

## Committee: Council

Date: 07 February 2024

Wards: All

## Subject: Strategic Theme: Building a Sustainable Future

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

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

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### Recommendations:

A. That the Council note and consider the content of this report.

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### 1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The Council, at its meeting on the 19<sup>th</sup> of March 2023, approved 'Building a Better Merton Together', the Council Plan for 2023 – 2026, which sets out three strategic priorities for the Council. In accordance with the Council's Constitution, delivery against these priorities is monitored by the Council. To facilitate this monitoring role, each meeting of the Council receives a report providing an update on performance against one of the three strategic priorities.
- 1.2 Building a Better Merton Together sets out how the Council will deliver its ambition with three strategic priorities that shape and guide delivery:
  - i. Nurturing Civic Pride
  - ii. Building a sustainable future
  - iii. Creating a borough of sport
- 1.3 The achievement of these strategic priorities will require extensive engagement with residents, voluntary groups, and businesses, building on partnerships and alliances to reach a common goal.
- 1.4 This report provides the Council with an opportunity to consider progress against the Building a Sustainable Future strategic priority, with a focus on **social care, and more specifically young people's health, and particularly their mental health**. The report covers:
  - (i) Identifying what support is available for young people's mental health in the borough.

- (ii) Improving understanding of the borough's role in reducing mental health issues among young people.
- (iii) Identifying what support is available to young people moving from children's social care to adult social care.
- (iv) Measuring the availability and accessibility of Merton's mental health services for young people.
- (v) Wider determinants of health impacting on wellbeing including air quality and immunisation.

## **2 DETAILS**

### **CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH**

2.1 Mental health need covers a wide range of conditions. Those conditions which are of most relevance to children and young people are:

- Emotional disorders e.g., anxiety, depression, or phobias
- Eating disorders e.g., anorexia nervosa/bulimia nervosa
- Neuro-developmental disorders e.g., attention deficit hyperactivity disorder (ADHD) or autistic spectrum disorder (ASD)
- Conduct disorders e.g., persistent/pervasive defiance or physical/verbal aggression.

2.2 Children and young people with mental illness have a greater risk of poorer mental and physical health in adulthood. Half of those with lifetime mental health problems first experience symptoms by the age of 14 and 75% before their mid-twenties<sup>lvi</sup>. The more adversity a child experiences, the more likely the impact on their mental and physical health. These are called adverse childhood experiences (ACEs), they include but are not limited to physical abuse, sexual abuse, and emotional abuse. Anything we can do to prevent or mitigate ACEs will reduce the burden of mental illness in children and subsequently in adults.

#### **Levels of mental health need amongst children and young people in Merton**

2.3 It is estimated that approximately 9%, or 2,943 children and young people aged 5-16 in Merton have a mental health disorder. Amongst this group, it is estimated that 60% have a conduct disorder, 38% have an emotional disorder and 16% have neuro-developmental disorders<sup>lvii</sup>, with some young people experiencing multiple conditions.

2.4 The pandemic and lockdown responses had a significant effect on young people's mental health and referrals to support services. We know this from feedback received from young people through the recent Merton Young People's survey. Nationally, 1 in 6 children aged 6-16 were identified as having a probable mental health problem in July 2021, compared to 1 in 9 in 2017<sup>lviii</sup>.

- 2.5 Following the pandemic, mental health and wellbeing continue to be an issue for many young people.

### **Coordinated support**

- 2.6 Council services work closely in partnership with our Integrated Care Board (ICB) partners, including local Community Services and Mental Health NHS providers, to ensure that there are effective services which address Merton children and young people's poor mental health. Services for young people experiencing poor mental health are largely commissioned by the ICB, in response to local need. The provision and effectiveness of those services is overseen by the local Children and Adolescents Mental Health Services (CAMHS) Partnership Board (co-chaired by a senior officer in Children, Lifelong Learning and Families, and a lead from the Integrated Care Board).
- 2.7 Officers in Children, Lifelong Learning and Families work to provide support, particularly through schools, including through the schools' Mental Health Leads' Forum, and providing a link to community services, both universal and targeted. Officers in the Public Health team also work to coordinate support and ensure that the range of support available is strong and meets local need.
- 2.8 Through this coordinated support particular mental health needs are addressed, but also links are made to other issues that affect children and young people. For example, we know that there is a clear link for some young people between anxiety and low attendance at school. The coordinated response to this issue has included the production of guidance for schools and professionals about how to support family with this 'Emotionally Based School Avoidance'.
- 2.9 Also responding to local need:
- The Council expanded the local school provision for children and young people who live in Merton and who are too unwell to attend their home school because of mental health as well as other needs. This provision is part of Melbury College and known as Lavender Campus.
  - A Self-Harm and Suicidal Ideation protocol has been created. This has been widely consulted on, with input from schools and parents and has now been rolled out to all schools in Merton.
  - We have also increased community-based specialist services. Additional capacity has been given to Cricket Green School, the Youth Justice Service and Melbury College.
- 2.10 Targeted support for children known to Children's Social Care is also provided by a Council funded service. This is a CAMHS in Social Care team where therapists work alongside social workers. This team is very impactful and was singled out for praise in Merton's safeguarding inspection.
- 2.11 The range of support for children and young people in Merton for their mental health includes:
- In school support from a counsellor, or other dedicated worker, provided from schools' own resources.

- In school support from a school's mental health team. In Merton all schools benefit from this service, a much higher proportion than seen nationally. The schools' mental health teams are operated by the South West London and St George's Mental Health Trust, and by Off the Record (a free counselling service, commissioned by the ICB), and are organised on the local school cluster model. They offer services linked to the needs identified by schools in their cluster and also Pan-Borough. A key focus for schools is working towards a whole school model of mental health support, and as part of this all schools have mental health leads who are supported through a whole borough mental health leads network.
- Online support from Kooth – an online counselling service commissioned by the NHS;
- Referrals to the Single Point of Access (SPA) which creates access to CAMHS, or Off the Record. The SPA also has a short-term treatment offer and offers weekly consultation slots to schools within the borough.

### **Accessibility**

- 2.12 The accessibility of support for children and young people who experience problems with their mental health is considered by all relevant services, with an understanding that a range of access methods is necessary.
- Professionals (including schools) can refer children and young people to a range of services;
  - Children and young people can self-refer to the SPA, Kooth, Off the Record, and to their school based counsellor.

The needs of children and young people with Special Educational Needs and Disabilities are also considered, and a subgroup of the CAMHS Partnership Board, is looking at how services for these young people can be further enhanced.

- 2.13 Merton's Young Inspectors reviewed the self-referral processes to KOOOTH, Off the Record and CAMHS. Feedback was given and improvements were made. How children and young people access their support is monitored through data scrutinised by the CAMHS Partnership Board.

### **Referrals to South West London and St George's CAMHS service**

- 2.14 Referrals from a General Medical Practitioner and Education Service remain the highest referral routes into South West London and St George's NHS Trust CAMHS in Merton.
- 2.15 There has been a steady rise in referrals over time. Comparing the last 6 quarters with the previous 6 we can see a 7% rise on the average levels of referral per quarter.
- 2.16 The service continues to be able to offer prompt responsive triage to all referrals received, with 99.6% of patients meeting the target of referral to triage within 24 hours via SPA.

### **Primary Reason for Referral**

- 2.17 The Single Point of Access captures the Primary Reason for Referral as described on the referral. It is important therefore to note that the information presented below is not diagnosis information. Neuro-developmental conditions (excluding Autism) and anxiety are currently the most common primary reason for referral.

### **Off the Record counselling service for young people**

- 2.18 The recent levels of referral to this counselling service for young people have been maintained at a similarly higher level from 2021. Anxiety, emotional issues, and family issues are the most common presenting issues.

### **Eating Disorders**

- 2.19 National level data shows the rate of eating disorders among young people is increasing.
- In children aged 11 to 16 years, the rate of possible eating problems in England rose between 2017 (6.7%) and 2021 (13.0%), and then remained stable between 2021 and 2022 (12.9%). In girls aged 11 to 16 years, this pattern was the same. Rates rose between 2017 (8.4%) and 2021 (17.8%) and were stable between 2021 and 2022. In boys, rates were similar between 2017 (5.1%), 2021 (8.4%) and 2022 (8.1%).
  - In young people aged 17 to 19 years in England, the prevalence of possible eating problems rose from 44.6% in 2017 to 58.2% in 2021. Rates remained stable between 2021 (58.2%) and 2022 (60.3%). This trend was evident for young women and young men aged 17 to 19 years. In young women, rates rose from 60.5% in 2017, to 76.4% in 2021, and then remained stable in 2022 at 75.9%. In young men, rates were 29.6% in 2017 and 41.0% in 2021. The rate in 2022 (45.5%) was an increase on that in 2017 for young men.
- 2.20 South West London and St George's eating disorder service is a specialist service for treatment of eating disorders for children and young people in Merton, Wandsworth, Richmond, Kingston and Sutton. It provides a range of community and inpatient services, an integrated pathway of care with the Paediatric service at St George's Hospital and partner services in the South London Partnership (SLP). The service provides assessment, treatment and recovery support to children and young people with an eating disorder.
- 2.21 Children and young people (11-18) in Merton who require specialist in-patient treatment are cared for on Wisteria Ward at Springfield Hospital - a refurbished 12-bed inpatient Eating Disorder service.
- 2.22 Fifty nine children and young people from Merton were referred to SWL and St George's eating disorder services in 2022-23.

## **Self-harm**

- 2.23 In Merton, 2020/21, the rate of hospital admissions due to self-harm in those aged 10-24 was 242.5 per 100,000, equal to 75 hospital admissions, similar to London but lower than England rates,<sup>[vi]</sup> and is fairly stable. The rate of hospital admission due to self-harm for those aged 15-19 increased significantly from 2011/12 and 2020/21<sup>[vii]</sup>. There was an increase in admissions for 20–24-year-olds in 2020/21 following a drop from 2019/20, a likely impact of the pandemic; it will be important to monitor this data on self-harm over time.

## **SUPPORT AVAILABLE TO YOUNG PEOPLE MOVING FROM CHILDREN'S SOCIAL CARE TO ADULT SOCIAL CARE**

- 2.24 The London Borough of Merton is committed to providing high quality care and support to all children and young people with learning disabilities, physical disabilities, mental health issues, and additional needs. As a London Borough we want to ensure the transition into adulthood is smooth and straightforward for all young people who are eligible for council support.
- 2.25 Merton Transition Team is made up of social workers, who work closely with children's health and social care services, to support families and their young people with additional needs through the transition from childhood to adulthood.
- 2.26 We provide advice, assessment, planning and support and aim to help make the transition as easy and smooth as possible. A transition worker will work with other professionals to help a young person with their aims and goals for:
- education and employment
  - health and wellbeing
  - being part of the community
  - having friends and relationships
  - living independently, for example by looking at housing options
- 2.27 Above all, our aim for transition planning is to achieve the best possible outcome for each young person and maximise their independence, choice and control. We are committed to work together to overcome obstacles and join up services to achieve this aim.

## **Care Quality Commission regulation of Adult Social Care.**

- 2.28 The new Care Quality Commission (CQC) assurance framework for adult social care came into operation on the 1st of April 2023 as a result of the Health and Care Act 2022. The Act places a new duty on the CQC to assess local authorities' delivery of adult social care duties under Part 1 of the Care Act 2014. The adult social care services to which young people transition fall within the scope of the new regulatory framework and assessment regime.
- 2.29 In April 2023 the CQC requested local authorities to volunteer to test out the assurance process across the four themes (working with people, providing support, ensuring safety within the system and leadership). The assessments were completed over the summer period and the final reports were published in November 2023. Transitions was one of the areas identified from these national

- pilot assessments as requiring improvements. Within Merton, the Adult Social Care, Integrated Care & Public Health department, working collaboratively with Children, Lifelong Learning and Families, already have an established work programme in place focused on Transitions and Preparation for Adulthood. The improvements undertaken to date and the work ongoing is reflected in the CQC self-assessment and associated action plan.
- 2.30 The CQC intend to carry out a baseline assessment of all 154 local authorities over the next two years and will give a narrative report alongside a rating. Three local authorities were selected at the end of December 2023 to undertake the first wave of assessments which are due to start in 2024.
- 2.31 The assurance process has become clearer as a result of the pilots, updated CQC guidance and intelligence gathered from various national and local networks which officers attend e.g., Principle Social Worker network, London Association of Directors of Adult Social Services (ADASS). Officers will continue to be involved in these networks in order to gain insight and keep up to date with developments.
- 2.32 Once a local authority has been selected by the CQC, the Director will receive a notification email titled 'Notification of CQC inspection' with a formal letter detailing the process which will include completing an Information Return, providing details of key personnel for interview and the development of onsite visits and interviews. Indications are that leaders will be interviewed approximately four weeks from the notification, this is likely to include the Director of Adult Social Services (DASS), Principal Social Worker and senior leaders. Onsite visits will take place nine to eleven weeks after the notification.
- 2.33 The onsite visits will include key people for example, people who use services, the independent chair of the safeguarding adults board, a range of providers, relevant voluntary and community sector agencies, the adult social care portfolio holder and shadow portfolio holder, the chair of the health and wellbeing board, front line staff, director of public health, chair of the Integrated Care Board.
- 2.34 On 8<sup>th</sup> December 2023 the CQC issued updated guidance in relation to the type of information and evidence that they will require. This is called the Local Authority Information Return (the equivalent of Annex A for children's inspections).
- 2.35 There are 38 categories contained within the information return. Examples include the self-assessment (optional), feedback from compliments and complaints, feedback from staff and partners, processes and pathways (e.g., care assessments, reviews, financial assessments), waiting list size and management of, market position statements, market shaping plans, safeguarding adult reviews and action plans, adult social care risk register, unpaid carers strategy.
- 2.36 An important part of the Information Return will include case tracking. Details will be provided by CQC at the time of notification. However, this is likely to centre on producing 50 case summaries with a focus on the customer journey and practice across a range of groups including transitions. This will help the CQC understand people's journey through the social care system and their experience of how care and support decisions were made.

2.37 The CQC will select six of the cases randomly and hold four in reserve. They will speak to the individual as well as any significant people and agencies involved. The lived experience of people who are supported by adult care is key to the assessment. The allocated workers for the cases chosen by the CQC will also form part of the interview schedule.

#### **Update on CQC preparation in Merton**

2.38 Two staff conferences were held in December 2023 with 101 staff attending across both events. Key themes included an overview of progress on the Towards Outstanding Programme, the current and future budget position, an overview of the CQC framework and feedback from the pilot inspections, an overview of the annual account with a focus on 'how well do you know our demography / community'.

2.39 There was also a feedback and celebration session gaining views from staff in relation to our strengths and what they are most proud of. Some of the examples included;

- challenging opinions of others for the benefit of the individual,
- utilising community resources and sign posting,
- direct payments monitoring and claiming back unspent money,
- supporting individuals to apply and obtain NHS continuing health care funding,
- promoting an integrated approach with health,
- strengths based working,
- good relationships with providers and working through issues,
- Occupational Therapy assessment centre providing quick assessments whilst promoting independence.

2.40 Working with an independent provider of web based policy platforms, the Department launched Merton Adult Social Care Tri.x site on 20th November 2023, and ran three staff sessions to support them to become familiar with the site.

2.41 The site provides our staff with consistent guidance, easier to access, up to date information. The guidance on the Tri.x site is based on national legal requirements and best practice.

2.42 The information included will:

- Guide and inform practice,
- Provide information about local policy and procedures for social workers, occupational therapists, and other social care practitioners in the London Borough of Merton in one easy to use site; and
- Keep practitioners up to date with local and national developments in adult social care.

2.43 All external adult social care pages have been reviewed and are being updated to ensure there is up to date information for people using adult social care services, including providing information and advice. They have also been



reviewed to ensure our documents published online are accessible to people with disabilities, including using simple language and structure, style and formatting.

2.44 A questionnaire covering the four CQC themes was carried out with staff and partners and ran from July until December 2023. In all there were 39 responses with an even distribution of staff and partners. The results have been analysed and will be used to inform the self-assessment and action planning. Some of the feedback received included:

- Strengths: Some recurring themes in relation to staff approach being well intentioned, competent, caring and person centred; Partnership and collaborative working appears to be strong and valued within Merton; Response to crisis and incidents of increased risk appears to be proactive; Strong safeguarding partnership and making safeguarding personal evident.
- Areas for development: lack of a self-assessment at the first point of contact; information can be confusing and complicated for people; a perception that people can wait a long time for assessments to be completed and services to be started. The questionnaire also highlighted a lack of a response and awareness in relation to the areas of equality of experience in outcomes and awareness of learning and innovation which suggests that promotion and further development within these areas is needed.

2.45 In response to the new guidance in relation to the Local Authority Information Return a new spreadsheet has been created to map the evidence that the CQC will require. For each of the 38 evidence areas, key documents or links to documents will be stored, these will be reviewed and updated to ensure that this process runs smoothly at the time of an inspection. Where there are gaps in the Information return an action plan will be created to address the shortfall and these will be tracked to measure progress.

## **BROADER DETERMINANTS OF CHILDREN AND YOUNG PEOPLE'S HEALTH**

### **Air Quality in and around schools and educational establishments**

2.46 Air Quality in London, as with many cities in the UK and across the world continues to be a major health concern. It is now considered the most significant environmental risk to public health. This has been reinforced by the World Health Organisation (WHO) to dramatically reduce its own guidance levels for air quality health exposure.

2.47 In Merton, as with all London Boroughs, air pollution still exceeds the UK National Objectives for air quality in many locations throughout the borough. These locations are in areas of high traffic and within our Town Centres. The primary causes of pollution in these areas are from combustion engines associated with road traffic, and domestic and commercial heating. Traffic is responsible for around 60% of pollution in the borough.

- 2.48 Merton's Air Quality Team is one of the most decorated Local Authority teams in the country delivering extensive projects beyond the boundaries of the borough and across London that are delivering real change. They have won awards for their innovation in the use of air quality monitoring to change behaviour and completely changed the face of the construction industry emissions in London working in partnership with boroughs and the Greater London Assembly (GLA).
- 2.49 The team's work covers a number of key school initiatives including the monitoring of air pollution and engagement on issues related to air pollution. This engagement includes providing a bespoke air quality assessment for schools to identify, and where possible mitigate the impact of air pollution. Other activities include anti-idling initiatives, health awareness, and hosting sessions with hundreds of pupils through the junior citizens' programme.
- 2.50 Children are more vulnerable to breathing in polluted air than adults because their airways are smaller and still developing. They also breathe more rapidly than adults, meaning they take in more polluted air. If a child breathes in high levels of air pollution over a long period of time, they might be at risk of: their lungs not working as well as they grow older developing asthma during childhood or as an adult - and if they have asthma already, air pollution can make it worse. Children exposed to polluted air are also at greater risk of cancer and cardiovascular disease later in their lives
- 2.51 As part of the Council's Air Quality Action Plan schools were prioritised for action and in August 2019 an extensive school air quality monitoring programme was initiated by London Borough of Merton. Diffusion tubes were located at all educational institutions in the borough recorded on the Gov.UK register of schools<sup>[1]</sup>. Where there were two road sources, tubes were installed on both school/road boundaries. Due to the large number of sites, it was decided the monitoring programme would be split into two phases:
- Phase one: A screening phase August to December 2019: The screening phase was used to establish which schools were low risk and could be removed from the programme. Low risk sites were characterised as having an average Nitrogen Dioxide (NO<sub>2</sub>) concentration of at least 20% below the annual Air Quality Objective (AQO) (32 mgm-3 'raw' unadjusted value). The majority of educational sites were found to be 'low risk' and additional monitoring was completed at 24 schools.
  - Phase two: A full 12 months monitoring programme January to December 2020. A total of 24 schools were monitored between January and December 2020. The annual mean AQO was achieved at all monitoring locations. However, 9 school sites were added to the Council's main diffusion tube network in January 2021 for observation, nitrogen dioxide concentrations were the highest at these sites. Since 2021, nine schools have received ongoing monitoring and in line with Action 66 of the Air Quality Action Plan (AQAP) the schools have been offered an Air Quality Assessment in order to assess how the impact of air pollution can be mitigated.
- 2.52 The assessments/audits include all aspects of air quality and climate change, including classroom air quality measurements and indoor observations; active travel reviews (how the school community travel to and from school), outdoor observations and measurements, including green planting and anti-idling;

- internal audit of building, grounds, and heating systems – including the checks of boilers and ventilation systems (this is purely observational, followed by desktop research). The assessment also involves an assessment meeting with key school staff members which is an opportunity for the school to voice any concerns about air quality and there is an opportunity for the air quality officers to gain an understanding of what happens at the school on a daily basis e.g., the number of deliveries to the school; any changes in travel trends.
- 2.53 Audit recommendations have included emission and exposure reduction measures and mitigation where necessary. Breathe London & Vivacity monitors have also been installed in School Streets within the borough to monitor travel and air quality.
- 2.54 Evidence of the impact of air quality on schools has also been documented as part of the GLA School Superzone with Merton Abbey Primary's pilot on Active Travel and Air Pollution. This pilot includes partnership working with Asthma and Lung UK, who provided free diffusion tubes between January and February 2023 to monitor the local air pollution at street level surrounding the Merton Abbey Primary School. The pilot also worked with the students over a month of face-to-face workshops to explore how best to reduce the impacts immediate to the school.
- 2.55 In addition, a project is underway to better understand the impact of environmental factors such as air pollution and mould or poor ventilation in homes and schools on primary school students with asthma and to use the findings to improve asthma management pathways.  
The project will work with pupils with asthma in four primary schools located in two of the borough's air pollution priority areas. It will focus on lived experience and innovative approaches to monitoring air quality including use of personal air quality sensors which track air quality in the home, school and on the journey to school. This project will engage young people, families, schools, GPs, and school nurses and relates directly to the national bundle for asthma deliverables on environmental air quality and will be a blueprint for further roll out and action.
- 2.56 It should be noted that London Borough of Merton (LBM) has a legal duty to monitor air quality and to publish an air quality action plan. The current Air Quality Action Plan is due to be refreshed in 2023/24 and will be informed by the work of the Health and Wellbeing Board and by a consultation that is planned for after the May 2024 election(s).
- 2.57 The Merton Air Quality Action Plan (AQAP) brings together the policies and actions that the Council can take to tackle Air Pollution in the borough. The plan covers over 70 measures which are reported annually as part of the Council's Annual Status Report on air quality. The Annual Status Report for 2022 was published on 31<sup>st</sup> May 2023. This is a legal requirement as part of the air quality management framework. A Task Group is due to be set up to deliver new Air Quality Action Plan for 2024.
- 2.58 As part of the current plan, LBM is committed to continue the pro-active air quality monitoring in schools in areas of high pollution and to reach out to schools to increase the uptake of air quality assessments, engaging with them to promote materials and other interventions e.g., advice on travel to and from

school, walk to school maps to avoid pollution, anti-idling events signs and banners, awareness, and education.

- 2.59 Other actions in the Action Plan Raise include raising awareness of indoor air quality and its links to health and wellbeing, including damp and mould to residents, health professionals and housing providers: and developing and promote alerts e.g., alerts and text messages to ensure residents with asthma and COPD are made aware and can manage their long-term respiratory condition, as air quality changes.

### **Climate change and the impact on schools**

- 2.60 Increased heat risk will cause significant challenges across the UK, but impacts will be particularly severe in London due to its location in the South East of the country, and its pronounced Urban Heat Island (UHI) effect – the observed higher temperatures of urban areas due to a combination of waste heat generation from human and operational activity and trapping of solar heat by buildings and infrastructure.
- 2.61 Recent studies have demonstrated that many new school buildings are failing to meet minimum comfort standards, leading to low productivity and need for energy-hungry air conditioning devices<sup>[2]</sup>. Indoor thermal comfort and air quality in school classrooms are of global concern due to their significant effects on pupil health, academic performance, and productivity.
- 2.62 A study on disruption to children’s learning experience in Southampton, UK, found that summer heat had the largest detrimental impact of the nine factors studied, and London schools that were consulted for mayoral guidance also highlighted that high temperatures had negatively affected children’s concentration levels in the past<sup>[3]</sup>.
- 2.63 Heat risk in schools arises when the heat entering or generated in buildings exceeds the heat that escapes through walls and ventilation. It can be controlled by limiting the amount of heat that enters a building - for example, through shading, reducing the waste heat generated inside buildings, and by using smart controls and efficient appliances - and increasing the amount of heat that escapes, through well-designed and easy to operate ventilation. Managing this requires an integrated strategy that combines appropriate physical design, equipment and facilities operation, and behavioural practices.
- 2.64 Heat risk can occur in school grounds as well as buildings, when high outdoor temperatures are exacerbated by a lack of shading, or the use of surfaces that trap heat such as tarmac and dark roofing materials. Effective ways to control outdoor temperatures in schools include replacing hard surfaces with plants, grasses, water features and natural materials that trap less heat. Planting trees, installing other shade structures, and reflective surfaces can also be an effective way to control outdoor temperatures in schools.

### **Ventilation in schools**

- 2.65 Good ventilation is key to having a healthy and productive indoor space and can help reduce the risk of viral airborne transmission, including of Covid-19. In most spaces in schools and other education settings like nurseries and colleges this

kind of ventilation can be achieved by opening windows and doors. Where this is not possible, schools are advised to explore what remedial works may be required to improve ventilation.

- 2.66 In 2021 the Department of Education (DfE) provided CO<sub>2</sub> monitors to all state-funded schools and other childcare settings to help them assess how well-ventilated their spaces were and help balance ventilation with thermal comfort over the winter months<sup>[4]</sup>. Where settings could not maintain adequate ventilation, they could apply for DfE-funded air cleaning units while the underlying ventilation issue was addressed. Settings were also supported to purchase air cleaning units through a marketplace we set up to ensure they got a competitive rate. At the end of this process, more than 386,000 CO<sub>2</sub> monitors and over 8,000 air cleaning units were distributed by the DfE to eligible settings.
- 2.67 In January 2022, DfE surveyed schools and other settings to find out how effectively they had been able to use the CO<sub>2</sub> monitors. 96% of them were using their monitors and of those, 95% said they had been able to use them to identify when to increase ventilation. 12% of those using the monitors reported high CO<sub>2</sub> readings of 1500ppm and above, of which the majority could be improved with quick fixes like opening windows. 3% of settings using the monitors found they had CO<sub>2</sub> readings of 1500ppm or higher that could not be remedied via quick fixes. These were able to apply for DfE funded air cleaning units as a temporary mitigation measure to help reduce the risk of airborne transmission whilst the underlying ventilation issue was addressed.

### **Immunisations**

- 2.68 High immunisation rates are key to preventing the spread of infectious disease, protecting from complications and deaths. Childhood immunisation helps to prevent disease and promote child health from infancy, creating opportunities for children to thrive and get the best start in life.
- 2.69 The World Health Organization (WHO) currently recommends at least 95% of children are immunised against diseases preventable by immunisation and targeted for elimination or control, specifically, diphtheria, neonatal tetanus, pertussis, polio, Haemophilus influenzae type b (Hib), Hepatitis B, measles, mumps, and congenital rubella.

### **Responsibilities for childhood vaccination**

- 2.70 The Department of Health and Social Care (DHSC) provides national strategic oversight of vaccination policy in England, with advice from the independent Joint Committee on Vaccination and Immunisation (JCVI) and the Commission on Human Medicines. The DHSC also sets performance targets.
- 2.71 NHS England (NHSE) is responsible for commissioning national immunisation programmes in England. NHSE is accountable for ensuring that local providers of services deliver against the national service specifications and meet agreed population uptake and coverage levels. NHSE is also responsible for monitoring providers' performance and for supporting providers in delivering improvements in quality and changes in the programmes when required.

- 2.72 The UK Health Security Agency (UKHSA) provides expert advice to NHSE immunisation teams in cases of immunisation incidents.
- 2.73 Integrated Care Systems (ICSs) have a duty of quality improvement, and this extends to primary medical care services. ICSs provide opportunities for improved partnership working across NHSE (London), local authorities, voluntary and community sector partners to improve immunisation uptake and reach underserved areas and populations.
- 2.74 NHSE (London), alongside ICBs, local authorities and others, work to progress delegated commissioning for vaccination. It is anticipated that the first wave of delegation of the commissioning of immunisation services will be in Spring 2024.
- 2.75 Local authority public health teams deliver population health initiatives including improving access to health and engagement and promotion of immunisations overall.

### **Delivery of childhood vaccination**

- 2.76 Pre-school vaccinations are usually delivered by GP surgeries, commissioned through the NHS GP contract. Five core GP contractual standards have been introduced to underpin the delivery of immunisation services:
- a named lead for vaccination service
  - provision of sufficient convenient appointments
  - standards for call/recall programmes and opportunistic vaccination offers.
  - participation in nationally agreed catch-up campaigns, and
  - standards for record keeping and reporting.
- 2.77 In addition, one of the five Quality and Outcomes Framework (QOF) domains in primary care is childhood vaccinations and shingles vaccination, rewarding GP practices for good practice. School-age immunisations are commissioned by the seven regional NHSE teams and delivered through School Age Immunisation Services (SAIS).
- 2.78 Vaccinations are also provided by maternity services, some outreach services, and community pharmacies.

### **National, regional, and local coverage**

- 2.79 Overall, coverage for most vaccines in England is high and comparable with other high-income countries although there has been a small but steady decline in the last few years. Nationally, in 2021-2022, vaccine coverage decreased by 0.2% to 1.1% depending on the vaccine. No vaccines met the 95% target. Coverage for the 6-in1 at 5 years decreased from 95.2% in 2020-21 to 94.4% in 2021-22.
- 2.80 The 2022-23 childhood vaccination statistics for England, showed a decrease in almost all childhood vaccines compared to the previous year, and coverage of Measles, Mumps and Rubella (MMR)1 and MMR2 at five years of age was at the lowest level since 2010-11.

- 2.81 A similar picture was observed in London, for example, coverage of MMR2 at five years old decreased for the third consecutive year and was 74 per cent in London, compared to 84.5 per cent in England, whilst coverage of the pre-school booster was 72.7 per cent in London compared to 83.3 per cent in England.
- 2.82 Historically and currently, London performs on average below national (England) levels. Uptake in London has fallen faster than in England in the past 6 years. Every borough is below the 95% WHO target. For some vaccinations e.g., MMR all boroughs are below 90% (2/3 of measles cases in England in 2023 were in London).
- 2.83 London has a very mobile population, a large migrant population, and significant areas of socio-economic deprivation. Vaccination uptake is lower in areas of socio-economic disadvantage.

## Data for Merton

Immunisation	England	London	SWL	Croydon	Kingston upon Thames	Merton	Richmond upon Thames	Surrey	Sutton	Wandsworth
12m_DTaPIPVHib3	↓ 91.9%	↓ 87.9%	↑ 89.7%	↑ 85.2%	↓ 89.6%	↑ 91.0%	↑ 85.3%	↑ 91.6%	↑ 91.5%	↑ 89.4%
12m_MenB	↓ 91.6%	↓ 87.4%	↑ 89.6%	↑ 84.6%	↓ 91.0%	↑ 90.3%	↑ 85.9%	↑ 91.5%	↑ 91.5%	↑ 89.3%
12m_PCV	↓ 94.0%	↑ 90.5%	↑ 92.0%	↑ 88.6%	↓ 92.4%	↑ 93.0%	↑ 88.2%	↑ 93.9%	↑ 93.9%	↑ 90.4%
12m_Rota	↑ 89.3%	↑ 85.9%	↑ 88.3%	↑ 85.7%	↓ 89.2%	↑ 89.1%	↑ 83.3%	↑ 89.7%	↑ 91.1%	↑ 87.4%
24m_DTaPIPVHib3_Primary	↑ 93.0%	↑ 88.8%	↑ 90.9%	↑ 88.3%	↓ 90.3%	↑ 90.9%	↑ 91.0%	↓ 91.9%	↓ 91.2%	↑ 90.8%
24m_HibMenC_Booster	↓ 88.9%	↓ 81.6%	↓ 80.7%	↓ 77.2%	↓ 85.7%	↓ 80.7%	↑ 81.8%	↓ 79.8%	↓ 83.0%	↑ 83.4%
24m_MenB_Booster	↓ 87.8%	↓ 80.0%	↓ 80.7%	↓ 78.1%	↓ 83.9%	↓ 81.0%	↑ 80.8%	↓ 79.6%	↓ 84.5%	↑ 83.7%
24m_MMR1	↓ 89.0%	↓ 82.2%	↓ 81.8%	↓ 79.5%	↑ 86.5%	↑ 82.7%	↑ 83.6%	↓ 79.7%	↓ 86.2%	↑ 85.2%
24m_PCV_Booster	↓ 88.5%	↓ 80.6%	↓ 81.5%	↓ 79.0%	↑ 86.3%	↑ 83.4%	↑ 82.4%	↓ 80.0%	↓ 84.9%	↑ 83.7%
5y_DTaPIPV_Booster	↑ 84.0%	↑ 74.7%	↑ 77.4%	↑ 74.0%	↑ 80.1%	↑ 72.3%	↑ 74.5%	↓ 81.7%	↑ 79.5%	↑ 68.4%
5y_DTaPIPVHib3_Primary	↑ 93.5%	↑ 89.0%	↓ 90.3%	↓ 87.3%	↑ 90.9%	↑ 90.3%	↑ 92.9%	↓ 90.9%	↓ 91.5%	↑ 89.0%
5y_HibMenC_Booster	↓ 91.0%	↑ 85.5%	↑ 87.4%	↑ 84.4%	↑ 87.1%	↑ 84.4%	↑ 86.7%	↓ 90.0%	↑ 88.3%	↑ 83.9%
5y_MMR1	↑ 92.9%	↑ 87.5%	↑ 90.0%	↑ 86.3%	↑ 90.8%	↑ 85.9%	↑ 90.0%	↑ 92.6%	↑ 91.3%	↑ 86.2%
5y_MMR2_Booster	↑ 85.2%	↑ 75.2%	↑ 79.1%	↑ 73.7%	↑ 80.0%	↑ 73.4%	↑ 74.3%	↑ 83.1%	↑ 80.7%	↑ 76.5%

Cover of vaccination evaluated rapidly (COVER) Programme 22-23. Date July-Sept 2022.

### Improving childhood vaccination rates

- 2.84 It is recognised that to improve vaccine uptake in London and in Merton, there is a need both to:
- strengthen the routine immunisation programme, ensuring access to vaccination is convenient and accessible, but also
  - develop sustainable catch up for those un or partially vaccinated, which might require bespoke outreach and innovative approaches.
- 2.85 Taking action to increase vaccination uptake is complex and requires a suite of interventions. Work is ongoing at a national, regional, system, and at place level to increase uptake in Merton. A strong focus for Merton, SWL and London is to increase childhood immunisation coverage overall to pre-pandemic levels and to identify the communities which are persistently missed vaccination and other health services during the pandemic. A particular high risk in 2023 is the sub-optimal childhood MMR1 and 2 coverage (below 95%) which increases the risk of preventable measles outbreaks.

## Action at London level

2.86 Through the leadership of the London Immunisation Board (LIB) and development of the London Immunisation Strategy (LIS), agency action plans and strong community engagement, work is underway to improve coverage for London and reverse the trends in inequalities across London:

- Following an initial 'Phase 1' polio booster campaign, National Health Service England (NHSE) London region began a Phase 2 polio and MMR catch up programme across London in May 2023. This programme involved school aged immunisation service (SAIS) providers contacting over 10,000 families to reach partially or unvaccinated children, while primary care continued to focus on reaching those children aged one to four years old.
- ICBs, delivering through neighbourhood and community services, have delivered additional outreach services to vulnerable communities to improve registration and reach. Following identification of poliovirus isolated in the London Beckton sewage treatment works from February 2022 that persisted for several months, no further poliovirus isolates have been found in the wastewater since early November 2022.
- NHSE London funds local Immunisation Coordinators across the region. These coordinators provide a critical interface between GP practices, ICBs and NHSE-L to ensure that immunisation strategic plans get delivered through services on the ground. Immunisation coordinators working across primary care conduct regular data cleansing, provide quality improvement and standardisation across practices. They work with practice nurses and primary care teams to improve accurate and timely data capture and share that with teams to rectify.
- A London Immunisation Strategy is currently being developed to both improve vaccination uptake and reduce inequalities. The first draft of the London Immunisation Strategy was reviewed by the London Immunisations Board in late June 2023.
- NHSE (London) has been supporting the national NHSE MMR vaccination call and recall service which was implemented between September and December 2022. This promoted the take-up of the MMR vaccine amongst individuals between the ages of 1 to 25 years through letters and texts.
- NHSE has commissioned UKHSA to deliver immunisation training to all vaccinators in London. Confident and competent staff are crucial to building and maintaining trust and delivering a high-quality service. This includes listening to parental concerns or reservations and preventing any vaccine incidents.
- Vaccinations have been added to the Making Every Contact Count London resource hub to facilitate using every available opportunity to engage with the public to increase vaccination.
- A regional communications campaign took place across London in March 2023 to encourage the uptake of missed MMR doses. This included media, social media, health ambassadors, translated materials, and attendance at local events and community groups.
- In a concentrated effort to reach all missed children and ensure London remains polio-free, a funded regional catch-up programme through the School Age Immunisation Service and GP practices is underway to provide DTaP catch-up, MMR catch-up, and full-schedule catch-up. We anticipate



Page 30 10 | Report on Immunisation Services in the Borough of Merton that the first quarter findings and uptake rates for London will be available by January 2024.

- The London Immunisation Board, The Mayors Health Board, and SW London Integrated Care Board have all agreed on the 10 principles for London vaccination. Action will now focus on developing this into a comprehensive delivery approach tailored to community needs and building on Borough-led health initiatives.

### **South West London and London Borough of Merton**

- 2.87 A three-year immunisations strategy for South West London (SWL) is being developed with partners, which will include six borough-specific immunisation delivery plans. The aim of the strategy will be to support boroughs by providing a framework within which to operate, setting key priorities for SWL as well as at borough level based on local need.
- 2.88 London Borough of Merton is also developing a Merton specific immunisation strategy and action plan. The focus of the immunisation strategy for Merton is improving the uptake of preschool boosters and MMR. Key actions include:
- Working with local GP practices to ensure correct coding of vaccination data, unregistering children who have moved, sending text reminders, and opening additional vaccination clinic slots in the school holidays.
  - Insight-led behaviour change campaigns: multiple channels to reach Merton's local community: digital advertising including social media, google, and advertising on other relevant websites, radio adverts, ad-vans, billboards, street ambassadors, and community champions.
  - Reporting on Immunisation Services in the Borough of Merton-involves developing partnerships, through fortnightly meetings with the ICB and Local Authority communications colleagues and regular meetings with providers.
  - Working with the voluntary sector: a new grants programme for community organisations. Funding was prioritised for events likely to reach communities experiencing health inequalities. During the events, residents received tailored messages which focused on vaccinations and included other information including cost of living support and mental health services.
  - Tailoring information to support an informed decision: responding to misinformation circulating on vaccinations using local insight. Recently, an audit of the feedback from over 6000 South West London residents was used to create a new leaflet responding to misinformation. This was shared in a range of different languages.
  - A report on children and young people's immunisation in Merton was taken to the Merton Children and Young People Overview and Scrutiny Panel on 25<sup>th</sup> January. There was renewed focus on the potential for measles outbreaks in Merton, linked to low uptake of MMR vaccine. A series of actions to address this, including greater engagement with schools, enhanced working between London Borough of Merton and the ICB are in train.
- 2.89 The Merton Immunisation Steering Group will oversee the Merton Immunisation Strategy. It meets quarterly and reports into a SWL Operational Delivery Group chaired by the ICB. Partnership working has been used to:

- develop and share content.
  - provide up-to-date information for community champions.
  - host webinars, and engagement opportunities
  - identify relevant pop-up locations for the local community.
- 2.90 In response to escalating measles cases and outbreaks in England in 2023 and 2024, linked to declining and sub-optimal uptake of the MMR vaccination (including in Merton) a Merton MMR Subgroup of the Merton Immunisation Steering Group has been established to coordinate the local response to improve uptake across our communities.
- 2.91 System meetings have also been convened in January 2024 with the Cabinet Member for Health and Social Care and local strategic ICB leads including to understand gaps in uptake by GP Practice and support the planned targeted response.

### **Case study example**

- 2.92 Local Vaccine Coordinators working with Merton's GP practices GP practices are supported to review the practice immunisation records. For example, at one Merton GP surgery preschool booster uptake rose from 50% to 75% when already delivered vaccine doses were correctly recorded.
- 2.93 These reviews also identify all the children with incomplete vaccine schedules for targeted action. Reasons identified include refusals amongst some families for all vaccinations, patients who have left the country but have not been deregistered from the GP practice, doses given a few days early so not recognised in the data collection process, and some children who have recently moved to Merton from abroad but have not given their vaccination history to the GP practice.
- 2.94 There is a recognition that opportunistic vaccination when the child attends the GP practice for other reasons is key to accessing these groups: Making Every Contact Count.

## **3 ALTERNATIVE OPTIONS**

- 3.1. This report is for noting and discussing only, so alternative options are not being presented.

## **4 CONSULTATION UNDERTAKEN OR PROPOSED**

- 4.1. Any relevant consultation undertaken or proposed is referenced in the body of the report.

## **5 TIMETABLE**

- 5.1. The body of the report includes details on a range of planned deliverables and commitments over the period 2023 to 2026.

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

- 6.1. The cost implications for the initiatives outlined in this report are covered within the current MTFs. Any further spending required beyond existing budgets will be reported to Cabinet.

## **7 LEGAL AND STATUTORY IMPLICATIONS**

- 7.1 This report has been prepared as required by part 4A, paragraph 2.3 (g) of the Constitution and there are no legal implications arising out of this report.
- 8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**
- 8.1. None immediately arising beyond those covered in the body of the report.
- 9 CRIME AND DISORDER IMPLICATIONS**
- 9.1. None immediately arising.
- 10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**
- 10.1. A robust process for monitoring delivery of the Council Plan, including many of the commitments and deliverables referenced in this report, is being put in place to minimise the risk of non-delivery.
- 11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**
- None
- 12 BACKGROUND PAPERS**
- 12.1. None

Footnotes:

<sup>[i]</sup> Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication. Archives of General Psychiatry. 2005;62(6):593. Available from: <https://pubmed.ncbi.nlm.nih.gov/15939837/>

<sup>[ii]</sup> Merton Council. Thriving in Merton, Merton Child and Adolescent Mental Health (CAMHS) and Emotional Wellbeing Strategy 2020-2023. NHS South West London Clinica. [cited 4 October 2022]. Available from: <https://swlondonccg.nhs.uk/wp-content/uploads/2021/03/FINAL-MERTON-CAMHS-Strategy-2020-2023-.pdf>

<sup>[iii]</sup> Mental Health of Children and Young People in England 2021 - wave 2 follow up to the 2017 survey [Internet]. NHS Digital. 2021 [cited 4 October 2022]. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2021-follow-up-to-the-2017-survey>

<sup>[iv]</sup> Mental Health of Children and Young People in England 2021 - wave 2 follow up to the 2017 survey [Internet]. NHS Digital; 2021. [cited 20 October 2022]. Available from: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2021-follow-up-to-the-2017-survey>

<sup>[v]</sup> Office for Health Improvement and Disparities. Public Health Profiles [Internet]. Public health profiles. [cited 4 October 2022]. Available from: <https://fingertips.phe.org.uk/search/self%20harm#page/1/gid/1/pat/6/ati/402/are/E09000024/iid/21001/age/1/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

<sup>[vi]</sup> Office for Health Improvement and Disparities. Public Health Profiles [Internet]. Public health profiles. [cited 4 October 2022]. Available from:

<https://fingertips.phe.org.uk/search/self%20harm#page/4/gid/1938133225/pat/6/par/E12000007/ati/402/are/E09000024/iid/92796/age/6/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

<sup>[1]</sup> <https://get-informationschools.service.gov.uk/>

<sup>[2]</sup>

<https://www.sciencedirect.com/science/article/abs/pii/S0378778821005752#:~:text=Climate%20change%20could%20impact%20schools,by%20impairing%20their%20cognitive%20ability.>

<sup>[3]</sup> [https://www.london.gov.uk/sites/default/files/gla\\_schools\\_adaptation\\_guidance\\_14-10-20\\_issue.pdf](https://www.london.gov.uk/sites/default/files/gla_schools_adaptation_guidance_14-10-20_issue.pdf)

<sup>[4]</sup> <https://educationhub.blog.gov.uk/2022/06/30/how-schools-are-managing-ventilation-to-prevent-the-spread-of-airborne-viruses-like-covid-19/>