

## **Committee: Healthier Communities and Older People Overview and Scrutiny Panel**

**Date: 14<sup>th</sup> March 2023**

### **Subject: Report of the Health and Wellbeing Board 2022**

Lead officer: Dr Dagmar Zeuner, Director of Public Health

Lead member: Cllr Peter McCabe, Cabinet Member for Health and Social Care

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#### **Recommendations:**

That the Healthier Communities and Older People Panel note the report of the Health and Wellbeing Board for 2022 and specifically consider:

- A. The ongoing statutory governance role of the Health and Wellbeing Board, and its collaborative integrated work, as part of the new and evolving health and social care governance structures.
  - B. The Joint Strategic Needs Assessment / Merton Story 2022/23 and particularly its key messages and conclusions to inform the annual rolling priorities for the Health and Wellbeing Board, Local Health and Care Plan and other relevant strategies.
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#### **1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

This report sets out the work of Merton Health and Wellbeing Board (HWBB) in 2022. It includes the ongoing collaborative role of the statutory HWBB in the new health and care governance structures, following the Health and Care Act 2022, including South West London (SWL) Integrated Care System (ICS) with its SWL Integrated Care Board (ICB), SWL Integrated Care Partnership (ICP) and place-based committees, including Merton Health and Care Together (MHCT) committee.

It also presents the key messages and conclusions of the recently completed Merton Story 2022/3 and links to the Annual Public Health Report 2022/23 that is the subject of a separate report to this Panel.

Finally this report provides an update of indicators from Merton Health and Wellbeing Strategy 2019-2024 and highlights options for proposed Health and Wellbeing Board priorities for action for the year ahead.

#### **2. BACKGROUND**

##### **Health and Wellbeing Board**

Merton Health and Wellbeing Board (HWBB) is a statutory partnership that reports annually to this Panel on its work and delivery of the [Health and Wellbeing Strategy 2019-24](#).

Some membership of the HWBB is prescribed. In addition, Merton HWBB has agreed other members, including the previous Director of Environment and

Regeneration and is planning as replacement to invite the new Director for Environment, Civic Pride and Climate, acknowledging the importance of the environment on health and wellbeing; and further representatives of the voluntary sector, representing a commitment to the sector’s vital role in supporting the wellbeing of our communities.

**Fig 1 – Membership of Merton Health and Wellbeing Board (March 2023)**



Purpose	Principles and ways of working
<p>A statutory board working in partnership - providing strategic leadership, to improve health and wellbeing and reduce health inequalities.</p> <ul style="list-style-type: none"> <li>• Joint Strategic Needs Assessment summarised in the Merton Story annually informing priorities</li> <li>• Health and Wellbeing Strategy 2019 - 2024: <i>A Healthy Place for Healthy Live</i></li> </ul>	<p>Underpinning everything that we do:</p> <ul style="list-style-type: none"> <li>• Tackling health inequalities</li> <li>• Prevention and early intervention</li> <li>• Health in All Policies approach</li> <li>• Community engagement and empowerment</li> <li>• Experimenting and learning</li> <li>• Think Family</li> </ul>

In addition to formal membership, the HWBB agreed in November 2022 that a Young Inspector join the Board as an attendee, initially for a trial period of six months, to bring young people’s voice and perspective to the dialogue and decisions. Following an application process, including meeting the HWBB Chair, Anna Huk, Young Inspector, has been appointed to this position and joined her first meeting of the HWBB in January 2023.

Whilst the HWBB continues to respond to the lasting impact of COVID-19 on Merton’s communities, it has renewed its focus on creating the conditions for people to thrive, including the determinants of health and environmental

sustainability, hand-in-hand with access to and delivery of holistic integrated health and care services.

Underpinning all the board's work is a focus on seeking to address inequalities, including that in life expectancy occurring across Merton: in 2018-20, the Slope index of Inequality of the gap in life expectancy between people living in the most and least deprived tenths of areas in Merton was 5 years for females and 7.7 years for males.

This is why the board approved in its first meeting under the new chair the refreshed Health in All Policies (HiAP) framework that commits to combined consideration of health and wellbeing, sustainability and equity in all of its work.

This also links to the response to the current cost of living crisis that has clear consequences for both physical and mental health of residents, through the psychological pressures of poverty, debt and isolation.

### **3. DETAILS**

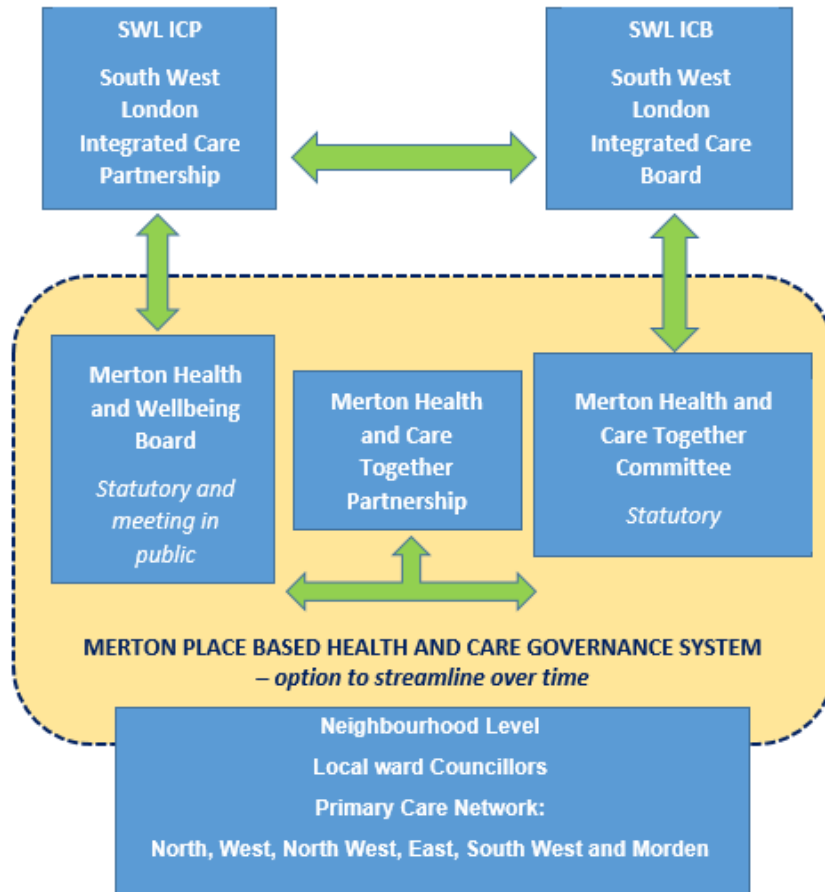
#### **3.1 Health and Wellbeing Governance**

The Health and Care Act 2022 gained royal assent in April 2022 and from 1<sup>st</sup> July introduced Integrated Care Systems (ICS) and established South West London ICB (Integrated Care Body and Board), ICP (Integrated Care Partnership) and place-based committees of the ICB. In Merton, the Merton Health and Care Together (MHCT) Committee has been established as statutory committee of the ICB, alongside the pre-existing Merton Health and Care Together (MHCT) Partnership. The HWBB is working closely with MHCT Committee and Partnership on collaborative ways of working to deliver the best and most efficient outcomes for Merton residents.

At SWL level, the ICP is leading on its statutory strategy, currently a discussion document that is making its way around HWBBs, and the final strategy is expected to be published in early summer 2023. The process had its difficulties of being inclusive and meaningful but a consensus between partners is emerging to focus joint efforts next year on the shared workforce challenge all health and care organisations in SWL are facing.

The SWL ICB also has to produce an annual statutory 5 year forward plan (5YFP). There is an attempt to ensure that the SWL ICP strategy will be the overarching ICS roadmap and that delivery plans for ICP strategy and 5YFP priorities are aligned as much as possible. Timelines for this planning cycle have made effective engagement a challenge and going forward need to be considered further in advance to allow better alignment with LA governance processes.

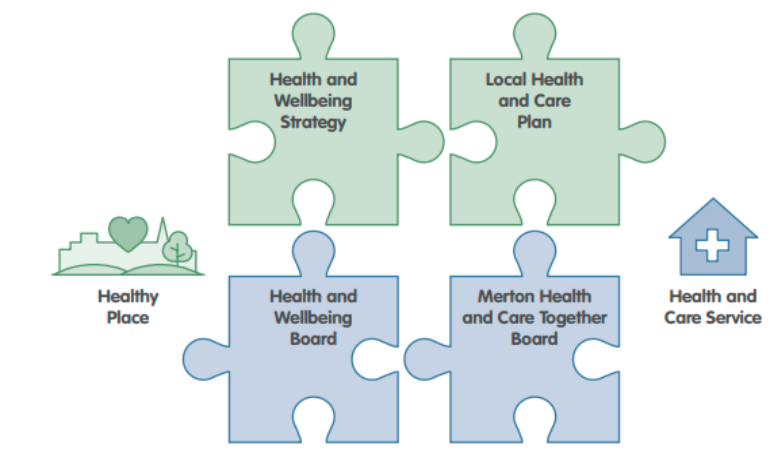
**Fig 2 – Regional and Local Governance of Health and Wellbeing (March 2023)**



The role of the Health and Wellbeing Board (HWBB) is to deliver local leadership, to improve health outcomes for residents, providing the overall vision, oversight and strategic direction for health and wellbeing as set out in [Merton Health and Wellbeing Strategy 2019-2024](#).

Merton Health and Care Together Partnership (MHCT) is a partnership between the Council, the NHS and wider partners including providers of care and acute hospitals. Its plans for holistic integrated health and care services, prevention and health inequalities are set out in [Merton Health and Care Plan 2022-24](#).

**Fig 3 – Relationship between Health and Wellbeing Strategy and Local Health and Care Plan**



The MHCT committee, as statutory place-based committee of SWL ICB is the latest addition to place-based governance arrangements. Work is underway to develop closer working between the HWBB and Merton Health and Care Together (MHCT) Committee including integrated planning of agendas, with potential for future 'Board to Board' meetings, and the chair of the HWBB going to join the MHCT committee. In addition, there is a review of the future role of MHCT partnership to ensure best value.

### **3.2 HWBB ongoing Oversight of COVID**

As the worst of the pandemic has subsided, the HWBB continues to have oversight of living safely and fairly with COVID and monitors the ongoing impact of the pandemic on Merton's communities. Specific issues include maintaining the equity focus of living safely and fairly with COVID, as the vaccination programme moves onto a more sustainable footing, maintaining our focus on the most vulnerable groups and continuing to engage and work with our communities to tackle the unequal uptake of COVID vaccination, with a lower uptake in the east of the borough and in some ethnic minorities.

The emergence of Post COVID Syndrome (also called long COVID) means an estimated 4,211 residents in Merton are living with long COVID, with higher rates reported in those 35 to 69 years of age, women, people living in areas of deprivation, those working in health or social care and those with pre-existing long term conditions.

Work is underway, in partnership with SWL ICB, to be pro-active in raising awareness of the NHS commissioned Post COVID Assessment Service (PCAS), working with community groups to co-create resources and materials and working with academic partners and networks to continue to learn more about long COVID through participation in community research. As we have transitioned to living safely and fairly with COVID (treating COVID like any other respiratory disease), the additional funding provided by central government for the acute response e.g. outbreak prevention and management has ended, and so the LBM Public Health team will return to its pre-pandemic oversight role with settings that have outbreaks of communicable disease being directly supported by the UK Health Security Agency (UKHSA) Health Protection team.

### **3.3 Joint Strategic Needs Assessment / Merton Story 2022/23**

It is a statutory duty for the Health and Wellbeing Board to produce a Joint Strategic Needs Assessment (JSNA), that locally we call the Merton Story. The JSNA/Merton Story is an assessment of population health and wellbeing needs led by the public health team, with contributions from other council departments, health and wider partners. The conclusions of this comprehensive assessment help inform the rolling priorities of both the Health and Wellbeing Strategy, the

Local Health and Care Plan and wider policies to support the health and wellbeing of communities across Merton.

Key messages have been identified by reviewing the Public Health Outcomes Framework - a robust and comprehensive indicator set outlining population health at a local authority level, compiled by the Office for Health Improvement and Disparities – taking account of the previous Merton Story 2021, and triangulated with a wide range of partners, forming the JSNA Steering Group.

The Merton Story includes six chapters:

<b>Chapter</b>	<b>Title</b>	<b>Purpose</b>
Chapter 1	<b>The Merton Population</b>	<i>Giving an overview of demographic trends.</i>
Chapter 2	<b>COVID-19</b>	<i>Tracking the ongoing impact of the pandemic.</i>
Chapter 3	<b>Start Well</b>	<i>Taking a life course approach to population health and wellbeing and mirroring the headings of the Health and Wellbeing Strategy and Local Health and Care Plan.</i>
Chapter 4	<b>Live Well</b>	
Chapter 5	<b>Age Well</b>	
Chapter 6	<b>Healthy Place</b>	<i>Reflecting the fact that population health is determined, to a large extent, by the physical and social environment in which residents are born, live and work.</i>

The Merton Story 2022/3 is summarised in a set of slides for ease of access (see the link in Appendix 2 of this report) which highlights key messages and conclusions. The full Merton Story 2022/3 has been published on the council website and, to make it easily accessible, includes a menu of detailed information for each chapter.

It is not the role of the Merton Story to cover performance of individual health and care services or to make specific service recommendations, but to provide a strategic tool to inform evidence-based decision-making. This is timely in light of the review of the Local Health and Care Plan and the annual rolling programme of priorities for the Health and Wellbeing Board for 2023/24.

In response to the Health and Care Act 2022 and enhanced place-based working with the Integrated Care System (ICS) we are reviewing the future JSNA process to ensure it is linked closely to integrated health and care commissioning and service developments on an ongoing basis.

### 3.4 Health and Wellbeing Strategy

It is a statutory requirement for each HWBB to produce a joint Health and Wellbeing Strategy. [Merton Health and Wellbeing Strategy 2019-2024](#) focuses on the influence that the wider determinants – the air we breathe, our schools, workplaces, homes, food, transport and relationships with friends and family – have on our health. This is in line with the report on Health Equity in England: [Marmot Review 10 Years On](#) published in 2020, and focuses on tackling health inequalities.

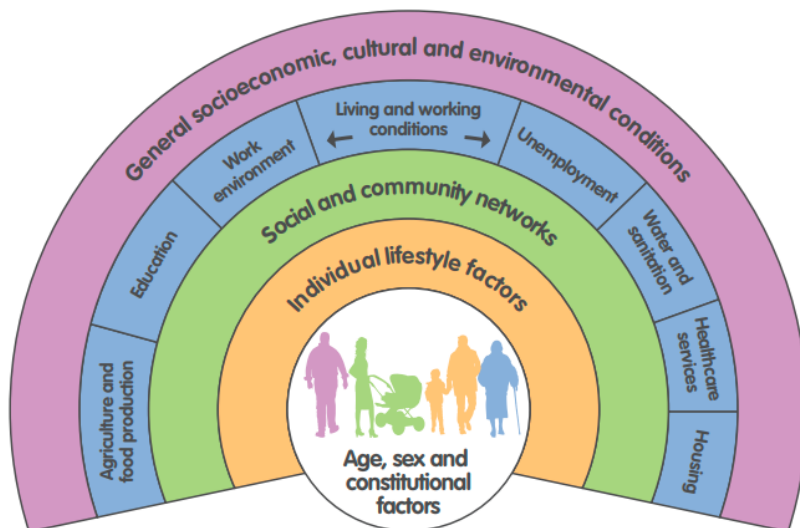


Fig 4 – Wider determinants of health Source: Dahlgren & Whitehead, 1991

### 3.5 Health in All Policies (HiAP)

Health in All Policies (HiAP) is an approach that places consideration of health, equity and environmental sustainability at the centre of all policy decisions across the council and ideally across partners. HiAP can deliver benefits for a wide range of stakeholders – and most importantly can reduce inequalities while improving residents' lives.

Merton has a longstanding commitment to Health in All Policies (HiAP) as reflected in our Health and Wellbeing Strategy and as endorsed by the Health and Wellbeing Board in June 2022. A HiAP approach proposes that we find solutions that explicitly address health, equity and sustainability: every action undertaken as part of Health in All Policies should address each of these dimensions, reinforcing the impact across council departments by being addressed by every aspect of policy making.

A stock-take of the Health in All Policies Action Plan was reported in the [HiAP report to Health and Wellbeing Board](#) in June 2022. This showed significant progress, including, for example, the establishment of a Dementia Action Alliance, a draft Local Plan that includes a strong focus on health and wellbeing, a wide range of projects to improve air quality, the implementation of a social value toolkit in Council procurement processes and action on healthy workplaces. The refreshed HiAP Action Plan 2022 focusses on developing the ways of working that enable the delivery of HiAP. This includes developing culture and

relationships, a data led approach, external partnerships, and a cross-sector approach to return on investment. It also suggests priorities for action as a small number of ‘trailblazer’ priorities on a rolling basis. HiAP is everybody’s business and the core of the HiAP action plan is thus about brokering, navigating and connecting; inviting partners to consider how they could further embed HiAP in their work. The Health and Wellbeing Board has a key role to play in strategic leadership and reviewing progress around HiAP.

### **3.6 Health and Wellbeing Strategy Performance Indicators**

The Health and Wellbeing Strategy 2019-24 included a set of performance indicators that are reported annually and included in Appendix 3. Indicators have been significantly impacted by the pandemic both in terms of direct impact on residents and impact on capacity of local partners, as resources were redeployed to the pandemic response. As a result improvement and progress was significantly hindered in a number of areas. In addition the cost of living crisis has had a further negative impact, which will need careful monitoring.

However, significant activity is taking place to address each of the indicators, which are part of a range of local strategies and action plans and these are likely to have mitigated even worse negative outcomes. Examples of relevant local strategies and action plans include Diabetes Action Plan, Child Healthy Weight Action Plan, Mental Health and Child and Adolescent Mental Health Strategies, Climate Change Strategy.

Those indicators showing marginal deterioration include:

- Prevalence of depression (aged 18+): increased from 8.9% (2020/21) to 9% (2021/22) and is the same as London (9%) but lower than England (12.7%).
- Diabetes prevalence: increased from 6.3% (2020/21) to 6.5% (2021/22) and is lower than London (6.8%) and England (7.3%).
- Violence against the person: increased from 20.4% (2020/21) to 20.7% (2021/22) but lower than London (27%) and England (34.9%).

Further details of the full scope of activity to support resident’s health and wellbeing is included in the [Strategic Theme report on Health and Wellbeing - Council July 2022](#) in Appendix 4.

### **3.7 Next Steps**

At its meeting on 28<sup>th</sup> March the Health and Wellbeing Board will consider options for its rolling priorities for the year ahead. These will be effective trailblazers for the Health in All Policies Action plan and will link to the ongoing programme of work to address key issues highlighted in the Merton Story and the Annual Public Health Report, as well as wider system considerations such as the ICP strategy. HWBB members will consider options that add value through a ‘whole system



approach', learning from its previous experience with the successful Diabetes Truth programme.

Possible options could include a concerted effort combining air quality, tobacco control and tackling respiratory diseases including asthma, especially around Merton schools and Super-zones.

Also included will be considerations on the health and social care workforce and the role of a healthy workplace, to complement the ICP strategy emerging priority re workforce across SWL. The multiple benefits of active travel for health and wellbeing of staff, patients and residents as well as to tackle the climate emergency could be strengthened through a whole system approach to healthy workplace.

An ongoing focus for the HWBB and MHCT is Actively Merton, the partnership initiative promoting both physical and social activity across Merton as major preventative intervention, aligning closely to the key council priority of the development of Merton as a borough of Sport.

A further area of focus for the HWBB moving forward will be access to holistic integrated health and care services including the planned South West London community and primary care model and the development of neighbourhood teams, together with the development of appropriate facilities in the community.

#### **4. ALTERNATIVE OPTIONS**

The Health and Wellbeing Board is a statutory partnership under the Health and Social Care Act 2012 with a statutory duty to produce an annual Joint Strategic Needs Assessment and a joint Health and Wellbeing Strategy.

#### **5. CONSULTATIONS UNDETAKEEN OR PROPOSED**

Engagement undertaken, including the JSNA Steering Group, is detailed in the report.

#### **6. TIMETABLE**

The Health and Wellbeing Board reports annually to the Healthier Communities and Older People Scrutiny Panel.

#### **7. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

Not applicable to this report.

#### **8. LEGAL AND STATUTORY IMPLICATIONS**

It is a statutory duty for the Health and Wellbeing Board under the Health and Social Care Act 2012 to produce a joint Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment.

#### **9. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

The Health and Wellbeing Strategy and priority actions are directly concerned with improving health equity.

#### **10. CRIME AND DISORDER IMPLICATIONS**

A key outcome of the Health and Wellbeing Strategy is to work towards less self-harm and less violence.

## **11. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

N/A.

### **APPENDICES**





Appendix 1 – [Health and Wellbeing Strategy 2019 - 2024 Summary](#)






Appendix 2 – [Mertonstory](#)

Appendix 3 – Health and Wellbeing Strategy Baseline Indicators February 2023

Appendix 4 – [Strategic Theme report on Health and Wellbeing - Council July 2022](#)

### Appendix 3 – Health and Wellbeing Strategy baseline indicators (February 2023)

Key Healthy Place attributes:	Key outcome of the Health and Wellbeing Strategy:	Indicator*	Timescale† for impact	Merton Previous	Merton Current	OHID Merton Trends (based on 5 most recent data points)*	London	England
Promoting mental health & wellbeing	Less self-harm Better relationships	Hospital admissions for self-harm aged 15-19 yrs (per 100,000 population)	Medium	415.9 (2019/20)	360.5 (2020/21)	No significant change (2016/17 - 2020/21) 	330.9	652.6
	Less depression, anxiety and stress	Prevalence of depression (aged 18+)	Medium	8.9% (2020/21)	9.0% (2021/22)	Increasing (2017/18 - 2021/22) 	**9.0%	12.7%
	Less loneliness Better social connectedness	% adult carers reporting as much social contact as they would like (aged 18+)	Short	24.9% (2019/20)	21.7% (2021/22)	Not enough data points to calculate trend 	27.5%	28.0%
Making healthy choice easy	More breastfeeding	Breastfeeding prevalence at the 6-8 week review, partially or totally	Short	81.6% (2021/22)	***74.3% (2022)	Not available as OHID do not publish	N/A	49.3
	Less childhood obesity	Overweight (including Obesity) in Year 6	Medium	35.1% (2019/20)	34.8% (2021/2022)	No significant change (2017/18 - 2021/22) 	40.5%	37.8%

	Less diabetes	Diabetes QOF prevalence (17+)	Long	6.3% (2020/21)	6.5% (2021/22)	Increasing (2017/18 - 2021/22) 	**6.8%	7.3%
	More active travel	% adults cycling for travel at least three days per week	Short	3.4% (2019/20)	3.3% (2020/2021)	No trend available 	3.3%	2.0%
	More people eating healthy food	††Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)	Medium	53.3% (2019/20)	53.3% (2019/20)	Not enough data points with valid values to calculate recent trend 	55.8%	55.4%
	More active older people	Percentage of adults aged 65-74 who are physically active for at least 150 minutes a week	Short	64.4% (May 2020/21)	55.7% (Nov 2020/21)	N/A	60.1%	60.1%
Protecting from harm	Less people breathing toxic air	Deaths attributable to particulate matter (PM2.5) (aged 30+)	Short	8.6% (2019)	7.2%(2020) 6.3% (2021)	Significance is not calculated for this indicator 	7.1% (2020) 6.5% (2021)	5.6% (2020) 5.5% (2021)
	Less violence	Violence against the person (offences per 1,000 population)	Medium	20.4 (2020/21)	20.7 (2021/22)	Increasing (2017/18 - 2021/22) 	**27.0	**34.9

\*Dates vary based on most recent data points available; \*\*Aggregated from all known lower geographical values; \*\*\* Local unpublished data January to December