

**Committee:** Children and Young People's Overview and Scrutiny

**Date:** 13<sup>th</sup> February 2019

Wards: All wards

**Subject:** Progress report on Health and Well-being Strategy (HWS) 2015 – 2018 (Best Start in Life CYP theme) and HWS refresh 2019 – 2024

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## Recommendations:

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1. To review and consider progress on the delivery of the Health and Wellbeing Strategy theme 1: Best Start in Life children and young people's theme.
  2. To support the refresh process for Merton's Health and Wellbeing Strategy 2019-24 particularly in relation to children and young people.
  3. Note the particular focus of the refresh of the Merton Health and Wellbeing Strategy 2019-24 on 'healthy place'
  4. Note the synergies between the refreshed Health and Wellbeing Strategy 2019-24 and the Merton Local Health and Care Plan
  5. Help the Health and Wellbeing Board focus on where they can add most value by filling out the short Health and Wellbeing Strategy 2019-24 surveys-links at the end of this report (appendix 2)
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## 1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. The purpose of this report is to provide a progress update to the Children and Young People's Scrutiny Panel on the delivery of the Health and Wellbeing Strategy (2015-2018) theme 1: Best Start in Life (Early years development and strong educational achievement). This will be the final report on the 2015-2018 strategy. The report also seeks to engage the panel on the refresh of the Health and Well-being Strategy 2019 – 2024 particularly in relation the 'Start Well' children and young people's theme.

## 2 DETAILS - HEALTH AND WELL-BEING STRATEGY 2015/16 – 2017/18

### 2.1. Background

Merton Health and Well-being Strategy 2015/16 – 2017/18 includes theme 1: best start in life early years development and strong educational achievement. This reflects strong evidence that investing in the early years is effective and critical to reducing health inequalities across the life-course and that improvements in schools attainment are a major contributor to health and wellbeing of children and young people. The 'best start in life' theme focused on the following outcomes and updates on each outcome (except childhood immunisations) are provided below:

- 1) Uptake of childhood immunisations is increased (*refer to separate agenda item on childhood immunisations*)
- 2) Waiting times for children and adolescents to mental health services is shortened
- 3) Childhood obesity is reduced
- 4) Educational achievement gap in children eligible for pupil premium is reduced
- 5) The Proportion of children ready for school is increased

Please refer to the dashboard in appendix 1 which provides current performance against the targets set for each outcome indicator above.

### 2.2. **Outcome 2: Waiting times for children and adolescents to mental health services is shortened**

- 2.2.1 Predominantly, CAMHS services are provided by South West London and St George's NHS Mental Health Trust and commissioned by Merton Clinical Commissioning Group. A Merton CAMHS Partnership, that includes representation from the Council, the CCG, Merton Schools and the Community and Voluntary Sector, oversees the delivery of a continuum of services and a CAMHS Transformation Plan.
- 2.2.2 **Waiting times – local services:** The average waiting time for the period April – Sept 2018 for local Tier 3 CAMHS services was well within the locally set eight-week target. Year to date data (Apr – Dec 2018) indicates that the average waiting time for local CAMHS services (assessment to treatment) is 3.8 weeks. This performance shows significant improvement on previous years. The introduction of a Single Point of Access (SPA) since 2014 has had a positive impact on reducing waiting times. At Q2 (July – Sept 2018), the average wait -Referral to Triage was 24hrs and the average Triage to Assessment time was 14 days. This again is a massive improvement on previous years.
- 2.2.3 **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 current average waiting time for assessment is 8-12 weeks (Apr-Dec 2019).
- 2.2.4 Following additional investment this year, SWL CCG commissioners are working to find a solution to the ongoing challenge of the increasing level of demand.
- 2.2.5 For families in Merton who are waiting for assessment, pre-diagnosis advice and support is in development including peer to peer parenting support delivered by a voluntary sector provider and the Incredible Years (ASD) parenting programme

delivered through our Children Centres for parents of younger children. These will be fully implemented in the coming months.

- 2.2.6 Alongside this, we have introduced post diagnosis parenting programmes such as the 'Early Bird' suite of programmes, in conjunction with Cricket Green School and are currently piloting a home-based parental support service for ASD in conjunction with our Educational Psychology service.
- 2.2.7 Commissioners in SWL continue to explore ways to improve the model. Additional investment is planned for 2019/20 to build capacity and improve waits.
- 2.2.8 From the beginning of the next financial year (April 2019), children with a potential diagnosis of ADHD will be assessed in our local specialist service rather than referred to the neurodevelopmental assessment service. This should mean that these children will receive more timely assessment, diagnosis and treatment locally and will 'free up' appointments for those children waiting for ASD assessment, from the Neuro Disability service.
- 2.2.9 **CAMH Strategy 2015-18:** A refresh for 2019-22 of the CAMH Strategy is underway. It is anticipated this will take six months.
- 2.2.10 The CAMH Partnership Board have identified key benefits of adopting the 'Thrive Framework' in Merton. This is a conceptual framework that will replace the current CAMH tiers model with a whole system approach which is based on the identified needs of Children and Young People and their families; advocates the effective use of data to inform delivery to meet needs; identifies groups of Children and Young People and the range of support they may benefit from and ensures Children and Young People and their families are active decision makers.
- There are four key principles that underpin the THRIVE Framework:
- Shared decision making at the heart of choice
  - Acknowledgement of limitations to treatment
  - Distinction between treatment and support
  - Greater emphasis on how to help children and young people and communities build on their strengths
- 2.2.11 Alongside these, the Framework puts greater emphasis on prevention and early intervention, with the concept of 'thriving' and 'getting help' and introduces a multi-agency approach to risk. Adopting a whole system approach to 'risk support' will enable shared responsibility across agencies; better support for staff with complex cases; facilitate conversations with families about their needs and support when evidence-based treatment interventions may not be leading to desired changes in outcomes; and help children and young people receive the right treatment at a time that is right for them.
- 2.2.12 Implementation of iThrive will be underpinned by a project plan and will commence with a number of engagement events across Merton in the early summer (2019). We will be working with the Anna Freud Centre and Tavistock (co-founders of the framework), using their expertise to help us with rolling this out in Merton.
- 2.2.13 **Transformation work:** Areas for CAMHS transformation work for 2018/19 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:

- (i) Ongoing investment into our Community Eating Disorder Service to ensure national waiting time standards are met by 2020;
- (ii) Ongoing investment into increased psychiatric liaison nursing cover to support children and young people in mental health crisis and ensure we are compliant with national guidance;
- (iii) Ongoing investment into a CAMHS support package through the NSPCC to support the emotional wellbeing of children and young people who have been victims of sexual assault;
- (iv) Continued investment into Therapeutic counselling following a successful procurement process. The new service will commence in April 2019.
- (v) Continued investment in the wider workforce to improve their capability and capacity to promote emotional wellbeing and recognise and respond to mental health issues. This has included commissioning mental health training courses, engaging in a School links project to bring together schools and CAMH services (this has led to schools appointing a mental health 'champion'), training in relation to ASD, linked to the new ASD Strategy and continuation of the CYP mental health network to enable regular learning and networking opportunities around a theme. Recent themes for the network meeting have included Girls with Autism, Trauma and Trouble, Anxiety and Depression and Eating Disorders. The next theme will be ADHD.
- (vi) Ongoing investment was made into the very successful self-harm intervention service pilot project delivered by The Wish Centre.

2.2.14 **Trailblazer status:** It was announced in December 2018 that South West London Health and Care Partnership had been successful in securing £1.85m for children and young people's mental health, through a bid to become a Trailblazer for the transforming children and young people's mental health green paper, published last year. This funding will help to create enhanced mental health support teams in three SW London boroughs, including Merton.

The new mental health team in Merton will work with a school population of approximately 8,000 pupils and will accelerate progress on work already underway to pilot a 'whole school' approach to well-being support and early intervention. This initiative was developed from initial workshops to address the high number of admissions in the area, for self-harm. Through this early work, it quickly became apparent that one root cause of self-harm in young people was the lack of consistent advice and support. As part of the pilot, we are introducing new services, such as online peer support for young people; mental health first aid training for teachers; courses to empower parents to talk to their children about emotional wellbeing; an improved single point of access for children and adolescent mental health services (CAMHS); and a directory of support services.

#### 2.2.15 **CAMHS transformation plan priorities 2019/20**

The priority CAMHS transformation areas for 2019/20, as set out in the Local Transformation Plan, include the following:

- Psychiatric Liaison
- Workforce development and training
- Child Sexual Abuse
- Counselling for Young People
- Autism and ADHD Support (Pre and Post Diagnosis)

- Eating Disorders
- Health and Justice/YOT.

The full CAMHS Transformation plan refresh is available on the following link

<https://www.mertonccg.nhs.uk/News-Publications/Documents/Merton%20CYP%20Transformation%20Plan%202018.pdf>

### 2.3. **Outcome 3: Childhood obesity is reduced**

2.3.1 The latest results from the National Child Measurement Programme (NCMP) 2017/18 show overall excess weight (overweight and obese) at age 10-11 years has increase slightly (Year 6: 34% in 2016/17 to 35.6% in 2017/18), however the Health and Wellbeing Strategy target of 35.7% has been met. Merton is currently higher than England (34.3%) but lower than London (37.7%).

2.3.2 However, the most significant finding is that the obesity gap between the east and the west of the borough is still increasing and is currently 11% higher in the east (at 24%) of the borough compared to the west (13%) at age 10-11 years (2014/15 - 2016/17), against a target gap of 9.2%. The trend over time show that levels of excess weight are reducing in the west of the borough and increasing in the east and hence the gap is increasing.

2.3.3 In light of this trend, a new target has been agreed as part of London's Best Council target to halt and then reduce the gap in childhood obesity between the east and the west of the borough, by improving in the east (levelling up).

2.3.4 The Director of Public Health's Annual Public Health Report (APHR) 2016/17 titled '*Tackling Childhood Obesity Together*', published in March 2017, estimated that there were over 4,500 overweight and obese children at Primary school in Merton. It set out the challenges of childhood obesity and was a call to action to partners to come together to work on the solutions. The Child Healthy Weight Action Plan (CHWAP) for Merton (2016-18) had 4 key themes (see below).

- Leadership. communication and community engagement
- Food environment – increasing availability of healthy food
- Physical environment – increasing levels of physical activity and health promoting physical environments
- Early years and school settings and pathways

The themes provided a framework for actions which have been implemented through the CHW partnership steering group. Some highlights over the past year are detailed below. The CHWAP is currently being refreshed for 2019-2022.

2.4. Overall, **47 actions were achieved out of 52 originally** agreed as part of the plan. Listed below are examples of some of the key actions that were achieved by the plan through the work of the Child Healthy Weight steering group:-

2.4.1 **Merton Council signing the Local Government Declaration on Sugar Reduction-** This is an initiative developed by charity Sustain aimed at encouraging local authorities to take significant actions to across six key areas essential to tackle the obesity crisis (including tackling unhealthy advertising, supporting healthier food business and public messaging)

- 2.4.2 **Delivering the Great Weight Debate Merton engagement to inform work to tackle obesity-** 2,100 residents engaged with GWD mainly in east Merton. The findings of which have been used by partners and to inform the refreshed plan presented in this report. The communication and engagement through GWD was an intervention in itself to raise awareness of childhood obesity and providing consistent messaging on healthy eating and physical activity.
- 2.4.3 **Developing a child healthy weight support service** – the “Family Start” service for those identified as obese from National Child Measurement Programme (NCMP) From Sept 17-Aug 18, 241 appointments were held through the service.
- 2.4.4 **Supporting the Healthy Schools London Programme locally** - Currently, 41 schools have registered, out of these, 14 schools have achieved their Bronze award and 3 of those schools have also achieved their Silver award.
- 2.4.5 **Training for 378 school staff on raising awareness and talking about childhood obesity and weight** – To support primary school staff around the issue of childhood obesity, increasing confidence, delivering consistent messages, taking a whole school approach to healthy weight, improving their ability to signpost to support.
- 2.4.6 **Developing a food poverty action plan** - Action plan focuses on three themes: ensuring a joined up approach to food poverty, tackling food waste and surplus and strengthening existing food poverty initiatives.
- 2.4.7 **Delivering family learning courses for healthy eating on a budget** - The courses focused on clear messaging around physical activity, meal planning, nutrition and healthy lifestyle changes and target children aged 5-7 years and their families.
- 2.4.8 **Healthier Catering Commitment (HCC):** Voluntary award scheme that supports food businesses to offer healthier food options and cooking practices. Pilot supported 37 Merton food businesses to fully sign up with nearly 50 premises visited (some on more than 1 occasion) to support them to make positive changes such as reducing portion size and changing oils through the HCC.
- 2.4.9 **Promoting the Daily/Active Mile in schools** – The Daily/Active Mile is a free initiative that has been promoted in Merton schools aiming to get children to run or jog for 15minutes every day at primary and nursery levels. 20 out of 46 primary entry schools are delivering a Daily/Active Mile with promotion still ongoing.
- 2.4.10 **Children’s Community Services UNICEF Baby Friendly Initiative Level 3 Re-accreditation** –Merton’s Health visiting service has successfully achieved re-accreditation at the highest level (Level 3), for its provision of breastfeeding and infant feeding support to mothers and families.
- 2.5. **Lessons Learnt**
- 2.5.1 A number of lessons were learnt in successfully delivering the first Child Healthy Action Plan, and these were used to inform the refresh and development of the updated action plan presented here. These key lessons are summarised below:
- **Maintaining a broad and committed partnership approach** – a key lesson learnt from the first Child Healthy Weight Action Plan was the importance of having a broad partnership approach that engaged local leaders across the

local authority, NHS, voluntary and community sector and schools. The range of expertise, resources and ideas generated through the Child Healthy Weight steering group played a significant role in the success of the plan. This has led to the refreshed plans focus on ‘making childhood obesity everyone’s busy’ – taking a whole system approach and emphasising partnership working.

- **Maintaining momentum and engagement** – tackling obesity often involves taking actions across many years, repeating or adjusting interventions as needed and challenging behaviour change. Maintaining the engagement of both partners and the public when ‘quick wins’ can be hard to achieve was a key challenge. This has led to the focus of the refreshed plan on developing an effective partnership communications and engagement plan, to provide a co-ordinated approach to maintaining the momentum and reach of messages and interventions to tackle obesity. This will build on the learning from the engagement with residents through the Great Weight Debate Merton.
- **The challenges of a co-ordinating an ambitious action plan** – the first Child Healthy Weight Action Plan focused on mapping and drawing together the whole breadth of work happening in Merton to tackle obesity. This led to an action plan that had a significant number of actions, with some being relatively minor. This created challenges in terms of the project management support needed to manage such a large number of actions. While necessary at the time to ensure that links were made, relationships between partners have now matured to the point where the proposed refreshed action plan can focus on a smaller number of ‘high impact’ actions.
- **Making the most of what other people do** – in delivering the first Child Healthy Weight Action Plan, actions were most successful when working with, or supported by, work being undertaken by others nationally and regionally. For example, building on the London Great Weight Debate to commission a Merton specific consultation, or developing a food poverty action plan with support from the GLA. With the challenge of limited resources, a key focus of the refreshed plan is to make the most of the opportunities, assets and levers available to us. Key opportunities include building on TFL’s breakthroughs on the restrictions of unhealthy advertising and learning from the work of other boroughs in delivering effective communications campaigns.

2.5.2 Based on the learning and work over the past 3 years as well as engagement with the Child Healthy Weight Steering Group, the draft theme areas for the CHWAP 2019-2022 refresh include:

1. **Making childhood obesity everyone’s business** – ensuring there is a joined up approach in Merton across partners to communicate with the public effectively, support shared action and make the most of available resources.
2. **Improving our food environment** – ensuring that the food environment of Merton supports families to be able to make healthier choices and eat well.
3. **Improving our physical environment** – ensuring that the physical environment of Merton as a place supports children and families to live healthily.

**4. Supporting children, young people and their families** - supporting schools and early years settings to help families live healthy lives, and ensuring that those children that need additional help are offered high quality and effective support.

- 2.5.3 The draft CHWAP has been shared with Children's Trust Board for feedback and comments. It has also been to the Patient Engagement Group (CCG group) as well going through a process for partner and stakeholder input.
- 2.5.4 The CHWAP will be considered for approval by the Health and Well-being Board in March 2019. The Child Healthy Weight Steering Group established in 2015 with a wide range of stakeholders will continue to operationally monitor and deliver the plan with reporting into Children's Trust Board and Health and Well-Being Board as part of HWS reporting.

2.6. **Outcome 4: Educational achievement gap in children eligible for pupil premium is reduced**

- 2.6.1 The Schools Standards report for academic year 2017/18 will be published in March 2019. 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 2019; this maintains the good performance by Merton schools with regard to Ofsted inspections and is a strong improvement from 81% in 2014. 91% is above the national average and just below the London average. All secondary schools are now judged at least good with 50% as outstanding; all special schools are also judged at least good.
- 2.6.2 In 2018 the gap between disadvantaged pupils and their peers narrowed at the end of KS2 with regard to progress and attainment in all three of the core subjects of reading, writing and mathematics.
- 2.6.3 2017 data for GCSE outcomes (the most recent data available) shows a gap of 12.9 between the average Attainment 8 score at GCSE for disadvantaged pupils (41.2) and all other pupils groups (54.1). This is higher than the London gap (9.8), and in line with the national gap (12.8).

2.7. **Outcome 5: The proportion of children ready for school is increased**

- 2.7.1 In the academic year of 2017 – 2018, 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 63% of children eligible for Free School Meals (FSM) achieved a good level of development compared with 74% of all other pupils, showing a 11% gap between these two cohorts of children. Nationally, the gap is wider at 18 percentage points.
- 2.7.2 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 19 percentage points from 44% in 2014 to 63% in 2018, and is an improvement on the national average by 8%

- 2.7.3 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. 97.5% of all settings registered and inspected with Ofsted on the early years register delivering the EYFS are good or better.
- 2.7.4 Other activity supporting proportion of children ready for school include:
- The continued roll out of the free 2-year-old early education offer to disadvantaged groups; delivering free early education and childcare places to eligible 2 year olds in 'good' and 'outstanding' provision. 99% of 2 year olds took a place in 'good' or an outstanding provision (Q3)
  - Successful joint bid for the Greater London Assembly Early Years Hub programme, working in partnership with a range of agencies in Wandsworth to develop and set up the Wandle Early Years Hub, with a focus on improving the quality of early years and childcare, increasing take up of places for vulnerable 2 year olds, improving staff skills, access and support for families with children with SEND
  - Children's Centres have delivered 164 Early Learning Together courses for children aged 0 – 4 sessions focussing on child and parent interaction and embedding the importance of early child development through the programmes delivered in Centres, which are based on evidence and research. 94% of all parents completing the programmes stated an improved outcome at the end of the intervention
  - Continued to improve and develop 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
  - Approximately 50 staff from a variety of Early Years roles, participated in a range of training events on the topic of Attention Autism developed by the Gina Davis Training Company
  - 17 staff completed the Merton's Early Years College SEN level 3 SEND accredited course which aims to increase practitioner skills to facilitate access to early year education by children with additional needs
  - Reviewed the Special Educational Needs Inclusion Fund and the Early Year Inclusion Support offer to settings and schools to further improve and develop the early identification of need and embed best practice to support children's outcomes.
  - Trained 20 Early Years practitioners in Incredible Years Autism and Language delay, and delivered 3 programmes for up to 30 families
  - Trained Family Support Staff in the Hope for Children programme, which aims to help professionals help children and families by:

- promoting children’s and young people’s health and development
  - building on children, young people and families’ strengths
  - helping children, young people and families overcome difficulties
  - using evidence-based approaches.
- Evidence of the effectiveness of this approach was recognised by the recent Ofsted visit and sited as a model of best practice within the work of the 0-5s Supporting Families Team
  - The Merton Early Years Partnership held a multi professional conference to consider and develop a shared outcomes framework for children under 5 across key stakeholders, supporting the aspiration for all families and schools to be ready for children starting school
  - Improved take up of the 2-year-old review by the Central London Community Health (CLCH) Health Visiting service, which supports early identification and support to children to ensure they are school ready. Latest published Q1, 2018/19 data for 2 year reviews shows take up was 77.8% compared to 46.5% in Q1, 2015/16.

### **3 HEALTH AND WELL-BEING STRATEGY REFRESH 2019 – 2024**

#### **The Health and Wellbeing Board**

i. The Health and Wellbeing Board brings together key stakeholders to provide leadership for health. This includes shaping a health promoting environment (healthy place) as well as promoting good health and care services. Its work is influenced by the Joint Strategic Needs Assessment and an ongoing dialogue of what matters to people.

#### **Value and ways of working**

ii. Past experience suggests that the Health and Wellbeing Board is most effective when it focuses efforts on a few select priority areas, rather than a broader range of issues. Its success partly lies in the commitment of its members to promote shared values including social justice, prevention/ early intervention and a desire to learn and experiment, in their own organisations.

#### **Refreshed Health and Wellbeing Strategy 2019-24**

iii. The previous Health and Wellbeing Strategy, reported to this Panel, ran from 2015 to 2018. We are currently in the process of updating this strategy and involved in an engagement programme and close working with partners, stakeholders and the wider community and voluntary sectors.

#### **Synergy with the Local Health and Care Plan**

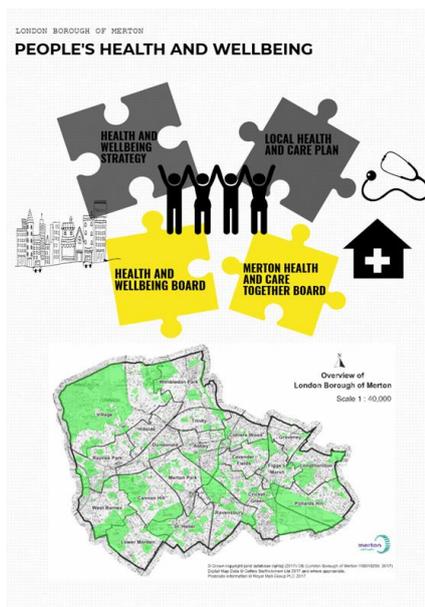
iv. Alongside development of the new Health and Wellbeing Strategy a Local Health and Care Plan is also being developed and both will influence the health and wellbeing of the Merton population. The three themes of the Health and Wellbeing Strategy, Start Well, Live

Well and Age Well – all with a focus on healthy place, are mirrored in the Local Health and Care Plan which focuses on health and care services and integration.

v. We are working closely with colleagues to coordinate the Local Health and Care Plan and the Health and Wellbeing Strategy to ensure they complement each other. See **Figure 1**.

**Figure 1**

- The Local Health and Care Plan (LHCP) is overseen by the Merton Health and Care Together (MHCT) Board.
- MHCT Board focuses on health and care services and integration and reports to the Health and Wellbeing Board (HWBB).
- The HWBB is the statutory council committee to provide overall vision, oversight and strategic direction for health and wellbeing in Merton, including the wider determinants of health.
- The refresh of the HWBB strategy covers the same themes as the LHCP – start well, live well, age well – but with the addition and focus on creating a healthy place.
- The intent is to explicitly align the two plans to make sure they complement each other.



### NHS Long Term Plan

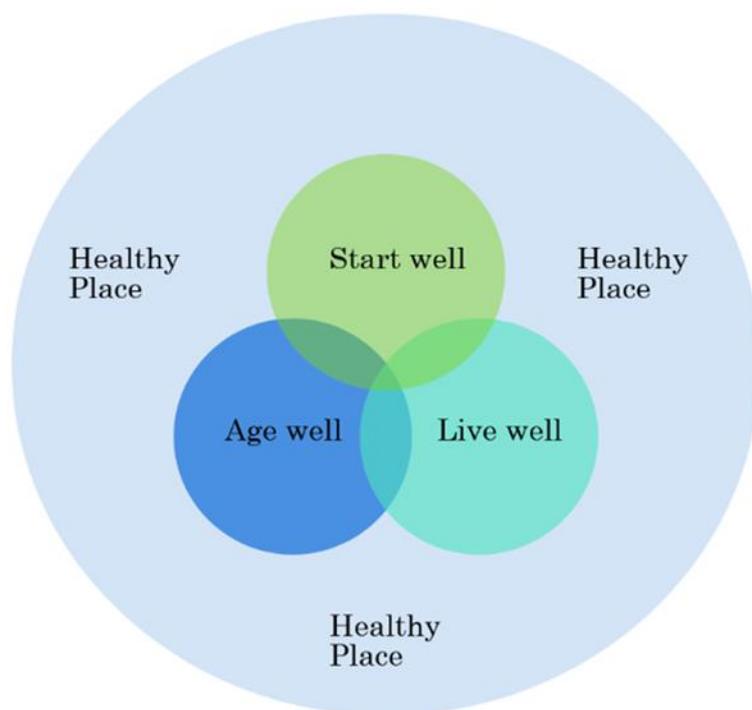
vi. The NHS 10 year plan is a recently published, ambitious and comprehensive plan which covers how the NHS will spend the £20.5 billion extra money it will receive by 2023. The plan includes action that will be taken on prevention, avoiding health inequalities and helping people live longer healthier lives. However the NHS alone cannot solve these challenges; action is needed across society, across sectors, at different levels and on the wider determinants of health in order to make progress. This is why both the Local Health and Care Plan and the Health and Wellbeing Strategy in Merton are important.

### 3.2 Summary of the Health and Wellbeing Strategy 2019-24 themes

vii. Merton Health and Wellbeing Board has agreed four overarching themes (see **Figure 2**) for the new Health and Wellbeing Strategy of:

- Start Well
- Live Well
- Age Well
- [in a] Healthy Place

**Figure 2: Themes of the Health and Wellbeing Strategy 2019-24**



- viii. Rather than being a separate theme, the Healthy Place theme is an integral part of the first three themes. Under each of the overarching themes there will be priority areas that will be tackled over the life course of the Health and Wellbeing Strategy.

### **What do we mean by 'healthy place'?**

- ix. Healthy place can mean different things to different people. When we talk about healthy place, we mean the physical, social, cultural and economic factors that help us lead healthy lives by shaping the places we live, learn, work, and play. These factors also shape the choices we face, for example around the food we eat. It is using a 'healthy place' lens through which we will develop the actions against the priority areas in the refresh Health and Wellbeing Strategy.

### **Themed workshops and community engagement**

- x. As part of the engagement programme, Health and Wellbeing Board members are helping to lead four themed workshops to facilitate discussion around the tentative priorities for Start Well, Live Well, Age Well and Healthy Place. These priorities for each theme were selected based on the Joint Strategic Needs Assessment (JSNA), engagement to date and an ongoing dialogue of what matters to people (see **Figure 3 below**). The final workshop on Healthy Place will help us to decide what the priority actions for the Health and Wellbeing Strategy 2019-24.
- xi. In the workshops we discuss and reflect on what we think about the tentative priorities, with a particular focus on what a healthy place would look like to help people flourish. We would like to build on the ongoing work of the Health and Wellbeing Board in this area and its commitment to fairness, promoting early action and reducing inequalities.

- xii. There are opportunities in the workshops to help us further explore people’s interests, motivations and values regarding the Start Well, Live Well and Age Well themes. For example, at the Start Well workshop values which emerged as being important to people included reducing inequalities, the importance of freedom and the right to play and the importance of family and relationships. At the Live Well workshop values emerging were empowering people, collaboration and social responsibility.
- xiii. The workshops will allow us to reflect on where the Health and Wellbeing Board will add most value through its role in bringing the people of Merton together to work towards a shared vision of health and wellbeing. There is an opportunity in the Strategy refresh to build on current work, for example continuing to promote ‘health in all policies’ and ‘Think Family’ as tools to create the conditions in Merton that help people lead healthy lives, as well as to explore new areas the Board may wish to focus on, for example using the social value act to promote local skills and employment, or exploring housing and health.
- xiv. Insights from the Start Well and Live Well workshops suggest that the tentative priority areas under the main themes are in the right direction and provide us with new ideas related to the healthy place focus, such as: encouraging businesses and workplaces to be breastfeeding friendly spaces; creating a healthy urban environment around schools; exploring the child friendly cities framework; creating spaces that encourage social connection; and empowering communities to take action. Additional ideas relating to the healthy place theme include air quality, active travel and the circular economy. The Age Well workshop is taking place on 31<sup>st</sup> January.
- xv. To see write ups of the Start Well and Live Well workshops please see **Appendices 2 and 3**.

**Figure 3: Initial priorities identified to date by theme**

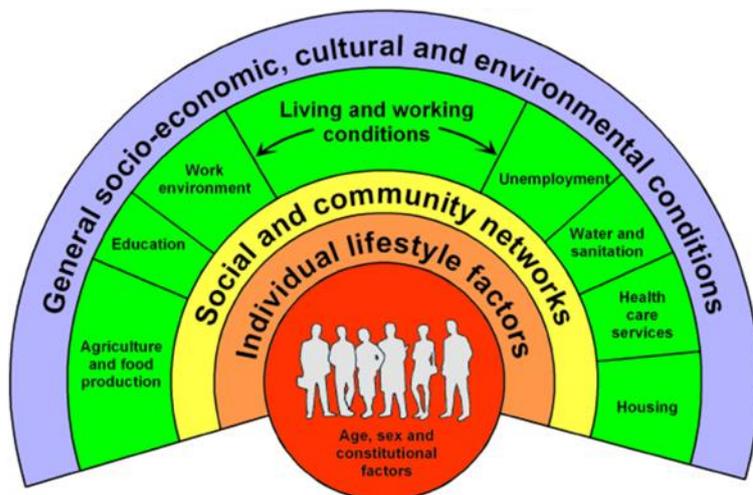
THEME	PRIORITY AREA TO TACKLE	VISION
Start Well	A good start in life	Every child and young person has a fair opportunity to have a good start in life through learning, playing, socialising, feeling safe and growing up healthy
	Mental health and wellbeing	Every child and young person has a fair opportunity to be

		listened to, feel valued and to be supported with their mental health and wellbeing
	Childhood obesity	Every child and young person has a fair opportunity to be a healthy weight by taking into account the multiple and interacting factors in their environment that contribute to the issue of childhood obesity
<b>Live Well</b>	Diabetes	Exploring how we can change factors in our environment, such as advertising of unhealthy food and drink and community food growing opportunities, to help create healthy places that make the healthy choice the easy and preferable choice
	Stress and resilience	Exploring how influencing factors in our environment, such as access to green space and active travel can help improve people's mental health and wellbeing
	Healthy workplace	Exploring how workplaces can help improve health and wellbeing of their staff and communities
<b>Age Well</b>	Social connectedness	TBC (workshop 31 <sup>st</sup> Jan)
	Active ageing	TBC
	Dementia	TBC

### The refresh process

- xvi. Although governance of the Health and Wellbeing Strategy sits with the Health and Wellbeing Board, the refresh process involves all thematic partnerships; Children's Trust Board; Safer and Stronger Partnership; and the Sustainable Communities and Transport Partnership, all of whom influence the wider determinants of health (see **Figure 4**).

**Figure 4: The wider determinants of health**



Source: Dahlgren and Whitehead, 1991

## Past Health and Wellbeing Board achievements

- xvii. Whilst we are in the process of refreshing the Health and Wellbeing Strategy we are not yet in a position to produce an annual report but members can see [here](#) for a detailed summary of recent achievements relating to the Health and Wellbeing Board's work

## 4 NEXT STEPS

- 4.1. The programme of workshops is due to continue with the January workshop on Age Well and the final workshop on Healthy Place on 12th February in which several Health and Wellbeing Board members are participating.
- 4.2. The findings of the engagement programme will help to further inform the emerging priorities. Draft priorities and early actions for the new Merton Health and Wellbeing Strategy will be reported to the Health and Wellbeing Board in March and a draft full Strategy then developed for June. We will continue to work closely with the Local Health and Care Plan throughout.

## 5 ALTERNATIVE OPTIONS

- 4.1 None.

## 6 CONSULTATION UNDERTAKEN OR PROPOSED

- 6.1. The consultation programme is as set out in the report.

## 7 TIMETABLE

- 7.1. The Health and Wellbeing Strategy is from 2015/16 to 2017/18. Progress against delivery is monitored by the Children's Trust Board throughout the year and the Health and Wellbeing Board receive an annual report
- 7.2. Key dates are outlined below. Note these are not comprehensive and additional updates will be taken to other Boards where appropriate.

Date	Meeting	Purpose
February		
5 February	Merton Partnership Exec Board meeting	HWB report for discussion / input
12 February	Health Scrutiny Panel	HWS report for discussion / input from Scrutiny
12 February	Final workshop to bring together all themes / Healthy Place	Final engagement workshop – returning to all themes in a Healthy Place
February	HWS on-line survey closes	Final analysis of full engagement takes place
March		
26 March	<a href="#">Health and Wellbeing Board</a>	Draft HWS to be discussed
June		
25 June TBC	<a href="#">Health and Wellbeing Board</a>	Final HWS for sign off
July	<a href="#">Cabinet</a>	HWB sign off

## 8 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

8.1. None for the purposes of this report.

## 9 LEGAL AND STATUTORY IMPLICATIONS

9.1. It is a statutory duty for the Health and Wellbeing Board to produce a joint Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment.

## 10 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

10.1. The delivery of the Health and Well-being Strategy will contribute to reducing health inequalities in the borough.

## 11 CRIME AND DISORDER IMPLICATIONS

11.1. N/A

## 12 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

12.1. N/A

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

- Appendix 1: Health and Wellbeing Strategy Priority 1: Best Start in Life – Outcome indicators dashboard 2018
- Appendix 2: Links to Start Well and Live Well surveys

Start Well survey link: <https://www.surveymonkey.co.uk/r/D9TZRBG>

Live Well survey link: <https://www.surveymonkey.co.uk/r/HMN7P72>

**14 BACKGROUND PAPERS**

- 14.1. Merton Health and Wellbeing Strategy 2015/16 – 2017/18

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