton Chamber of Commerce support programme. Unfortunately the service is no longer supported financially by the council and so people seeking help will need to pay the Chamber.

<p>Bridge the lifelong learning gap in deprived wards and increase access to ESOL (English for Speakers of Other Languages) courses using health themes</p>	<p>36% of learners on qualification live in deprived ward. 60 ESOL learners using health themes</p>	<p>38% of learners live in deprived wards, which total 262 learners. Health themes embedded into all courses</p>	<p>40% 240 ESOL learners using health themes</p>	<p>A</p>	<p>Although below target for proportion of learners from deprived wards the learner number has been exceeded. This is partly attributable to the increased focus on increasing key life skills courses within the provision of the new commissioned service.</p>
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Theme 4: Community participation and feeling safe

4.1 Outcome: Number of people engaged in their communities is increased through volunteering

- A new Joint Voluntary and Community Sector and Volunteering Strategy was developed and published in February 2017
- In 2015/16, 904 volunteers received extra support by MVSC's Volunteering Recruitment Team and assisted into volunteering opportunities in their local community. From April 2016, MVSC's LBM funding ceased for Youth Action Programme (disadvantaged 16-18 year olds); Ageing Well Supported Volunteering Programme (disabilities, long term health conditions, mental health issues, long term unemployed); and Merton Library Volunteers recruitment programme. MVSC has gained some external funding to deliver programmes but with a large reduction in capacity of approximately 58%. A revised trajectory was therefore proposed for 2017/18 of 250 Volunteers with additional support needs interviewed and assisted into volunteering opportunities. This was met, with 252 volunteers who require extra support to volunteer have been interviewed and assisted into volunteering opportunities
- In addition to the 252 residents who received face-to-face support (through the above supported programmes, volunteer recruitment sessions and individuals dropping into MVSC), a further 537 residents have been able to access volunteering opportunities via the Volunteer Merton website, therefore the total number of residents able to access volunteering opportunities easily in 2017/18 was 789.
- The new Volunteer Merton online portal launch in April 2016 and over 700 residents have accessed the website and database of 200+ local volunteering roles or have been supported by MVSC in another way in order to access volunteer opportunities.

4.2 Outcome: Sustainable voluntary and community organisations partner with the public sector to strengthen community capacity and cohesion

- A range of capacity building activities (including training, partnership bids and group forums) delivered to support the health agenda, particularly in East Merton. Funding workshops delivery and funding secured to support health activities.

4.3 Outcome: People remain independent or regain independence as far as possible

- A new reablement service has been implemented and has performed well achieving a significant improvement in the proportion of older people who are offered reablement on discharge from hospital. Reablement remains a key short term intervention, and has become increasingly critical to managing hospital discharges

4.4 Outcome: People feel safer through tackling perceptions of crime

- Metropolitan Police (October 2016) reports public confidence is currently at 68% (1% increase) for the borough which is 1% below the Met average. The Met with partners through Local Multi-Agency Problem Solving Panels to put measures in place to improve perceptions of crime and anti-social behaviour (ASB). Maximum use is being made of community messaging and social media to promote perceptions of safety.
- In 2016-17 the ASB service received 713 contacts. This was an increase in excess of 100 from the previous year which also saw a year on year increase. The most common themes for ASB reports remain neighbour disputes, street drinking and environmental crime. We are continuing to utilise our civil intervention powers and are working with police to utilise ASB closure powers to remove person(s) from property's where ASB is being perpetrated and preventing access therefore reducing the ASB on the wider community
- Neighbourhood Watch in Merton plays an important role in strengthening community cohesion as well as crime prevention. Currently Merton's Neighbourhood Watch scheme has close to 30,000 individual members covering the equivalent of 35.5% of the borough. Work between Safer Merton is on-going to maximise coverage as well as maintain active and engaged members.
- Work on hate crime continues with 2016 and 2017 figures being marginally different with a slight reduction in reports for 2017 despite there being five terrorist attacks on the UK. Hate crime remains a cross party priority and Merton is now working towards year two of our four year hate crime strategy. In 2017 we relaunched our website for hate crime and launched a new leaflet and scheme logo which is designed to help strengthen awareness of victim offer, branding and increase reports. The leaflet is attached for reference and sharing
- Moving forward we are preparing for the merger of four policing boroughs into one borough operating command unit (BOCU). The southwest BOCU combines Richmond, Kingston, Merton and Wandsworth into one policing area. In pathfinder boroughs community confidence was impacted very negatively so as a community safety partnership we will be monitoring this carefully. The go-live date for the BOCU currently stands as 23 May 2018

4.5 Outcome: Causes of crime addressed through a place based approach focusing on hot spots

- The 2016-18 Community Safety Strategic Assessment identified one ward where crime was increasing and which required a concerted partnership approach. As a result there will be a focus of work for 24 months across Wimbledon Park Ward. This ward will undergo profiling and problem solving processes to ensure that a strategic and sustained crime prevention methodology can be adopted and used to benefit the ward and the surrounding area

- It is proposed that outcome indicators for the H&WB Strategy are revised to reflect the findings of the planned Strategy Assessment early next year, and reflect recent Domestic Violence needs profile, and a focus on alcohol related crime
- Local Alcohol Action Areas (LAAA) – a bid is being submitted to the Home Office for Merton to be part of a new, two year pilot, which works to address crime committed where alcohol is present. This does not provide funding but access to the specialist advice and expertise of the Home Office and Public
- Health England. The bid is based on a partnership approach between businesses, police, public health and Safer Merton with actions focusing on Wimbledon Town Centre and Mitcham Town Centre. Selection is made in December.

Theme 4: Community participation and feeling safe					
Outcome indicator	Baseline	Current	Target	RAG	Comment
Refresh Merton Partnership Volunteering Strategy for 2015-17	20% of residents report volunteering participation (Resident Survey 2014indicator)	No resident survey 2016	21% from 2015	G	A new Joint voluntary and community Sector and Volunteering Strategy was developed and published in February 2017
Residents who require extra support to volunteer e.g. with disabilities, long term health conditions, mental health problems, 16-18 year olds, and the long term unemployed are supported to volunteer	800 residents 2014/5	Target of 900 residents for 2015/16 , 904 residents supported achieved 2016/17 –to date 313 volunteers supported	Suggested provisional trajectory in 2017/18: 250 Volunteers with additional support needs interviewed and assisted into volunteering opportunities. 2017/18 Outcome: 252 volunteers who require extra support to volunteer have been interviewed and assisted into volunteering opportunities.	G	Target exceeded for numbers of residents supporting in volunteering
Residents are able to easily identify volunteer opportunities and approach organisations	1000 residents 2014/5 (MVSC stats)	2015/16: 2,800 residents contacts (face-to-face support & via MVSC website) (target 1,200)	2016/17: target 880 2017/18: proposed target 750 Suggested trajectory for this action in 2017/18: 750. Approximately 252	G	Target exceeded New Volunteer Merton online portal established April 2016

			residents have received face-to-face support (through the above supported programmes, volunteer recruitment sessions and individuals dropping into MVSC). A further 537 residents have been able to access volunteering opportunities via the VolunteerMerton website. Total number of residents able to access volunteering opportunities easily in 2017/18: 789		
Increase in finance levered into Merton for health and wellbeing activities within the voluntary & community sector in the east of the borough	2 workshops £100,000 secured	5 funding workshops delivered £125,000 levered in	Annually Between April and December 2017, over £830,000 in grant funding has been levered into local organisations to support their continued delivery of health & Wellbeing related services and projects.	G	On target
Capacity building across community groups to enable partnership working with public sector on health and	N/A	Capacity building activities implemented	6 monthly 63 organisations (including 11 new start-ups) located or	G	Target achieved

wellbeing agenda			delivering services/activities in East Merton supported.		
Ensuring that the right people receive reablement services (proportion of older people 65+ who were offered a reablement or intermediate service BCF & ASCOF indicator	2015/16 4.4% 2014/15 5.4% 2013/14 1.6% -against comparator LAs of 4.6%	2016/17 4.0% Against comparator LAs 3.9%	TBC	G	Good performance against baseline and comparators
Improve the provision of mental health peer support services for adults- Pilot Project	N/A	Pilot developed and commissioned to Imagine Independence. Pilot is currently underway.	Pilot developed, implemented and evaluated	G	Pilot has been developed, implemented and has been running for 1 year and 4 months. To date over 20 peer support workers and over 100 clients have accessed the service. An evaluation is currently taking place to inform the specification for the new service.
Support older adults to reduce loneliness and isolation, and remain or regain independence: Two year Pilot Merton Befriending Scheme Number of eligible Merton residents with:	N/A	The total number of service users seen since the start of the service is 224 (up to September 2017).	At end of year 2 92 telephone clients and 92 face to face clients seen in Pilot	G	There has been an increase in the last year in the number of service users, with a total of 104 during the last four quarters. Service users predominantly want a face to face service and the number of telephone clients is low.

a) Telephone befriending b) Face to Face Befriending					A new befriending service has been recommissioned from February 2017.
People feel safe through tackling perception of crime	75% respondents 2015	Safer Merton Resident's Survey now asks how safe people feel when outside in their local area during the day, almost all (96%) feel safe, with no respondents stating they feel very unsafe. After dark, 85% feel safe, although most of these feel fairly safe (63%) as opposed to very safe (22%).	80% respondent	G	In previous years the question was a generic how concerned are you about crime. In the latest survey the question differentiates between how safe residents feel during the day, compared to at night.
Causes of crime addressed in three Hotspot areas identified through the vulnerable localities index	Crime rate in identified ward area before intervention	Not progressed due to revised Safer Merton priorities			Proposed revised outcome indicator and target –following report of Strategic Assessment early 2017. This will be addressed in the refresh of the HWB Strategy 2018

Theme 5: A good natural and built environment

Outcome 5.1: Positive health and wellbeing outcomes are embedded within major developments as a condition of granting planning permission in Merton

- All Merton's Local Plan and development plans are being supported by a Health Impact Assessment (HIA). The HIAs seek to ensure that health and wellbeing including mental health is embedded in Merton's Local Plan and development plans policies.
 - Public Health is currently carrying out HIAs for the Morden town centre regeneration and Merton's new Local Plan. The HIAs will inform and influence the development of the Plan towards adoption.
 - Merton is working towards becoming a Dementia Friendly borough. As part of the development of Merton's Local Plan, Dementia Friendly good practice will be incorporated in the Local Plan and its policies.
 - Council requires that all major development applications are supported by an HIA and that the applicant engages with Public Health to gain understanding of the borough's health inequalities and council health priorities, before submitting a HIA and planning application.

Outcome 5.2: Fuel poverty is reduced through collective energy switching

- Fuel poverty affects the most vulnerable residents in our communities and can have adverse impacts on their well-being. The high, and rising, cost of energy is a significant contributor to this problem, and collective energy switching can help reduce residents' energy bills – particularly alongside other key approaches such as increasing home energy efficiency.
- In Merton the aim has been to promote and facilitate the Big London Energy Switch in to enable residents, especially those without internet access, to access collective energy switching programmes. The target of increase annually participation of residents has proved extremely difficult to achieve. There is no dedicated resource to support this activity and our efforts also 'compete' with a range of other initiatives such as the national Uswitch campaign. Vulnerable residents are more likely to have pre-paid meter arrangements and any debt will mean that it is not always possible to switch energy supplier.
- Latest figures on levels of fuel poverty show that since 2012 there has been a gradual increase in Merton. An estimated 10.2% of household (8,151) are fuel poor (2015) compared to 8.6%(6,469) in 2012. The current level of fuel poverty is similar to London (10.1%) and less that the average across England (11.4%).

Outcome 5.3: Pollution is reduced through an increased number of trees in parks

- The programme of tree planting is on-going with sustained investment. More trees are planted every year - in part to off-set losses – both in parks and on highways. Trees are also an appreciating asset and natural growth results in increased canopy. A longer time is required to measure accurate tree coverage and assess impact, and not possible at this interim stage. There is no

longer any funding for tree planting and establishment in parks so currently no planting programme.

- **Outcome 5.4: Homelessness Prevention through appropriate advice and assistance** (proposed revised housing outcome)
- Homelessness Prevention is a central plank to the Council's Housing Needs Service and is in accordance with the provisions of the Housing Act 1996 and the associated government code of guidance. Homelessness Prevention prevents admission into temporary accommodation which households have not chosen themselves and instead gives households the opportunities to continue to occupy their homes until they can make a planned move to suitable alternative accommodation and importantly it brings significant benefits to individual health and well being and seeks to improve life chances
- The importance of Homelessness Prevention is reinforced in the Homelessness Reduction Act, which will be enacted on 1st April 2018.

Theme 5: A good natural and built environment					
Outcome indicator	Baseline	Current 2016	Target 2017/18	RAG rating	Commentary
Undertake Health Impact Assessment	HIA not part of planning processes	HIA of Estates Local Plan by Future Merton working with Public Health: Estates Local Plan adopted February 2018.	Every significant developments & masterplans have a HIA	G	<p>HIAs introduced into planning system in line with trajectory for 2018</p> <p>Estates Local Plan: adopted February 2018</p> <p>Clarion Housing Group, submitted a full HIA as part of the planning application for, the following three housing estates: High Path (South Wimbledon), Ravensbury (Morden) and Eastfields (Mitcham).</p> <p>Public Health are working with planners on the Morden town centre regeneration Local Plan</p> <p>Thames Water site (Fortescue Road SW19) A HIA was submitted with the planning application.</p>
Promote & facilitate the London Energy Switch in Merton	2013/14 Total registrations: 1103 Total switchers: 117	<u>2014/15</u> Total registrations: 302 Total switchers: 88 (-24% on 2013/14) <u>2015/16</u> Total registrations: 385 Total switchers: 74 (-37% on 2013/14) 2016/17 (*to date) Total registrations: 254	Increased participation of 10% annually	R	<p><i>Discussed at HWBB in 2017 as inappropriate indicator which will be reassessed in 2018 HWBS refresh.</i></p> <p>No dedicated resource to promote uptake; other major collective energy switching schemes; vulnerable groups possible with debt & have</p>

		Total switchers: 147 (+25% on 2013/14) 2017/18 (*to date) Total registrations: 100 Total switchers: 20			prepaid meters have difficulty switching.
Increased tree planting & increasing tree canopy cover	5.5% (5.9% to 6.5% (6.9%) tree cover by LBM managed trees and woodland	No interim measurement by aerial photography survey available	3% increase in LBM managed tree canopy cover		Currently there is no planting in Parks due to absence of budgetary provision
Homelessness Prevention through advice and assistance	450 cases	413 cases (as at end of January 2018)	450 cases annual target	G	On track to achieve annual target

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