

## Chapter 9 Healthier Communities

### Introduction

On average the population of Merton tends to enjoy better health than most Londoners. However, within the borough there are variations in standards of health linked to the way people live their lives and the opportunities available to choose healthy lifestyles in their communities. Jointly, Sutton and Merton Primary Care Trust and Merton Council aim to focus on reducing health inequalities and placing more emphasis on prevention, patient choice and offering a personalised service.

People living in relative poverty are more likely to experience more ill-health and live shorter lives. Education, culture, housing, transport and the environment all play a part in individual health outcomes. The PCT and local authority are keen to add value to peoples' lives by offering tools and techniques for taking responsibility for lifestyle changes. Our vision '*it's your life*' will empower people to manage their own health and well-being.

In order to deliver this vision the PCT and local authority are undergoing significant changes to strengthen their commissioning functions to ensure delivery of services is based on choice and control for people.



### **The role of the Voluntary, Community and Faith Sector**

The voluntary, community and faith sector in Merton has a great part to play in helping to make local communities healthier.

Voluntary groups are crucial in providing health and social care services, advice and information or in targeting information to particular communities. The focus of VCS service delivery is prevention. VCS services often relieve pressure on public sector services and reduce overall expenditure. Small grass-roots groups provide self help and support to enable communities to help each other on specific health issues,

The sector also enables people to become more involved in their local health and care services – for example, through the Merton Local Involvement Network. Groups also play a key role in encouraging healthier, more active lifestyles through social and arts activities, exercise and mutual support networks.

### **What has happened since 2006?**

Achievements and emerging trends

Over 2006 and 2007 the thematic partnership held two workshops to establish our key priorities for action.

These included:

- reducing smoking
- reducing obesity
- improving mental well-being
- increasing choice and control for users and carers.

More recently the partnership has discussed strategies and interventions to help reduce the harm caused by alcohol.

Improving access to primary care

In October 2008, the Better Healthcare Closer to Home (BHCH) programme submitted proposals to invest £208 million locally. This includes more than £150 million for the redevelopment of St. Helier Hospital, over £40 million investment in the development of three new local care centres (including the Nelson and the Wilson), and over £10 million for a new intermediate care centre (proposed to be at the Wilson Hospital). A decision from NHS London is expected early in 2009. In addition, an investment of £13 million has been approved by the PCT to redevelop and extend the Shotfield Health Centre in Wallington, which will incorporate a fourth local care centre. Our aim, through the BHCH programme, is to develop modern, integrated and better quality health services that allow local people to be treated, wherever possible, close to where they live.

As part of Lord Darzi's Next Stage Review, all PCTs in the country are required to have at least one new GP-led Health Centre in easily accessible locations, providing a flexible range of bookable appointments, walk-in services and other services for either non-registered or registered patients, based on the guiding principle of ensuring that the local public can access GP services any time from 8 am to 8 pm, seven days a week including bank holidays. As part of Sutton & Merton PCT's plans for a Polyclinic and Local Care Centre located at The Wilson

Hospital site, a GP-led Health Centre will be positioned here as the first stage in this process. It is anticipated that the Health Centre will be open from the beginning of October 2009.

Sutton and Merton Primary Care Trust provides a variety of community services as well as working in partnership with independent contractors such as GPs, dentists, pharmacists and opticians. In 2008/09 the PCT invested 11% to improve access for NHS dentistry. Substantial investment is on-going. However in 2009/10 the PCT will focus on identifying gaps in service provision in order to effectively commission appropriate NHS dentistry according to patient need.

#### Improving waiting times

The PCT has been working closely with local providers of health services to improve patients' experience of the NHS and ensure all patients receive high quality elective care without any unnecessary delay. A key element of this has been to reduce the waiting time from referral to treatment to 18 weeks. In March 2008, the PCT achieved the target of 85% of cases where patients are admitted for hospital treatment being treated within 18 weeks and 90% of those that do not end in an admission being completed within 18 weeks. The PCT is now working with local providers to continue to improve this and make these reductions sustainable so that 90% of cases where patients are admitted for hospital treatment are treated within 18 weeks and 95% of cases that do not end in an admission are completed within 18 weeks.

#### Improving support for carers

The Carers Strategy was launched on 4 December 2008. Its mission is to improve the quality of life for carers. In order to achieve this, the Carers Partnership will work with carers to put the aims of the strategy into action, ensuring that high quality services and support are provided to carers who are entitled to them and that carers are recognised and valued for the contribution they make to our Community. Some of the partnership's achievements include:

- carers week and carers rights days events
- two voluntary organisations now carry out carers assessments on referral from social services
- an A to Z of carers services has been developed
- the council has an employee carers' charter cited by the Social Care Institute of Excellence
- emergency respite service for carers of adults funded by the Grant is seen by the Department of Health as good practice.

#### Improving services for those who need palliative care –

##### End of Life Care

Three End of Life Facilitators and a Nurse Consultant have been funded to assist in care homes in becoming accredited for end of life provision, to assist GPs in developing registers of patients who are at the end of their life, and to assist in Liverpool Care Pathway (LCP) / Preferred Priorities for Care (PPC) in provider services. Work is in progress to establish a hospice at home model of care in conjunction with a local hospice to provide a

more responsive service to patients wanting to die at home by providing health care assistant support.

#### Smokefree Merton

Merton successfully implemented the Smokefree legislation on 1st July 2007. The council became a Smokefree organisation on 30 September 2008 with co-ordinated support from the Sutton and Merton Stop Smoking Service. Merton has Smokefree Compliance Officers who continue to visit businesses to ensure 100% compliance. Environmental health officers and community workers from voluntary sector organisations have been trained to direct smokers wanting help to the local NHS Stop Smoking Service. The service has established a comprehensive network of community advisers across the borough of Merton. Merton is also part of the London Smokefree Forum.

#### Reducing obesity

Funding enabled a children's obesity awareness raising training programme for NHS, Local authority, education, voluntary sector and community sector staff. Families with children who were overweight were given the opportunity of attending a children's weight management intervention provided through the Wimbledon Weight Management Centre. Care pathways for weight management for adults have been developed for all general practices. The Merton Rosemary Conley Diet & Fitness Club has been commissioned to deliver weight loss programmes through a GP referral scheme.

#### Understanding alcohol concerns

Tackling excessive alcohol consumption has not received such focused and co-ordinated attention. Drug and Alcohol Action Teams have been given the job of reducing the harm caused by alcohol from April 2008. Merton has agreed a multi-agency approach to developing an action plan to minimise harmful drinking. The Department of Health's delivery plan demonstrates how routine alcohol screening and early intervention could bring about long-term reductions in ill-health. Evidence suggests that by identifying hazardous and harmful drinkers, early, and giving them brief, targeted advice, the risk can be reduced. Effective local alcohol strategies will look at identifying these hazardous and harmful drinkers. Safer and Stronger Communities Thematic Partnership is the lead to support initiatives around sensible drinking and alcohol related interventions. It has also been identified as a priority area from the Crime and Disorder Strategic Needs Assessment. Overview and Scrutiny support the development of a Merton Alcohol Strategy. The Children and Young People's Plan delivers drugs and alcohol programmes through targeted youth programmes.

#### Opportunities for people with mental health problems

Since 2004 there have been Employment Specialists based within the Community Mental Health Teams and the early Intervention Service for young people with a first episode of psychosis at South West London & St George's Mental Health NHS Trust. The Employment Specialists deliver the evidence based practice, Individual Placement and Support, which is recommended by NICE guidance and government policy.

Since implementation many people with severe mental health problems in Merton have been assisted to gain and retain open employment, mainstream education and voluntary work. In 2007/08 a total of 419 service users were supported in open employment, mainstream education or voluntary work. Of those, 259 service users were supported in open employment. In 2007 the Trust was awarded the BUPA Foundation Clinical Excellence Award for the work of the Early Intervention Team for young people with a first episode of a psychosis where the team with the employment specialist supported over 80% of service users they worked with to return to open employment or mainstream education as part of their recovery.

Psychological Therapies in Primary Care (PTiPC) are provided in primary care settings for people requiring psychological interventions, using a range of techniques such as one-to-one counselling, group therapy and e-therapy. Improving Access to Psychological Therapies (IAPT) focuses on people with anxiety and depression and those with long-term conditions.

#### Disability Services

During 2006 and 2007 workshops were held with a number of individuals and voluntary sector groups exploring how the PCT and Merton could improve the support provided to those with a range of long-term disabilities. As a result of this work new support pathways were devised and the development of a user led 'Centre for Independent Living' was proposed. A steering group was constituted, led by local disabled people and plans are both inclusive and progressing well. Voluntary

sector groups are increasingly making use of the refurbished All Saints Road facility and this works very well with access to both Local Authority Occupational Therapy support with equipment and support from PCT Clinicians. Merton is also progressing steadily with its development of Personalised Budgets. People with disabilities will be a significant part of the pilot which is due to begin in the spring of 2009. Personalised Budgets will enable disabled people to have far more choice and flexibility regarding purchase of equipment, support, leisure opportunities etc. It is anticipated that the CIL will eventually facilitate and support the personalised process for disabled people.

People with Learning Disabilities have been the focus of attention during 2008 as serious health inequalities were highlighted in this group by a National Independent Inquiry. The PCT and Merton LA conducted a Joint Strategic Needs Analysis to focus on specific local issues relating to the national trends. There is a comprehensive action plan to which all agencies are committed. One of the significant developments is the Directed Enhanced Service that many GP's will be providing which includes an in depth Annual Health Check. This is very much welcomed by user and carer groups.

Merton has also been leading a process of re-providing services and homes for the people leaving longstay hospital and NHS campuses. This is progressing well and people will finally be able to enjoy equal access to their local communities. The Merton Community Team for People with Learning Disabilities has, along with Wandsworth and St. Georges, won an award

for its hospital access and facilitation work. This work has really positively impacted on the patient experience.

#### The Happy Soul Festival

The Happy Soul Festival originated in Merton in 2007 as a small film festival aimed at engaging people from black and minority ethnic populations in films which address mental health issues from the perspectives of their own cultures. The first event encompassed 3 events and engaged 350 people - feedback surveys indicated the people felt this very helpful in raising the awareness of mental health, particularly in cultures where this was associated with shame and therefore 'brushed under the carpet' thereby inhibiting early identification and intervention to support/treat the person.

Happy Soul II in 2008 was much enlarged and engaged 1,300 people over 4 boroughs, and this innovative approach to engaging black and minority ethnic populations in mental health won the London Health and Social Care mental health award for community engagement.

The Happy Soul Festival is now an established event in Merton and across South West London that provides a valuable tenet in mental health promotion and early intervention and treatment for people from black and minority ethnic populations. The 2009 festival was the largest yet and was staged over two weeks in April/May.



### Emerging trends

Healthcare for London is developing a framework for London's healthcare for the next ten years. Primary care trusts are working with London councils, third sector, patients and the public to help London's healthcare match the best in the world. The plans are based on five principles:

- Services should be focused on individual needs and choices.
- Services should be localised where possible.
- There should be joined-up care and partnership working, maximising the contribution of the entire workforce.
- Prevention is better than cure.
- There must be a focus on reducing differences in health and healthcare across London.

There is a broad agreement that people should be cared for in their own homes or in the local community, but what impact will this have on social care? For example for a stroke patient, more specialist care would enable patients to arrive home quicker, with fewer disabilities and complications and needing less support. However poor diets, a lack of exercise, stress and a growing population will contribute to the need to change the way health and social care work together to deliver quality services. Are there ways to co-locate social, healthy living, leisure and health services? Can we make sure that care in people's homes is really best for them and it is what they want? These are the challenges we need to address as a partnership.

### What Merton is like now<sup>3</sup>

#### Work and illness

13.77% of the population have a long term limiting illness, the sixth lowest percentage in London. The numbers on capacity benefit are also relatively low – 30.44 people per 1,000 working age population – the second lowest figure in outer London. 3.1% of the population is unable to work because of permanent sickness.

#### Life expectancy and mortality

Male life expectancy is 79 years, while female life expectancy is 83.1 years (2006), the sixth highest in London. These figures drop significantly in some wards in the east of the borough, for example Figge's Marsh, where male life expectancy is only 72.7 years (2005).

The infant mortality rate is 5.3 per 1,000 live births (2006), the twelfth highest in London. The Standardised Mortality Ratio (SMR) for the borough is 88.2 (2002-2006), indicating that the borough has lower than average mortality, compared to the rest of England. However, seven of the borough's wards have higher than average SMRs of over 100 (Cricket Green, Colliers Wood, Figge's Marsh, Lavender Fields, Longthornton, Ravensbury and St Helier), and all seven are located in the east of the borough (2002-2006).

The cancer mortality rate is 113.60 per 100,000 population aged under 75 (2004-06) and the coronary heart disease mortality rate is 32.62 per 100,000 population aged under 75 (2004-06).

### Obesity and exercise

35.9% of adults are overweight, and 19.8% are obese (2006), with 10.9% of children in reception being obese, and 21.3% of children in Year 6 (2007/08).

21.6% of adults take moderate intensity sport or active recreation for at least 30 minutes continuously at least three times a week. Merton has the seventh highest proportion of sports club membership in London (31.2%). 46.4% of the adult population is classed as physically inactive (2006).

92.1% of Merton's 5-16 year olds spend at least two hours a week on high quality PE and school sport (2007/08).

### Drugs, alcohol and smoking

Around 25% of the population smokes, in line with the average figure for England (2007) and 9.1 people per 1,000 population suffer from problem drug misuse, 81% of whom are male (2004/05)<sup>4</sup>.

The average weekly alcohol consumption for men is 16.1 units and 7.5 units for women (2002). Between 1998 and 2004 there was an average of 15.2 alcohol related deaths per 100,000 population for men, and 8.1 per 100,000 for females. This ranks Merton 150 and 124 nationally.

<sup>3</sup> For more public health information, look at [www.suttonandmertonnhs.uk](http://www.suttonandmertonnhs.uk)

<sup>4</sup> Numbers of Problematic Drug Users (e.g. those using heroin or crack cocaine) in effective treatment for 2007/08 was 408 individuals. Effective treatment is defined as an individual being in care planned structure treatment for at least 12 weeks or completing such treatment in a planned way.

Merton is in the top 30% nationally, and is ranked third in London for under 18 alcohol specific hospital admissions (2006). In a 2005 survey, 17% of Year 8 and Year 10 pupils had drunk alcohol in the week prior to the survey.

### Mental illness

Estimates suggest that around 30,000 people are suffering from a mental illness, with demand for local mental health services 8% below the national average (2000)<sup>5</sup>.

### Deprivation

According to the Index of Multiple Deprivation (2007) one of Merton's Super Output Areas (SOAs) is in the 30% most deprived nationally for the health and disability domain, and four are in the 40% most deprived nationally. The more deprived SOAs are concentrated in the east of the borough.

### What Merton will be like in 2019

The health and well-being of the population – promoting health and ill-health prevention will keep people out of the care system.

<sup>5</sup>When someone experiences severe and or enduring mental health problems they are sometimes described as mentally ill. However, there are certain difficulties with this term. There is no universally agreed cut-off point between normal behaviour and behaviour associated with mental illness. The label mental illness is highly stigmatising, encouraging people to think of 'the mentally ill' as different. The term mental illness can misleadingly imply that all mental health problems are solely caused by medical or biological factors. In fact, most mental health problems result from a complex interaction of biological, social / psychological factors. For many people, the existing systems of categorising illnesses do not relate closely enough to their experiences. Some people, including some professionals, prefer not to accept diagnoses which may be misleading or stigmatising. For more information look at the mental Health Foundation website [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)

Long-term conditions – promoting better self-care and treatment in a community setting or in people’s homes will mean fewer people need to spend time in hospital.

Access to services – fair and prompt access to care should mean that waiting should no longer be an issue for the majority of service users.

The patient/user experience – promoting maximum choice, as well as a positive experience will mean that services are more responsive to consumers.

Merton Healthier Communities Strategy 2008 to 2012  
The healthier communities’ strategy provides a unique opportunity for partners to make Merton healthier. It also aims to help individuals and communities take long-term responsibility for their health – it’s your life. An individual’s lifestyle also influences their health, so we must enable and encourage people to make healthier choices, in what they eat, whether they exercise or smoke, and to understand their emotional well-being. Its priorities include:

- reducing smoking
- reducing obesity
- improving mental health and well-being
- increasing choice and control for users and carers
- addressing the wider determinants of health.

See [www.merton.gov.uk/healthiercommunitiesstrategy](http://www.merton.gov.uk/healthiercommunitiesstrategy)

Action plans have been developed for smoking, obesity and mental health and well-being.

The Strategic Plan sets out ‘to improve the health and quality of life of its population through focusing on prevention of ill health and the commissioning of quality services that are clinically effective and provide value for money. People will be supported to manage their own health, and care will be provided in the most appropriate and accessible way. The PCT will strive to reduce health inequalities, working with other public services and third sector partners.’

To achieve this vision, Sutton and Merton aims to improve substantially by 2013 on eight priority health needs: cancer, coronary heart disease, stroke, smoking, diabetes, falls and dementia, mental health, and end of life care.

In order to deliver this, the PCT aims to make major progress on delivering Better Healthcare Closer to Home. This will involve building a network of four Local Care Centres, doubling current capacity for the intermediate and post-acute care, and initiating a major redevelopment at St. Helier Hospital to substantially reshape healthcare services for Sutton and Merton residents. Building on this the Primary and Community Care Strategy has aligned its objectives in:

- improving outcomes for patients
- providing more care locally
- tackling health inequalities

- meeting changing demographics and healthcare needs
- delivering personalised care
- delivering coordinated care
- modernising primary care estate.

#### Investment in health improvement

The Healthier Communities Thematic Partnership agreed to invest Choosing Health funding into reducing obesity, reducing harm from alcohol; and improving mental health and well-being. Transformation Plan

The council's transformation plan for Community Care recognises that while performance, service delivery and practice are good in many areas, there is a need for modernisation and for changing service delivery to reflect national and local policies and national good practice.



## Healthier communities improvement deliverables

Action	Target date	Key partners
HC1: To produce an annual Joint Strategic Needs Assessment addressing health inequalities including improved access to services for vulnerable groups	Annual	Merton Council
HC2: Patient/users will be encouraged to express their preferences, particularly in disadvantaged communities	Annual Review	PCT
HC3: Deliver systematic care to address pathways for people with long-term conditions	2010	PCT
HC4: Develop clear plans and arrangements for access to a NHS dentist for Merton residents	2010	PCT
HC5: To develop a local care centre in West Merton on the Nelson Hospital site containing two GP Practices. In addition to develop a local care centre in East Merton on the Wilson Hospital site containing GP-led health centre	2013	PCT
HC6: Increase in the number/proportion of people with mental health problems in mainstream employment, education/training or voluntary work in integrated settings	2010	SWL& St Georges Mental Health Trust
HC7: To undertake vascular risk assessments(VRA) for patients aged 40 to 74 years and manage those with high risk factor	2013	PCT
HC8: To develop a health perception questionnaire including the impact of wider determinants of health	2012	Merton Council

The Healthier Communities Thematic Partnership is accountable for developing, delivering effectiveness of actions set within this strategy. The partnership includes representation from: Merton Council departments, Sutton and Merton Primary Care Trust, South West London and St Georges Mental Health Trust and the Third sector.

How local people can get involved?

The Healthier Communities Thematic Partnership has approved the Merton Healthier Communities Strategy. The strategy promotes public and patient engagement in healthy living activities and lifestyle changes 'adding life to years and years to life'.

Examples of how you could participate:

- Providing your views on local health and social matters, and influencing local policy changes through getting involved with your local LINKs
- Getting involved in the PCT's Community Development and Health Course and brief intervention programmes to sign post people you know onto appropriate services e.g. stop smoking services
- Managing your health and well-being - through healthy eating, regular exercise, sensible drinking, reducing stress and not smoking
- Getting involved in the Cultural Olympiad through sports and arts activities



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