

Committee: Health and Wellbeing Board

Date: 20 June 2017

Agenda item:

Wards: All

Subject: Health in All Policies Draft Action Plan

Lead officer: Dagmar Zeuner, Director of Public Health, LBM

Lead member: Cllr Tobin Byers, Cabinet member for Adult Social Care and Health

Forward Plan reference number:

Contact officer: Clarissa Larsen

Recommendations: The Health and Wellbeing Board is asked to:

- A Endorse the final Health in All Policies principles and priority actions (point 12.1 – 12.7 and appendix 2).
 - B Agree to the proposed governance and the HWBB as the lead thematic partner to champion the approach, provide oversight for delivery of the action plan and propose further actions where required (point 14).
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PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1. As discussed by the HWBB at its seminar in January it was agreed to develop a HIAP (Health in All Policies) action plan as follow-up from the Local Government Association peer review and workshop at the end 2016. The action plan set out in this report has been developed and agreed by Council officers and is brought to the HWBB for its endorsement, consideration and action. It is proposed that the HWBB has overview of the HIAP action plan and that, as part of the HWB Strategy refresh, HIAP actions be included for future monitoring.

DETAILS

Why HIAP and why now?

2. As previously considered by the HWBB, HIAP offers a means for the council to optimise delivery of its statutory duty for population health and wellbeing including its HWB strategy. In particular, the approach helps to reduce health inequalities because it focuses attention on the underlying social, economic and environmental causes that the whole council can influence.
3. The persistent inequalities between the East and the West of the borough are an on-going challenge and 'Bridging the gap' has been a long-standing priority for the whole council as well as for the Health and Wellbeing Board and Merton Partnership.

4. HIAP presents potential for strong co-benefits, across the council and partners. Health and health equity not only being important goals in their own right but also prerequisites for achieving other corporate and partnership goals such as educational attainment, community/family cohesion, employment, safety, sustainability and prosperity.
5. In current times of serious financial constraints, HIAP with its strong emphasis on inter-sectoral collaboration offers a promising way of increasing efficiency of public sector spending.
6. In Merton there is currently a window of opportunity to make significant progress on HIAP because of congruence between the Council's 2020 vision of Best London Council, political will and active commitment from the CCG and voluntary sector. This is complemented by the refresh of the seven statutory mayoral strategies in 2017, including London's Inequality Strategy that has HIAP as a theme and offers opportunity for policy synergies and leveraging regional support. There is an opportunity to reflect this approach in Merton policy and strategies including the 2018 refresh of the Health and Wellbeing Strategy 2018 and partners can also consider how HIAP can be taken forward through their own organisations' policies and plans.

Context/work so far

7. The HWBB considered LGA's peer assessment findings at its January seminar. The LGA peer reviewers found Merton was well positioned to take forward HIAP. On request to recommend specific initiatives from elsewhere that could be replicated in Merton for speedy progress, LGA instead encouraged Merton to develop HIAP as a way of working across the council and partners to identify its own, context specific, actions to ensure real ownership.

Terminology and proposed principles

8. Clear terminology and common understanding are essential for making HIAP successful across the council and partners. Below is a preliminary list of proposed principles, for discussion.
 - 8.1. HIAP is an approach, a way of working and common commitment to maximising the positive health impacts across all council functions to improve outcomes for residents, not an end in itself.
 - 8.2. HIAP is not health imperialism but a means for fostering inter-sectoral working and collaboration for mutual benefits.
 - 8.3. Health in this context is seen as an integral part of overall wellbeing (social/ecological model) rather than just non-illness (medical model); serving as universal marker for good government.

- 8.4. Healthy 'settings' (such as schools, workplaces etc.) are places where good health is created rather than just venues for health education.
- 8.5. Health and wellbeing is recognised as an explicit political goal with HIAP being a tool to increase informed decision making by demonstrating potential win: wins as well as trade-offs between wellbeing and other political goals.
- 8.6. HIAP is a long-term ambition. In working towards HIAP we plan to be pragmatic and iterative, explicitly avoiding additional bureaucracy by building on current work and using existing structures and processes; but also encouraging 'spotting health & wellbeing opportunities', balanced by robust checks of evidence of impact and learning as we go along.
- 8.7. We look out for synergies in HIAP across London, including the refresh of the Mayor's strategies; together with opportunities to work with other interested councils.

Suggested initial priority actions

9. HIAP is the umbrella framework for a variety of suggested priorities. We have included actions where we anticipate that the HIAP approach adds most value to delivery and impact. The criteria are set out in Appendix 1. We purposefully propose a mix of different types to allow some experimentation and learning. They are all building on existing work and future plans and take into consideration the LGA self-assessment and workshop and HWBB January session and will link to future strategic planning.
10. In recognition of the financial situation, none are expected to require additional financial resources (but some might attract external support/funding). In the longer-term a HIAP approach is expected to lead to increased efficiency.
11. As learning increases, it is expected that more opportunities will be picked up but equally some actions will be dropped as not suitable so that the plan evolves over time.
12. The main priorities are listed below. Appendix 2 summarises more details including anticipated timeframes, governance arrangements, potential external resources and corporate support required as well as a named public health lead for each action. The Chief Executive or a Director of the Council has also been nominated as champion for each action. The Director of Communities and Housing and the Director of Public Health will lead the programme of work on HIAP whilst the champions will speak up for these actions and keep them in the mind-set as future policies and strategies are planned. The Health and Wellbeing Board will provide an overview of the

Action Plan. Some proposed actions below are highlighted as tentative (*explore*). They have been raised as ideas but require more work to check out evidence of likely impact and feasibility of implementation.

12.1 Leadership and advocacy for HIAP approach across council and partners

- Refine and finalise HIAP action plan and seek ownership and commitment across council (departmental management teams) and partnerships (HWBB and Merton Partnership). Council Directors to champion priorities (see suggested names against priority areas).
- Organise workshop for councillors (co-facilitated with LGA) on prevention matters/HIAP, with invitation to cabinet leads, CCG and HWBB chairs across London.
- Organise and grow informal lunch and learn sessions on cross-cutting health and wellbeing topics to bring together teams from different directorates.
- Work with Head of Policy, Strategy and Partnerships on relevant new policies and strategies to promote health and wellbeing wherever possible.
- Develop and agree prevention framework with NHS partners (as part of STP) to clarify roles, responsibilities and best use of scarce resources between council and CCG, based on evidence of impact and cost-effectiveness.
- Bring councillors and GPs together as place shapers for awareness raising and relationship building opportunity – Dr Karen Worthing to invite East Merton Cllrs to locality meeting.
- Use opportunity of senior leadership programme that is underpinning working towards 2020 Best London Council to strengthen cross-directorate working for health and wellbeing.
- *Explore* option for Merton to become member of the Healthy Cities UK network, as visible symbol for HIAP commitment and to enhance shared learning and capacity building (more details in Appendix 3).

12.2 Embedding the social value act in commissioning and procurement

Explore developing a toolkit and charter for commissioners (possibly shared with CCG)

- Organise training for commissioning staff
- Use the PH re-procurement of adult drugs and alcohol treatment services as demonstration project

12.3 Healthy Workplaces

- Refine and implement the Council Healthy Workplace action plan, including training for staff in promoting health and wellbeing (Making Every Contact Count) and *explore* development of simple Pulse Staff Survey.
- Take forward the Healthy Workplace Charter with Merton businesses through the Merton Partnership.

- Work with the CCG on making health and care provider organisations healthy work places (implementation of STP priority).

12.4 Joint work plan between environment directorate and Public Health

- Use health impact assessment focussed on estate regeneration and Morden town centre development to create health promoting environments (PH working alongside colleagues from environment).
- Working jointly on health in the new Local Plan towards 2019.
- Implement the One Public Estate (OPE) project.
- Implement the Local Alcohol Action Area.
- Merton participation in national TCPA (Town & Country Planning Association) project - Building Healthy Places.
- *Explore* joint working opportunities to reduce air pollution, especially around schools.

12.5 Embedding 'Think Family' into everyday council working

- Use development and launch of the refreshed children, young people and families' well-being model to reach across the Council to embed 'Think Family' approach into everyday business including strategy, commissioning and service development.
- Deliver awareness sessions for staff; roll out of training on signs of safety/wellbeing with a focus on Neglect Strategy and underpinning risk factors: parental mental health; domestic abuse, parental substance misuse, family poverty, housing/homelessness.

12.6 Tackling childhood obesity

- Implement and refine the child healthy weight action plan.
- *Explore* developing the 'Merton Mile' (as supported by collective DMT), building on the daily mile from the child healthy weight action plan to increase levels of physical activity and use of green spaces in Merton.
- Collaborate with pan London childhood obesity initiatives.

12.7 Dementia friendly Merton

- Re-invigorate the local Dementia Action Alliance (DAA) as the vehicle to become a dementia friendly borough and get as many organisations, groups and teams as possible signed up and pledging three actions (including council teams).
- Develop and implement dementia friendly initiatives, working towards 2020 accreditation as dementia friendly borough.

12.8 The action plan is an evolving document and further suggestions of potential actions have already been made on housing and homelessness with a discussion planned for July as well as developing literacy themed activities in libraries to improve health and wellbeing.

Proposed Governance

13. The principle is to use existing management arrangements within the Council, to provide practical channels for promoting agreed actions, generating further ideas, evolving the action plan and challenging progress. For partnership issues with the CCG, One Merton Meeting (OMM) is the respective forum.
14. The HWBB is the lead thematic partner to champion the HIAP approach, provide oversight for delivery of the action plan and propose further actions where required; working jointly with other relevant thematic partnerships. It is proposed the HWBB overview of HIAP action plan be linked to future monitoring of the HWB strategy which is due to be refreshed for 2018 and will include HIAP.
15. To monitor progress we will use existing measures / indicators and systems to gather information.
16. The proposed council intelligence hub and analyst network will be enormously helpful in bringing together different data and information sets covering health and wellbeing as well as the social, economic and environmental determinants and allowing joined up monitoring and interpretation.
17. Ultimately one of the aims for progressing HIAP is to reduce the persistent inequalities between the East and West of the borough. The next annual public health report is planned to look at time trends of these inequalities for a better understanding of our baseline and projected future changes.

NEXT STEPS

18. The importance of ownership of a HIAP approach across the Council and partners will be central to success. This does not require using the 'HIAP jargon' but working in its spirit. Implementation of the action plan is the essential next step.

TIMETABLE

Once the approach is agreed the action plan will be finalised and implemented to timelines outlined in Appendix 2

FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None for the purpose of this report.

LEGAL AND STATUTORY IMPLICATIONS

None for the purpose of this report.

HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

Health in All Policies is directly concerned with improving health equity.

CRIME AND DISORDER IMPLICATIONS

None

RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None

APPENDICES

Appendix 1 – Criteria for choice of HIAP priority actions

Appendix 2 – HIAP draft action plan

Appendix 3 – Healthy Cities Network

Background Papers

None

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Appendix 1

Criteria for choice of HIAP priority actions:

Relevant	Impactful	Deliverable
<ul style="list-style-type: none">• Synergy with priorities of HWB Strategy and LBM wider strategies e.g. Bridging the Gap• Focuses on issues that can best be addressed in a collaborative approach across the Council and/or with partners.	<ul style="list-style-type: none">• Targets the specific issues which are having the greatest impact on inequalities in health outcomes relating to the HWB and wider LBM strategies.• Focuses on the social determinants of health.• Draws on the evidence base and data to ensure effective and cost-effective interventions.	<ul style="list-style-type: none">• Identifies and addresses short, medium and long term goals.• Outlines specific actions to be taken.• Identifies resources available for delivery.• Has an effective governance model in place.

Appendix 2 - HIAP Action Plan

Priority / key activity Expected impact	Completion date	How resourced?/ Corporate support/ Ext partners	Governance	PH Lead	Suggested Thematic Partnership Lead
1. Leadership for HIAP across council and partners Impact: HIAP to become established way of working		Existing resource; various ext. support	Overall champion: Ged Curran HWBB		
Refine and finalise HIAP action plan and seek ownership and commitment across council (DMTs) and partnerships (HWBB) Champion HIAP approach for specific priority area <i>Explore</i> role of Merton Partnership (MP) and its subgroups (incl health & wellbeing session at May away-day)	May 17	PH and partners PH / Policy, Strategy and Partnerships	PH CMT members John Dimmer & DZ	Dagmar Zeuner/ Clarissa Larsen	HWBB MP
Organise workshop for Cllrs (co-facilitated with LGA) on prevention matters/HIAP, with invitation to cabinet leads and HWBB chairs across London	June 14 (tbc)	LGA support	HWBB / PH	Amy Potter / Clarissa Larsen	HWBB
Organise and grow informal lunch & learn sessions on cross-cutting topics to bring together teams from different directorates - Building on success of the first one organised by PH trainees and delivered by Steve Langley about homelessness which attracted a mix of different staff from all directorates - incl audit, community safety and triggered discussion about cross-working opportunities.	On-going	Volunteer presenters from across the council	HWBB / PH	Anjan Ghosh / PH trainees	

Priority / key activity Expected impact	Completion date	How resourced?/ Corporate support/ Ext partners	Governance	PH Lead	Suggested Thematic Partnership Lead
<p>Refine and agree prevention framework with NHS partners (as part of STP) to clarify roles, responsibilities and best use of scarce resources, based on evidence of impact and cost-effectiveness.</p> <p>For example prevention framework informed procurement by PH of re-designed healthy lifestyle service with less resource to absorb PH grant reduction.</p>	Summer 17	STP support; SLP support	PH & CCG / CRG; OMM, RCBS (STP)	Amy Potter	HWBB with others
Bring Cllrs and GPs together as place shapers for awareness and relationship building opportunity – details tbc; Dr Karen Worthing to invite East Merton Cllrs to locality meeting	Spring 17	CCG support; Democratic Services; Cllr Tobin Byers; Potential ongoing support from vision leadership for HWBB development	KW and PH / HWBB	Dagmar Zeuner / Clarissa Larsen	
<p>Use opportunity of senior leadership programme underpinning working towards 2020 Best London Council to strengthen cross-directorate working for health and wellbeing</p> <p>For example: use one SL session to engage council teams in sign up to dementia action alliance including three pledges (linked to priority of dementia friendly Merton below)</p>	On-going Late spring	HR support	HR and PH / best London council 2020 governance	Dagmar Zeuner (with Kim Brown) Anjan Ghosh	

Priority / key activity Expected impact	Completion date	How resourced?/ Corporate support/ Ext partners	Governance	PH Lead	Suggested Thematic Partnership Lead
<i>Explore</i> option for LBM to become member of the healthy cities UK network as visible symbol for HIAP commitment and to enhance learning and capacity building (more details in appendix 4)	April 18	PH CPD (£1500 per annum subscription fee)	PH / HWBB Requires cabinet sign-off	Amy Potter	HWBB / MP
2. Embed Social Value Act into commissioning and procurement Impact: as many commissioning opportunities as possible secure additional social value.		Existing resources: joint work with corporate policy, procurement and HR	Overall champion: Caroline Holland Procurement board; cross council steering group?		
<i>Explore</i> developing a toolkit and charter for commissioners (possibly shared with CCG)	From Sept 17	Vol sector and CCG	PH working with DJ	Dagmar Zeuner (with Dawn Jolley)	
Organise training for commissioning staff		Joint work with corporate policy, procurement and HR	HR L&D	Amy Potter	
Use the PH re-procurement of adult drugs and alcohol treatment services as demonstration project	April 18 (goes live)		PH working with DJ/procurement board	Amy Potter	S&SSG
3. Healthy Workplaces Impact: improve work productivity and health of residents who are also employees.		Existing resources; potentially external funding including HEE	Overall champion: Caroline PH & HR / workforce board		

Priority / key activity Expected impact	Completion date	How resourced?/ Corporate support/ Ext partners	Governance	PH Lead	Suggested Thematic Partnership Lead
<p>Refine and implement the Council Healthy Workplace action plan.</p> <p><i>Explore</i> working towards Mayor's Healthy Workplace charter excellence (London scheme under review; decision depends on robustness of standards and bureaucracy)</p> <p>Develop and implement training linked to One You Merton for council staff in promoting health and wellbeing (making every contact count MECC) - initially front-line providers, later possibly also commissioners, policy.</p> <p><i>Explore</i> development of a Pulse Staff Survey (as proposed in collective DMT).</p>	<p>On-going programme</p> <p>Sept 17</p> <p>Oct 17</p>	<p>Potentially HEE / PH academy funding for MECC</p> <p>Commissioned One You Merton service</p> <p>PH/HR</p>	<p>PH & HR / workforce board</p> <p>PH</p>	<p>Amy Potter / Barry Causer (with Kim Brown)</p> <p>Barry Causer</p> <p>Barry Causer (with Kim Brown)</p>	<p>HWBB</p>
Take forward the Healthy Workplace Charter with Merton businesses through the Merton Partnership.		Chamber of Commerce partner	PH / MP	Barry Causer	HWBB
Work with the CCG on making health and care provider organisations healthy work places (implementation of STP priority).		CCG	PH working with CCG; RCBS (STP)	Barry Causer	HWBB
<p>4. Joint work plan between environment directorate and Public Health Impact: creation of health promoting environments; healthier lifestyles</p>		Existing resources; variable external funding.	Overall champion: Chris PH/environment DMT		
Use health impact assessment focussed on estate regeneration and Morden Town centre development to create health promoting environments	From Sept 17		PH & Future Merton	Amy Potter	SCP

Priority / key activity Expected impact	Completion date	How resourced?/ Corporate support/ Ext partners	Governance	PH Lead	Suggested Thematic Partnership Lead
Implement the One Public Estate (OPE) project		Cabinet office (50K+350K)	CL & JMG / MP; Wilson programme board	Dagmar Zeuner (overall lead E&R)	SCP
Implement the Alcohol Action Area	LAA approved Jan 17; now action plan	Ext support (non-financial)	PH & Safer Merton	Amy Potter	SCP
Explore joint working opportunities to reduce air pollution, especially around schools	From Sept 17	Mayor's initiatives	PH & regulatory services & CSF	Amy Potter	SCP
5. Embedding 'Think Family' approach across the council everyday business Impact: improve child health and wellbeing and harm reduction – reduction of child maltreatment and children requiring care.		Existing resources; variable external resources.	Overall champion: Yvette MSCB, Children's Trust Board		
Use development and launch of the refreshed CYP and families well-being model to reach across the Council to embed 'Think Family' approach across everyday business including strategy, commissioning and service development..	March 19		MSCB, Children's Trust Board	Julia Groom (lead CSF)	CTB
Deliver awareness sessions for staff; roll out of training on signs of safety/wellbeing with a focus on Neglect Strategy and underpinning risk factors: parental mental health; domestic abuse, parental substance misuse, family poverty, housing/homelessness.	March 19	CSF	MSCB, CTB	Julia Groom (supporting CSF)	CTB
6. Tackling childhood obesity Impact: improved life chances and reduced health inequalities.		Existing resources; variable external	Overall champion: Yvette Children's Trust; HWBB		

Priority / key activity Expected impact	Completion date	How resourced?/ Corporate support/ Ext partners	Governance	PH Lead	Suggested Thematic Partnership Lead
Implement and refine the child healthy weight action plan	March 18	Volunteer support from AELTC; Potentially Sport England and other PA grants;		Julia Groom	CTB
<i>Explore</i> developing the 'Merton mile' (as supported by collective DMT), building on the daily mile from the child healthy weight action plan to increase levels of physical activity and use of green spaces in Merton	Daily mile active in some schools	Child Healthy Weight Steering Group	CSF, PH & environment colleagues	Julia Groom / Hilina Asrress	CTB / HWBB
Collaborate with pan London childhood obesity initiatives (i.e. 'Big weight debate' follow-on)	March 2018	Support from HLP, PHE, LADPH; potential London prevention fund; potential London social investment opportunities	PH / HLP (prevention board), LADPH; GLA	Hilina Asrress	CTB
7. Dementia friendly Merton Impact: building community engagement and civic life, improving the quality of life and wellbeing of people with dementia and their carers	April 2020	Existing resources; Various external	Overall champion: Simon Older people steering group; One Merton Meeting (OMM)		
Re-invigorate local Dementia Action Alliance (vehicle for becoming dementia friendly Merton by providing network of organisations, groups, teams that each pledge three actions)	From April 17	Local organisations & groups; Alzheimer's society	PH / DAA	Daniel Butler	HWBB

Priority / key activity Expected impact	Completion date	How resourced?/ Corporate support/ Ext partners	Governance	PH Lead	Suggested Thematic Partnership Lead
Develop and implement dementia friendly initiatives, working towards accreditation as dementia friendly borough (Accreditation handled by Alzheimer's society, based on robust standards)	2020	As above	PH / DAA	Daniel Butler	HWBB

Appendix 3

Healthy Cities Network - [WHO Healthy Cities Network](#)



Healthy Cities is a ground-breaking and values-based World Health Organization (WHO) initiative that focuses on city-level political leadership, partnership working and participatory processes to tackle the social determinants of health and health inequity. It grew out of a concern for urban health and the particular challenges and benefits the urban environment provides for human health.

The network provides political, strategic and technical support to members. Health is the business of all sectors, and local governments are in a unique leadership position, with power to protect and promote health and well-being. This is not about the health sector only; it includes health considerations in economic, regeneration and urban development efforts.

The Network operates in five year phases refreshing its goals and themes each phase. Goals and themes for Phase VII, which will run from 2018, and which Merton could consider joining, are currently under development. To join the UK Healthy Cities Network local authorities need to demonstrate that they have:

- Political commitment to Healthy Cities, including a named lead politician
- A commitment to participate actively in the Network
- A commitment to pay the annual subscription for the national network of £1,500 per annum, which, given the benefits and potential learning opportunities of the Network could be funded from the public health CPD budget.