Committee: Council

Date: 18 November 2020

Wards: All

Subject: Strategic Theme Report: Health and Wellbeing with an emphasis on healthy living

Lead officer: Hannah Doody, Director of Community and Housing

Lead member: Councillor Stephen Alambritis, Leader

Contact officer: Dr Dagmar Zeuner, Director of Public Health, Clarissa Larsen, Health and Wellbeing Board Partnership Manager

Recommendations:

A. That the Council consider the content of this report

PURPOSE OF REPORT

Council, at its meeting on 4 March 2020, approved the Business Plan 2020 - 2024. The Business Plan sets out five strategic priorities and each meeting of the council receives a report updating against one of the council's strategic themes.

The Business Plan sets out how the council will deliver the Community Strategy, which is grouped into five strategic themes:

- Sustainable communities,
- Safer and stronger communities,
- Healthier communities,
- Older people
- Children and young people.

Performance against these themes, plus an additional theme of corporate capacity, is monitored by Council. Each meeting of Council receives a report updating on progress against one of these strategic themes.

This report provides Council with an opportunity to consider progress against the priorities that are to be delivered under the theme of Healthier Communities.

The key outcomes set out in the Business Plan relating to this theme are those set out in Merton Health and Wellbeing Strategy 2019-24. This report provides Council with an opportunity to consider progress against the priorities of the Strategy and gives an overview of health and wellbeing in Merton with a focus on healthy living.

1. INTRODUCTION

1.1   The physical and social conditions that make us healthy are all around us; for example the air we breathe, our schools, workplaces, homes, our relationships with friends and family, the food available, how easy it is to move around in the borough, how safe we feel in our streets. These are the wider determinants of health as illustrated below. They are the main drivers for health inequalities.
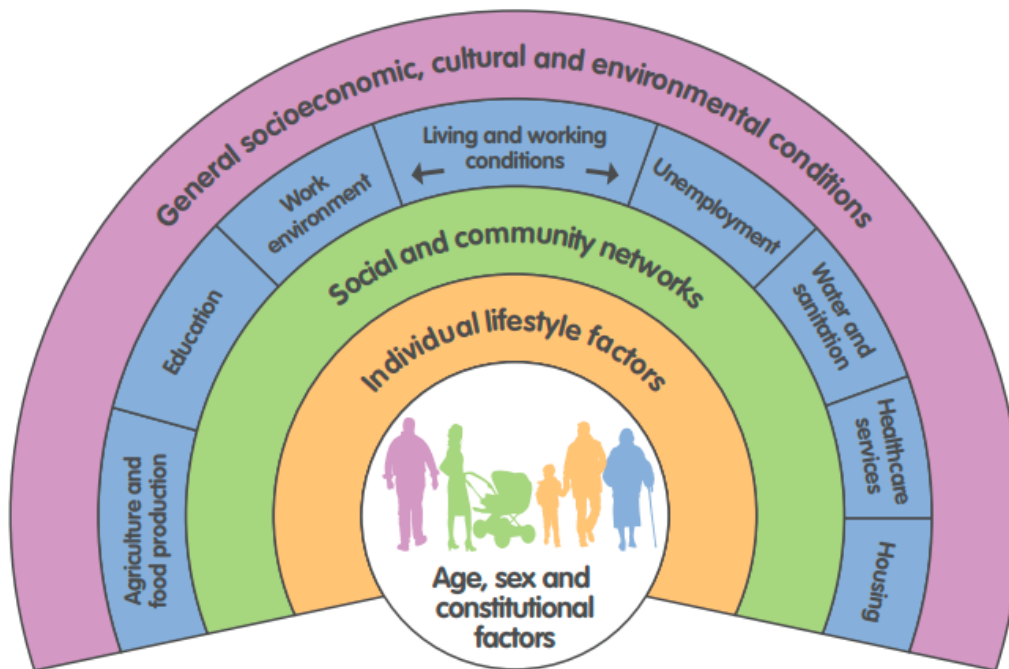
Diagram 1 – Wider determinants of health
Source: Dahlgren & Whitehead, 1991

The main unhealthy lifestyles that are responsible for over a third of all ill health are poor diet, physical inactivity, smoking and alcohol misuse, all underpinned by lack of social, emotional and mental wellbeing. Rather than due to individual choice, they are shaped by the physical and social conditions in which we are born, grow, live and age.

Merton Health and Wellbeing Strategy 2019 -2024

1.2   The Health and Wellbeing Board is a statutory partnership to provide overall vision, oversight and direction for health and wellbeing in Merton, set out in its Health and Wellbeing Strategy.

Merton Health and Care Together Board is a separate non-statutory partnership between the Council and the NHS, reporting to the HWBB, and guided by its Local Health and Care Plan which focuses on holistic integrated health and care services.

2

Figure 2 – Relationship between Health and Wellbeing Strategy and Local Health and Care Plan
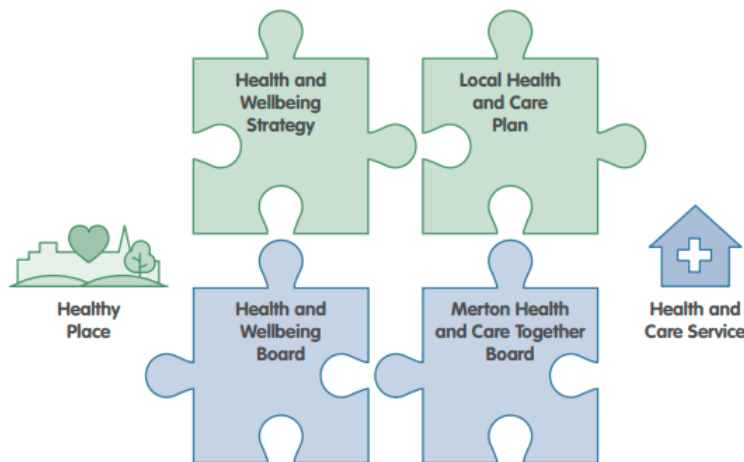
Merton Health and Wellbeing Strategy sets a vision of:

Working together to make Merton a healthy place, by creating the physical and social conditions for all people to thrive, and to complement the provision of holistic health and care services.

1.3   The priorities of the Health and Wellbeing Strategy are for people in Merton to

- Start Well
- Live Well and
- Age Well
- in a Healthy Place

By healthy place, we mean the physical, social and economic factors that help people lead healthy lives. The Strategy seeks to build on our assets and connectivity to build a healthy place. People live their lives in various places or settings such as home, school and work; they experience a healthy place in a setting where the three key attributes set out in the Strategy – promotion of mental health and wellbeing, easier healthy choices and protection from harm – come together.

1.4   The Health and Wellbeing Board has committed to a set of principles and ways of working that underpin everything the board does:

Merton Health and Wellbeing Board principles and ways of working:
➢ **Tackling health inequalities** – especially the east/west health divide in the borough that is driven by social inequality and the wider determinants of health;   ➢ **Prevention and early intervention** – helping people to stay healthy and independent and preventing, reducing or delaying the need for care;

3

> ➢ **Health in All Policies approach** – maximising the positive health impacts across all policies and challenging negative impacts;
>
> ➢ **Community engagement and empowerment** – working with and for the people and communities we serve; explicitly using and developing assets and strengths;
>
> ➢ **Experimenting and learning** – the problems we want to tackle are complex and there are no single or neat solutions; using the evidence base, data and intelligence transparently to understand and monitor impact and adjust accordingly;
>
> ➢ **Think Family** – taking a whole family approach, where seeing the parents means seeing the child, and seeing the child means seeing the parents as a routine.

1.5   These principles link to those of Merton Community Plan, to bridge the inequality gap between the east and west of the borough, and build on Merton's assets to further develop its social capital.

1.6   The principles build on the early work of the Council on **Health in All Policies**, championed by the Leader in collaboration with the Local Government Association (LGA). One example, was the Leader hosting a Prevention Matters workshop with the LGA for councillors and partners, setting out their core role in promoting health and wellbeing and tackling health inequalities.

Finally, there is a strong link between the Health and Wellbeing Strategy and the Council's Climate Emergency Action Plan. A healthy place and healthy living are essential components of sustainability and one of the biggest drivers of the climate emergency, air pollution, is one of the most significant long-term risks to health.

1.7   The council's work to promote health and wellbeing takes place in a changing health and care system, with the new South West London Health and Care Partnership / Integrated Care System (ICS) established in April 2020, together with the new Merton Clinical Commissioning Group Borough Committee and the six Primary Care Networks (PCNs) across Merton.

Format and scope of the report

1.8   This report is based on the start well, live well and age well themes of the Health and Wellbeing Strategy. The focus is on healthy living, including food, physical activity, alcohol and smoking, and underpinned by social and mental wellbeing.

Rather than being comprehensive, the report gives a range of examples of relevant initiatives and their impact, some from pre-COVID times, others covering the COVID response and a final section on recovery plans. There are relevant links and contacts in the various report sections for further information.

Acute health service provision is outside the scope of this report.

4

1.9   The report incorporates a number of Council Questions about healthy living. They are referenced for easy reading with the full questions listed in Appendix 1. Appendix 2 is a summary of key outcome indicators to track progress. Appendix 3 lists the most relevant links to the Joint Strategic Needs Assessment (JSNA), Merton Story and Annual Public Health Reports.

2. HOW HEALTHY ARE PEOPLE IN MERTON?

2.1   The Joint Strategic Needs Assessment and Merton Story show us that, overall, Merton is a safe and healthy place, rich in assets such as green spaces, libraries, good schools and strong transport connections, and compares favourably with other London boroughs. (Appendix 3 has links to the JSNA and Merton Story for further details)

2.2   Even before the COVID-19 pandemic, Merton faced challenges including:

- Significant social inequalities between the east and west of the borough that drive a health divide including a persistent gap in life expectancy and ill-health;
- Large numbers of people with unhealthy lifestyles (smoking, poor diet, physical inactivity and alcohol misuse, underpinned by poor emotional/mental health and wellbeing);
- Child and family vulnerability and resilience, e.g. increase in self-harm;
- Childhood obesity;
- Increasing numbers of people with complex needs and multi-morbidity including physical and mental illness, disability, frailty and dementia; and,
- Hidden harms and emerging issues such as air pollution, loneliness, violence and exploitation.

The below diagram gives an infographic summary.

Figure 3 – Merton story infographic summary (2019)

5

The Merton Story 2019

Overall healthy and safe borough, rich in assets

CHALLENGES

- Inequalities and the health divide
- Healthy lifestyles and emotional wellbeing
- Child and family resilience and vulnerability
- Increasing complex needs and multi-morbidity
- Hidden harms and emerging issues

Population in Merton (all persons) by single age band, 2019 and 2035

Population in Merton (all persons) by single age band, 2019 and 2035
Source: GLA 2016 based projection

There is a projected increase of 65% in people aged 85+ years.

Note: Numbers by year of age 90+ is derived from the Office for National Statistics

Overall healthy and safe borough

Life Expectancy at birth for people in Merton, London and England

— Merton — London — England

Rich in Assets

- Many green spaces
- Active voluntary and community sector
- Good transport connections (especially in west Merton)
- Resourceful libraries
- Good schools
- Cycling infrastructure

Inequalities and the health divide

IMD 2015 using national LSOA quintile thresholds
Quintile 1 is most deprived
- National quintile 2
- National quintile 3
- National quintile 4
- National quintile 5

IMD 2019 to follow

Significant social inequalities between east and west.

Similar patterns for:
- Life expectancy
- Unemployment
- Long term conditions
- Educational attainment
- Overcrowding

Healthy lifestyles and emotional wellbeing

	Number of adults in Merton (% of adult population)	Risk Factors
	31,000 (20%)	**Exercise** - Adults doing less than 30 minutes of moderate intensity physical activity per week
	68,200 (43%)	**Healthy eating** - Adults not meeting the recommended '5-a-day' on a 'usual day'
	40,700 (26%)	**Alcohol** - Adults drinking above the recommended limit of alcohol a week
	17,600 (11%)	**Smoking** - Adults who smoke
	19,000 (12%)	**Mental Wellbeing** - Adults with depression or anxiety recorded by GPs

Increasing complex needs and multi-morbidity

Number of long term conditions by age

Source: Kent Integrated Dataset. Produced by KPHO (ES), 07/16
N.B. This is illustrative data – pattern in Merton will be similar

Total number of long term conditions increases with age e.g. 75% of people aged 80-84 years have at least 1 long term condition; 50% have 3 or more.

Child and family vulnerability and resilience

Good things happening...
- School readiness
- Reduced teenage pregnancy
- 16-17 year olds not in education, employment or training (NEET)
- Dental health

Keeping an eye on...
- Increasing childhood obesity gaps
- Substance misuse
- Poverty and poor social circumstances

Worrying about...
- Mental health and self-harm
- Rise in number of children and young people with Education and Health Care Plans
- Safety outside of home

Hidden harms and emerging issues

Hidden harms
- Excess winter deaths
- Parents and carers with mental health/substance misuse issues
- Knife crime

Emerging issues
- Air pollution
- County lines
- Increase in Special Educational Needs and Disability (SEND)
- Workforce shortages

THE IMPACTS OF COVID-19

Infection rates and deaths

2.3   Merton, as the rest of world, has been impacted by the COVID-19 pandemic since the beginning of this year. As of 6th November 2020, Merton has had 2,436 cumulative confirmed cases of COVID-19 (Graph 1). The pandemic is ongoing, and is currently in the second peak of increasing numbers of cases.
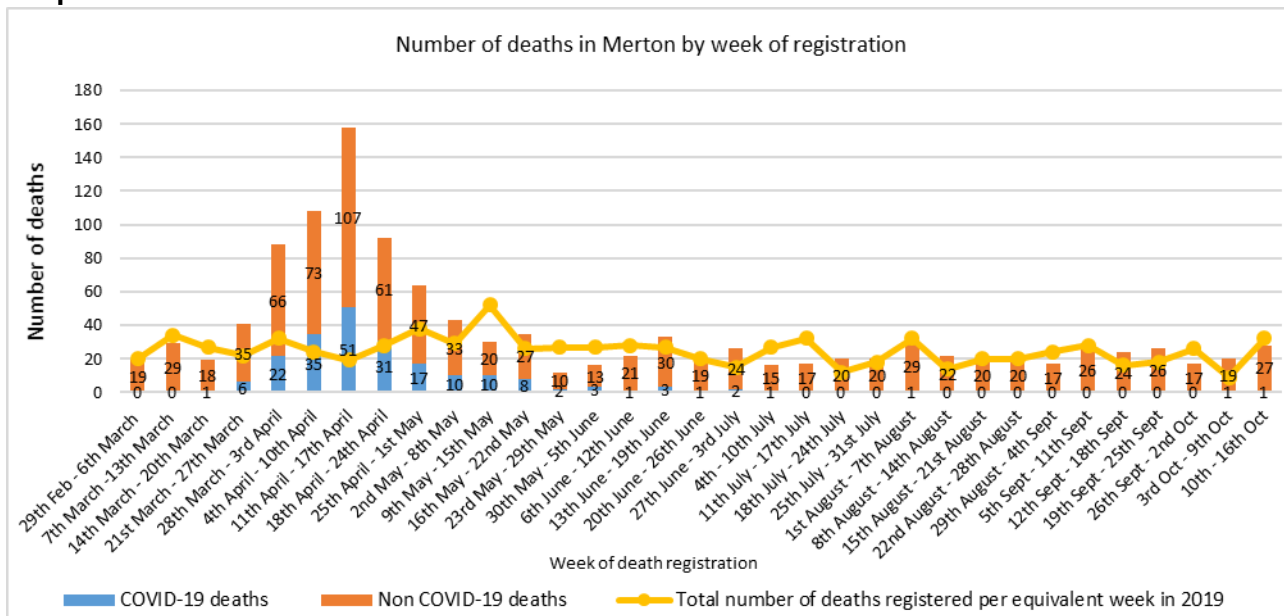
6
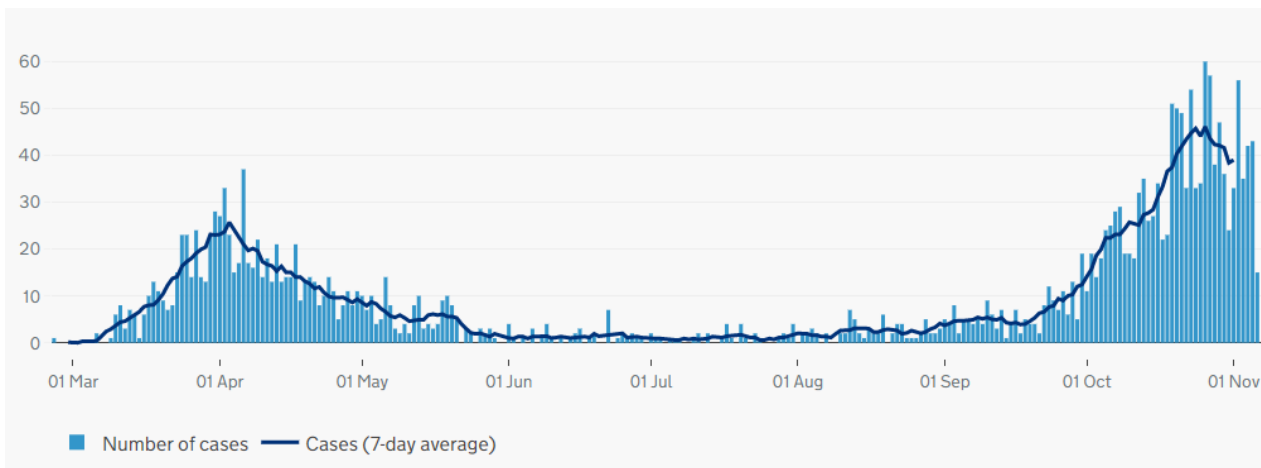
Graph 1: Daily cases in Merton over time. The Joint Strategic Needs Assessment

*Source: PHE, 2020. https://coronavirus.data.gov.uk/cases?areaType=ltla&areaName=Merton –
accessed 09/11/2020*

2.4   As of 27th October 2020, Merton has had 207 COVID related deaths, the
majority of which (3 in 4) have been in hospitals. Graph 2 shows the number of all
registered deaths across the borough, including those associated with COVID-19.
The graph includes registered deaths for each week in 2019 (yellow line) as a proxy
for expected death rates, as mortality fluctuates throughout the year; above the line
can be thought of as "excess deaths" (higher than expected).

Graph 2: COVID-19 deaths in Merton over time.

Source: ONS death registrations, 2020.
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/d
atasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard - accessed
23/10/2020.

7

Inequalities and health divide

2.5   Within Merton, there is a huge diversity of residents and significant inequality. Residents of east Merton are on average younger, poorer, more ethnically diverse, more likely to experience residential overcrowding and more likely to work in professions at high risk of COVID-19 transmission.
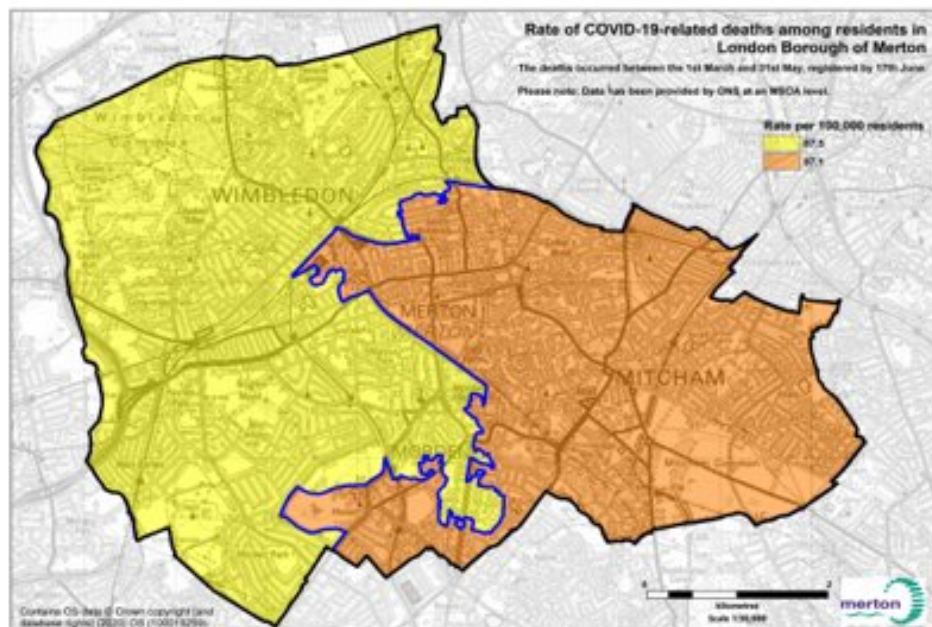
Figure 4: BAME, child poverty, and COVID-19 job risks in Merton.

Source: GLA COVID-19 deaths mapping tool, 2020. https://data.london.gov.uk/dataset/covid-19-deaths-mapping-too - accessed on 23/10/2020

Preliminary analysis of death rates during the first COVID-19 peak suggested that deaths rates were higher in the east of the borough compared to the west (97.1 versus 87.5 per 100,000 population, 1st March – 31st May 2020).

Figure 5: Rate of COVID 19 related deaths among residents in Merton between 1st March and 31st May

Source: ONS death registrations, 2020.
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard - accessed on 09/11/2020

8

2.6   The immediate and urgent effects of COVID-19 are seen in illness, admissions to hospital and in some case, death. However, there are also a number of broader and indirect medium and long term effects that will impact the borough's population economically, socially, and their overall health. These effects are not felt equally and are disproportionately impacting the most vulnerable. COVID-19 has widened most existing inequalities, including in educational attainment, unemployment, and overall health including wellbeing.

2.7   Children all across Merton have been affected by COVID-19 due to school disruption, which will impact their education and mental wellbeing. As per the UK data this is likely to be even more pronounced in the more deprived parts of the borough. School disruption is likely to widen existing inequalities, especially through lockdown where poorer families have fewer resources, study spaces, and have spent fewer hours per day on education.

Table 1: School performance among the richest and poorest households during lockdown.

Indicator	Richest households*	Poorest households*
Percent submitting 'all' assigned work	58%	38%
Hours spent per day on education	5.5 hrs	4.5 hrs
Provided online classes	58%	41%
Access to study space	95%	90%
Access to computer or tablet	90%	88%

*Comparing top and bottom wealth quintiles for UK.
(Source: IFS, 2020. https://www.ifs.org.uk/publications/14975 - accessed 23/10/2020)

Healthy lifestyle and emotional wellbeing

COVID-19 and the measures put in place to limit its spread have impacted multiple aspects of people's lives, behaviour, health and wellbeing. This is likely to have long-term effects on the population.

2.8   Those who smoke are more likely to develop severe disease from COVID-19 than non-smokers. In 2019, an estimated 13.5% (27,810 people) of Merton were smokers, above the London average of 12.9%. The effects of the COVID-19 pandemic are mixed: some report more people quitting during lockdown, others suggest cigarette consumption may have increased.

(Source: PHE, 2020. https://fingertips.phe.org.uk/search/smoking#page/4/gid/1/pat/6/par/E12000007/ati/102/are/E09000024/cid/4/page-options/ovw-do-0_tre-do-1 - accessed 23/10/2020).
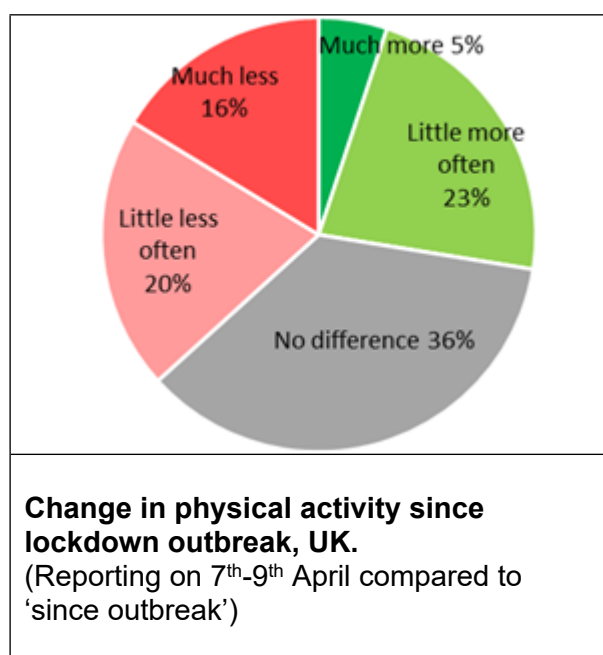
9

(Source: ASH/UCL, 2020. https://ash.org.uk/media-and-news/press-releases-media-and-news/covidyoungsmokers/ - accessed 23/10/2020)
(Source: Vanderbruggen et al., 2020. https://www.karger.com/Article/FullText/510822 - accessed 23/10/2020)

2.9   Obesity is an emerging risk factor for susceptibility and severity of COVID-19. In 2019, 55% of Merton adults were overweight or obese, unchanged since 2016, and largely attributed to poor diet and lack of physical activity. Prior to COVID-19, less than 12% of Merton 15 year-olds were doing an hour of physical activity per day. During lockdown there was evidence of decreased physical activity.

Figure 6: Physical activity change in the UK during lockdown, 2020.

Change in physical activity since lockdown outbreak, UK.
(Reporting on 7th-9th April compared to 'since outbreak')

(Source: YouGov, 2020. https://yougov.co.uk/topics/overview/survey-results – accessed 23/10/2020)
(Source: PHE, 2020. https://fingertips.phe.org.uk/search/obesity#page/0/gid/1/pat/6/par/E12000007/ati/102/are/E09000024/cid/4/page-options/ovw-do-0 - accessed 23/10/2020)

2.10   The COVID-19 pandemic has increased food insecurity and reduced access to healthy fruit and vegetables (Table 2).

Table 2: Food insecurity in the UK during lockdown.

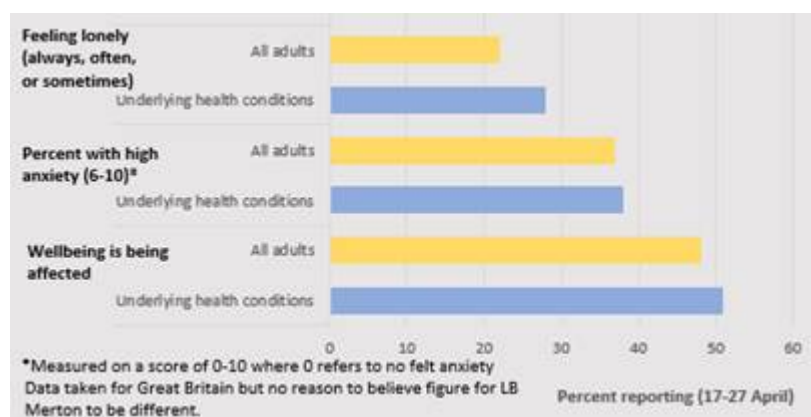| Food security during lockdown in household, UK	Percent reporting (07-09 April)
Worried about getting food they need	32%
Worried about getting fruit and vegetables	32%
Eating less or skipping meals*	14%
Not eaten a whole day*	3%

* Due to lack of money or food availability.

10

(Source: YouGov, 2020.
https://docs.cdn.yougov.com/otidumbhkq/YouGov%20Survey%20Results%20-
%20Food%20Foundation.pdf – accessed 23/10/2020.)

2.11   Prior to the COVID-19 pandemic, around 1 in every 8 or 9 adults reported depression or anxiety in Merton. The COVID-19 pandemic has increased loneliness and anxiety across London (Graph 3), with increasing numbers of people accessing mental health services.

(Source: PHE WICH monitoring, 2020. https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/ - accessed 23/10/2020)
(Source: PHE, 2020.
https://fingertips.phe.org.uk/search/anxiety#page/4/gid/1/pat/6/par/E12000007/ati/102/are/E09000024/iid/90647/age/168/sex/4/cid/4/page-options/ovw-do-0 - accessed 23/10/2020)

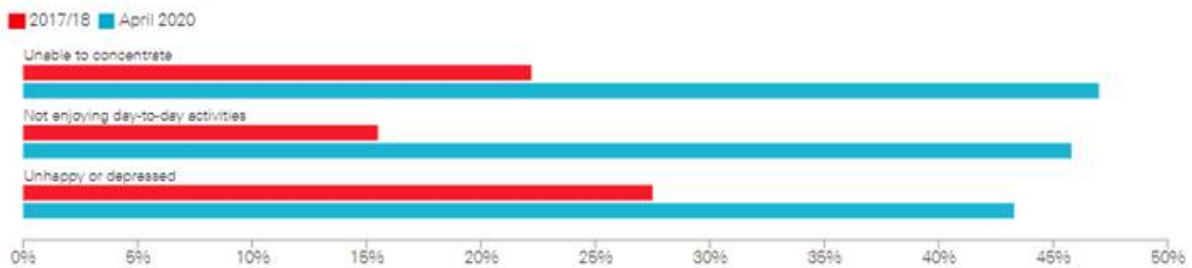**Graph 3: Wellbeing indicators in Great Britain and the COVID-19 impact**

(Source: ONS, 2020.
https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/coronavirusandloneliness greatbritain/3aprilto3may2020 - accessed 23/10/2020)

Child and family vulnerability and resilience – COVID-19 and children and young people

2.12   Prior to the pandemic, Merton was among the best performing local authorities for school readiness and 16-17 year olds in education or employment. School disruption has had a huge impact on opportunities for CYP, including in employment and further education. Young people in the UK are more pessimistic and anxious about their future than before.

11

Proportion of 18–24-year-olds experiencing negative feelings about different measures, by year or month of year: UK, 2017/18 and April 2020
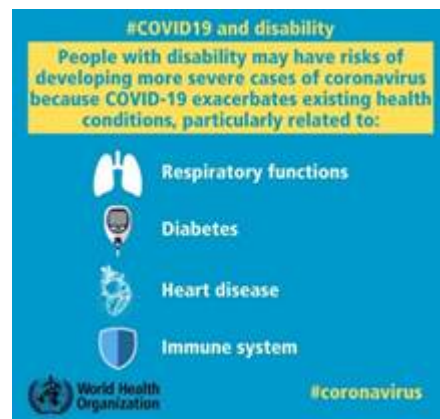
■ 2017/18 ■ April 2020

Unable to concentrate

Not enjoying day-to-day activities

Unhappy or depressed

0%   5%   10%   15%   20%   25%   30%   35%   40%   45%   50%

Graph 4: Increased negative feelings among 18-24 year olds in 2020.

(Source: The Health Foundation, 2020. https://www.health.org.uk/publications/long-reads/generation-covid-19 - last accessed 23/10/2020).
(Source: PHE, 2020. https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/1/gid/1000041/pat/6/par/E12000007/ati/102/are/E09000024/iid/90631/age/34/sex/4/cid/4 - accessed 23/10/2020).

Increasing complex needs and co-morbidities and COVID-19

2.13   The prevalence of diabetes in Merton has been steadily increasing, with an estimated 11,372 (6.3% of the population) diagnosed and undiagnosed diabetics in the borough in 2019. People with diabetes who acquire COVID-19 are at greater risk of poor outcomes; around a third of COVID-19-related England hospital deaths have had diabetes. Lockdown has made it more difficult for people with diabetes to manage their weight and to access primary care.

(Source: RCNI, 2020. https://rcni.com/nursing-standard/newsroom/analysis/covid-19-and-diabetes-counting-cost-of-lockdown-lifestyles-and-limitations-161446 - accessed 23/10/2020).

2.14   There has been a drop in people accessing healthcare. In the week leading up to 10th August, 56% of people reporting a 'worsening health condition' in England said they would not seek advice for their condition.

(Source: PHE WICH monitoring, 2020. https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/ - accessed 23/10/2020)

Hidden harms and emerging issues

COVID-19 has impacted multiple aspects of people's lives including their home and living conditions, as well as the wider environment they live, work and travel in.

12

2.15   Pre-COVID-19 domestic abuse incidents in London (32.9 per 1000) were higher than the England (27.4 per 1000) average. Calls to domestic abuse hotlines rose significantly during the first lockdown and continued to rise even after lockdown easing began. Calls about domestic abuse to Metropolitan Police were up by over 10% in the 11 weeks following lockdown compared to 2019.

Domestic abuse in lockdown

16
people killed in first three weeks - highest is 11 years

49%
rise in calls to abuse helpline, compared with average

(Source: LSE, 2020. https://www.lse.ac.uk/News/Latest-news-from-LSE/2020/g-July-20/Big-rise-in-domestic-abuse-calls-during-lockdown - accessed 23/10/2020)
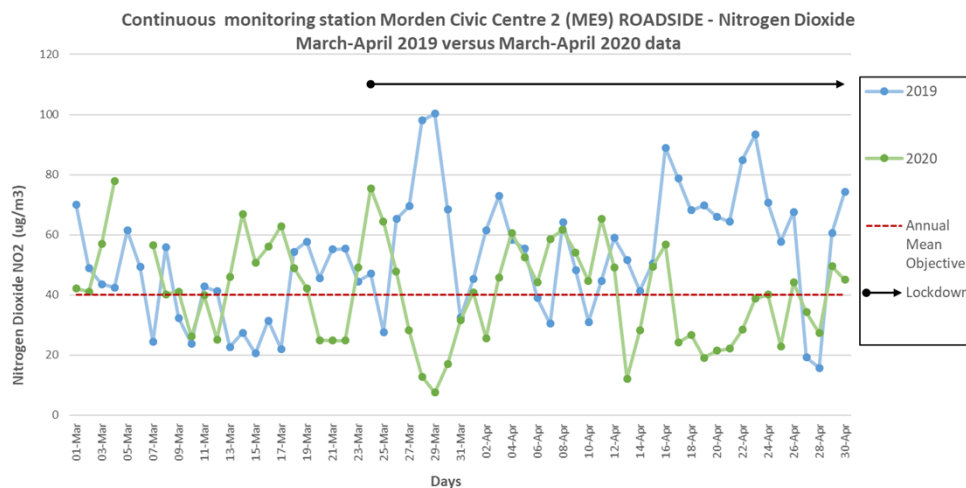
2.16   Merton has been tackling child abuse and other adverse childhood experiences (ACEs) in recent years, with a reduction in children in need due to abuse or neglect between 2016 and 2018. In 2018, 139.4 per 10,000 children in Merton experienced abuse or neglect, lower than England (181.4 per 10,000). However, there is evidence of increased ACEs due to the COVID-19 lockdown, with medium and long-term effects from the recession and family unemployment likely to contribute further in the future.
(Source: PHE, 2020. https://fingertips.phe.org.uk/search/abuse#page/4/gid/1/pat/6/par/E12000007/ati/102/are/E09000024/iid/92819/age/173/sex/4/cid/4/page-options/ovw-do-0 - accessed 27/10/2020)
(Source: Bryant et al., 2020. https://psycnet.apa.org/fulltext/2020-43450-001.pdf - accessed 27/10/2020)

2.17   In 2018, an estimated 6.6% of mortality in Merton was attributed to particulate air pollution. This was the same as London (6.6%) and higher than England (5.2%). The UK-wide lockdown saw a dramatic drop in road transport use, which contributes a large proportion of air pollution. At roadside sites in central London, itrogen dioxide (NO_2) levels were recorded to be 40% lower than pre-lockdown. The relative drop in NO_2 in Merton is illustrated in figure 7 below. Although air pollution levels have been slowly falling in Merton and London for many years, the impact of COVID-19 (especially in the long-term) is yet to be understood but may have a positive effect on the population health.

Graph 5: change in Nitrogen Dioxide levels at Morden Civic Centre, Merton, comparing 2019 and 2020.

Continuous monitoring station Morden Civic Centre 2 (ME9) ROADSIDE - Nitrogen Dioxide March-April 2019 versus March-April 2020 data

13

The full impact of COVID-19 is only emerging. We are working with local residents and the voluntary and community sector to understand the lived experience of COVID-19 in Merton. The insight and ideas that come from the community are being used to inform immediate actions to prevent outbreaks and to mitigate the health harm of COVID-19. This work to understand lived experience complements the constantly evolving data, and will be an important part of the JSNA/Merton Story for 2020/21

3. START WELL

What a child experiences during the early years (including before birth), lays down a foundation for the whole of their life, including their physical and mental health and wellbeing and healthy behaviours.

Engagement of Children and Young People

3.1   Listening and engaging young people and families is central to the approach to working with residents in Merton and part of the culture and ethos of the borough, with a strong focus on being inclusive, tackling inequalities and giving voice to the issues that young people and families believe are important. This strength-based approach has informed a range of example where children and young people have led the way, including:

3.2   The voice of children and young people (CYP) was integral to the development of My Family, My Future, My Merton, CYP Plan 2019-23, with Young Inspectors helping involve nearly 1,300 young people in agreeing priorities and designing the plan to be accessible. Going forward Young Inspectors are actively involved in monitoring progress and in the Children's Trust Board, ensuring children and young people play an active role in initiatives across the borough.

3.3   Young people were part of a co-production process in the commissioning of the Risk and Resilience service, which included training and engaging young commissioners to assess services in order to see how good they would be to provide services in Merton for young people. This included interviewing managers, frontline workers and young service users and taking an active role in the whole commissioning process.

3.4   Young People participated in the development of Merton Sexual Health Strategy, ensuring that the needs of young people were clearly heard. This included focus groups and workshops with over 120 young people, including CYP with disabilities, those excluded from school and LGBTq. Over 1,200 CYP provided feedback on relationships and sexual health questions in a local school survey.

14

3.5   Merton has also commissioned the Young Inspectors to lead engagement with CYP in response to COVID-19, to understand the impact on them and listen to their lived experiences and help build their resilience. Actions include creating a COVID-19 Young Champions Network, hot topic/focus group discussions and artwork to illustrate the impact of COVID-19 from CYPs point of view.

For further information on the engagement of children and young people contact Hilina Asrress Hilina.asrress@merton.gov.uk

3.6   The approach and examples of children and young people's engagement outlined in point 3.1 to 3.5, address Council Question 6 in Appendix 1.

Mental Health and Wellbeing of Children and Young People

A range of work is in place, both pre-COVID and in response to the pandemic, to support the mental health and emotional wellbeing of children and young people.

3.7   **Trailblazers** - Mental Health Support is now available in 22 Merton schools linked to specialist teams with plans to expand to all schools. Support has been adapted to online provision for families through on-line interactive workshops. The Trailblazers have had a positive impact on self-reported wellbeing and plans are underway to develop further schools-based services in the east of the borough.

3.8   **Catch 22 Risk and Resilience service** - Merton Catch22 increases young people's engagement in diversionary activities that support reduction in the use of substances, and promote sexual health and positive health choices for young people aged up to 24-years-old. In response to COVID-19 the service extended its mental health and wellbeing interventions, widening Merton's school-based counselling for vulnerable CYP; helping 22 students suffering with depression and anxiety, providing online counselling sessions throughout and sign-posting to relevant counselling support services. The service also provided outreach in partnership with Merton RESET supporting 450 young people.

3.9   In response to COVID-19 and lockdown, a further on-line resource for parents, carers and young people was established across the South West London region as a one stop shop for emotional health and wellbeing. Merton also has two active counselling support offers:

- **Off the Record** - provides individual counselling and self-harm support to young people aged 11 to 25. In response to COVID-19 support included: extended on-line provision; weekly virtual walk-in emotional support sessions; webinars on topical issues related to the impact of COVID-19; and, support when exam results were due.

- **Kooth** - providing online counselling provision for 11 to 22 year olds, including support for bereavement, the impact of lockdown, anxiety and impact on LGBT+ and BAME communities.

15

3.10   **CAMHS (Children and Adolescent Mental Health Service)** - have extended their crisis helpline to a 24-hours linked to NHS 111 and there are proposals to continue this approach that has been piloted across South West London. In addition, the local Merton CAMHS team crisis line is available during working hours.

3.11   **Emotional health and wellbeing schools recovery programme** - the DfE programme is being rolled out giving all Merton schools access to training on supporting CYP's wellbeing in school and signposting. School staff have also been offered and trained in Mental Health First Aid.

3.12   **Child Outcomes Research Consortium (CORC) Survey** - some Merton schools staff have been able to participate in this survey. The outcomes of which are now being addressed relating to staff wellbeing. There is also a mental health/SENCO forum in Merton where staff are able to support each other and for health and wellbeing resources to be shared with school staff.

3.13   Information on support for children and young people's mental health outlined in point 3.7 to 3.11, and information on teacher's mental health, point 3.9, address Council Questions 3 and 4 in Appendix 1.

Healthy Settings

Where we live, learn, work and play has a major impact on health and wellbeing, and health promoting environments and settings are a priority of our Health and Wellbeing Strategy, in order to ensure that the healthier choice is easier, preferred and sustainable. Examples include:

3.14   **Healthy Early Years London Programme** - the Leader of the Council was joined by the Mayor of London in October 2018 to launch this programme at Acacia Pre-School and Children's Centre. Merton now has 72 early years providers registered to the programme which reinforces healthy habits like healthy eating and daily physical activity. The programme also boosts social and emotional wellbeing, to help parents and carers improve their knowledge and skills, support their children's and their own health and wellbeing.

Examples of activities in Children's Centres include: oral health promotion workshops for families; partnerships with One You Merton to facilitate outreach hubs in the centres; introduction of a targeted BCG vaccination programme (the vaccine to protect against tuberculosis) from July 2020; and, delivery of the Unicef Baby Friendly breastfeeding.

3.15   **School Neighbourhood Action Pilot** - this Merton pilot project brings together local authorities and schools to promote healthy living through changes to the urban environment around schools. Merton Abbey Primary School is undertaking a pilot in which staff, pupils and local partners agreed actions including: schools taking ownership of green spaces; addressing concerns around youth violence; and, focussing on tackling poor air quality, increasing active travel among parents, pupils and staff.

3.16   **School Streets Project** - involves the temporary closing of roads outside schools to motorised traffic during drop-off and pick-up times, to help create healthier, safer and more pleasant environments encouraging more children to walk, cycle or scoot to school. At August 2020, 27 Merton schools were involved

Child Healthy Weight

3.17   Tackling child healthy weight is important for long-term health and reducing inequalities. In 2018/19 over 35% of children in Year 6 in Merton schools were overweight or obese. The gap in obesity in Year 6 between the east and west of the borough is 12.2% (26.1% in the east; 12.2 % in the west). The case was set out in the Annual Public Health Report in 2017 Tackling Childhood Obesity Together, which promoted a whole system approach and the importance of environment as an underlying cause. In addition to the settings work above, examples of activity include:

3.18   Merton adopted a **new advertising policy** that restricts advertising of unhealthy food and drink to children across the councils' outdoor advertising estate, this will lead to a reduction in children's exposure to unhealthy advertising.

3.19   The council introduced **healthier catering options** at council-managed public events. A greater variety of vendors offering healthier options was piloted, with the aim of future public events contracts including healthy actions for caterers.

3.20   Merton School Sports Partnership has worked with schools to support the development of **Healthy Schools** and in 2019/20 increased the number of schools achieving a Bronze award to 17, Silver in 9 and Gold in 2 schools.

3.21   In response to COVID-19, **promoting healthy weight** remains a priority and activities will be reviewed and adapted to respond to current challenges. Food poverty and insecurity has been a main focus of Merton's COVID response. This included the development of a Community Fridge Network, which established a food distribution hub from Merton College, with fresh food supplied by the London Food Alliance/ Fareshare. Food parcels were distributed to existing partners, to pass on to residents in need. On average over 300 parcels a week were distributed, the majority of which went to families living in the east of the borough.

In September 2020, The Merton Community Fridge voluntary and community sector organisations (Sustainable Merton, Wimbledon Guild, Commonside Trust and The Polish Family Association) successfully won a bid of £50,000 from the CIL (Community Infrastructure Levy) Neighbourhood Fund, to set up four Community Fridges across the borough. Moving forward, these four organisations will operate as the Merton Community Fridge Network.

17

Childhood Vaccinations

3.22   After clean water, vaccinations are one of the most important public health interventions for healthy living. Ensuring children receive vaccinations in a timely way is a priority, and working towards the World Health Organisation (WHO) target of 95% coverage to ensure herd immunity is the challenge.

3.23   Childhood Immunisation rates have historically been lower in Merton. NHS England are responsible for the commissioning of vaccination programmes and GP practices and other providers provide the vaccinations to local residents. The council's public health team has oversight to ensure plans are in place to protect the population.

3.24   The latest annual uptake for 2019/20 is presented in table 3. For immunisations at age 1 and 2 years, Merton uptake is in line with London but well below the England average and below the 95% uptake target required for 'herd immunity.' Uptake of vaccinations at age 5 in Merton for the pre-school booster and MMR2 are also lower than both London and England.

Table 3: Annual 2019/20 Childhood immunisation uptake (Merton, London, England)

		Hib/Men C booster Age 2	MMR1 Age 2	Pneumococcal infection (PCV booster) Age 2	Diptheria, Tetanus, Polio, Pertussis (DTaP/IPV – pre school booster) Age 5	MMR2 Age 5
Merton 2019/20	**92.1%**	**82.9%**	**83.2%**	**82.6%**	**67.4%**	**70.3%**
London 2019/20	88.6%	83.5%	83.6%	82.9%	74.4%	76.9%
England 2019/20	93%	90.5%	90.6%	90.4%	85.4%	86.8%

3.25   The most recent quarterly data available for childhood immunisations uptake is presented in table 4. This shows immunisations take up for Quarter 1 of 2020/21 which corresponds to the start of the COVID-19 lockdown. When comparing annual 2019/20 uptake with Q1 for Merton, uptake has increased in most areas. The Q1 results show promising signs the lockdown has not had a negative impact on uptake of immunisations in Merton as was feared.

Table 4: Latest 2020/21 Quarter 1 Childhood immunisations uptake

	Diphtheria, Tetanus, Polio Pertussis, Haemophilus influenza type b (DTaP/IPV/Hib) Age 1	Hib/Men C booster Age 2	MMR1 Age 2	Pneumococcal infection (PCV booster) Age 2	Diptheria, Tetanus, Polio, Pertussis (DTaP/IPV – pre school booster) Age 5	MMR2 Age 5
Merton Q1 2020/21	91%	86.6%	86.8%	85.9%	69.6%	73.3%
London Q1 2020/21	88.6%	83.5%	83.5%	83.2%	73.3%	75.9%
England 2020/21	92.8%	91%	91%	91%	85.6%	86.9%

3.26   Work taking place to improve uptake of childhood immunisation includes: Merton GP Federation funding setup of additional immunisation clinics at Mitcham Medical and Morden Hall GP practices; the Child Health Information Systems hubs sending weekly reports to GP practices of children who are missing their immunisations for follow up; and, promotion of child flu vaccine programme which is also supporting practices to opportunistically offer and provide other missed childhood vaccinations.

3.27   Through the COVID-19 lockdown, there were concerted efforts by GP practices and national and local messaging to ensure residents were aware that routine immunisations would continue. Although the impact of social distancing measures and appointment booking procedures were changed due to COVID-19, Merton continued to deliver the childhood immunisations programme.

Childhood Flu Vaccinations

3.28   Flu vaccine for 2 to 3 year olds are delivered by GP practices and for school aged children in school. The latest available data for 2019/20 shows primary school aged children's flu vaccine uptake in Merton (63.3%) is above the London (50.3%) and England (60.4%) average. Flu vaccine uptake for 2-3 year olds is low at 33.2% similar to the London average (32.4%) and below the England average.

Table 5: Childhood Flu vaccinations uptake 2019/20

	2-3 year olds	Primary school aged children
Merton	33.2%	63.3%
London	32.4%	50.3%%
England	43.8%	60.4%

19

3.29   Child flu vaccine of 2-3 year olds continues to be challenging and partners are targeting messages to families through social media and local media channels such as My Merton. Information is also being shared through Merton Children's Centres, the Merton Family Services Directory and health visiting service. The impact of actions will continue to be monitored through the flu season.

For further information on vaccinations contact Hilina Asrress
Hilina.asrress@merton.gov.uk

3.30   Information relating to childhood vaccinations outlined in points 3.22 to 3.29, address Council Question 8 and 9 in Appendix 1.

4. LIVE WELL

Healthy Living and Prevention/Early Help

4.1   By prevention or early help we mean helping people stay healthy and independent to avoid, reduce and delay need for health and care and make sure health and care problems can be picked up earlier, to stop them getting worse. The COVID-19 pandemic has shone a light on the importance of maintaining a healthy lifestyle, with emerging evidence suggesting that losing weight, eating healthily, being more physical active, stopping smoking and managing long-term conditions have an important role in avoiding complications and severe COVID-19.

4.2   The Health and Wellbeing Board and Merton Health and Care Together partners have agreed a prevention model, to help resident's access services supporting physical activity, good diet, help with alcohol misuse and smoking cessation, underpinned by good mental wellbeing and resilience. Examples include:

- A digital directory of available face to face and digital services which can be used by volunteers, front-line staff and to support self-care.

- Support for front-line staff and volunteers across Merton that 'connect' residents to services that meet their need. A 'network of connectors' was set-up in November 2019, with over 60 participants.

- Front-line staff raising the issue of prevention and signposting appropriately, using strength-based behaviour change technique to empower patients to take ownership of their health goals.

- Working with partners to scale up healthy workplaces across Merton, with a focus on mental health and active travel. Mental Health First Aid training for front line staff and partners provides 390 places including 100 suicide prevention training places.

4.3   Public Health is working closely with partners to engage the community to be 'COVID-fit' and promote established prevention services through Better Health Merton (see https://www.nhs.uk/better-health/), particularly focussing on vulnerable residents more likely to have severe COVID-19.

20

4.4   More widely, services commissioned by the Council have responded with alternative delivery models, during the pandemic including:

- **One You Merton** - providing advice and signposting for healthy eating, physical activity, alcohol consumption, sleep and stress and mental health. Since April 2017, over 4,000 Merton residents have received support and advice including nearly 1,500 people from high priority groups.

- **Stop Smoking London service's 'Time to Quit'** campaign - ran between April and September 2020 and saw almost 16,400 visitors from across London. It is now planning a second campaign including key messages around better health, financial savings and will include links to accessing local support including the Merton Stop Smoking service /One You Merton.

- **NHS Health Checks** - designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. Since October 2017, nearly 7,000 residents have had health checks; put in hold in April, the programme has now re-started, with prioritisation for patients with a high BMI and those from BAME communities.

- **Substance Misuse** - an integrated substance misuse service for adults, commissioned to provide treatment and support residents' needs around alcohol and drugs. In 2018/19, the service slightly outperformed national average for successful completion of treatment and in November 2019, the Care Quality Commission (CQC) rated the service good, with outstanding aspects.

For more details on Health Improvement service in Merton, contact Una O'Brien at Una.Obrien@merton.gov.uk; For more details on Substance Misuse Services in Merton, contact Martyn Penfold at martyn.penfold@merton.gov.uk

4.5   The approach to prevention and examples outlined in points 4.1 to 4.4, address Council Question 2 in Appendix 1.

Social prescribing

4.6   Social prescribing 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. In Merton, social prescribing has gone from strength to strength. In a partnership approach and following an early pilot in 2017, all 22 GP practices in Merton are now taking part in the programme.

4.7   During the COVID-19 pandemic, the social prescribing team have worked to support residents with additional needs including those shielding or self-isolating. Since January 2020 the social prescribing team received 1,392 referrals and made 3,977 welfare telephone calls to shielded and vulnerable residents and have

21

supported 232 residents to access their medicines through pick-up and delivery of prescriptions by Community Pharmacy.

For more details on Social Prescribing in Merton, contact Ben Halschka at ben@mvsc.co.uk

Diabetes

4.8   In June 2017, Merton Health and Wellbeing Board agreed to build upon its previous work on promoting child healthy weight to adopt a 'whole system approach' across the life course. Using the focus on diabetes as an exemplar for developing 'holistic care'; including physical, mental and non-clinical support, hand in hand with creating a healthy place. Supported by insight gained from the Annual Public Health Report on Tackling Diabetes, this involved understanding what most mattered to local people and actively engaging partners, whilst accepting learning lessons along the way.

4.9   The Diabetes Truth Programme connected Health and Wellbeing Board members to residents with lived experience of diabetes; through a series of conversations, bringing to life the challenges that residents face on a day to day basis. This helped inform Merton's Tackling Diabetes Action Plan including:

- Securing sufficient places in the national diabetes prevention programme.
- Better education programmes for those diagnosed with diabetes.
- On-going engagement and involvement of residents in service improvement.
- Linking services together e.g. mental health services for people with diabetes.
- Promoting the Sugar Smart campaign, managing fast food takeaways near schools, tackling unhealthy advertising and working with schools to be healthy places.

4.10   Merton Clinical Commissioning Group have agreed a new model of patient-centred diabetes care including screening, identification and annual monitoring of patients, with an additional investment of around £1.2 million. Merton's approach to a Whole System Approach to Tackling Diabetes was shortlisted for this year's Local Government Chronicle Awards in the Public Health category.

For more details on the HWB approach to tackling diabetes, contact Barry Causer at barry.causer@merton.gov.uk

Mental Health and Emotional Wellbeing

As well as physical health, mental health and emotional wellbeing are central to healthy living. This has particularly been the case through the COVID-19 pandemic. Examples of work include:

4.11   **Merton Uplift** - Merton Uplift is the local integrated primary care mental health service including access to psychological therapies, provided by SWL St George's Hospital. It has adapted quickly to COVID-19 expanding use of digital services,

22

enabling it to continue to support residents, including in small groups and individually. During lockdown referrals initially reduced, but began rising in May and have continued to rise back to normal levels.

4.12   The service designed a Psychological First Aid (PFA), guided support to help people during and in the immediate aftermath of a disaster like the current epidemic. PFA helps people feel calm, foster their coping abilities and resilience-building, and to help them stay closely connected with others in their social network.

4.13   Bereavement Counseling and cognitive behavioural therapy for traumatic bereavement has allowed those bereaved to share their feelings with a therapist, who can provide comfort and relief as the person starts accepting their loss and gradually moves forward.

4.14   Demand for Employment Specialist Advice has increased and the service has provided priority support to NHS frontline, social care and care home staff and, in partnership with Carers Support Merton a wellbeing group for carers.

4.15   **Suicide Prevention** - Merton Council with partners has developed a Suicide Prevention Framework. Work to date includes promotion of Mental Health First Aid Training and commissioning bespoke suicide awareness training with Imagine Independence. Merton is also working on partnership projects aimed at reducing suicide in lower income middle aged men, developing suicide awareness champions and supporting people bereaved by suicide.

Merton's Suicide Prevention framework can be accessed here. Free on-line training on suicide awareness and prevention that anyone can access (and complete in around 30 minutes) is available at the Zero Suicide Alliance website, at https://www.zerosuicidealliance.com/training . Information from Papyrus the charity raising awareness and prevention of suicide for young people is available at https://www.papyrus-uk.org/. Information on the work being carried out at South West London level can be found at https://www.swlondon.nhs.uk/ourwork/suicide-prevention/ .

4.16   The approach and examples of supporting mental health outlined in points 4.11 to 4.15 address Council Question 3 (relating to adults) in Appendix 1.

Merton Libraries

4.17   Libraries provide a wide range of health and wellbeing services both in the physical buildings and online. They promote healthy living with self-management support and engagement opportunities for children and adults supported by welcoming spaces; effective signposting and information to reduce health, social and economic inequalities. New standards of service have been introduced to make Merton libraries more dementia and autism friendly whilst enhancing the information offer.

23

4.18   The service works collaboratively with health and social care colleagues to promote a range of initiatives to link in messages around good personal health. This includes supporting initiatives to raise awareness of health matters such as healthy eating, sexual health, diabetes and smoking cessation.

4.19   Merton's libraries provide a trusted network of accessible locations with free WiFi, and during the COVID-19 pandemic have expanded their online offer, and are working on a new initiative to loan equipment such as laptops and tablets bringing connectivity to those without home access.

4.20   Merton Heritage Service seeks to support resident's health and wellbeing through a range of projects including the recent Common Sense and Memory Box projects working specifically with residents with learning difficulties and / or disabilities and residents living with dementia.

Merton Community Hub

4.21   The Merton Covid-19 Community Response Hub was set up in collaboration with Merton Voluntary Service Council (MVSC). It acts as a single point of contact for any Merton resident who requires support. A partnership initiative, initially it was predominantly operated by Council staff and since July it has been fully delivered by the voluntary sector. Over 2,500 residents have been supported with the main requests for food, medicine and social support. Approximately 60% of those supported have been either shielding or self-isolating at some point during the pandemic.

4.22   To support Community Response Hub a Food Distribution Centre was established at Morden Assembly Hall. Staff from the Bailiffs Team supported this, initially through deliveries and then running all operations of the Centre. The bailiffs continued to distribute emergency food parcels until their return to their substantive roles in October.

For more information on libraries and the Community Hub, contact Anthony Hopkins Anthony.hopkins@merton.gov.uk

COVID-19 Community Champions

4.23   As part of Merton's ongoing engagement with residents, a network of more than 93 COVID-19 Community Champions has been established communicating key health messages to communities across Merton and providing a point of connection between different community groups. Meeting every week to discuss updates on outbreak control and receive campaign materials to share with their friends, families and wider networks*.*

For more details on COVID-19 Community Champions contact Una.Obrien@merton.gov.uk

24

Support for Staff

4.24   The health and wellbeing of staff has been a central concern of the response to the COVID-19 pandemic. A range of support has been put in place across the council including guidance for wellbeing whilst home working, on-line forums on building resilience and wellbeing, together with mental health support and specific support for staff who have been bereaved. Every staff member is offered a robust risk assessment and a one-to-one wellbeing conversation on working remotely from home, including mental wellbeing and any feelings of being isolated.

4.25   As part of the response to George Floyd, Black Lives Matter and disproportionate impact of COVID-19 on BAME communities, a consultation exercise led to four online staff sessions attended by almost 60 staff members. The sessions focused on the experiences of BAME staff. This has led to the development and recent launch of the Merton Council BAME Staff Forum.

Support for vulnerable adults

Supporting the health and wellbeing of vulnerable adults is ongoing and has been particularly important through the COVID-19 pandemic, with services adapting the way they work to support clients.

4.26   **Day Centres** - Direct Provision provides four day centres accessed by around 165 people per day. Although lockdown led to the closure of all but one of these centres – for those requiring most support – staff agreed to continue delivering support virtually, that focussed on ensuring the wellbeing of customers and their families, and to reduce isolation.

4.27   Other families were keen to keep their family member at home due to fears of infection. Staff began a series of weekly phone calls to families and customers; this developed into video calls, then very quickly sessions in craft, exercise and music. Learning materials were sent to people's homes. By June staff were visiting some customers at home, meeting in the garden, or going for walks. In July, a second day centre opened. Day service staff were also redeployed to in-house residential and supported living sites to help run activities for residents. Commissioned homes were able to link up with the video classes and communications run by day service staff.

4.28   Additional support ranged from practical help with arranging food and medication deliveries, access to therapies, support with accessing and using IT such as laptops and tablets, signposting to other support networks, and psychological assessment and support.

4.29   **Direct Payments** – for some people with a physical or sensory disability or older people affected by the closure or reduction of services, existing support and care services have been increased or direct payments offered as a way of organising alternative support.

4.30   The direct payment helps people to organise and arrange their own care and support in a way that they feel meets their needs best. Some people have used the direct payment to purchase equipment or to fund a personal assistant service, so that, for example, their loved one can go out with the personal assistant for a safe walk helping to reduce the significant feelings of isolation.

4.31   **Learning Disabilities (LD) Team** – the LD Team organised a rota to contact customers; altogether around 500 people with a learning disability in Merton. Each residential/nursing home has a named link person from the LD team, and each GP practice has a link nurse. Both local hospitals had a liaison nurse and have worked to ensure that every person with a learning disability has an up to date Health Passport.

4.32   The team's nurses monitored wellbeing and where necessary helped customers and family members to access medical care and appointments. Therapists in the team intervened to help provide support to customers both at home and in care home settings. The priority was to identify those most at risk of isolation and to ensure the wellbeing of customers and their families. In some cases respite care was organised. The safeguarding team has continued to function throughout, and all staff have been vigilant in monitoring signs of stress in family and care home settings. Where necessary referrals to IAPT/Merton Uplift have been made to support people's mental health and any anxiety.

4.33   **Lunch Clubs** - the council has continued to support the lunch clubs during this year and has agreed funding to 31 March 2021. Merton and Morden Guild, Friends in St Helier and Commonside Trust have been actively involved in co-ordinating the volunteer community response to Covid-19 and continue to support a large number of residents in the their communities in addition to supporting members who are isolated. The clubs have, whilst closed, tried to maintain contact with their members.'

4.34   **Homelessness** – though, historically, Merton did not have many rough sleepers, our street population has grown significantly over the last 10 years. There are no designated hostels for rough sleepers in Merton, although clients can be placed into the YMCA. Over the last 4 years, the council has successfully obtained nearly £1.3m in grants to provide outreach, accommodation and support services for rough sleepers.

4.35   During the initial COVID-19 lockdown, through the 'Everyone In' programme, the council placed a total 72 rough sleepers into temporary accommodation and has recently been granted support for our 'Next Step' work to March 2021.

4.36   This has linked up health partners and services with clients including support for substance misuse, mental health and accessing primary care. Recent ongoing work includes working to promote flu vaccination amongst this vulnerable group. We are also working at SW London Integrated Care System level, including carrying out health assessments to understand health needs.

26

5. AGE WELL

A substantial part of the council's work outlined above applies to older people. Additional services are specifically focussed on aging well. Working in partnership with the voluntary sector and Merton Clinical Commissioning Group services include:

5.1 **Dementia Friendly Communities and Merton Dementia Action Alliance** The focus on making Merton a dementia friendly borough was launched in 2017 by the Leader, who has continued to champion this work programme. The Dementia Action Alliance now has over 100 Members, all committed to take action on dementia; along with 7,000 Dementia Friends trained in dementia awareness. In 2019 Merton received 'Dementia Friendly Community' status from the Alzheimer's Society, recognising our work to make Merton dementia friendly. Being dementia friendly has a real impact on resident's lives allowing people with dementia and their families and carers the confidence and ability to remain independent for longer.

5.2 **Active Ageing Awareness** – working with Wimbledon Guild and Age UK Merton to promote awareness around the importance of physical activity and an active ageing approach for older people in Merton. The council's previous pilot work to promote physical activity amongst older people included walking football - launched by the Leader, aqua-aerobics, chair-based exercise and continuing exercise for those finishing the falls prevention programme.

5.3 **Befriending** – loneliness and isolation can impact both our physical and mental health. To address this a befriending service for older people provides support and increased connectivity, matching them with volunteers who share similar interests for face to face visits. Through COVID-19 the number of clients doubled from 140 in 2019 to 235 at September 2020 and transferred to a telephone service, with volunteers also increasing from 130 in 2019 to 230 in September 2020.

For more details on Older Peoples services in Merton, contact Dan Butler at daniel.butler@merton.gov.uk

6 HEALTHY PLACE - Air Pollution

6.1   The Health and Wellbeing Strategy priorities of start well, live well and age well all encompass healthy place. We are including a specific section on air pollution, due to its importance to healthy living.

6. 2   Air quality is a major public health issue in Merton and the wider London area with levels of both Nitrogen Dioxide (NO_2) and Particulate Matter ($PM10$) regularly exceeding EU and UK standards.

6.3   The council has produced an Air Quality Action Plan (AQAP) to give strategic oversight to efforts to improve air quality in the borough and is also in the process of producing a Climate Change Strategy and Action Plan to target the reduction of carbon emissions.

27

6.4   The improvement of air quality is a key priority for Merton and a number of projects are in progress to achieve this aim:

6.5   **The Behavioural Insights Anti-Idling Project** - Merton Council is working with the Behavioural Insights Team to run a study into anti-idling interventions, through use of environmental 'nudges' in urban design. Installation of test sites is planned for January 2021. *For further details on the Behavioural Insights Anti-Idling Project, please contact joe.wood@merton.gov.uk*

6.6   **Idling Action -** a pan-London project, encouraging drivers to turn off their engines while waiting or in traffic. 200 'No Idling' signs have been installed across the borough at schools, level crossings and taxi ranks with more locations planned.

6.7   **Healthy Streets Every Day -** the Cross River Partnership has secured funding from the Mayors Air Quality Fund with additional match for a 3 year project, collaborating with 16 London boroughs, businesses, academic institutions and charities delivering Car Free events, School Streets and pilot Parklets working with 3 primary schools.

6.8   **Clean Air Villages 3 (CAV3) -** Merton aims to deliver a CAV in Wimbledon Town Centre as part of the year-long project spanning 12 London boroughs and 4 Business Improvement Districts, aimed at improving air quality. *For further details on CAV, Idling Action and Healthy Streets, please contact carol.douet@merton.gov.uk*

6.9   The Council has also finished consultation on a programme based on the principle of emission based parking charges where more polluting vehicles pay a higher rate to park in the borough.

6.10   The Air Quality Team has continued their monitoring during the pandemic, and are updating their report on the impacts of lockdown on air quality in Merton following the opening of schools and work places.

6.11   Work on active travel and sustainable transport has also been an important part of the council's efforts to improve air quality in the borough with firm links between the Air Quality Action Plan, the Merton Council Sustainable Transport Strategy and Local Implementation Plan. Additionally, during the COIVD-19 pandemic, the council has taken advantage of external funding such as from the Emergency Travel Fund for Low Traffic Neighbourhoods and the London Mayor's Streetspace programme.

6.12   The approach and examples of work to tackle air pollution outlined in points 6.2 to 6.12 address Council Question 5 in Appendix 1.

7. RECOVERY

7.1 The response to the COVID-19 pandemic across Merton, and the range of our ongoing work, continues to support resident's health and wellbeing, and their ability to lead healthy lives. Looking forward towards recovery, our vision for Merton is as healthy place in which all people can thrive.

7.2 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. Working through our Health and Wellbeing Strategy we will seek to build on our assets and our communities' resilience, creativity and connectivity to build a healthy place.

7.3 Health and wellbeing will form a core part of Merton's work on recovery and plans to develop a place-based strategic vision for the borough; a long term and forward looking ambition grounded in the borough's strengths but also ready to meet the challenges and opportunities ahead. Work is underway on 'Merton the Place' as vehicle for taking this forward. An extensive engagement exercise will be carried out starting from January 2021 to hear from residents, businesses, local partners and elected Members about their priorities – especially in light of the pandemic. This will build on what we already know from previous engagement activities and any ongoing research into COVID-19 impact.

7.4 Findings from this engagement will inform the development of a strategic ambition for the borough alongside a delivery plan. This aims to bring together and build on our existing strategic work with local partners with the learning from the pandemic and emergency response into a cohesive narrative for the borough, supported by a robust evidence base The Health and Wellbeing Board has been identified as a key stakeholder and will be kept informed about this work as it progresses.

7.5 Creating a healthy place will also link closely to the implementation of Merton's Climate Change Action Plan, Air Quality Strategy and the draft new Local Plan, to help achieve a healthy fair and green recovery.

7.6 Across the Council vigilance on surge planning continues with preparedness to continue to step up as required. We are working to try ensure an effective, coordinated approach to future recovery with our strategic partners and there is the opportunity to retain some of the innovations developed through the response to COVID-19, as services develop for delivery in the future 'new normal'.

7.7 Work on recovery will be informed by our continuing engagement on health and wellbeing to achieve co-produced work that is shaped by those who live and work in the borough. This will build on what is already known and avoid duplication; we will actively listen, using a range of engagement techniques including new digital approaches. This way we aim to reach communities who might previously not have been involved, but who know best what impacts on their health and wellbeing and how they can be supported to live healthily.

29

7.8   The Council will work with partners through the new Health and Wellbeing Board Community Subgroup, keeping oversight of communication and engagement with residents on local outbreak control and protecting vulnerable communities. The Subgroup will also focus on the impact of COVID-19 on vulnerable groups and those who have been disproportionately impacted by the pandemic. By gaining insight into lived experience, communities can have an active voice in recovery planning.

7.9   Merton Health and Wellbeing Board is committed to learning and wants to understand whether it is delivering on its commitments. The Health and Wellbeing Strategy is intended to be a practical and live document and, to help track progress, we will produce a full annual review, reporting on our work, aimed at making a real difference to people's health and wellbeing.

8   Healthier Communities and Older People Overview and Scrutiny Panel

8.1   The Healthier Communities and Older People Overview and Scrutiny Panel have made an important contribution to this topic, through reviewing services and holding partners to account for the services they provide. The Panel meets regularly with South West London Clinical Commissioning Group, Public Health, Hospital Trusts and Local Organisations.

8.2   The Panel responded to local concerns about the difficulty in accessing the Improving Access to the Psychology Therapy (IAPT) service. Talking therapies are an important first step to help people maintain mental wellbeing and can prevent their condition escalating into more serious illness. The Panel met with the service manager and Clinical Commissioning Group on two occasions over a twelve-month period, during which the service was re-commissioned and assessed to be meeting its targets.

8.3   Scrutiny of the Substance Misuse Service brought together the service manager and public health as well as a video from service users outlining their experiences. Panel members reached the conclusion that there is a strong partnership in place and residents spoke highly of the support within the provision.

8.4   NHS England attended the panel to present data on the uptake of adult immunisation and screening for bowel and breast cancer in Merton. The level of uptake remains a challenge both locally and nationally. NHS England is undertaking a programme work to address this. Prior to lockdown and the subsequent streamlined scrutiny function, the panel were considering an in-depth review of this issue.

8.5   An in-depth task group review worked with parents and partners to consider transitions from children to adult's services, for children with special educational needs and disabilities. Parents who were involved in the review commended the recommendations and found that joint working has improved with the council department.

9 CONSULTATION UNDERTAKEN OR PROPOSED

None for the purposes of this report.

10. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

There are no direct financial implications arising from this report.

11. LEGAL AND STATUTORY IMPLICATIONS

There are no legal or statutory implications arising from this report.

12. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

There are no direct implications arising from this report.

13. CRIME AND DISORDER IMPLICATIONS

None for the purposes of this report.

14. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None for the purposes of this report.

15. APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED

WITH THIS REPORT AND FORM PART OF THE REPORT

Appendix 1 - Questions from the Liberal Democrat Group

Appendix 2 - Summary of key outcome indicators to track progress

Appendix 3 – Links to the Joint Strategic Needs Analysis, Merton Story and Annual Public Health Reports

16. BACKGROUND PAPERS

Merton Health and Wellbeing Strategy 2019 - 2024

Appendix 1

Council Questions received form the Liberal Democrat Group on the Strategic Theme Report on Health and Wellbeing

Question 1a & 1b have been covered separately outside of this report

1a.   What work has the council undertaken to assess the implications of the planned changes regarding St Helier for residents of Merton? What work is being done to look at services that will continue to be provided at St Helier, and which at Belmont if this goes ahead? Have details on these already been publicised?

1b.   What do these plans include for supporting those residents with long term Covid-19? Including rehabilitation services planned for those affected? And, how are the specific needs of those with underlying systemic health inequalities and, who have been found to be in more vulnerable categories, being addressed?

2.   According to the ONS "Diary of a Nation: Life in lockdown" published last month, in June 2020, around a quarter of adults said they planned to make big changes to their life after the country has recovered from the pandemic – the most popular ones being changes to work, relationships or where they live. People also said they wanted to continue exercising more, and travel more after the pandemic. Quotes included: "My well-being is very positive as I have exercised more and am now much fitter" and "I am enjoying a more thoughtful and engaging lifestyle and still enjoying everyday". How is this national mood reflected in Merton and what is the council doing to encourage residents to maintain new positive behaviours? **See 4.5 in report.**

3.   What measures has the council put in place to help residents suffering from mental health issues following Covid-19, and in particular, students? **See 3.13 (children and young people) and 4.16 (adults) in report.**

4.   What has the council done to assess teachers' mental health during the pandemic and children's anxiety on their return to school and what mitigating measures have been taken? **See 3.13 in report.**

5.   A positive benefit of lockdown was the improved air quality across the borough. With air pollution now increasing, what plans do the council have to improve air quality in highly populated residential areas? In particular, in the following areas: Wimbledon The Broadway/Merton Road/Morden Road/Kingston Road; Morden Road/London Road/Morden Hall Road/Martin Way; Raynes Park junctions Kingston Road/Bushey Road; and Mitcham London Road A216 from Cricket Green to Streatham Road Junction. **See 6.12 in report.**

6.   This month the ONS also published a qualitative analysis of children's perspectives on their well-being and what makes a happy life for a child. Amongst the findings of the UK wide focus group, when children discussed their future happiness and well-being, the main areas raised included living in a country at peace and where children's needs are considered by those in positions of power; empowering children to express themselves and have a say in decisions that affect their lives; and preservation of the environment and addressing climate change - "They should listen to children because sometimes the children are right".

Apart from the Youth Parliament, how are children across Merton being asked for their views and ideas for their future lives? What are you being told by them about their health and well-being? And what is the council doing in response? **See 3.6 in report.**

Question 7 has been covered separately outside of this report
7.   How is Merton responding to the needs of those disabled children with an ECHP, but without social care plans, who were impacted through Covid-19 and were given no additional care?

8.   Merton has one of the worst records in the country for childhood vaccinations, before the pandemic. What action had been taken to improve this and how effective had it been? **See 3.30 in report.**

9.   What percentage of children have missed vaccinations since lockdown, and how much variance is this from the norm for Merton and, what steps is the council taking to ensure vaccinations are kept up to date? **See 3.30 in report.**

Question 10 has been covered separately outside of this report
10.   What is the latest information regarding availability of a Covid-19 vaccine? And, what steps are being taken by the council to ensure the effective rollout of a Covid-19 vaccine once available?

Appendix 2

Table 1 – Merton Health and Wellbeing Board principles and ways of working and how we will track progress

An annual report will be made on progress to the Health and Wellbeing Board planned for March 2021.

Principle	Expected outcomes/impact	How we will know*	Timescale†
Tackling health inequalities *	People in deprived areas live longer healthier lives	Reduction in childhood obesity gap between east and west Merton.	Long
Prevention and early intervention *	Reduction in premature mortality from main long-term conditions	Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults).	Medium
		Percentage of physically active adults	Short
		Smoking prevalence in adults (18+).	Short
Health in all policies	Impacts on health are considered across main policy areas	An annual review will be reported to the Health and Wellbeing Board which will include a qualitative description of significant Board activity across these four principles. This will be backed by any relevant quantitative data including for example from the Merton Resident's Survey.	Short
Community engagement and empowerment	More focus on main health challenges as residents perceive them		Medium
Experimenting, learning and applying the evidence base	Complex problems are tackled and evidence base applied		Short
Think Family	Policies and practice reflect impact on the whole family		Medium

*Indicators have been chosen as 'markers' for Tackling Health Inequalities and Prevention - as we cannot measure everything and the Health and Wellbeing Board cannot deliver alone but as part of a wider system.

†Timescales for impact vary, as shown in final column.   "Short" means an estimate of 1-2 years before we will see an effect; "Medium" 3-5 years, "Long" 6 or more years

34

Table 2 Health and Wellbeing Strategy - key outcomes and corresponding indicators to track progress (preliminary reporting November 2020)

Key Healthy Place attributes:	Key outcome of the Health and Wellbeing Strategy:	Indicator*	Timescale† for impact	Merton	London	England	Frequency	Source
Promoting mental health & wellbeing	Less self-harm Better relationships	Hospital admissions for self-harm aged 15-19 yrs	Medium	424 per 100,000 pop (2018/19)	299 per 100,000 pop (2018/19)	660 per 100,000 pop (2018/19)	Yearly	Hospital episode Statistics (HES)
	Less depression, anxiety and stress	Prevalence of depression (aged 18+) as recorded by GP Quality Outcomes Framework	Medium	8.0% (2018/19)	7.6% (2017/18)	10.7% (2017/18)	Yearly	Quality and Outcomes Framework (QOF), NHS Digital
	Less loneliness Better social connectedness	% adult carers reporting as much social contact as they would like (aged 18+)	Short	24.9% (2018/19)	33.2% (2018/19)	32.5% (2018/19)	Yearly	Personal Social Services Survey of Adult Carers in England, NHS Digital
Making healthy choice easy	More breastfeeding	Prevalence at 6-8 week check	Short	* data quality issues		42.7% (2017/18)	Yearly	Public Health England National Child and Maternal Health Intelligence Network
	Less childhood obesity	Overweight Obese in Year 6	Medium	14.8% (2018/19) 20.9%	14.7% (2018/19) 23.2%	14.1% (2018/19) 19.9%	Yearly	National Child Measurement Programme, NHS Digital
	Less diabetes	Diabetes: Quality Outcomes	Long	6.3% (2018/19)	6.6% (2018/19)	6.9% (2018/19)	Yearly	Quality and Outcomes Framework (QOF), NHS Digital

		Framework prevalence (17+)						
	More active travel	% adults cycling for travel at least three days per week	Short	2.4% (2017/18)	5.0% (2017/18)	3.2% (2017/18)	Yearly	Department for Transport (based on Active Lives, Sport England)
	More people eating healthy food	'Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)'	Medium	54.1 (2018/19)	54.8 (2018/19)	52.6 (2018/19)	Yearly	Public Health England (based on Active Lives, Sport England)
	More active older people	Percentage of adults aged 65+ walking for travel at least three days per week	Short	35.6% (2017/18) **figures for all adults- not specifically for 65+	36.0% (2017/18)	23.1% (2017/18)	Yearly	Active Lives Survey, Sports England
Protecting from harm	Less people breathing toxic air	Deaths attributable to particulate matter (PM2.5)	Short	6.6% (2018)	6.6% (2018)	5.2% (2018)	Yearly	DEFRA/Air Quality and Public Health Group, Public Health England
	Less violence	Violent offences per 1000 residents	Medium	13.78 per 1000 people (2019 Q1 12 months ending)	18.50 per 1000 people (2019 Q1 12 months ending)	19.79 per 1000 people (2019 Q1 12 months ending)	Quarterly	ONS – update requested Nov 2020 to follow

[1] *Breastfeeding data is unpublished due to coverage below the 95% standard.*

*Indicators have been chosen as 'markers' for Tackling Health Inequalities and Prevention - as we cannot measure everything and the Health and Wellbeing Board cannot deliver alone but as part of a wider system.

†Timescales for impact vary, as shown in final column. "Short" means an estimate of 1-2 years before we will see an effect; "Medium" 3-5 years, "Long" 6 or more years

Appendix 3 – Links to Joint Strategic Needs Assessment, Merton Story and Annual Public Health Reports

Merton Story

Health and Wellbeing in Merton 2019

Merton JSNA (Joint Strategic Needs Assessment)

Joint Strategic Needs Assessment & Health Profiles

2019 Annual Public Health Report on Diabetes

Annual Public Health Report on Tackling Diabetes in Merton

2018 Annual Public Health Report on Health Inequalities

Tackling Health Inequalities - Progress on Closing the Gap in Merton

2017 Annual Public Health Report on Tackling Childhood Obesity

Annual Public Health Report on Tackling Childhood Obesity Together

This page is intentionally left blank