

# Merstham Priority Place Health Needs Assessment March 2011



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# Executive Summary

## Introduction

The index of multiple deprivation (IMD) has been used to identify Merstham ward in Reigate and Banstead Borough as one of four wards in Surrey with increased needs due to higher levels of deprivation. These localities are considered priority places by the Surrey Strategic Partnership. Priority Places have complex needs that would benefit from targeted, cross thematic partnership work.

NHS Surrey has conducted a review of the health needs of this area, with support from health service providers. Population and clinical activity data has been analysed to assess need and demand. Super output area (SOA) data has been used where possible to give the greatest detail. Health service providers have been interviewed to gain qualitative/soft data about the health needs of Merstham residents and to identify how they have delivered services to meet the demand. Some statutory and voluntary service providers have been interviewed to gain an understanding of how the wider determinants of health are being addressed by other services in Merstham and these findings are reported as an appendix to the main report.

Housing tenure in Merstham ward is 67% of households being owner occupied, (LSOA 08A is 35%) compared to a borough average 78.8% (2001 census). Therefore Merstham residents compared to the rest of the Borough are more likely to have people living there that are transient and easily mobile. They are also more likely to have less income.

Income, health and employment are the main Index of Multiple Deprivation (IMD) domains which need to be improved in Merstham. If the Local Strategic Partnership (LSP) was to improve these domains, people may aspire and be able to move to other more affluent geographical areas. This means that new socially disadvantaged individuals will replace them.

It is therefore important that statutory and voluntary partners consider the needs of this population as long term. Partnership working which aims to provide a long term sustainable delivery of focused statutory and voluntary services is very important.

## Health Needs Assessment Key Findings:

- There is clear evidence that residents of Merstham are accessing the full range of primary and secondary health services and health providers have a good insight into their individual needs and the increased population need of this locality.
- Older people who live or are born to parents in Merstham ward have significantly lower life expectancy than other people nationally and locally within Reigate and Banstead Borough.
- 46% more people from Merstham' ward die earlier than would be expected given the age and gender profile of this population.
- Clinical activity data suggests the main health conditions of concern for the people of Merstham are Cancer, Coronary Heart Disease, Stroke and Ischemic Attacks, Diabetes, Asthma and Mental Ill health. These conditions are significantly influenced by lifestyle choices detrimental to health, such as smoking, obesity and high intake of

alcohol. Supporting the residents of Merstham to change these choices will have the most positive impact on ill health and improving life expectancy.

- Health Visitors focus on approximately 30 families in Merstham ward due to increased need and 19 children are on the Child Protection register. The Health Visiting Service sees more families in Merstham than any other part of East Surrey.
- In the last year, NHS Surrey has committed significant financial investment into improving primary mental health services. KCA was awarded the contract to deliver Improving Access to Psychology Therapies (IAPT) across the whole of Surrey and Surrey Community Health have been commissioned to deliver First Steps across the whole of Surrey; currently this is only being delivered in East Surrey. Providers of these services are contracted to prioritise services in localities such as Merstham.
- Merstham LSOA 08A has a Mental Health IMD indicator score of 1.39<sup>1</sup>. This means when compared to England and Wales there are more Mental Health problems in Merstham than would be expected This is the highest score in Surrey.
- 85% of those people being seen by the mental health services during 2009/2010 had their first contact with mental health services prior to 2005. Alongside Quality Outcome Framework (QOF) data this would suggest that Merstham ward has a high number of people living with more complex mental health disorders, which are chronic in nature.
- The Surrey GP with specialist interest in Learning Disabilities and Mental Health is based in the Moat House GP Surgery.
- The CTPLD team have noticed a number of referrals are made to the team due to the client being increasingly stressed and distressed following episodes of harassment and bullying they receive from young people on the estate.
- The Substance Misuse services report that during 2009/10 the main primary substance being misused by clients accessing the Respond service in Merstham ward was Heroin. The main secondary substance was Cocaine (or a derivative of). The majority of clients accessing treatment for substance misuse were male aged between 25 and 45 years.

## **What needs to happen?**

### **Recommendations**

A number of recommendations have been made for Health commissioners and providers, based on the current arrangements (Dec 2010). However, funding and commissioning of health services is out for consultation and these recommendations should be reviewed once finalised. Following publication of this report these recommendations will be developed into two action plans; one for Public Health to implement and one which will feed into the Merstham Regeneration Action Plan. A summary of recommendations is stated below and split into those for the partnership and those for Public Health.

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<sup>1</sup> The value of zero is approximately the average population across all SOAs in England. A score above zero indicates that more mental problems are evident in an area than expected given the age/gender distribution

## **Partnership**

### *Short term*

- Providers of all services, statutory and voluntary to communicate more effectively, share information and develop joint plans to addressing the health and social care needs of individuals within this population.
- Mental Health Services, DAT and the Community Development Worker need to establish a working relationship to gain a greater understanding of each other's role, and consider how they could support each other in addressing the mental ill health and additional needs of Merstham residents.
- Services should work together to develop plans for families who frequently experience crises that will support them during difficult periods.
- Partnership working needs to be improved in delivering parenting support, including post natal depression, to families in the area.
- Public Health Surrey and partners to consider new ways of promoting smoking cessation services, actively promote Change4Life and encourage stakeholders and residents to sign up to the campaign. Partners should signpost to existing initiatives by uploading information to the Change4Life website and by encouraging residents to attend schemes such as HENRY, MEND, Cook and Eat and Health Walks.
- Partners should encourage Merstham residents to modify their drinking habits and sensible drinking become everybody's business

### *Medium term*

- Joint posts between Health and social services should be considered to avoid duplication, share skills and provide a more cohesive service.
- Brief intervention training should be provided for the staff in the Community Facility and information shared which enables them to signpost to specific activities.
- The feasibility of a substance misuse outreach worker who could target people that are not accessing services ought to be considered.
- Public Health Surrey to work with partners to ensure that vulnerable adults and families are protected from harassment and bullying in the community.

### *Long term*

- Public Health Surrey and partners to work together in supporting the population of Merstham to change their lifestyle choices which are detrimental to health.
- Partners to work together to increase immunisation uptake

## **Public Health Surrey:**

### *Short term*

- Local Pharmacies need to raise awareness of what they can offer the local population with regards to Public Health, such as diabetes cholesterol and blood pressure screening and healthy heart. This is included in the community pharmacy contractual framework (CPCF), but if support is required this needs to be identified and raised with commissioners.
- Work with the Moat House Surgery to identify how they can increase their immunisation uptake

### *Medium term*

- Public Health Surrey to ensure that services such as Smoking cessation, Weight management, DAT and Mental health services are provided within the locality rather than outside. This has been heavily emphasised by commissioners during this review

- Commissioners should consider ways to commission services to support women and build their confidence so they feel comfortable accessing groups such as training to children centre outreach workers so they can answer frequently asked health questions and enable effective signposting.

*Long term*

- NHS organisations in Surrey to improve data quality and availability at Super Output Area level to assist with health needs assessments of all Priority Places in Surrey
- Public Health Surrey to analyse access to 'Out of Hours' GP data.
- Providers of health services to work more closely together and share key information which will support the residents and their families improve their health.

## Background

### Index Multiple Deprivation (IMD)

The Department for Communities and Local Government published the new Index of Multiple Deprivation in 2010. The new Index of Multiple Deprivation (IMD 2010) is a Lower layer Super Output Area (LSOA) level measure of multiple deprivation; as Super Output Areas (SOAs) are generally significantly smaller in size than electoral wards this allows for much smaller pockets of deprivation to be identified by the index than was previously the case using wards. Also as SOA's are statistically standard areas with varying numbers per ward (usually around 4 Lower Layer SOA's per ward) they allow for standard comparison between areas based on number of households.

The IMD 2010 is made up of seven LSOA level domain indices, each of which has several component indicators; the domains:

- **Income (weighting 22.5%)** – income deprivation is demonstrated by the number of people on income support, pension credit, working/child tax credit. Income deprivation affecting children index and older people index is also used to calculate the overarching score.
- **Employment (weighting 22.5%)**– employment deprivation is demonstrated by the number of people receiving jobseekers allowance, incapacity benefit and those participating in the New Deal.
- **Health Deprivation and Disability (weighting 13.5%)**- is measured by the Years of potential life lost, comparative illness and disability ratio, hospital episodes statistics and the number of people under 60 suffering from mood or anxiety disorders.
- **Education, Skills and Training (weighting 13.5%)**- Education, Skills and Training deprivation is demonstrated by the average scores of pupils at different key stages, proportion of young people not staying on in school and not entering higher education, secondary absence rate and proportion of adults in area with low or no qualifications.
- **Barriers to Housing and Services (weighting 9.33%)**- is demonstrated by household overcrowding, homeless applications, difficulty of access to owner occupation, barriers measured by road distance to GP surgery, supermarkets, primary school and a post office.
- **Crime (weighting 9.33%)** - crime deprivation is demonstrated by statistics on burglary, theft, criminal damage and violence.
- **Living Environment (9.33%)**- living environment deprivation is demonstrated by poor housing conditions, lack of central heating , air quality and road traffic accidents, including pedestrian and cycling.

Source: Department of Communities and Local Government.

Merstham Ward has been identified as a priority place as their overall IMD 2010 score ranks them as the second most deprived place in Surrey (Table 1.) This is a slight reversion on the 2007 score where it was ranked as the 3<sup>rd</sup> most deprived place in Surrey. In March 2011 the Merstham Health Needs Assessment was updated with the 2010 IMD data which shows a decline in IMD score and increase in rank of Merstham within Surrey.

**Table 1: Merstham's IMD Score and rank in Surrey**

	IMD Score 2010	IMD Score 2007	IMD 2010 Rank in Surrey	IMD 2007 Rank in Surrey	IMD 2004 Rank in Surrey
<b>Merstham</b>	<b>36.41</b>	<b>31.24</b>	<b>2</b>	<b>3</b>	<b>1</b>

Table 2 reports on the individual domains in relation to Merstham SOA (008A). This demonstrates that if the Local Strategic Partnership (LSP) were to aim to raise Merstham Ward out of deprivation the three domains that need to be addressed are Income, (including Income Deprivation Affecting Older people), Health and Employment. These three domains have the highest weighting so are considered the most important when assessing deprivation.

**Table 2: Merstham's IMD Scores in specific domains and rankings in Surrey**

Individual Domains	IMD Score 2007	IMD Score 2010	IMD Rank in Surrey 2007	IMD Rank in Surrey 2010
<b>Merstham Overall</b>	31.24	36.41	3 <sup>rd</sup>	2 <sup>nd</sup>
<b>Income</b>	0.25	0.26	8 <sup>th</sup>	3 <sup>rd</sup>
<b>Income Deprivation Affecting Children</b>	0.35	0.37	13 <sup>th</sup>	5 <sup>th</sup>
<b>Income Deprivation Affecting Older people</b>	0.3	0.34	5 <sup>th</sup>	6 <sup>th</sup>
<b>Health</b>	1.05	1.26	2 <sup>nd</sup>	1 <sup>st</sup>
<b>Employment</b>	0.17	0.16	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>Education, skills and training</b>	30.61	38.73	38 <sup>th</sup>	25 <sup>th</sup>
<b>Housing</b>	12.53	11.92	508 <sup>th</sup>	516 <sup>th</sup>
<b>Crime</b>	0.21	0.69	51 <sup>st</sup>	17 <sup>th</sup>
<b>Living Environment</b>	14.5	18.13	238 <sup>th</sup>	165 <sup>th</sup>

Housing tenure in Merstham ward is 67% of household's owner occupied, compared to a borough average 78.8% (2001 census). Therefore Merstham residents compared to the rest of the Borough are more likely to be transient and easily mobile. They are also more likely to have less income.. If the LSP was to improve the domains of income, health and employment of this population, people may aspire and be able to move to other more affluent geographical areas. This means that new socially disadvantaged individuals will replace them.

If individuals move on, the IMD score may still reflect this area as deprived. It is therefore important that statutory and voluntary partners consider the needs of this population as long term. Partnership working which aims to provide a long term sustainable delivery of focused statutory and voluntary services is very important.

The LSP need to recognise that a measure of success of improving the health, income and employment opportunities of the current residents may need to be measured by how many individuals move successfully to other areas, rather than the IMD score.

Residents are more likely to remain in an area if it is an attractive a place to live, if there is reduced crime, good housing and living environments The positive impacts of prioritised delivery of services will therefore be reflected in an improved the IMD score.

## **Merstham**

Merstham ward is made up of five lower super output areas (LSOA). The LSOA 008A has been identified as the area with greatest need due to 59% of residents living in socially rented housing compared to the rest of Merstham ward (average 26%). Where possible the data has been presented at this level to ensure we are addressing the needs of the most disadvantaged. For details of the LSOAs please see Appendix 1.

Merstham housing estate has a population of approximately 4500 living in approximately 1,900 households. 67% are owner occupied, 35% in LSOA 008A. The estate was built in the 1950s by London County Council and is surrounded by a more affluent population. Most of the population of Merstham ward is white British (94%) with 1.4% Asian /Asian British, 1.2% Black/Black British, 1.6% Mixed Race and 0.7% Chinese or other (ONS 2004). Compared to the rest of Reigate and Banstead Borough, the population of Mixed (Reigate & Banstead 1.25%) and Black/Black British (Reigate & Banstead 0.87%) is higher and concentrated in Merstham ward (ONS 2004)

On the Merstham estate there is a high proportion of elderly and vulnerable adults. 9% of the population is over 80, with a quarter of households occupied by a single pensioner (Surrey CC 2008). 1 in 20 adults receive social care; there is also a slightly higher need of palliative care and support in Merstham ward (0.13%), than England (0.1%) and Surrey (0.1%) (QOF Prevalence Data, 2008-2009.)

Adult Social Care referrals (open cases per 100 at Feb 2008) are 34 in Merstham ward, while Surrey's average is 19.7. A high number of the working age population are on benefits related to their employment status rates.

There are a high number of children subject to a child protection plan, GP data from Moat House Surgery reports there are 19 children listed on the Child Protection Register in Merstham LSOA 008A. The Health visiting service is a targeted service. Currently they are working with 30 families on the Merstham estate. The vast majority of these have learning difficulties, special needs, substance misuse problems etc. (Stakeholder interview.)

There is a high percentage of 15-24 years olds living in Merstham ward (9.9%) (Mid-2007). The secondary school persistent absence rates are high and Merstham has the highest total number of not in employment, education or training (NEETs) in Reigate and Banstead with 17. This is the 5<sup>th</sup> highest out of the 11 target areas that Surrey's Youth services have identified. 41% of NEETs in Reigate and Banstead, have some form of learning difficulty, 16% are teenage parents and 8% are young offenders. During the review, stakeholder interviews reported problems with unoccupied young people resulting in anti-social behaviour, harassment and victimisation of vulnerable adults.

The number of adults with low or no qualifications is also high; 50% adults have low or no qualifications and 40% do not stay on at school post age.

Moat House GP surgery serves the whole population of Merstham estate. When compared to other GP practices in the Reigate and Banstead Borough. 2009 GP Practice Profile data reports that this practice has the highest proportion of registered patients on Incapacity Benefit (now Employment & Support Allowance), Disability Living Allowance (this is paid to people who have become disabled before the age of 65 and who need assistance with personal care or mobility either because of a physical or mental disability) and Pension Credit (this for people on low incomes aged 60 or over).

Alongside poor health outcomes and lower life expectancy these are many of the reasons why Merstham been highlighted as a Priority Place.

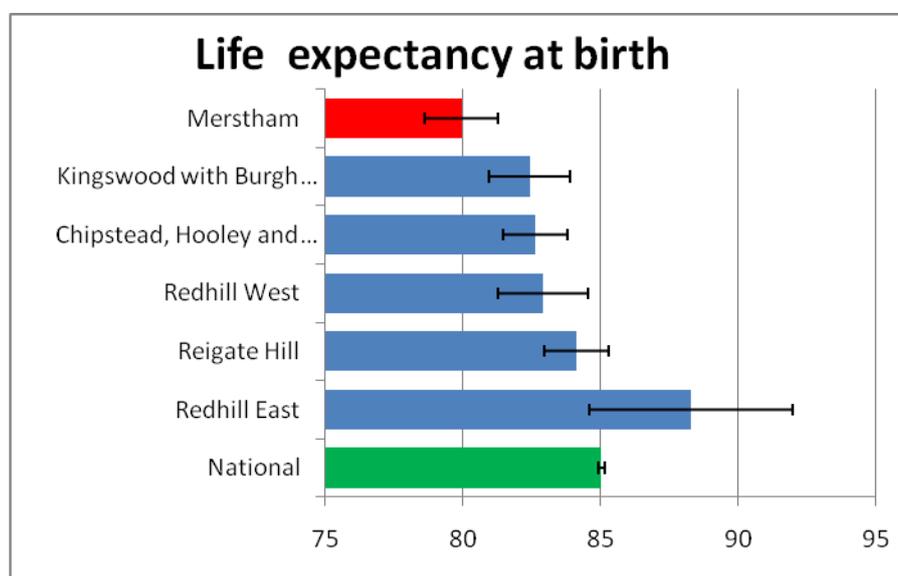


## Health Needs Assessment of Merstham

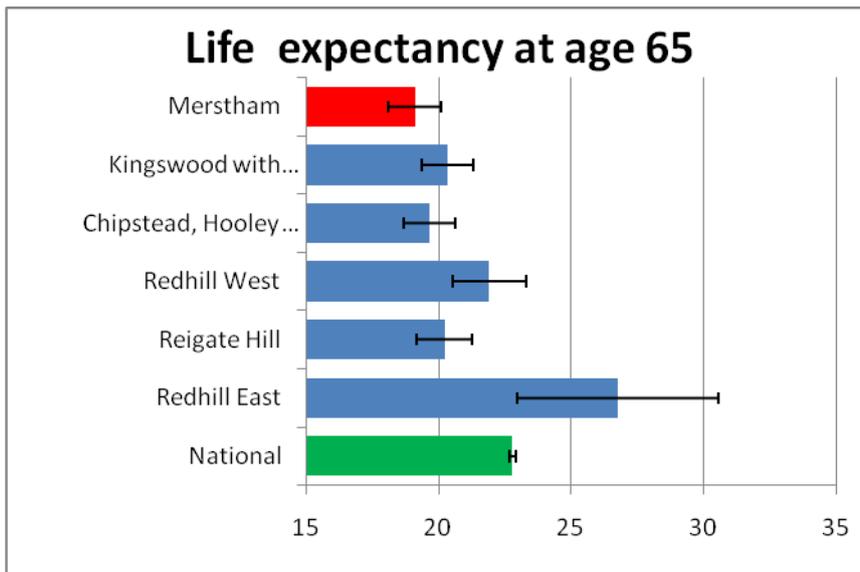
### Mortality

Life expectancy at birth and at age 65 years calculates the average number of years an individual is expected to live given the current mortality rates experienced by this population. Figure 1 demonstrates that at birth children who are born in Merstham are expected to live until 79.95 years compared to 88.30 years in Redhill East ward which is the highest in Reigate and Banstead. Figure 2 demonstrates that older people at 65 years living in Merstham are expected to live for an additional 19.10 years compared to 27.44 years in Redhill East ward. Therefore those people living or born to parents in Merstham ward have significantly lower life expectancy than other people nationally and locally within Reigate and Banstead Borough Council.

**Figure 1: Life expectancy at birth in Merstham and other wards in Reigate and Banstead**

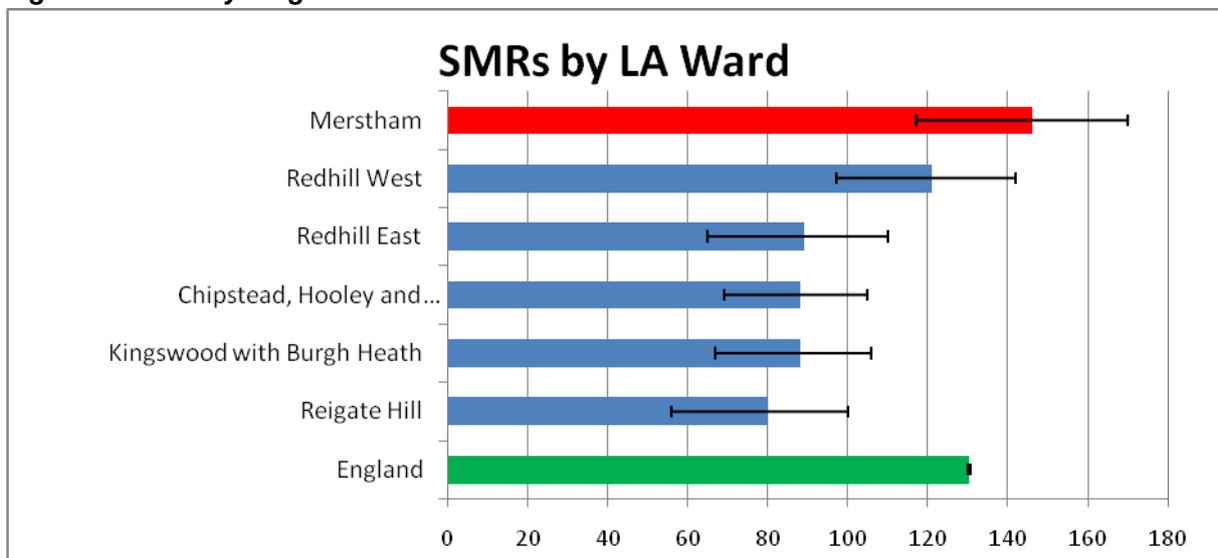


**Figure 2: Life expectancy at age 65 in Merstham and other wards in Reigate and Banstead**



The standardised mortality ratio (SMR) is the number of deaths observed compared to the number of deaths that would be expected given the age and gender profile of a specific population. A SMR of 146, suggests that 46% more people from Merstham die earlier than would be expected given the age and gender profile of this population. Figure 3 informs us that when compared to the national SMR this is not significantly higher, but it is when compared to other wards within Reigate and Banstead Borough, such as Redhill East, Kingswood with Burgh Heath, Reigate Hill, Chipstead and Hooley Merstham is significantly worse.

**Figure 3: SMRs by Reigate and Banstead LA Ward**



## Mortality

The GP practice cluster known as “Esysdoc” is responsible for providing primary care services to the residents of the borough of Reigate and Banstead who have registered with a GP, this cluster constitutes 20 GP practices.

At the time of this report, it is expected that “Esysdoc” will become the GP Consortia responsible for commissioning health services on behalf the residents of Reigate and

Banstead as described by the NHS White paper "Equity and Excellence - Liberating the NHS" (DH 2010). The chair of Esydoc, Dr Joe McGilligan, is now a member of the Local Strategic Partnership.

The Moat House GP Surgery is one of these 20 GP practices and provides primary care services to the residents of the LSOA of concern (008A) and the wider population of Merstham ward. Coronary Heart Disease (CHD) and Cancer are the main causes of death in Surrey. Figures 4 and 5 (page 15) provide insight into the CHD and Cancer rates of the people who are registered within The Moat House GP Surgery.

Another important consideration when discussing mortality and morbidity is to include healthy life expectancy (HLE). Table 3 illustrates there is a difference between men and women that live in Merstham and their HLE. Women not only live longer, but they live healthier lives for longer. Men could live up to six years with ill health. It is therefore important for partners to ensure that their services are targeting men.

**Table 3: Healthy Life Expectancy**

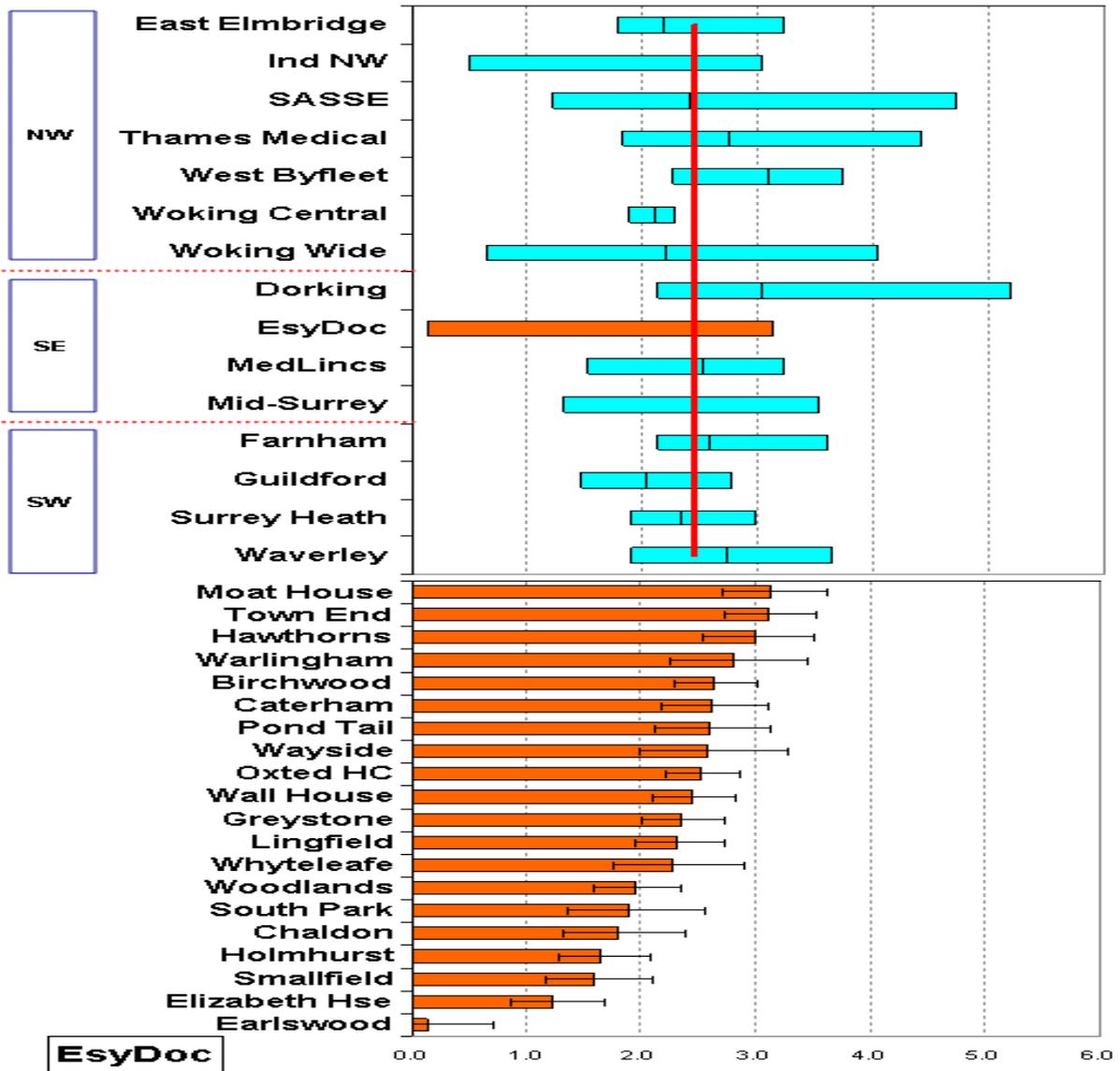
Healthy Life Expectancy											
Males				Females				Persons			
Life Expectancy at Birth	HLE	95% lower CI	95% Upper CI	Life Expectancy at Birth	HLE	95% lower CI	95% Upper CI	Life Expectancy at Birth	HLE	95% lower CI	95% Upper CI
72.8	67.2	65.2	69.3	73.9	72.6	75.3	70.5	76.7	70.5	69.2	71.8

Source: ONS (1999 – 2003)

## Cancer

Cancer is one of the main causes of death within Surrey. The death rate from cancer for Surrey is 2.5 deaths per 1000 registered population in 2002/03 – 2007/08, but for Moat House GP Surgery it is approximately 3 deaths per 1,000 registered population. Figure 4 shows this is significantly higher than 7 of the 20 Esydoc GP practices (demonstrated by the confidence intervals not overlapping).

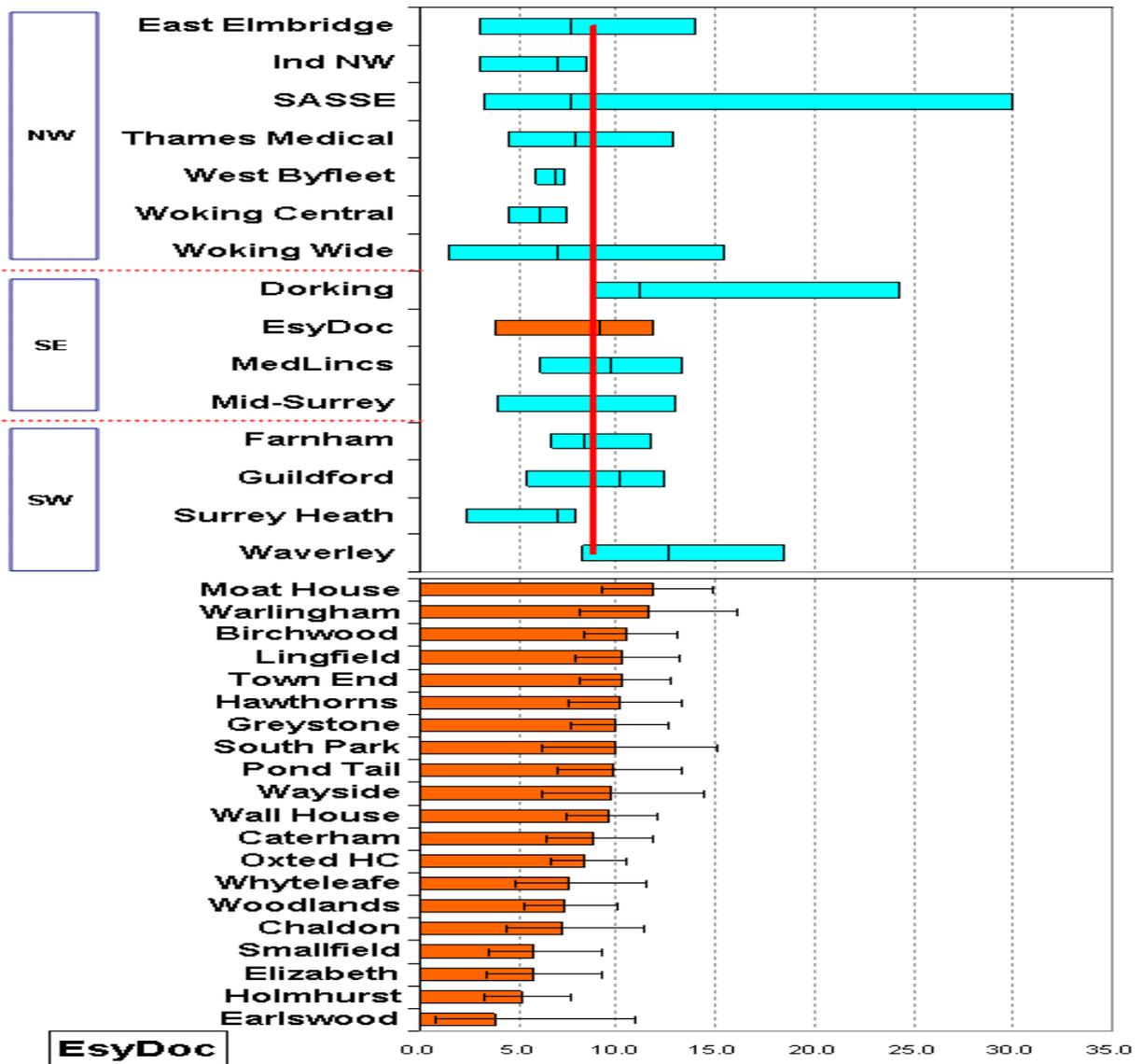
**Figure 4: Number of Cancer deaths per 1,000 population for all ages (2002/03 – 2007/08 – Pooled data)**



Moat House GP surgery provided data specifically on the residents registered from those post codes considered most deprived in Merstham. Analysis of this data showed that the main diagnosis of cancer was breast and prostate. These types of cancer are more prevalent in affluent populations but for those diagnosed from less advantaged background mortality rates are higher. This is thought to be because of lower uptake of screening, later first presentation at primary care if there is cause for concern, lifestyle choices and living environments. Figure 5 shows the number of deaths from CHD per 10,000 population; for all ages across clusters and practices in Surrey. For EsyDoc Cluster, Moat House GP practice

has the highest rate within the EsyDoc cluster, but is not significantly higher than other practices, apart from Holmhurst GP Practice.

**Figure 5: Number of deaths from Coronary heart disease (CHD) per 10,000 population - all ages (2002/3 – 2007/08)**



### Morbidity

Quality Outcome Framework (QOF) 2008-2009 Moat House GP data reported in table 3 below shows how Merstham as a whole compares to Surrey and England against several health indicators and highlights health conditions of concern for this population.

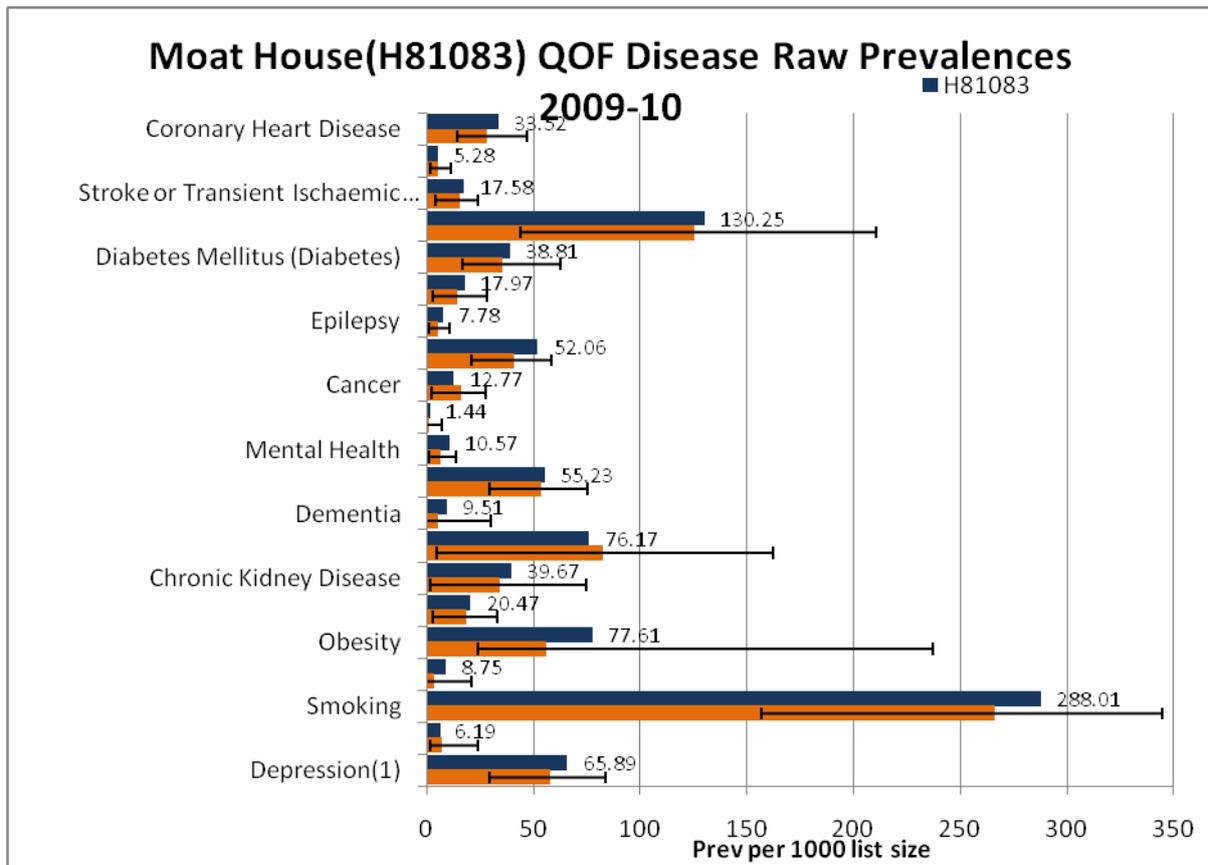
**Table 4: Moat House, Surrey & England's QOF Prevalence Data from 2008-2009**

Indicator	Merstham	Surrey	England
Stoke or Ischemic Attacks	1.82%	1.5%	1.7%
Hypothyroidism Hypothyroidism can result in weight gain, depression and reduced ability to cope.	3.49%	3.1%	2.8%
Coronary Heart Disease	3.29%	2.9%	3.9%
Hypertension	12.42%	12.3%	13.1%
Epilepsy	0.8%	0.6%	0.8%
Atrial Fibrillation	1.4%	1.4%	1.3%
Obesity	7.9%	6.7%	9.9%
Diabetes Mellitus	3.65%	4.2%	5.1%
Chronic Kidney Disease	2.58%	4.2%	4.1%
Heart Failure	0.22%	0.5%	0.4%
Cancer	1.04%	1.4%	1.3%

Source: OF Data, 2008-2009

Figure 6 below provides 2009/10 data showing the number of people registered with Moat House GP Surgery with disabling and life limiting diseases. For the wider population of Merstham ward although prevalence of disease is higher for some conditions, when compared to the population of Surrey it is not at a significantly higher rate.

Figure 6: Moat House QOF disease prevalence data from 2009-2010



To assist with this review, Moat House GP Surgery conducted an analysis at a level of granularity that QOF data cannot provide. This analysis reviewed the health records of residents who currently live with the Merstham LSOA 08A post codes considered to be a priority place and who were registered with the practice as of 01.09.2010. This analysis confirms previous data regarding cancer and coronary heart disease but raises new concerns about the numbers of people with asthma and diabetes.

**Table 5: The number of patients registered with specific diseases, the proportion they encapsulate of the registered population and Surrey's QOF Data**

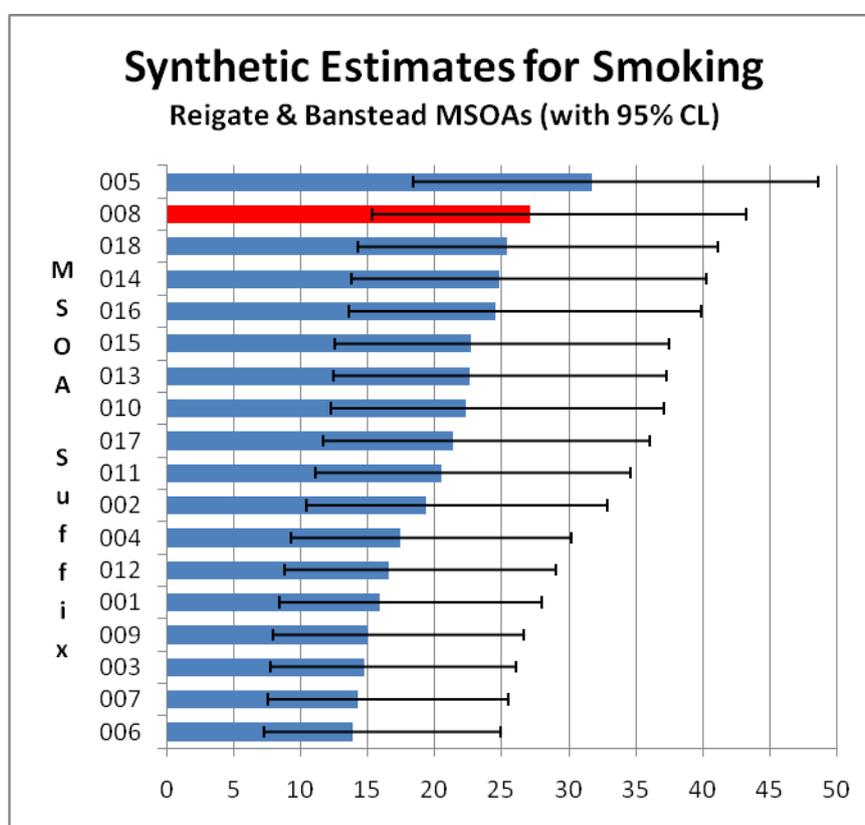
	Number Registered	Proportion of registered population 01.09.2010 (n= 1442)	Surrey QOF 2008/09
Ischemic Heart Disease	101	7%	1.5%
Cancer Register	19	1.3%	1.4%
Asthma	182	12.6%	5.4%
Diabetes	68 (Type 2)	4.7%	4.2%

These conditions are significantly influenced by lifestyle choices detrimental to health, such as smoking, obesity and high intake of alcohol. Supporting the residents of Merstham to change these choices will have the most positive impact on ill health and improving life expectancy. Figures 7 – 10 show synthetic estimates for a number of key lifestyle choices associated with ward populations of Reigate and Banstead Borough.

A synthetic estimate is not estimated counts of the number of people of a behaviour e.g. smokers in a ward. They are estimates based on a model and represent the expected prevalence of behaviour, given the demographic and social characteristics of that area.

## Smoking

**Figure 7: Synthetic Estimates for Smoking in Reigate and Banstead**



Smoking is a key risk factor for conditions of concern for the residents of Merstham; Stroke, Coronary Heart Disease, Cancer and Asthma. So given the characteristics of Merstham ward 008 we would expect the prevalence of smoking to be approximately 27%. Although, this is a higher proportion of smokers than other wards within Reigate and Banstead, but it is not significantly higher.

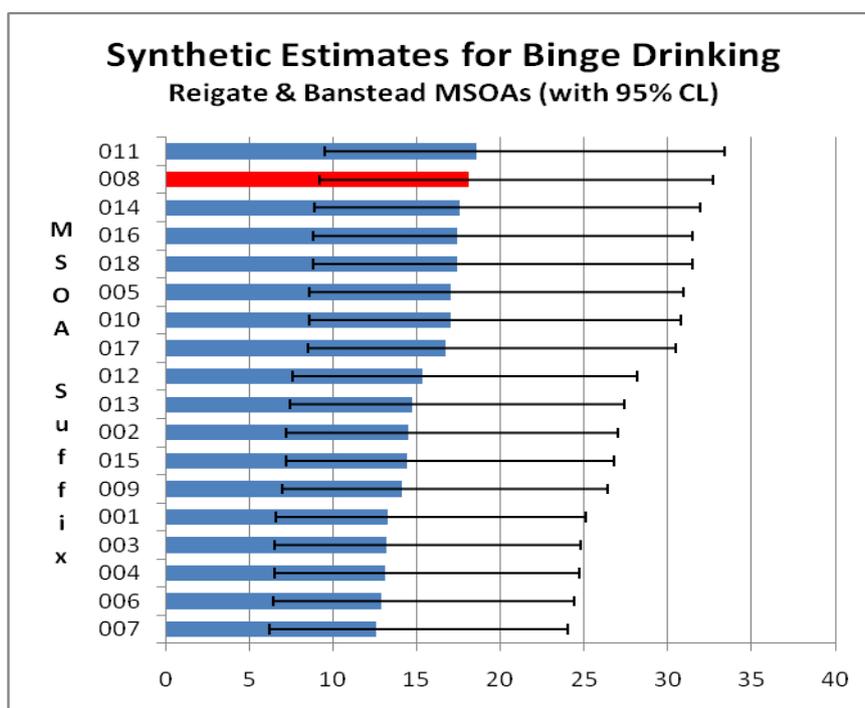
However, when analysing the data provided by Moat House GP surgery for this population, the proportion of smokers in relation to those with a recorded smoking status (n=1105) is 33%, as 46% are recorded as having never smoked, 21% will have been ex-smokers.

One smoking cessation clinic is provided per week at the Moat House GP Surgery and in the local “helpshop”. Smoking quit rates reported by the Smoking Cessation service report only 15 people have quit (reporting period unknown), 60% of these were female and the majority quit with the GP or attendance at one group.

NHS Surrey is prioritising provision of smoking cessation services in the priority places. LSP and providers of health and social care services need to strongly encourage Merstham residents to stop smoking as this will have the most impact on addressing the key health conditions, which are shortening life or causing ill health for those residents of Merstham.

### Reducing intake of Alcohol

**Figure 8: Synthetic Estimates for Binge Drinking in Reigate and Banstead**



High alcohol intake is a key risk factor for conditions of concern for the residents of Merstham ward. Stroke, Coronary Heart Disease and poor Mental Health and Alcohol raises blood pressure.

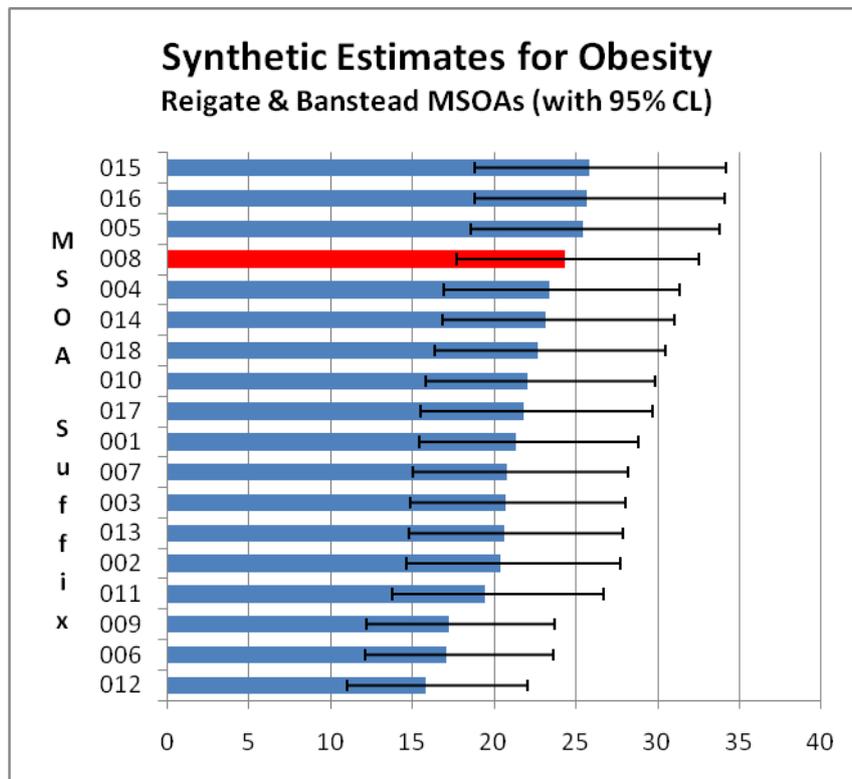
The proportion of residents estimated to be binge drinkers in Merstham (08A) is 18.1%.

This is a higher proportion than in other wards within Reigate and Banstead, but it is not significantly higher. The DAT are discussing the possibility of re-locating their services with Moat House GP Surgery, so that an alcohol misuse clinic can be based in Merstham. Encouraging Merstham residents to modify their drinking of alcohol will have a positive impact on addressing health conditions which are shortening life or causing ill health in Merstham, and can reduce anti social behaviour and crime.

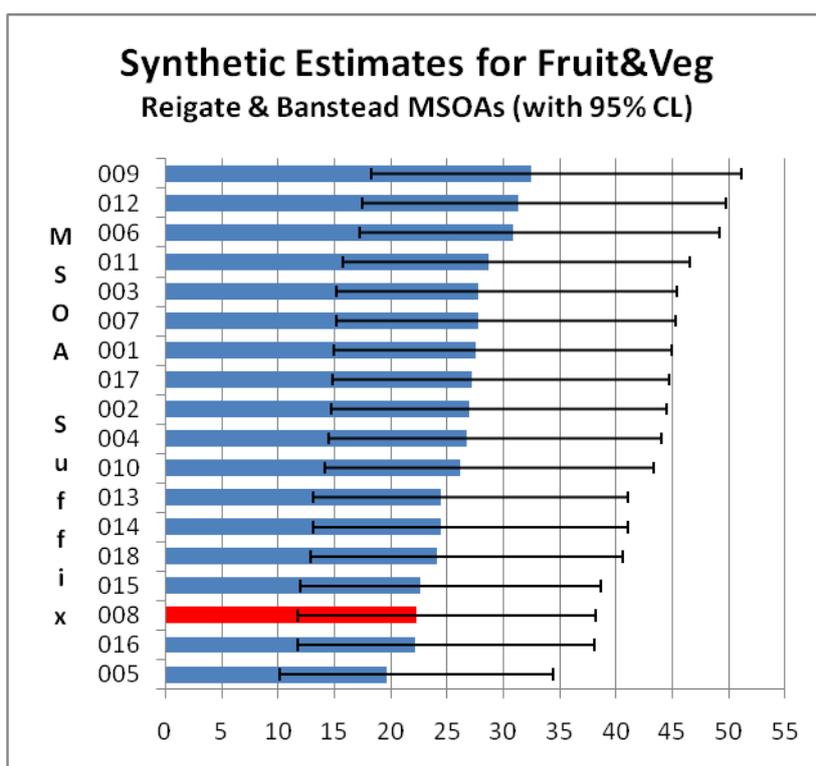
### Obesity

Obesity is a key risk factor for conditions of concern for the residents of Merstham; diabetes stroke and coronary heart disease.

**Figure 9: Synthetic Estimates for Obesity in Reigate and Banstead**



**Figure 10: Synthetic Estimates for Fruit & Vegetable Consumption in Reigate and Banstead**



The estimated obesity rate for Merstham (08A) is 24.3%. Although this is a higher proportion than other wards within Reigate and Banstead Borough, it is not significantly higher. The estimated consumption of eating fruit and vegetables is 22.3%. Although this is a lower proportion than other wards within Reigate and Banstead, it is not significantly lower.

Encouraging Merstham residents to reduce weight by eating a healthy diet and increasing physical activity will have a considerable impact on addressing the key health conditions which are shortening life or causing ill health in the residents of Merstham

### Immunisation

For those at risk with underlying or long term health conditions such as Diabetic patients under 65 years, during the 2009/2010 reporting period of Seasonal Flu vaccine uptake by patients from the Moat House GP Surgery, (not just Merstham) the percentage of uptake was 52.9% which compares favourably with the Surrey uptake of 47%. However, improvements need to be made with the uptake for those over 65 years old as the uptake was 59.6%, compared against a national expectation of 75% and Surrey average of 70%.

The Pneumococcal Vaccine uptake for the same time period is currently being reviewed, but the short term trend of pneumococcal vaccination uptake for patients from the Moat House GP Surgery is 49.9% of eligible patients while Surrey average is 67%.

Childhood Immunisation data for the Moat House Surgery is presented in Table 5.

**Table 6: Childhood Immunisation**

<b>Age of Child</b>	<b>Vaccine</b>	<b>Number</b>	<b>%</b>	<b>Target</b>
1 year old	DTaP/IPV/Hib	11	89	95
2 years old	1 <sup>st</sup> MMR	37	78	95
	Hib/MenC	46	74	95
	PCV	55	69	95
5 years old	DTaP/IPV	63	65	95
	1 <sup>st</sup> MMR	33	79	95
	2 <sup>nd</sup> MMR	65	64	95

Source: Moat House Surgery 09/10

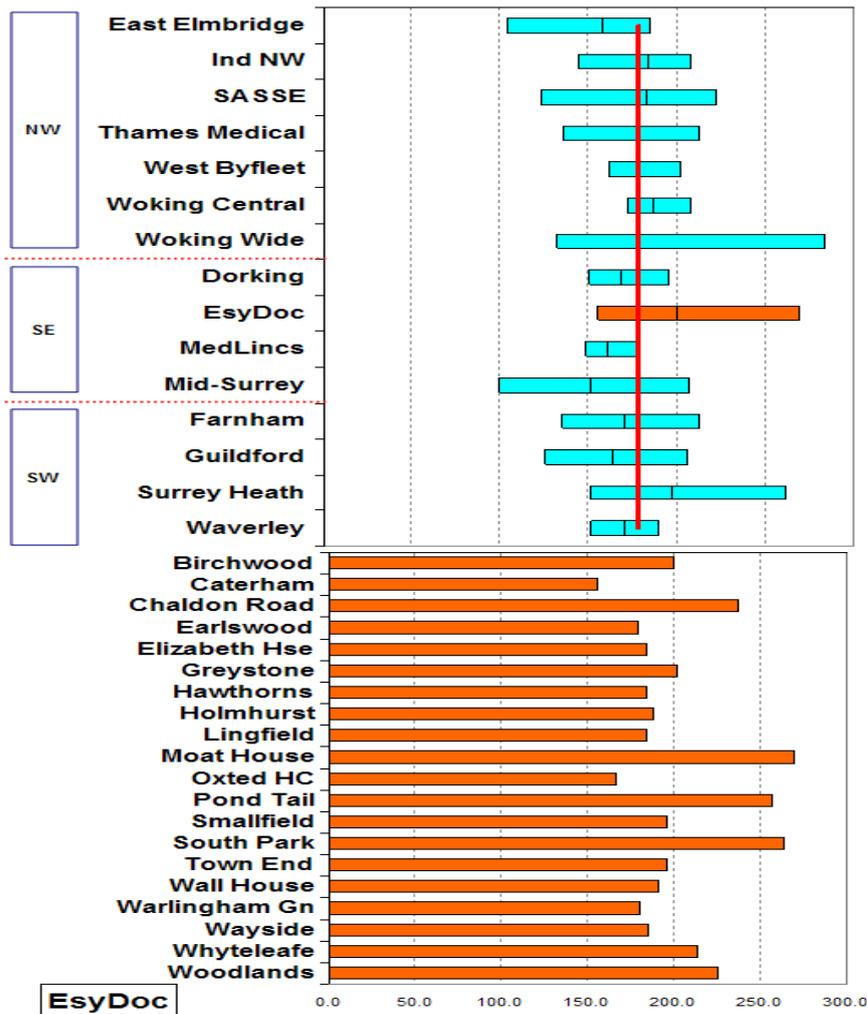
A target of 95% is set for all immunisations to ensure herd immunity is achieved. Surrey as a County has poor immunisation uptake. The Moat House GP Surgery report they proactively follow-up families to encourage childhood immunisations, ways to encourage uptake needs to be considered a priority.

### Accessing Secondary Health Services

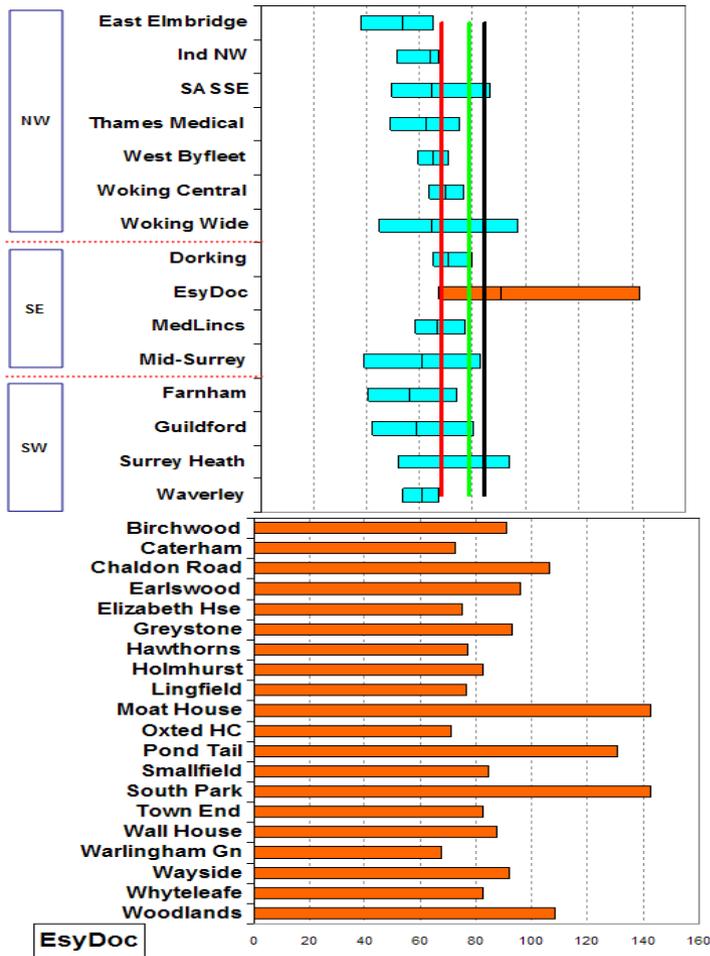
Analysis of the Moat House GP Surgery data regarding referrals to services outside of primary care, demonstrate that East Surrey hospital is the main provider and a wide range of services are accessed; the majority of referrals being for physiotherapy and radiology services.

EsyDoc GP profile (2009) data shows that during 2008/2009 Moat House GP Surgery had the highest rate of admissions to hospital per 1,000 population.

**Figure 11: Total Admissions, 2008/09 Standardised Rate per 1,000 population**



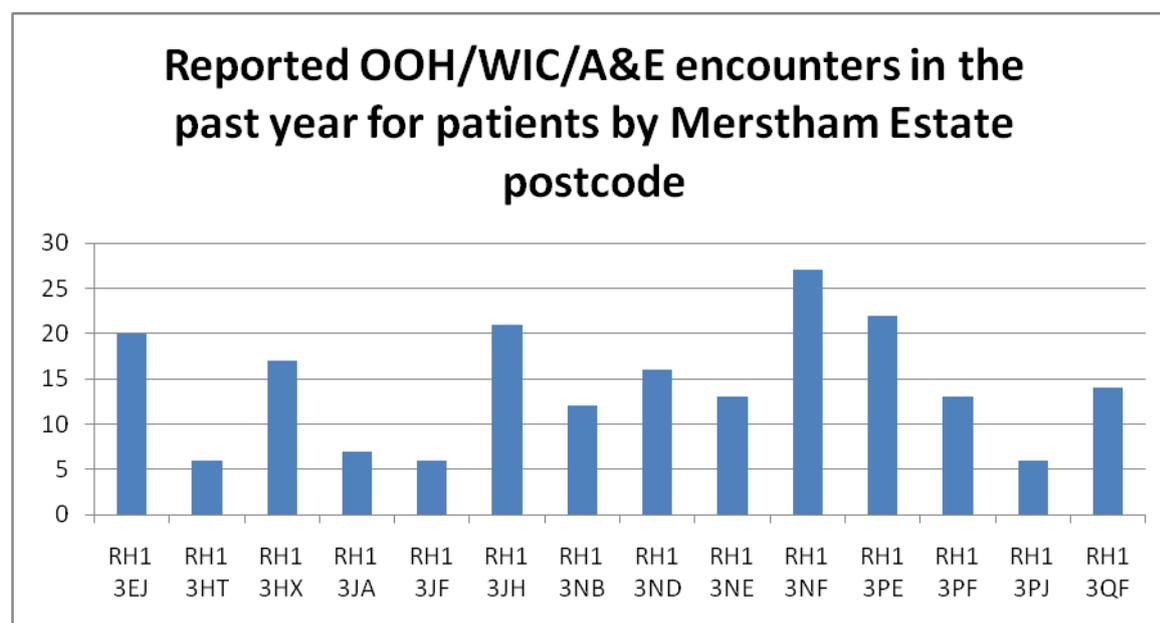
**Figure 12: Emergency Inpatient Admissions 2008/2009 Standardised per 1,000 population.**



**Key: Red Bar = Surrey. Green Bar = South East Coast. Black/Blue Bar = National.**

Figure 13 below, represents the analysis of the data provided by Moat House GP Surgery data regarding accessing A&E, Walk in Clinics or the GP Out of Hour's services of those living in the Merstham estate demonstrates that people who live in some post codes access these services more frequently than others. Further analysis of this data would be useful to fully understand the reasons for this, and to see how these admissions and out of hours contacts could be prevented.

**Figure 13: Reported OOH/WIC/A&E encounters in the past year for patient's living on the Merstham Estate by postcode**



### Mental III Health

Although overall mental health needs in Surrey – as measured by the Index of Multiple Deprivation (2007) Mental Health Indicator – are relatively low, there are three areas in Surrey which have a mental health need greater than the England average.

These match closely the areas of greatest deprivation: Merstham (Reigate and Banstead); Maybury and Sheerwater (Woking) and Friary and St Nicolas (Guildford), (The value of zero is approximately the average population across all SOAs in England. A score above zero indicates that more mental health problems are evident in an area than expected, given the age/gender distribution.) (The range across England is from 3.17 to -2.99. The range across Surrey is 1.39 to -2.99)

**Table 7. IMD2007: Three highest indicators of poor mental health in Surrey**

Lower SOA	Local / Unitary Authority Code	Local / Unitary Authority Name	Ward	LSOA_Name	Mental Health Indicator
E01030599	43UF	Reigate & Banstead	Merstham	Reigate & Banstead 008A	1.39
E01030985	43UM	Woking	Maybury & Sheerwater	Woking 004F	1.26
E01030451	43UD	Guildford	Friary & St Nicolas	Guildford 013C	1.06

The Minimum Mental Health Data Set (MHMDS) is provided by the specialist mental health provider to the commissioner and reports on mental health clinical activity. It is not possible

to report on activity from the priority area of Merstham specifically using the MHMDS but using Moat House GP Surgery and the RH1 post code as a proxy measure the following can be seen.

In 2009 a significant increase in the number of people referred to the mental health services from primary care, from 17 referrals to 66. Community Psychiatric Nurse(s) provided the majority of clinical contact with users of mental health services.

During 2009/2010 the vast majority of those in contact with specialist mental health services, had a long standing history of contact with mental health services. 85% of those people being seen by the mental health services during 2009/2010 had their first contact with mental health services prior to 2005. Alongside the information reported in Table 8, this would suggest that Merstham has a high number of people living with more complex mental health disorders, which are chronic in nature.

Analysis of The Moat House Surgery referral data during the financial year of 2010 shows 268 people were referred to SABPFT during quarters 1 and 2. The majority were to the Primary Mental Health Care team in Reigate (n=151) and to the East Community Mental Health Team (n=50). 12% (n=35) of referrals during this period were made to specialist teams serving those with severe and long term mental health problems.

**Table 8. Moat Surgery, Surrey and England's QOF prevalence data on Mental Health Disorders, Dementia and Depression from 2008-2009**

Indicator		Merstham	Surrey	England
	Mental Health Disorders (people with schizophrenia, bipolar disorder and other psychoses)	1%	0.6%	0.7%
	Dementia	0.97%	0.5%	0.4%
	Depression	6.88%	8%	8.1%

Source: Moat House GP Surgery QOF Data, 2008-2009

**Table 9: Demographic Information on people from the Merstham Estate that are receiving mental health services**

Year	Number of people referred from Moat House Surgery and accepted by statutory mental health services (Source: MHMDS)	Number of Males	Number of Females
2010 (to date)	21	12	9
2009	66	40	26
2008	17	8	9
2007	16	8	8

SABPFT have provided demographic information on those in receipt of services as of 01.09.2010, of those who have a Merstham estate post code from their clinical data base RiO .

At this time 73 residents were in receipt of secondary mental health services.

- 35 (48%) male and 38 (52%) female.
- Ages of these clients range from 7 to 87 years old, mean age of 36.5 years.
- 9 of these 73 residents were children under 18 years and 6 over the age of 65 years old.

Analysis of this data identified that the 73 Merstham estate residents were accessing the full range of secondary mental health services. They include CAMHS, primary mental health care, psychotherapy, crisis services, in-patient admission, eating disorder services, art therapy, long term and proactive support for those with enduring mental illness, support for those in early stages of psychosis and support for mentally ill offenders. (Source: RiO September 2010)

Merstham ward has a MINI2K indicator score of 1.04, this means that predicted admission rates for severe mental ill health for 16-59 years old in Merstham is 4% higher than the national rate. The majority of wards in Surrey are lower.

### Learning Disability

Learning Disabilities are significantly high in the Merstham area; 0.84% of the Moat House GP Surgery's population have learning disabilities compared to England 0.4% and Surrey 0.3%. (OQF Prevalence data 2008-2009) The Surrey GP lead for Learning Disability and Mental Health is based at Moat House GP Surgery and provides a comprehensive specialist primary care service to these residents. Secondary learning disability services are provided by SABPFT and are available to and are accessed by residents of Merstham.

To assist with this review, SABPFT provided numbers of those who live within the Merstham Estate and are on the Community Team for People with Learning Disabilities (CTPLD) caseload. As of September 1<sup>st</sup> 2010, the current CTPLD caseload of Merstham estate residents was 12 and there are currently 8 new referrals on their waiting list. The mode of service delivery for this client group is through nurses visiting clients in their own home and/or place of daily activity. The team has close links with the GP with Special interest in Learning Disability based at Moat House GP Surgery.

During April 2009, there were 1048 learning disability cases open to all professionals within the CTPLD within Surrey (except for the psychiatrists). 26% of all cases open to this team reside in East Surrey; we were unable to drill down to Merstham with this data. The majority were of white origin and live in residential homes but at least a quarter lived independently with support.

The CTPLD team have noticed a number of referrals are made to the team due to the client being increasingly stressed and distressed following episodes of harassment they receive from young people on the estate. The CTPLD have in the past visited schools to raise awareness of the consequences of these actions and during this review commented that it may be useful for them to repeat this exercise and go into schools local to Merstham.

**Table 10: Demographical information on CTPLD teams' caseload**

Age band	East Surrey	Ethnicity	East Surrey	Residence	East Surrey
20 and under	165.9%	White	227 83.5%	Family home	26 9.6%
21 – 30	44 16.2%	Mixed	2 0.7%	Residential care	156 57.4%
31- 40	45 16.5%	Asian	4 1.5%	Supported living	33 12.1%
41- 50	46 16.9%	Black	5 1.8%	Independent living	45 16.5%
51- 60	55 20.2%	Chinese	0 0%	Inpatient	10 3.7%
61- 70	43 15.8%	Unknown	34 12.5%	Not known	2 0.7%
Over 70	23 8.5%	Totals	272 100%	Totals	272 100%
Totals	272 100%				

Source: CTPLD Caseload Audit April 2010

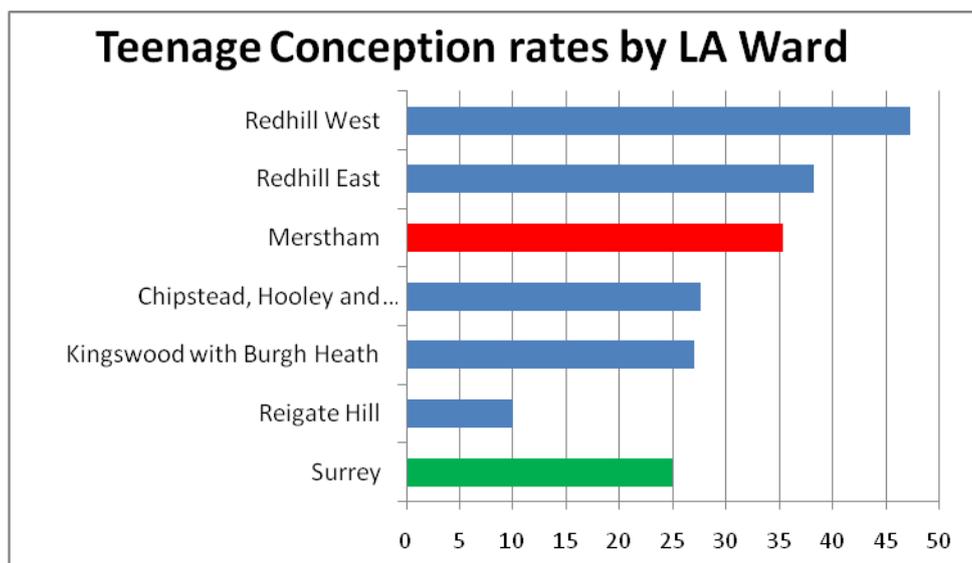
## Surrey Drug & Alcohol Action Team

Surrey Drug & Alcohol Action Team commissions the Respond Community Drug & Alcohol Team. 60% of Respond's workload (24 clients) in the Merstham estate during 2009-2010 was related to drug abuse. The main primary substance used by clients accessing the Respond service in Merstham was Heroin. The main secondary substance was Cocaine (or a derivative of). The majority of clients accessing treatment for substance misuse were male aged between 25 and 45 years. Those accessing treatment for alcohol problems were mainly male and had an older age range between 35 and 55 years.

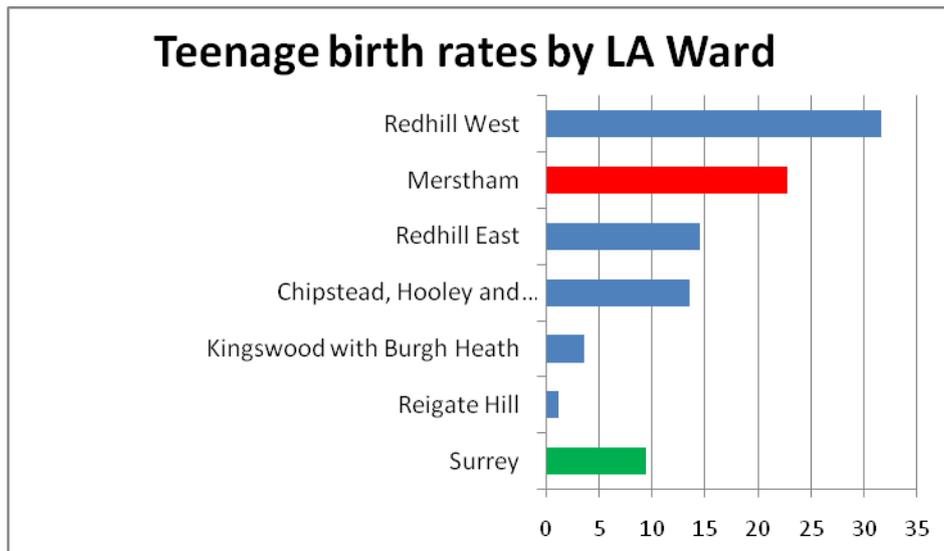
## Teenage Pregnancy

Reigate and Banstead has the second highest teenage conception rate in Surrey (30.3 per 1000 15-17yrs). Reigate and Banstead's abortion rate is 50% (Teenage Pregnancy Unit, aggregated 06-08 data). However, when taking into consideration abortion data, Reigate and Banstead has the highest teenage births in Surrey. Figure 11 & 12 illustrate that Merstham has the third highest rate of Teenage Conceptions in Reigate and Banstead and the second highest actual births, equating to 22 teenage mothers.

**Figure 14: Teenage Conception rates in Reigate and Banstead's LA Wards**



**Figure 15: Teenage birth rates in Reigate and Banstead LA Wards**



## What needs to happen?

### Recommendations:

- **Public Health to work with partners to address lifestyle choices which are detrimental to health.**

Merstham residents die younger than others. The causes of many of the disabling and life limiting health conditions which affect the residents of Merstham can be prevented or their progress slowed if lifestyle choices detrimental to health are addressed and residents are supported to change.

- **Smoking:**

Encouraging people to stop smoking should become every partners business; specifically targeting children and pregnant mothers

Improve successful smoking quit rates in Merstham

Increase smoking cessation services in Merstham

Prevent children from starting

- **Alcohol**

Encouraging Merstham residents to modify their drinking of alcohol should become every partners business

- **Healthy Eating and Healthy Weight**

Encouraging Merstham residents to maintain or obtain a healthy weight by eating a healthy diet and increasing physical activity levels should become every partners business.

- **Public Health Surrey to analyse Access to Out of Hours GP data.**

Further analysis of this data would be useful to fully understand why people in certain areas of Merstham access OOH services more than others and to see how these could be prevented.

- **Public Health and partners to work together to increase immunisation uptake**

Immunisation is the most effective intervention to prevent ill health, disability and death from communicable diseases. Public Health Surrey to support the Moat House Surgery to identify how they can improve the call and recall programme.

## Current Health Service Provision

There is evidence that residents of Merstham are accessing the full range of primary and secondary health services and health providers have a good insight into their individual needs and the increased population need of this locality.

Key stakeholders of services commissioned by NHS Surrey and other key partners were interviewed.

### GP surgeries

The Moat House Surgery is situated towards the south western side of the estate. In January 2010 it had a list register of 10,410 people, they report registering approximately 100 residents a month. Of these 5753 people lived in the ward of Merstham and 1442 people lived in SOA 08A (Merstham Estate). Age and Sex distribution at the Moat House Surgery of SOA 08A is presented in the table below.

**Table 11: Patient age and sex distribution**

Sex	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-150	Total
<b>Female</b>	43 (3%)	92 (6%)	105 (7%)	108 (7%)	101 (7%)	82 (6%)	54 (4%)	33 (2%)	78 (5%)	696 (48%)
<b>Male</b>	68 (5%)	106 (7%)	114 (8%)	114 (8%)	120 (8%)	91 (6%)	60 (4%)	34 (2%)	39 (3%)	746 (52%)
<b>Total</b>	111 (8%)	198 (14%)	219 (15%)	222 (15%)	221 (15%)	173 (12%)	114 (8%)	67 (5%)	117 (8%)	1442

Source: Moat House Surgery

This table illustrates most people living in SOA 08A that are registered with the Moat House Surgery are aged between 15 and 44 years old. A SOA 08A in mid 2008 had a population of 1523 people. Moat House GP Surgery provides primary care to the majority of these residents. However, a smaller number are registered with other surgeries, Hawthorns GP Surgery (78) and Greystone House GP Surgery (47)

The surgery hosts a range of services such as District Nurses, Podiatrists, Speech and Language Therapists, SABPFT and counselling services. The surgery is very open to supporting services to operate within Merstham by providing space where possible within their building.

### Health visiting and school nursing service

There are approximately 200 births a year in Merstham. The health visiting team visit targeted pregnant women in the antenatal period and follow up with a standard new birth visit; support is then provided depending on the needs of the families, this has been known to be up to the child starts school.

If the pregnant woman is not considered targeted she will be contacted antenatally and receive a new birth visit. However, the Health Visiting Service in Merstham sees more families in Merstham than any other part of East Surrey.

The health visitors run groups postnatally at the Children Centre for everyone. Parenting groups and baby massage groups are run for women with postnatal depressions.

From the stakeholder interviews the following recommendations are made:

- Groups tend to have low attendance especially with those who need the services the most, services should proactively support women, building their confidence so they feel comfortable accessing groups.
- It was highlighted that when social workers & Children Centre outreach workers visit a family it is often in isolation. This is an area where co-ordination could be improved.
- Health Visitors should provide training to children centre outreach workers so they can answer frequently asked health questions and to enable effective signposting.
- Services should work together to develop plans for families who frequently experience crises that will support them during difficult periods.

The school nurse position at the school servicing Merstham is vacant and there has been difficulty recruiting to this post.

### **District Nursing Service**

This review was unable to gain access to District Nursing data from the community provider.

### **Day Lewis Pharmacy**

There are two pharmacies within walking distance for Merstham residents. They are both Day Lewis Pharmacies one on Portland Drive and the other on Nutfield Road. Both used to offer Smoking Cessation but it stopped due to low attendance.

Currently both offer Chlamydia Screening and Emergency Hormonal Contraception (EHC). Both Pharmacists thought there was lack of awareness in the Merstham population regarding services that are offered.

The Pharmacy on Nutfield Road offers Lipotrim, which is a weight management service and reads residents blood pressure. These are not commissioned by NHS Surrey.

### **Drug and Alcohol Team (DAAT)**

The housing tenure within Merstham estate provides accommodation either formally or as Bed and Breakfast for people who are actively abstaining from drug and alcohol misuse. Stakeholders interviewed also reported that illegal drugs are easily accessible in Merstham and that this is a problem. This is clearly an area which needs to be addressed by all partners, in reducing the supply, preventing the need and addressing and treating the consequences.

Surrey Drug & Alcohol Action Team commissions the Respond Community Drug & Alcohol Team. Currently Respond provide an outreach clinic for assessment and treatment for drug misusers in Merstham based at the Moat House GP Surgery. Dr Wells, during this review, has requested a similar service offered for those with alcohol misuse problems as currently these clients have to access services in Leatherhead. The DAAT had been informed of Dr

Well's request and is considering the feasibility of commissioning this service at the Moat House Surgery in the future.

Concerns were raised with regards to the difficulty in referring into the DAAT and difficulty to engage with the DAAT.

## **Mental Health Service**

In the last year, NHS Surrey has committed significant financial investment into improving primary mental health services. KCA was awarded the contract to deliver IAPT across the whole of Surrey and Surrey Community Health have been commissioned to deliver First Steps across the whole of Surrey, up-to this point this was only being delivered within East Surrey. Providers of these services are contracted to prioritise services in localities such as Merstham.

### **First Steps**

The overall aim of the First Steps service is to raise awareness of and promote mental health and well being, by providing prevention advice and support within the community, and evidence based self help interventions to people with mild-moderate mental health and emotional difficulties. Thereby helping to reduce suffering and empower individuals with knowledge and skills so that they can manage their own mental health and well-being. The interventions to be provided by the mental health advisers in First Steps will consist of:

- **Developing Capacity in Primary Care and the Community (e.g. voluntary sector, employers) to:** help promote mental health and prevent and provide early intervention for mild mental health problems e.g. through advice, support and training for staff and promoting the use of social prescribing by primary care.
- **Mental Health Promotion:** mental health awareness raising and prevention work in the wider community e.g. employers, voluntary and statutory agencies via briefing/training sessions; with the public e.g. via campaigns, websites and First Steps booklets; and with at risk and hard to reach populations e.g. older people, men, Black Minority Ethnic groups, homeless people, prisoners and people affected by the economic downturn and living in priority places.
- **Client Intervention:** distribution of self help booklets (with phone/email support for simple queries), advice, signposting to other relevant agencies, group based psycho-education sessions (Emotion Gym, Pain Management) and referral to IAPT services where appropriate.

### **Improving Access to Psychological Therapies (IAPT)**

The IAPT programme aims to improve access to evidence based therapies in the NHS through an expansion of the psychological therapy workforce and services. People will be able to access psychological therapies at an earlier stage of a common mental health disorder such as depression and anxiety. This will enable appropriate provision psychological and pharmacological treatment relevant to the persons' immediate needs. One of the key performance indicators of IAPT is to support the return to work of the unemployed who are unable to work due to common mental health problems.

## **Secondary Mental Health Services**

Surrey and Borders Partnership Foundation Trust (SABPFT) are commissioned to provide secondary mental health and learning disability services for the residents of Surrey. Within Merstham a Consultant Psychiatrist and Primary care Community Psychiatric Nurse (CPN) provide clinics at Moat House GP Surgery and the GP surgery hosts a number of counsellors in training. NHS Surrey strongly supports the continuation of the SABPFT service within the Moat House GP Surgery.

All of the services on offer from SABPFT are available to and are accessed by the population of Merstham, previously demonstrated in activity data. A crisis telephone and text line is also available for those who are in distress or require increased support out of office hours.

Learning disability services are available to and are accessed by residents of Merstham. As of September 1<sup>st</sup> 2010, the current caseload is 12 and there is currently a waiting list of 8 new referrals. The mode of service delivery for this client group is through nurses visiting clients in their own home and/or place of daily activity.

They have noticed a number of referrals have been made due to increased stress on the clients from harassment they have received from young people on the estate

## **Obesity**

Cook and Eat is a cookery leader training course for staff and volunteers from statutory, community and voluntary organisation. There is one cook and eat course a year in Merstham which is funded by Chances4Change. There is one person trained as a cookery leader in Merstham based at the Red Oak Children's Centre.

HENRY (Health, Exercise Nutrition for the Really Young) is an initiative designed to tackle early childhood obesity by training community and health practitioners to work more effectively with parents and young families. The staff at the Red Oak Children's Centre are trained to deliver HENRY and are looking to run an 8 week course in 2011.

MEND (Mind, Exercise, Nutrition, Do It) is a 10 week weight management course for overweight and obese families. There have been six courses delivered in Redhill at the YMCA but the seventh will be delivered in Merstham in late September (directed by NHS Surrey.) The service is not fully utilised, it was suggested this could be due to the stigma attached to being overweight and obese that parents find it difficult to attend. .

The team find it difficult to target and recruit people to the courses, they have five families booked on the September course in Merstham.

## **Sexual and Reproductive Health Service**

There are two sites near Merstham that provides sexual and reproductive health services, and further clinics at Reigate & East Surrey Colleges. Surrey Community Health used to run an additional clinic at the Moat House GP Surgery but there were low attendance rates. Three doctors from The Moat House GP Surgery are trained in fitting Long Acting Reversible Contraception.

Monday 4 U is a drop in session for young people aged 13-19 years at the Connexions Centre in Redhill. It offers a mix of services (sexual health & relationship advice and access to free Emergency Hormonal Contraception, condoms, Chlamydia screening and pregnancy testing & referral, weight management advice & support, smoking cessation advice &

support, Drug & Alcohol advice & support and mental health counselling) to young people and is used by Merstham residents because it is located near the local school.

The service conducted a questionnaire from January 2009 to July 2010. Around six young people attend each week. The service is used more frequently by 13-15 year olds, and the majority of young people who attend the drop-ins have sexual health concerns. The most popular service accessed by young people is the condom service (79% of reasons for attendance.) Chlamydia tests and EHC are the second most frequent reasons for attending the drop in. Most of the attendees were from Merstham/ Redhill area and were females.

### **Health Trainer Champions**

NHS Surrey and key stakeholders are looking at ways to implement Health Trainer Champions in Merstham and all of Surrey's Priority Places. The initial idea is that volunteers or people already employed and working with the community in Merstham are trained as Health Trainer Champions. The Health Trainer Champions will help residents navigate aspects of the health system that they may not normally access or find challenging to access.

A workshop is scheduled in October 2010 for partners to shape the future of the Health Trainer Champions service.

### **What needs to happen?**

- Providers of health services need to work more closely together and share key information which will support the residents and their families improve their health. For example: A more standardised approach across Pharmacists, GPs e.g. EHC, condoms, Chlamydia Screening etc, which enable closer working together and avoids duplication of effort.
- Providers of all services, statutory and voluntary, need to communicate more effectively, share information and develops joint plans in addressing the health and social care needs of this population. This will ensure more efficient use of resources and increase capacity to address the higher needs of this population.
- The review identified that primary, secondary and specialist health services are provided to the Merstham population. As ease of access will increase uptake of health services and this is a population with greater more complex need, commissioners should ensure that services such as Smoking cessation, Weight management, DAT and Mental health services are provided within the locality rather than outside. This has been heavily emphasised by commissioners during this review.
- All partners should actively promote Change4Life and encourage stakeholders and residents to sign up to the campaign. Partners should signpost to existing initiatives by uploading information to the Change4Life website and by encouraging residents to attend schemes such as HENRY, MEND, Cook and Eat and Health Walks.
- Mental Health Services, DAT and the Community Development Worker need to establish a working relationship to gain a greater understanding of each other's role and consider how they could support each other in addressing the mental ill health and addition needs of Merstham residents.

- Commissioners of services should consider ways to support women and build their confidence so they feel comfortable accessing groups.
- Commissioners should ensure training to children centre outreach workers is included in contracts so the wider workforce can confidently and consistently answer frequently asked health questions and enable effective signposting.
- Services should work together to develop plans for families who frequently experience crises that will support them during difficult periods.
- Partnership working needs to be improved in delivering parenting support, including post natal depression, to families in the area.
- Joint posts between Health and social services should be considered to avoid duplication, share skills and provide a more cohesive service
- Responses to a Smoking cessation questionnaire showed that participants felt that there could be more advertising campaigns in places smokers are more likely to visit: off-licenses; tobacconists; betting shops; and pubs. Other suggestions included: putting more information in doctor's surgeries; emphasizing how much more likely someone is to quit when using the NHS; making information about service use clearer; having a trained advisor at every doctor's surgery so that there would be someone to turn to for immediate help with quitting (Questionnaire results doc.)
- Provide brief intervention training for the staff in the Community Facility and share information which enables them to signpost to specific activities.
- The feasibility of a substance misuse outreach worker who could target people not accessing services but clearly evident in the community should be considered.
- Local Pharmacies need to raise awareness of what they can offer the local population regarding Public health, such as diabetes, cholesterol and blood pressure screening and healthy heart. This is included in the community pharmacy contractual framework (CPCF), but if support is required this needs to be identified and raised with commissioners.
- To help address some of the needs surrounding lifestyle changes outlined in this report, Health Trainer Champions could be trained. This could be volunteers or people already employed and working in our priority places and with our vulnerable groups.

## **Appendix 1: Community Service Provision**

This review was predominantly about the health needs of Merstham and what health services are provided. However, it is recognised that the provision of community services by other statutory and voluntary providers which address the wider determinants of health positively contribute to improving the health and well being of Merstham.

During this review we questioned a number of providers and report these findings below as an appendix to the main report. We have included some recommendations which arose out of these conversations.

The provision of community services by other statutory and voluntary providers which address the wider determinants of health positively contribute to improving the health and well being of Merstham.

### **Community Facility**

A Community facility was set up in the heart of Merstham as a venue to benefit the local community. It provides 36 hours of services per week to Merstham residents, this includes drop ins Monday to Thursday 10am to 3pm, five regular activities (including Knit and Natter, Silver Surfers and Community Coffee Mornings) and 63 courses.

### **Older People**

#### ***Stroke Group (Horley Church Hall)***

Affiliated to the Stroke Association. The group is based in Horley Church Hall; approximately 20 people from Merstham attend per week. A volunteer leader from the group would like to see more people attend, but the communication between the group and the local NHS needs to improve to facilitate this. The Volunteer commented that the group are not informed of new patients and are unaware if the Stroke Group gets promoted by the local NHS.

#### ***Age Concern***

Runs affiliated sessions in two day centres one in Merstham (The Merstham Centre, Weldon Way) and one in Redhill. The day centre in Merstham has 90 clients per week over three days. The sessions encourage social interaction, exercise and give hot meals & meal advice.

For people who find it difficult to attend the centre outreach workers are matched to clients according to interests. The outreach worker will visit people's homes to spend time with them, and will for example have tea, play scrabble with residents etc. Age Concern has 254 clients listed for visits in the Merstham & Redhill area, but struggle to find enough volunteers for outreach work. Age Concern in Merstham also provides an advice & support line on five days a week for residents.

#### ***Falls Prevention Service***

A Falls Prevention Service is provided by a domiciliary physiotherapists (have access to OTs too) for Merstham residents that are at risk of a fall or have fallen. The service receives referrals from GPs, District Nurses, hospitals, community services and the ambulance service. Other professionals can also refer into this service such as community development worker or age concern. However, the falls prevention service was unsure if centres / homes

are aware of their ability to refer into the service. The team would like to see more patients at a quicker rate, but they currently have no administrative staff so have lost some capacity for clinical work. The team would like to provide a falls class/groups for residents in Merstham, but would struggle to do so within current capacity.

## **Younger People**

### ***Sports Clubs***

- Merstham football club has extensive youth teams; an under 10s through to under 18s for boys and a under 13s and 18s team for girls ( [http://www.mersthamfc.co.uk/.](http://www.mersthamfc.co.uk/))
- Merstham's cricket club has youth teams, a disabled young people's team and run holiday activities. <http://www.mersthamcc.co.uk/home>
- Raven Housing Trust ran some summer activities this year which included football and dance.
- Boxing club for boys running out of the Battlebridge Boys Club and a nautical cadet organisation
- Gymnastics & movement class at Woodfield School.

### ***Youth club***

The Oakley, 211a Radstock Way, Merstham, RH1 3NT  
Different activities run out of the centre including Fresh Trax

Views were expressed that Merstham lacked youth club & activities that families could do together; they felt a community centre holding activities for all ages would help to solve the problem.

## **Children and Families**

### ***Children Centre***

Red Oak Sure Start Children Centre is based in the heart of the Merstham community, and is focused on delivered a 'one-stop shop' providing service, activities, support and information to children aged 0-5 and their parents and high quality, affordable childcare open 50 weeks a year.

Red Oak is one of the sites where healthy start vouchers can be exchanged for women's vitamins and children's drops. 310 people using the Red Oak are eligible for Healthy Start<sup>2</sup> vouchers; which is second highest in the County after Stanwell Sure Start Children Centre.

Merstham was one of the sites for the Family Intervention Project

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<sup>2</sup> Healthy Start replaced the Welfare Food Scheme, families earning less than £16k a year or a teenage parent are eligible for vouchers to exchange for fruit and vegetable, milk or formula milk and women's vitamins and children's drops.

### ***Playlinks (Charity)***

Provides services in the area for children and families. They run;

- three weekly toy library
- Two weekly playtime sessions for the under 5's,
- Two home visiting play workers for families with 2-2/1 year olds,
- clothes & food donations,
- crisis fuel fund,
- free vitamins for children,
- family learning sessions
- well baby clinics, checks and discharges
- Summer holiday activities for seven year olds and over

Lifestyle concerns raised were families from the Merstham estate have low cookery skills. There was also a concern that funding for the Playlinks service comes to an end next year.

### ***TaMHS project***

Provides core mental health awareness training and support for school staff in all three primary schools in Merstham. (Merstham primary, Furzeffield and St Nicholas school) All have their core mental health awareness training booked for the Autumn term and accessed individual support.

### **Recommendations**

- The role of the community centre and its aims need to be promoted better as the community facility is strongly associated with the Council and the review identified that this causes residents to be 'suspicious'.
- The facility has capacity for seeing more people and is working to increase attendance. Consultation with local people should be conducted to seek the views of residents about what services/programmes of activity they would like to be provided.
- Partnership working needs to be improved in delivering parenting support, including post natal depression, to families in the area.
- To reduce the ill effects of isolation, services should continue to proactively engage with families and older people and if they fail to attend group sessions, services should adopt an outreach approach.
- To reduce the ill effects of unemployment partners need to promote opportunities to access employment, education and training.
- Service need to consider how links with job centre plus can be improved and local service provided.
- Better information sharing and brief interventions training of the staff in the Community Facility would support them to signpost to specific activities.

## Appendix 2: Office of National Statistics – Merstham Data (2001)

Number of Households																	
LSOA_code	Total Households	Occupied Households	Unoccupied Households	All Households	Owned	Owned: Owns outright	Owned: Owns with a mortgage or loan	Owned: Shared ownership	Social rented	Social rented: Rented from Council (Local Authority)	Social rented: Other social rented	Private rented	Private rented: Private landlord or letting agency	Private rented: Employer of a household member	Private rented: Relative or friend of a household member	Private rented: Other	Living rent free
E01030598	627	601	26	604	440	218	219	3	91	23	68	57	51	0	3	3	16
E01030599	692	670	22	667	239	86	147	6	408	394	14	10	10	0	0	0	10
E01030600	614	607	7	608	461	164	294	3	115	105	10	32	24	0	5	3	0
E01030601	604	596	8	595	392	134	253	5	186	179	7	10	10	0	0	0	7
E01030602	641	632	9	633	551	212	335	4	13	6	7	64	56	0	5	3	5
<b>Total</b>	<b>3178</b>	<b>3106</b>	<b>72</b>	<b>3107</b>	<b>2083</b>	<b>814</b>	<b>1248</b>	<b>21</b>	<b>813</b>	<b>707</b>	<b>106</b>	<b>173</b>	<b>151</b>	<b>0</b>	<b>13</b>	<b>9</b>	<b>38</b>
Percentage of Total Households																	
LSOA_code	Total Households	Occupied Households	Unoccupied Households	All Households	Owned	Owned: Owns outright	Owned: Owns with a mortgage or loan	Owned: Shared ownership	Social rented	Social rented: Rented from Council (Local Authority)	Social rented: Other social rented	Private rented	Private rented: Private landlord or letting agency	Private rented: Employer of a household member	Private rented: Relative or friend of a household member	Private rented: Other	Living rent free
E01030598	100%	96%	4%	96%	70%	35%	35%	0%	15%	4%	11%	9%	8%	0%	0%	0%	3%
E01030599	100%	97%	3%	96%	35%	12%	21%	1%	59%	57%	2%	1%	1%	0%	0%	0%	1%
E01030600	100%	99%	1%	99%	75%	27%	48%	0%	19%	17%	2%	5%	4%	0%	1%	0%	0%
E01030601	100%	99%	1%	99%	65%	22%	42%	1%	31%	30%	1%	2%	2%	0%	0%	0%	1%
E01030602	100%	99%	1%	99%	86%	33%	52%	1%	2%	1%	1%	10%	9%	0%	1%	0%	1%
<b>Total</b>	<b>100%</b>	<b>98%</b>	<b>2%</b>	<b>98%</b>	<b>66%</b>	<b>26%</b>	<b>39%</b>	<b>1%</b>	<b>26%</b>	<b>22%</b>	<b>3%</b>	<b>5%</b>	<b>5%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>1%</b>

## Glossary of terms

CAMHS	Child and Adolescent Mental Health Service
CPN	Community Psychiatric Nurse
CSP	Community Safety Partnership
CTPLD	Community Team for People with Learning Disabilities
HENRY	Health, Exercise and Nutrition for the Really Young
IMD	The Index of Multiple Deprivation (IMD) 2007 and 2010 measures relative deprivation. The IMD consists of an overall ranking and a ranking for seven individual domains:- Income , Employment , Health Deprivation and Disability, Education, Skills and Training, Barriers to Housing & Services, Crime and The Living Environment.
KCA	KCA is an organisation that works in and with communities to reduce the harms and costs to communities and individuals of substance misuse and mild to moderate mental health issues.
LSOA	<b>Lower Layer Super Output Area</b>  There are three layers of Super Output Areas (i.e. three different but related geography boundaries) with lower layer being one of them. The lower layer has a minimum population of 1000, and a mean population of 1500. Built from groups of Output Areas. There are 34,378 LSOAs in England and Wales.
MEND	Mind Exercise Nutrition Do it  A 10 week programme targeting overweight and obese children and their families
MHMDS	Minimum Mental Health Data Set
MINI2K	Mental Illness Needs Index 2000
MSOA	Middle Super Outcome Area
OOH	Out of Hours
QOF	Quality Outcomes Framework
SABPFT	Surrey and Borders Partnership Foundation Trust

SMR	Standardised Mortality Ratio
SOA	<p><b>Super Output Area</b></p> <p>SOAs are a unit of geography used in the UK for statistical analysis. They are developed and released by Neighbourhood Statistics.</p> <p>SOAs were created with the intention that they would not be subject to frequent boundary change. This makes SOAs more suitable than other geography units (such as wards) because they are less likely to change over time, and thus SOAs are more suitable to change over time analysis</p>
WIC	Walk in Centre
YMCA	Young Men's Christian Association

**Merstham Health Needs Assessment Action Plan – December 2010**

Objective	Action	Baseline	Milestones / Outputs	Lead partner / Other partners	Notes
To improve the health and well being of Merstham estate residents	Set up a healthchampions service in the Merstham estate	2010: 0 health champions on the estate  Multi-agency event held to inform the development of the way forward: October 2010	Train 5 health champions by May 2011	<b>Lisa Andrews, NHS Surrey</b>  RBBC  Raven Housing Trust  Surrey Lifelong Learning Partnership  Merstham Community Action Group	

Objective	Action	Baseline	Milestones / Outputs	Lead partner / Other partners	Notes
	<p>Train GPs, practice nurses, the Community Development Worker, Raven Housing Trust frontline staff and other willing partners in brief intervention to enable more effective signposting to smoking cessation services. Increase promotion of stop smoking services.</p>	<p>Smoking prevalence: 27%, compared to a Surrey average of 18% (August 2010)</p> <p>July 2009 – June 2010: 108 people accessing services]</p> <p>July 2009 – June 2010: 61 recorded quits</p> <p>August 2010: 4 people working in Merstham trained as Stop Smoking Advisors</p>	<p>Smoking prevalence reduced by 2% annually until in line with the Surrey average of 18%</p> <p>108 people accessing services between July 2011 and June 2012</p> <p>61 recorded quits between July 2011 and June 2012</p> <p>3 extra people trained in brief intervention by June 2012</p>	<p><b>Lisa McNally, NHS Surrey</b></p> <p>Moat House Surgery</p> <p>Raven Housing Trust</p> <p>RBBC</p> <p>Day Lewis Pharmacy</p> <p>Surrey Police</p> <p>Red Oak Children’s Centre</p> <p>Any partner that works with local residents</p>	

Objective	Action	Baseline	Milestones / Outputs	Lead partner / Other partners	Notes
	<p>Improve the range of drug and alcohol services available on the Merstham estate and the number of people accessing them</p>	<p>There is one Respond outreach clinic at the Moat House Surgery. 60% (24 clients) attended for drug abuse. (August 2010)</p> <p>There is currently a restricted service in Merstham for alcohol misuse. Universal access to services is currently in Leatherhead.</p> <p>56 people currently accessing Respond (as at 20 Jan 2011)</p> <p>Number of needle exchange services on the Merstham estate currently unknown</p>	<p>Summer 2011: Ensure alcohol as well as drug services are available in Merstham, by making alcohol a priority for the Reigate and Banstead Community Safety Partnership</p> <p>September 2011: Establish the number of needle exchange services on the estate</p>	<p><b>Jo-Anne Bradford, NHS Surrey</b></p> <p>Moat House Surgery</p> <p>Drug and Alcohol Action Team (DAAT)</p> <p>Reigate and Banstead Voluntary Service</p> <p>Tracey Burrows, Merstham Community Development Worker</p>	
	<p>All partners to actively promote Change4Life and encourage stakeholders and residents to sign up to the campaign, by (i) signposting residents to existing initiatives by uploading information to the Change4Life website, and by (ii) encouraging residents to attend schemes such as HENRY, Cook and Eat and Health Walks</p>	<p>Number of local supporters registered to Change4Life (1<sup>st</sup> Sept 2010)</p> <p>Number of local families registered to Change4Life</p>	<p>Number local supporters registered to Change4Life</p> <p>Number of local families registered to Change4Life</p>	<p><b>Victoria Heald, NHS Surrey</b></p> <p>All partners</p>	<p>Baseline and targets data to be supplied by the Department of Health.</p>

Objective	Action	Baseline	Milestones / Outputs	Lead partner / Other partners	Notes
	Identify and implement improvements to the immunisation call and recall programme	<p>Children (2009/2010)</p> <ul style="list-style-type: none"> <li>• % of 1 yr olds vaccinated- DTaP/IPV/Hib: 89%</li> <li>• % of 2 yr olds vaccinated- 1st MMR: 78%</li> <li>• % of 2 yr olds vaccinated- Hib/MenC: 74%</li> <li>• % of 2 yr olds vaccinated- PCV: 69%</li> <li>• % of 5 yr olds vaccinated- DTaP/IPV: 65%</li> <li>• % of 5 yr olds vaccinated- 1st MMR: 79%</li> <li>• % of 5 yr olds vaccinated- 2nd MMR: 64%</li> </ul> <p>Adults (2009/2010)</p> <ul style="list-style-type: none"> <li>• Seasonal Flu: Over 65s: 59.6%</li> <li>• Pneumococcal: 49.9%. (Surrey average = 67%)</li> </ul>	<p>Meet with Moat House in Feb 2011 to develop an individual action plan based on immunisation strategy objectives</p> <p>Target to achieve 95% uptake in all children's immunisations by end April 2012</p>	<p><b>Tricia Spedding, NHS Surrey</b></p> <p>Moat House Surgery</p> <p>Red Oak Children's Centre</p> <p>Raven Housing Trust</p>	
To improve the mental health and well being of residents of the Merstham estate	Improve awareness amongst partners of mental health services available to Merstham residents and how to access them	<p>Mental health indicator 1.39 is the highest in Surrey and higher than the England average (Index of Multiple Deprivation, 2007)</p> <p>2010: Existing services include the Epiphany project and support from the Community Mental Health Team</p>	<p>Provide a mental health service awareness day for all partners in early 2011.</p> <p>Map existing mental health provision to inform baselines and</p>	<p><b>Jo-Anne Bradford, NHS Surrey</b></p> <p>Surrey and Borders NHS Trust</p> <p>Raven HT</p> <p>SCC Adult Social Care</p>	Data to be supplied by mental health service providers

Objective	Action	Baseline	Milestones / Outputs	Lead partner / Other partners	Notes
		(Total number of mental health services in a one mile radius of Merstham estate to be confirmed. ) Number of partners aware of services (to be confirmed)	target setting: Summer 2011 Number of mental health services in a one mile radius of Merstham estate by April 2013.  Number of partners aware and signposting to services.	Moat House Surgery  Red Oak Children's Centre  Church of the Epiphany  Tracey Burrows, Merstham Community Development Worker  Inspector Haycock, Surrey Police  East Surrey Resettlement Association	
	Provide training to encourage partners to execute a mental well-being impact assessment	0 organisations executing a mental well-being impact assessment (Feb 2011)	Number of organisations executing a mental well-being impact assessment by April 2013		
	Secure funding to set up mental health support activities on the estate	This is a new initiative	Outcome of bid for funding known: March 2011  25 adults participating in activities by end 2011	<b>John Thurlow, Surrey Lifelong Learning Partnership</b>  Tracey Burrows, Community Development Worker  Moat House Surgery  Church of the Epiphany  Richmond Fellowship	

Objective	Action	Baseline	Milestones / Outputs	Lead partner / Other partners	Notes
To support vulnerable residents of the Merstham estate, including older adult residents	Promote the services of schemes such as Merstham Neighbours and Raven HT's provision at Portland House which is open to older residents from across the estate.	2010: Merstham Neighbours has about 50 volunteers and 25 clients. Portland House runs a range of services / activities open to its residents and older people in the wider community, including a weekly coffee morning, regular bingo, arts and crafts, and exercise classes.	Raise the profile of and usage of Merstham Neighbours and the services / activities at Portland House	<b>Tracey Burrows, Merstham Community Development Worker</b>  Merstham Neighbours  Raven Housing Trust  Other local partners	
	Partners to work to ensure that vulnerable adults and families are protected from harassment and bullying in the community. Partners to formulate a plan to tackle this issue, including prevention in the form of educational sessions.	This issue was identified as part of the Merstham Health Needs Assessment: Autumn 2010	Detailed way forward and lead partner determined: Spring 2011	<b>Merstham Community Development Group</b>  Surrey Police  Surrey County Council  Other local partners	