

Committee: Health and Wellbeing Board

Date: 28th March 2023

Wards: All

Subject: Merton Health and Wellbeing Strategy - options for rolling priorities 2023/34

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

Lead officer: Dr Dagmar Zeuner, Director of Public Health

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Recommendations:

Health and Wellbeing Board Members are asked:

- A. Note and consider the report on the Health and Wellbeing Strategy 2019-2024. Discuss, evaluate and agree the option for a rolling priority for 2023/24 for the Health and Wellbeing Board.
 - B. Agree to a further report to the next meeting of this Board setting out actions to implement the agreed rolling priority.
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. The purpose of this report is to note and consider the Health and Wellbeing Strategy and the work towards achieving the vision to make Merton a healthy place, creating the physical and social conditions for all people to thrive.
- 1.2. Also, to consider options for proposed rolling priorities for 2023/24 and to agree the priority, to be further developed to an outline work programme and actions for implementation. The report also sets out specific areas for ongoing engagement, promotion and oversight by the Health and Wellbeing Board for 2023/24.

2 BACKGROUND

- 2.1. It is a statutory duty for all Health and Wellbeing Boards (HWBBs) to produce a joint Health and Wellbeing Strategy based on the needs identified in the statutory Joint Strategic Needs Assessment or Merton Story. The most recent [Merton Story 2022/23](#) was reported to the January meeting of this Board highlighting some key issues which can help inform priorities.
- 2.2. Whilst this HWBB continues to respond to the lasting impact of Covid-19 on Merton's communities (especially long COVID), together with the new structures proposed for health protection, it has renewed its focus on work that addresses the wider determinants of health. This complements access to, and provision, of high quality and integrated health and care services for all. To that end, in June this Board approved its refreshed Health in All Policy Framework and, in

September, had a dedicated session on tackling health inequalities and embedding equity in Merton.

- 2.3 As highlighted in the Merton Story 2022/23, the Slope Index of Inequality for the gap in life expectancy – between people living in the most and least deprived tenths of areas in Merton – is moving in the wrong direction, being 5 years for females and 7.7 years for males for the most recent time period available (2018-20).
- 2.4 This also links to the council and partners’ responses to the current cost of living crisis, which itself has clear consequences for both physical health and mental health of residents, through the psychological pressures of poverty, debt and isolation; focusing action on health, equity and sustainability.
- 2.5 Finally, the Board endorsed the Annual Public Health report 2022/23 that makes the case for maximising the opportunities for health co-benefits arising from climate action,

3. DETAILS

3.1 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. The Health and Wellbeing Strategy also sets out the principles of the Health and Wellbeing Board and its ways of working.



Merton Health and Wellbeing Board
Principles and ways of working
Underpinning everything that we do:
<ul style="list-style-type: none"> • Tackling health inequalities • Prevention and early intervention • Health in All Policies approach • Community engagement and empowerment • Experimenting and learning • Think Family

Fig 4 – Wider determinants of health Source: Dahlgren & Whitehead, 1991; HWBB Principles and Ways of Working Source: Merton Health and Wellbeing Strategy 2019-2024

The current Health and Wellbeing Strategy was finalised and agreed shortly before the pandemic began but, rightly, the focus of the Health and Wellbeing Board was subsequently diverted into the emergency response to the immediate needs of local residents.

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 across all partners that address each of the indicators, as part of a range of local strategies and action plans that are likely to have mitigated even worse negative outcomes. Examples of relevant local work that is being delivered include actions from the 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 was included in the [Strategic Theme report on Health and Wellbeing - Council July 2022](#) (Appendix 4).

3.2 Determining HWBB priorities

Prior to 2020, annual rolling priorities of the HWBB were selected as a small number of priority areas for action. They had a clear rationale for concerted effort, an emphasis on learning about ways of working together effectively, and embedding the Board's principles, rather than trying to cover a wide range of issues. This was always in addition to the Board's statutory topics and work in response to emerging current issues.

Rolling annual priorities covered before the pandemic included: community engagement and co-production of a service model for the Wilson Health and Wellbeing campus; a Whole System Approach to Tackling Diabetes and Childhood Obesity; and, the development and roll out of Social Prescribing (at a time when it was nationally only emerging as an innovative way to promote preventative and holistic care).

The priorities were intended to make best use of the fact that the HWBB is more than the sum of its individual members' contributions; it is also part of a set of partnerships and other Boards whose potential impact as a system is significantly greater than the sum of its parts. Just prior to the pandemic in 2020 the HWBB was considering healthy workplace as its rolling annual priority but had to change its focus due to Covid.

This report proposes to return to identifying a small number of purposeful rolling priorities that respond to the needs of Merton residents, foster the Board's

principles (see Figure 4 above) and help to deliver the key outcomes of the Health and Wellbeing Strategy of:

- Promoting mental health and wellbeing
- Making healthy choices easy, and
- Protecting from harm (in particular violence and air pollution)

Priorities are delivered across the life course of Start Well, Live Well and Age Well, all with an emphasis of the importance of Healthy Place. Work takes place in a range of inter-generational healthy settings, including early years, schools and school neighbourhoods, through to workplaces and libraries, connected to health and care organisations and dementia friendly places. The timing is now right for a system approach with the opportunity for effective place-based collaboration.

3.3 Health in All Policies (HiAP)

Health in All Policies (HiAP) was agreed by this Board in June 2022 as an approach which places consideration of health, equity and environmental sustainability at the centre of policy decisions. A HiAP approach can deliver benefits for a wide range of stakeholders, reducing health inequalities and supporting residents' health and wellbeing.

The commitment to HiAP is reflected in the Health and Wellbeing Strategy and the stock-take reported in the June 2022 [HiAP report to Health and Wellbeing Board](#) showed progress. The refreshed HiAP Action Plan 2022 set out the need to develop culture and relationships, a data led approach with external partnerships and a cross-sector approach to return on investment. It also suggested priorities for action in a small number of 'trailblazer' priorities on a rolling basis, with the Health and Wellbeing Board agreeing to giving strategic leadership and reviewing progress around HiAP.

3.4 Options for Rolling Priority 2023/24

Priority options are set out, initially for consideration of the value that the HWBB partnership can add, and the deliverability of actions in a way that is both timely and effective. Both options would help to deliver the key outcomes of the Health and Wellbeing Strategy and also take account of the key messages from the JSNA/Merton Story and the call to action of the Annual Public Health Report on the health co-benefits of climate action.

It is recommended that Board members agree to work on one rolling priority at a time to have greatest impact. If there is a wish to choose two new priorities for the year ahead, it might be most effective to stage them over time to allow maximum focus. Particularly significant is the opportunity for the HWBB to work with a 'whole system approach' – providing system leadership to create the right conditions and holistic services hand-in-hand.

This approach will also involve a focus on innovative ways of working and learning, and using the rolling priority as an exemplar that other work can learn from and model. This approach helps HWBB partners to get on with doing and learning, making best use of all our assets. The options are set out below:

Options for new priority 2023/24		
Option	Title	Description
a)	Tackling air pollution, tobacco, smoking and respiratory disease together	<p>This proposes a whole system approach to tackling air pollution, tobacco and respiratory disease. Work can be multi-faceted to include asthma and the air quality pilot with Super-zones around Merton schools, Low-traffic Neighbourhoods, the exciting Beat the Street programme, the local Primary Care Network, smoking cessation in social housing and vaping control among young people.</p> <p>This would align closely to the recent Annual Public Health Report 2022/23, the Chief Medical Officer's 2022 report on Air Quality, Merton's Climate Strategy and South West London NHS Green Plan.</p>
b)	Healthy workforce and workplace	<p>A priority on recruitment and retention of health and care as one of the SWL ICP (Integrated Care Partnership) priorities - can be supported and amplified by a particular focus on the health and wellbeing of staff and a healthy work place.</p> <p>The multiple benefits of active travel for health and wellbeing of staff, patients and residents as well as aligned work tackling the climate emergency could be strengthened through a whole system approach to healthy workplace.</p>

In addition to the proposed new priorities, there are two programmes of ongoing work where active engagement, promotion and oversight from the HWBB offers real opportunity to enhance benefits:

Ongoing enhanced engagement, promotion and oversight		
	Title	Description
c)	Actively Merton and Borough of Sport	<p>Support for the ongoing established Actively Merton programme to turn into a long-term movement, to scale up physical and social activity as the expected norm. It is one of the joint partnership initiatives with MHCT in 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. The HWBB to continue to strengthen links with active travel and civic pride as a whole systems approach.</p>
d)	Further development of	<p>Social prescribing is an effective way of providing non-clinical holistic support instead of clinical interventions</p>

	<p>social prescribing</p>	<p>to the right patients in the local community. It is an important tool for tackling inequality and enhance patient experience. Merton has very well developed social prescribing, led by PCNs and link workers employed by Merton Connected. This includes green social prescribing. More recently we have received SWL inequality funding for a children and young people’s social prescribing pilot, and at South West London level there is development of Integrated Care System (ICS) wide community pharmacy social prescribing pilot. With the Council having invested in the local voluntary sector through the new Civic Pride Fund, there is opportunity to further enhance our local programme.</p>
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Alongside its chosen priority, the HWBB, in close collaboration with Merton Health and Care Together (MHCT) Partnership and Committee is expected to continue its support for improved community health and care services; the community service model for integrated health and care with better access, continuity of care and holistic care, including an embedded prevention offer. Taking a whole system approach to access will include looking at facilities and estate use, continuing the role out of Health on the High Street, development of the Wilson, Colliers Wood and Rowans surgery. This work will be linked to the planned South West London community and primary care model and the development of neighbourhood teams.

4. NEXT STEPS

Agreed priorities will be developed into an outline partnership work programme of actions for implementation to be reported to the June HWBB. Actions will be part of delivery of the Health and Wellbeing Strategy 2019-24 and effective trailblazers for the Health in All Policies Action plan.

5. ALTERNATIVE OPTIONS

The options for rolling priorities are set out in the report.

6. CONSULTATIONS UNDERTAKEN OR PROPOSED

As set out in the report.

7. TIMETABLE

The agreed priority will be developed into an outline work programme of action to be reported to the June meeting of the HWBB.

8. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None for the purpose of this report.

9. LEGAL AND STATUTORY IMPLICATIONS

It is a statutory duty under the Health and Social Care Act 2012 for all Health and Wellbeing Boards to produce a joint Health and Wellbeing Strategy.

10 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The Health and Wellbeing Strategy focuses on action to help reduce health inequalities.

11 CRIME AND DISORDER IMPLICATIONS

None for the purpose of this report.

12 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None for the purpose of this report.

13 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Appendix 1 – Health and Wellbeing Board membership, purpose and principles
March 2023

Appendix 2 – Links to

[Merton Health and Wellbeing Strategy 2019-24](#)

[Merton Health and Wellbeing Strategy Summary](#)

Appendix 3 – Health and Wellbeing Strategy 2019-24 Baseline Indicators
February 2023

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





Merton Health and Wellbeing Board








Merton Health and Wellbeing Board purpose, principles and ways of working of Health and Wellbeing Strategy 2019 -24

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"> • Joint Strategic Needs Assessment summarised in the Merton Story annually informing priorities • Health and Wellbeing Strategy 2019 - 2024: <i>A Healthy Place for Healthy Live</i> 	<p>Underpinning everything that we do:</p> <ul style="list-style-type: none"> • Tackling health inequalities • Prevention and early intervention • Health in All Policies approach • Community engagement and empowerment • Experimenting and learning • Think Family

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 <i>(2019/20)</i>	360.5 <i>(2020/21)</i>	No significant change (2016/17 - 2020/21) 	330.9	652.6
	Less depression, anxiety and stress	Prevalence of depression (aged 18+)	Medium	8.9% <i>(2020/21)</i>	9.0% <i>(2021/22)</i>	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% <i>(2019/20)</i>	21.7% <i>(2021/22)</i>	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% <i>(2021/22)</i>	74.3% <i>(2022)</i>	N/A	-	-
	Less childhood obesity	Overweight (including Obesity) in Year 6	Medium	35.1% <i>(2019/20)</i>	34.8% <i>(2021/2022)</i>	No significant change (2017/18 - 2021/22) 	40.5%	37.8%

Page 32	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)	Significance is not calculated for this indicator 	7.1%
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