Merton
– the place for a good life

Merton Health and Wellbeing Strategy
2015/16 – 2017/18

Foreword

It has been an exciting two years, with significant opportunities for improving the health and wellbeing of Merton residents. Since April 2013, we have seen the creation of an effective Merton Clinical Commissioning Group and Healthwatch Merton. Public Health moved from the NHS to the local authority, where it now works closely with council colleagues to ensure council influences on health have a positive impact. The Health and Wellbeing Board, which brings together these partners, has developed, taking on the agenda to integrate health and social care and to focus on prevention.

This refresh of the Merton Health and Wellbeing Strategy for 2015-18 allows us to take a broader view of health and to embed the role of all partners in tackling health inequalities. *Merton – the Place for a Good Life* – the 2015-18 strategy focuses on the main influences on health, starting early in life to ensure that children and young people develop the skills and healthy habits for a productive adulthood, when they have access to good work, to safe and connected communities and to high streets and green spaces that make the healthy option the easy choice.

We know that education and income are the most significant influences on health. Inequalities in access to these can turn into poorer health outcomes as we see in the east of Merton. Health and Wellbeing Board partners agree that addressing these inequalities should provide the focus for this strategy and for the work of the Board itself. By working together across our partnership, we will be able to achieve more than by working alone.

We know that we must work differently in close partnership to include prevention in all our work, addressing the real inequalities in opportunities between the east and west of our borough. In this way we can make a real difference to people's lives.

Councillor Caroline Cooper-Marbiah
– Chair of Merton Health and Wellbeing Board
– Cabinet Member for Adult Social Care and Health

A fair share of opportunities for

Health and Wellbeing for all Merton residents

This means we will halt the rise in the gap in life expectancy between areas within Merton.

Themes

Outcomes

1 Best start in life

Early years development and strong educational achievement, with a focus on health

- Uptake of childhood immunisation is increased
- Waiting time for children and adolescents for mental health services is shortened
- Childhood obesity is reduced
- Education achievement gap in children eligible for pupil premium is reduced
- The proportion of children ready for school is increased

2 Good Health

Focus on prevention, early detection of long-term conditions and access to good quality health and social care

- All partner organisations promote health in their policies and services
- Settings e.g. workplaces, schools, high streets where people spend time are healthier, providing healthy options
- The proportion of adults making healthy lifestyle choices is increased
- A model of care for east Merton embeds prevention and delivers early detection of disease through integrated health and social care
- Integrated mental health pathway

3 Life skills, lifelong learning and good work

- The number of employment benefit claimants in Mitcham is reduced
- Increase employment by targeting initiatives to improve soft skills and to deliver skills in growth sectors
- Assist business start-ups and growth of existing businesses
- Bridge the lifelong learning gap in deprived wards

4 Community participation and feeling safe

- The number of people engaged in their communities is increased through volunteering
- Sustainable voluntary and community organisations partner with the public sector to strengthen community capacity and cohesion
- People remain independent or regain independence as far as possible
- People feel safer through tackling perception of crime
- Causes of crime addressed through a place-based approach in three hotspot areas identified through the Vulnerable Localities Index

5 A good natural and built environment

- Positive health and wellbeing outcomes are embedded within major developments as a condition of granting planning permission
- Fuel poverty is reduced through collective energy switching
- Pollution is reduced through increased number of trees in parks
- The quality of houses of multiple occupation (HMOs) will be improved

Introduction

Merton Health and Wellbeing Board works in partnership to improve health and wellbeing and to reduce health inequalities across the borough in part through this Health and Wellbeing strategy. Commissioners of health, health care and social care services must use this strategy to inform commissioning plans, along with the Joint Strategic Needs Assessment, which defines the health and wellbeing of our residents.

This strategy, *Merton – the Place for a Good Life* – builds on our first Health and Wellbeing Strategy 2013-15 and the *Merton Community Plan*. The focus on health inequalities and on the influences that contribute to health is strengthened, bringing together the most important influences on health, such as the early years, education, income and the environment in which people live to maximise health and wellbeing and prevent problems from arising in the first place.

Examples of significant achievements in the 2013/15 Health and Wellbeing Strategy to date include

- **Teenage conceptions reduced to 22.1 per 1,000 in 2013**, a reduction from 51 per 1,000 or 57% since the baseline was set in 1998. In terms of numbers, this equates to 67 conceptions in 2013 for young women age 15 to 17, compared to 135 conceptions in 1998.
- **The LiveWell service supported 830 Merton residents to stop smoking** and delivered over 2,000 self reported health improvement outcomes.
- **Over 19,000 offers for a Health Check were made** with nearly 11,000 Health Checks delivered to residents aged between 40 and 74.

Over the same period, the Merton Clinical Commissioning Group formed from the split of the Sutton & Merton PCT in April 2013, became a well performing organisation with a keen eye on quality improvement.

London Borough of Merton Public Health, too, was created from the split of the former PCT and transitioned from the NHS to the London Borough of Merton. In addition to building a small effective team, LBM Public Health is achieving success in the council, Merton Clinical Commissioning Group and the voluntary sector in prioritising health inequalities and prevention.

The focus on the influences on health, including health care, provides opportunities for the growing partnership between Merton Council, Merton Clinical Commissioning Group and the voluntary sector together with HealthWatch to contribute to increased health and wellbeing for Merton's residents.

Our vision

A fair share of opportunities for health and wellbeing for all Merton residents. This means we will halt the rise in the gap in life expectancy between areas within Merton.

Outcome	Baseline 2015	Target 2018
Gap in life expectancy		
Male	7.9	7.9
Female	5.2	5.2

What creates health and wellbeing?

Development of this strategy was guided by an understanding of what creates health. People's health and wellbeing is strongly influenced by the conditions in which they are born, live, work and grow old. Lying at the heart of inequalities in life expectancy are poverty and low education levels, the largest influences on health. Education is linked to the ability to earn an income, and the two together provide the resources for people to take care of themselves and their families. Housing, transport, our high streets and access to green spaces also contribute to health and wellbeing. Where these influences are unhealthy, people may become ill, disabled or die. Health care then becomes important to cure or manage these unhealthy conditions. Figure 1 shows that if we want to improve health and wellbeing, we must act on both the individual level – the person pushing the ball – and on the conditions in which people live – the hill. Making the hill less steep will help make the healthy choice the easier one.

Figure 1: The Health Gradient

Source: *Making Partners: Intersectoral Action for Health* 1988 Proceedings and outcome of a WHO Joint Working Group on Intersectoral Action for Health, The Netherlands.

Where are we now? Health and wellbeing in Merton

In 2013, there were about 202,750 residents in Merton. The age of our residents is similar to that of London; by 2017, there will be increases in the under-five and over-65 age groups. Residents from a Black, Asian and minority ethnic background will increase to about 39% in 2017 from 35% in 2011.

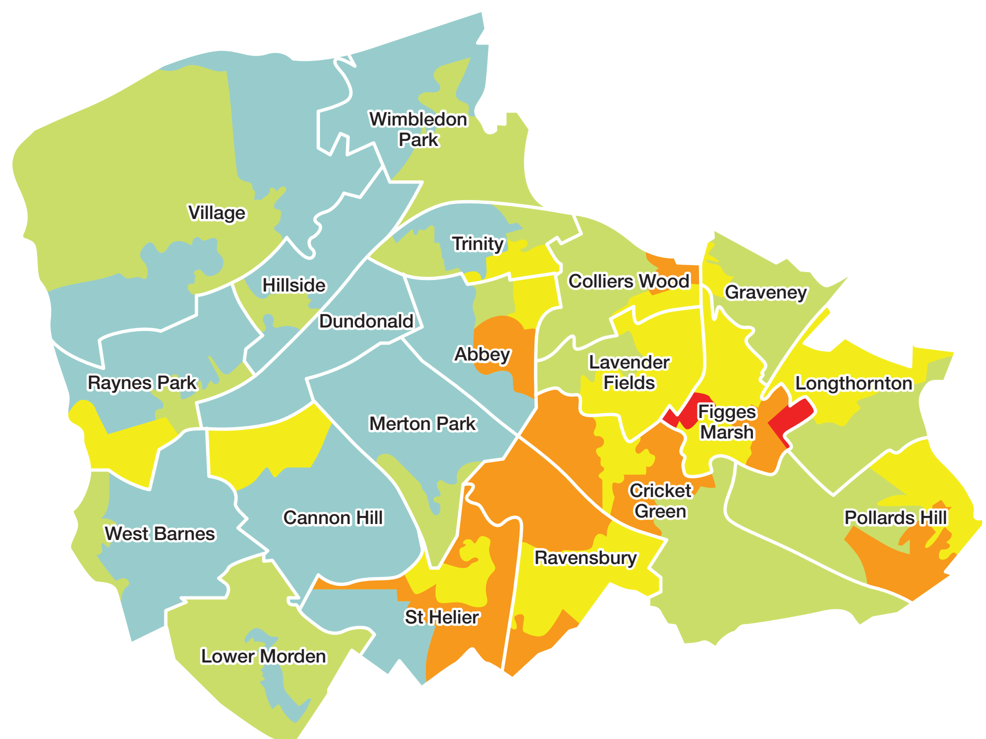
The east and south of the borough have higher levels of deprivation and poorer health outcomes than the rest of the borough. While residents of Merton enjoy high life expectancy overall, people in the more deprived areas live shorter lives. If people in east Merton had the same rate of deaths as west Merton in 2013, there would have been around 113 fewer deaths. Of these 113 deaths, 80 were in people under 75 years of age, considered to be premature deaths and often preventable.

The maps below and opposite clearly show the connection between deprivation and life expectancy. People in the east and south of Merton are both more deprived (Figure 2 – the orange and yellow) and live shorter lives (Figure 3 – the lighter shades of green) than those in the rest of the borough.

Similar to life expectancy and income, Merton does well overall for other influences on health such as employment, education, skills and training, housing, environment and crime compared to London and England. The inequalities seen in life expectancy and deprivation are apparent across these other influences on health.

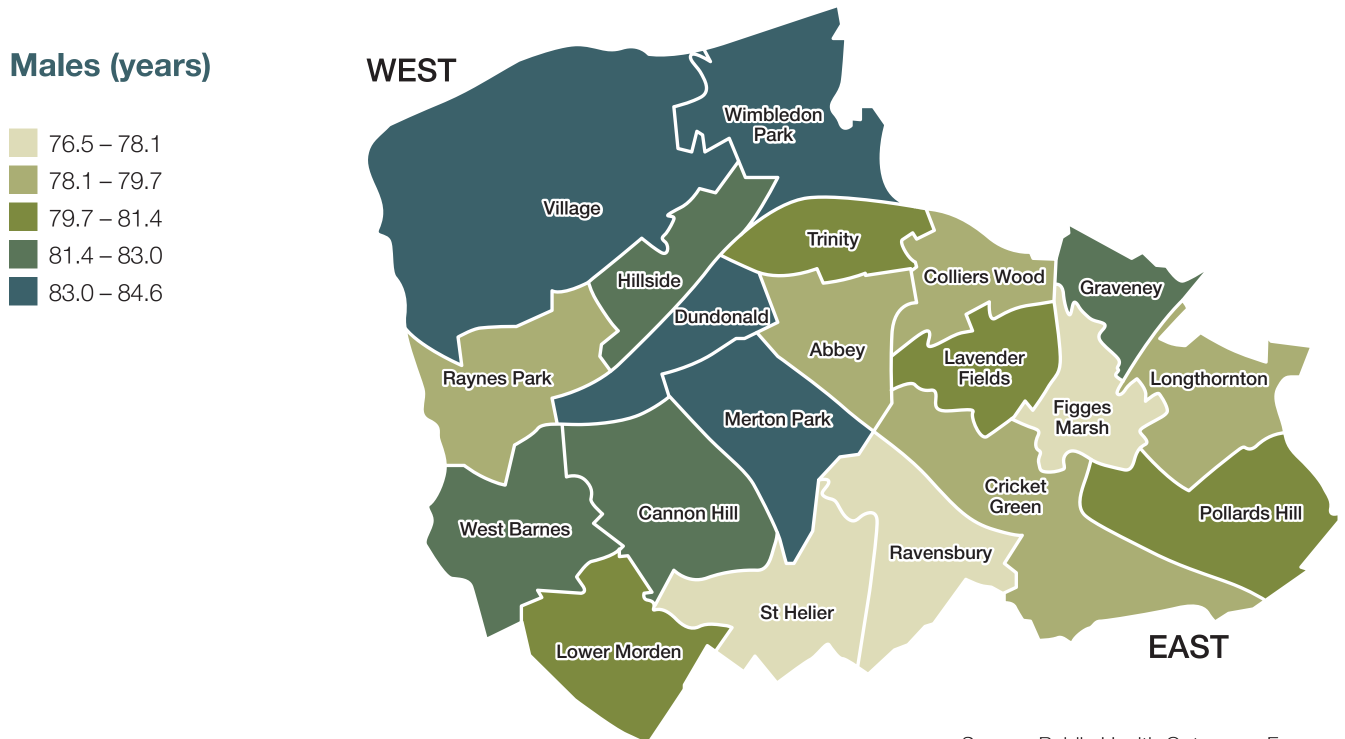
Breaking down mortality by causes of death in Merton shows that the top three causes of death in those under 75 years of age (in order of frequency, from most to least common) were cancers, circulatory disease and accidents and injuries – which together accounted for 70% of all deaths in Merton. Many of these were from preventable causes.

Figure 2: Inequalities in deprivation across Merton



Source: Index of Multiple Deprivation 2010, Department for Communities and Local Government

Figure 3: Inequalities in life expectancy across Merton



Source: Public Health Outcomes Framework

Source: Public Health Outcomes Framework

How will we get to our goal

This refreshed strategy takes a sharper focus on where we face the biggest inequalities and challenges for Merton residents.

We will focus on prevention – from the introduction, we can see that creating the place for a good life will require a broader understanding of how health and wellbeing are created, starting early in life. The move of Public Health to local government opens opportunities to improve health and wellbeing through the council's many services that influence health. Working to ensure that these influences are positive improves the chance of improving health and wellbeing of our residents. This will have a bigger impact than working on individual lifestyle behaviours alone, because even small changes in these wider influences will affect many people, making the healthy choice the easier one.

The influences on health accumulate as we age, resulting in good health or illness depending on opportunities and lifestyle choices. Saving a child's life adds the greatest number of years to life expectancy. It is therefore important to prioritise the early years when we begin laying down habits for a lifetime.

We will take advantage of every contact with residents and through settings (such as schools, workplaces, community settings, high streets and primary care) to embed prevention messages.

We will work in partnership – creating health and wellbeing is not the responsibility of any single agency. Good health is not the sole responsibility of the NHS nor is support for our most vulnerable the sole responsibility of social services. Working in partnership means that we all have a role to play, building on our own strengths to contribute to improved health and wellbeing.

We know we have to work differently, breaking down silos that separate our efforts. We recognise that working in isolation has not been effective and that we need to take a holistic approach, bringing together our work to achieve more than by working alone. This will involve making health everyone's business by taking advantage of all frontline contacts with residents, for example.

We will intervene early – when a health problem occurs, we can either cure or manage the problem in community settings. Not only will this improve residents' quality of life but it will also reduce the need for more expensive acute and social care services. For example, detecting long-term conditions early can add a few years for the quickest gains in life expectancy.

We will work in and through communities – to ensure that services respond to our residents' needs, especially to the increasing ethnic diversity and to improve people's control over their lives, which in itself is good for health.

We will work at multiple levels of government – because we realise that we do not have the necessary powers to create healthy places locally. We will work across London with interested boroughs, London Councils and the Greater London Authority to develop solutions and, where appropriate, we will work together to advocate for change at the national level.

We will use data and evidence effectively – to ensure that we are responding to real needs with evidence of best practice.

Creating the Place for a Good Life – where do we want to be by 2018?

In November 2013, 80 people from the voluntary sector, the Merton Clinical Commissioning Group and the London Borough of Merton came together and agreed that the significant health inequalities and wider inequalities that shape health and wellbeing are not acceptable. Participants agreed that all residents should have opportunities for a good life. By 2018, we will work to address these health and wellbeing inequalities through the following:

Theme 1

Best start in life

– early years development and strong educational achievement, with a focus on health

Why is this important?

What a child experiences during the early years (including before birth), lays down a foundation for the whole of their life,[1] including both physical and mental wellbeing. For example, positive early attachment, bonding and resilience have long-term benefits and it is during the early years that we develop our lifestyle habits for later years. Immunisation is an important intervention that protects children against diseases that can kill or cause serious long-term ill health. Merton immunisation rates are below recommended levels and inequalities in immunisation uptake persist among poorer families.

Good mental health is as important as good physical health and emotional wellbeing. Good mental health in the early years of life is recognised as being vitally important, not only to an individual's present quality of life but also to their future personal and social development. Having good emotional health and building resilience enables children and young people to cope positively with stress and adversity. We also know that certain groups of young people are more likely to develop mental health issues (for example our Looked After Children).

Ensuring children are resilient and ready for school means that they will do well and achieve when at school, thus providing the resources required later to earn a living to take care of themselves and their families and to make healthy choices.

National statistics show that children on free school meals, or those with special educational needs, are around three times more likely to be persistently absent and there is clear evidence of a link between poor attendance at school and low levels of achievement.

[1] Marmot Review 2010, Centre for Excellence and Outcomes in Children and Young People's Services 'Grasping the Nettle' 2010

Higher educational attainment is linked to many beneficial behaviours and good health outcomes. These include greater life expectancy overall as well as a larger percentage of years spent in good health and with adequate mobility. Better-educated people practise healthier behaviours, are more informed users of health services, and are more likely to comply with treatment. Increased levels of education are also associated with more robust mental health and better self-esteem. Better educated people are also more effective in supporting health outcomes for their children.

We will achieve by 2018

	Baseline 2015	Target 2018
Uptake of childhood immunisation is increased (MMR at 5)	72.2%	87.6%
Emotional wellbeing of children is improved and waiting times from referral are shortened.	No CAMHS Strategy	Integrated CAMHS pathways embedded and average waiting times from referral < 5 weeks
Number of children who are overweight and obese at age 10-11 is reduced.	36.4%	35.7%
Gap in children eligible for pupil premium achieving 5 a-c* GCSEs including English and maths, and their peers at age 16 is reduced.	24.8%	20.0%
Number of children ready for school is increased – the current indicator will change, therefore target is TBC.		TBC

Theme 2

Good Health

– focus on prevention, early detection of long-term conditions and access to good quality health and social care

Why is this important?

The relationship between health and the influences on health is two-way. The influences on health such as education, income and living environment, clearly contribute to health as discussed in the introduction. It is also clear that this works the other way; good health enables people to take advantage of opportunities for good education, jobs, and participating in community life.

The middle years are when disease and disability begin to manifest as a result, in part, of lifestyle behaviours

that were laid down from the early years. Data from the World Health Organisation (WHO) atlas of heart disease and stroke estimate that tobacco use, alcohol, obesity, low fruit and vegetable intake and physical inactivity account for 36% of the burden of disease across the globe. These are clearly preventable behaviours; starting early in life to ensure people are healthy will reduce the level of disease and disability. However, where long-term conditions develop, early detection makes cure or management in the community possible, improving people's quality of life and reducing the need for expensive acute health and social care.

Increased life expectancy is a triumph, but it also represents one of our greatest challenges as older people make a significantly higher call on health and social care services. Prevention interventions, such as staying active, as well as increased screening and regular check-ups, and rehabilitation for people to regain independence can improve quality of life and reduce demand on acute services.

New models of care are required that break down the barriers in how care is provided between GPs and hospitals, between physical and mental health, and between health and social care – all of which get in the way of care that is genuinely coordinated around what people need and want. These models of care will need to work in settings, which are more effective in reaching larger numbers of people and on the policy environment, which has a bigger impact on health than by working on the individual level alone.

We will achieve by 2018

Outcome	Baseline 2015	Target 2018
All partner organisations promote health in their policies and services through frontline staff acting as health champions.	Ad hoc at present	Strategic, embedded in policy
Settings e.g. workplaces, schools, high streets where people spend time are healthier, providing healthy options.		
■ High streets – the gap in alcohol-related harm between areas within Merton will be reduced to a difference in Standardised Admission Rates of 25	31.7	25
■ Schools – children who are overweight and obese at age 10-11 (target given above in Theme 1).	See Theme 1	See Theme 1
Adults make healthy lifestyle choices		
■ Smoking prevalence	13.9% (2013)	10.6%
■ Alcohol-related admissions	502 / 100,000 (2012/13)	458 / 100,000
■ The percentage of obese residents who achieve a 5% weight loss.	No weight management pathway	To be developed
Early Detection and Management		
■ A model of care that responds to east Merton health and wellbeing needs will be ready and implementation underway. A proactive GP pilot will influence development of the model, which will seek to embed prevention and to move care out of expensive acute settings where appropriate to primary and community settings where disease can be diagnosed earlier and managed by the patient and/or their GP or other primary care provider.	No model	Integrated model of care developed and being delivered across east Merton
■ Mental Health – integrated pathways in place; Reduced waiting times for treatment where primary and secondary diagnosis is a mental health and a physical condition or vice-versa.	Mental Health not part of integration agenda	Mental Health included in integration programme and being delivered

Theme 3

Life skills, lifelong learning and good work

Why is this important?

Deprivation and low income are important influences on health. Levels of disposable income affect our ability to meet basic needs – the way we live, the quality of the home and work environment, and the ability of parents to provide the kind of care they want for their children. The relationship between health and low income exists across almost all health indicators.[2] The outcomes associated with low family socioeconomic status include poor maternal nutrition, infant mortality, low birth weight, childhood injuries, child mortality, dental caries in children, malnutrition in children, infectious disease in children and adults, health care services use, chronic diseases in adulthood and excess mortality. The risk associated with poverty is two-fold:

- People living in poverty are more likely to be exposed to conditions that are adverse for development (e.g. crowded living conditions, unsafe neighbourhoods, etc)
- People living in poverty are also more likely to be negatively affected by these adverse conditions

Work is good for a person's health as it contributes to a sense of self-worth and dignity. But the nature of work is also important since insecure jobs and poor conditions can contribute to increased stress and illness.

Staying active and keeping the mind stimulated through lifelong learning may help delay conditions that are associated with growing older. English for Speakers of Other Languages provides skills to connect with one's community, increasing control over one's life and having a positive impact on health.

[2] London Health Observatory. www.lho.org.uk/LHO_Topics/Health_Topics/Determinants_of_Health/Income.aspx

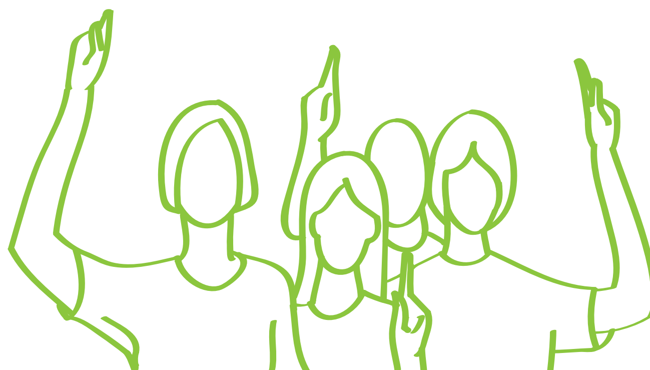
We will achieve by 2018

Outcome	Baseline 2015	Target 2018*
The number of JSA claimants at Mitcham JCP and ESA claimants.	1.7% of working population	1.6%
Increase employment by targeting initiatives to improve soft skills and to deliver skills in growth sectors.	100 IT and 200 employability skills training	+150 employed
Assist business start-ups and growth of existing businesses and enable local unemployed to access the new jobs created.	N/A	+160 jobs
Bridge the lifelong learning gap in deprived wards and increase access to ESOL (English for Speakers of Other Languages) courses using health themes.	36% of learners on qualification live in deprived ward. 60 ESOL learners using health themes	40% 240 ESOL learners using health themes

*This is a one-year target. 2017 and 2018 targets to be defined depending on availability of funds.

Theme 4

Community participation and feeling safe



Why is this important?

Community participation is a key determinant of health. When people have the opportunity to make a positive contribution to their community through volunteering and community action, or participate in their community by benefiting from local activities, they contribute to social cohesion and have improved levels of confidence, resilience, wellbeing and reduced levels of isolation.

Social cohesion helps to protect people and their health and is defined as 'the quality of social relationships and the existence of trust, mutual obligations and respect in communities or in the wider society'.[3] A breakdown in social cohesion may reduce trust, increase violence, increase health conditions such as heart disease, poor mental health and poorer chances of survival after a heart attack.

According to Merton Voluntary Service Council's (MVSC) State of the Sector Report 2014, there are almost 600 voluntary and community organisations in Merton serving a wide range of client groups and providing a variety of services, particularly to vulnerable sections of the community. This paints a picture of a voluntary sector that is broad in its scope, with organisations working across a huge range of areas and providing multiple services.

Crime rates affect people's sense of security and increase their experience of stress. Stress causes physical changes with potentially damaging health consequences. In areas with high levels of crime, people may be unwilling to participate in their community or to go outdoors for physical activity. In Merton levels of crime are among the lowest in London, although there are significant differences between areas of Merton.

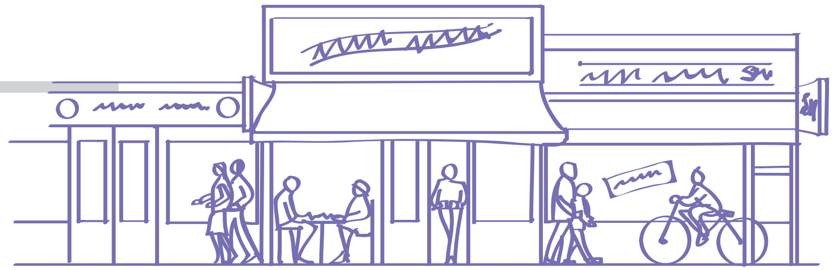
[3] Wilkinson, R and Marmot M. 2003. Social Determinants of Health. The Solid Facts. Second edition. WHO.

We will achieve by 2018

Outcome	Baseline 2015	Target 2018
The number of people engaged in their communities is increased through volunteering.	20%	23%
Sustainable voluntary and community organisations partner with the public sector to strengthen community capacity and cohesion.	0 organisational health checks of small community groups in east Merton	63 organisational health checks complete
People remain independent or regain independence.	12 reablement places	25 reablement places
People feel safer through tackling perception of crime.	75% of respondents	80% of respondents
Causes of crime addressed through a place-based approach in three hotspot areas identified through the Vulnerable Localities Index.	Crime rate in identified ward area before intervention	5% reduction 6 months after intervention in each of the 3 areas

Theme 5

A good natural and built environment



Why is this important?

There is now strong evidence that the built environment shapes health outcomes. A well-designed public realm with high quality green open space will encourage physical exercise, improve mental health, and increase biodiversity. The case for delivering improvements to health and wellbeing through spatial planning policy should therefore be seen as part of the wider case for delivering sustainable communities.

The largest opportunity to make a difference in improving the health and wellbeing of people and communities lies at local and neighbourhood (and ward) levels. The planning and licensing processes offer opportunities to develop healthy places, if these levers are used to improve health.

Poor air quality contributes to shortening the life expectancy of all Londoners, disproportionately impacting on the most vulnerable. Air quality in London is the worst in the country. Poor air quality exacerbates heart and lung conditions such as asthma and chronic obstructive pulmonary disease. It is thought that the effects of air pollution contribute to many thousands of premature deaths of people who have serious illnesses.

The number of residents aged 60 or over is projected to increase 11% between 2011 and 2017. One of the key concerns is the increase in older people living alone, which has implications for health and social care, since 57% of the 'fuel poor' are aged 60 and over. Poorly insulated homes and the continual rise in heating bills contribute to fuel poverty.

While the Merton Excess Winter Deaths for all respiratory diseases is similar to England, Merton is ranked second worst out of all London boroughs. For chronic lower respiratory diseases, Merton is ranked the worst in London.

Housing quality is an important determinant of health and a marker for poverty. The condition of the housing stock is a major influence on the borough's capacity to reduce inequality. Where people live and the quality of their home have a substantial impact on health; a warm, dry and secure home is associated with better health. The cheapest forms of accommodation are houses of multiple occupation, including bedsits, hostels and shared houses. These premises are occupied by many of the poorest and most vulnerable residents; an improvement in the management, provision of amenities (such as kitchens, bathrooms and toilets) and the repair of the properties themselves have a clear and positive impact on the health and wellbeing of those occupying them.

Merton's social housing stock is amongst the lowest in London at 14% of total stock. The London average is around 22% with social housing stock as high as over 59% in large boroughs such as Southwark. The profile of stock differs between owner-occupied and social housing in Merton, with 58% of social housing and 63% of private rented homes being flats, compared with only 24% in the owner-occupied sector. Social housing and private rented homes also typically contain fewer rooms than those that are owner-occupied.

We will achieve by 2018

Outcome	Baseline 2015	Target 2018
Positive health and wellbeing outcomes are embedded within major developments as a condition of granting planning permission in Merton.	0	100% of significant plans have health impact assessment
Fuel poverty is reduced through collective energy switching programmes.	25 households participate per action	Increased participation to 10% annually
Pollution is reduced through increased number of trees in parks.	5.5% (5.9%) to 6.5% (6.9%) tree cover by LBM managed trees and woodland (2012/14)	3% increase in LBM managed tree canopy cover
The quality of houses of multiple occupation (HMOs) will be improved.		80% of HMOs licensed

Management of the strategy

While overall responsibility for this strategy lies with the Health and Wellbeing Board, responsibility for the individual themes lies with the relevant partnership board; i.e.,

- **Best Start in Life** .... Children's Trust Board
- **Good Health** .... Health and Wellbeing Board
- **Life skills, lifelong learning and good work** .... Sustainable Communities and Transport
- **Community participation and feeling safe** .... Safer Stronger Merton
- **A good natural and built environment** .... Sustainable Communities and Transport

For each theme a number of objectives are set out in the section *What we will do* – a detailed action plan for Year 1 of this strategy is online at **www.merton.gov.uk/publichealth**. These will be reported to the Health and Wellbeing Board to allow the Board to track progress.

Toward the end of each year, these actions will be reviewed and a new detailed plan developed for the following year.

Merton Joint Strategic Needs Assessment
www.merton.gov.uk/health-social-care/publichealth/jsna

More information on Merton Health and Wellbeing Board
http://democracy.merton.gov.uk/mgCommitteeDetails.aspx?ID=184

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