

Committee: Council

Date: 10 September 2014

Wards: All

Subject: Strategic Theme Report – Healthier Communities (with particular reference to Embedding Public Health – one year on from transition)

Lead officer: Kay Eilbert Director of Public Health

Lead member: Councillor Caroline Cooper Marbiah, Cabinet Member for Adult Social Care and Health

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Recommendations:

A. That Council consider the content of the report.

1.1 Council at its meeting on 6 March 2013 approved the Business Plan 2013-2016.

The Business Plan represents the way in which the council will deliver the Sustainable Community Strategy, which is grouped into five strategic themes (sustainable communities, safer and stronger communities, healthier communities, older people, children and young people). Performance against these themes, plus an additional theme of corporate capacity, is monitored by Council.

1.2 Each meeting of Council will receive a report updating on progress against one of these strategic themes. This report provides Council with an opportunity to consider progress against the priorities that are to be delivered under healthier communities theme – with a specific focus on the work of the Public Health team following transition to the Council.

1.3 The ambition for the theme as outlined in the Council's Business Plan 2013-17 is to 'improve health outcomes, maintain robust safeguarding, improve educational outcomes, promote children and young people's positive contribution and their economic wellbeing'. In respect of the specific healthier communities focus of this report 'to work over the next five years in partnership to stem the increase in inequalities in health across Merton, providing greater opportunities for everyone to be healthy'.

1.4 The key portfolio holder is the Cabinet Member for education, Councillor Caroline Cooper Marbiah

1.5 The Business Plan can be viewed at www.merton.gov.uk/businessplan

2. DETAILS

Poverty is bad for your health – Office for National Statistics July 2014

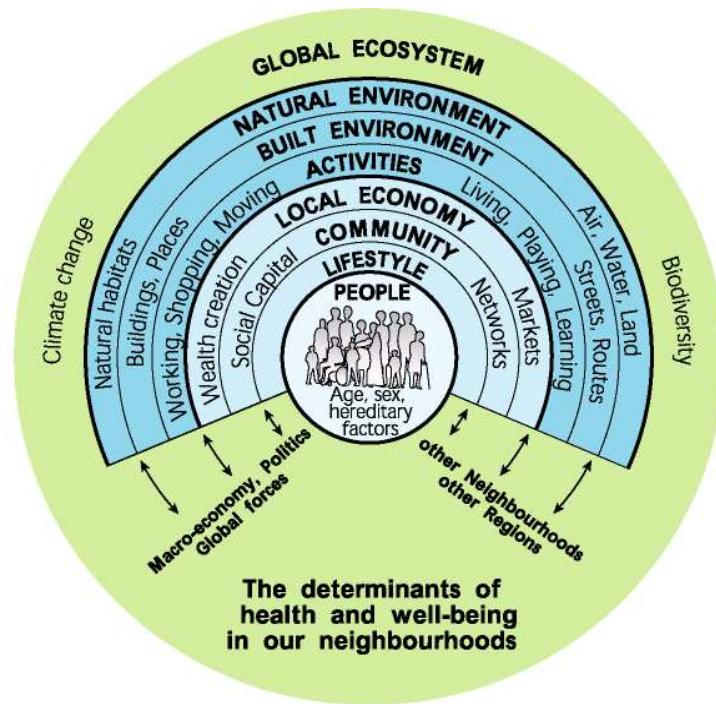
The Office for National Statistics has said that millions of people are destined to die nine years earlier than they should because they are poor. Males in the most deprived part of the population - the bottom decile - are set to die before they reach 74 years old '73.8' - almost a decade earlier than those in the top decile, who can expect to live until they are 83 years old '82.9'. Females share a similar fate, with those born in the bottom decile expected to die by the time they are 79 years old, seven years earlier than the most affluent '85.9'.

Public Health following transition.

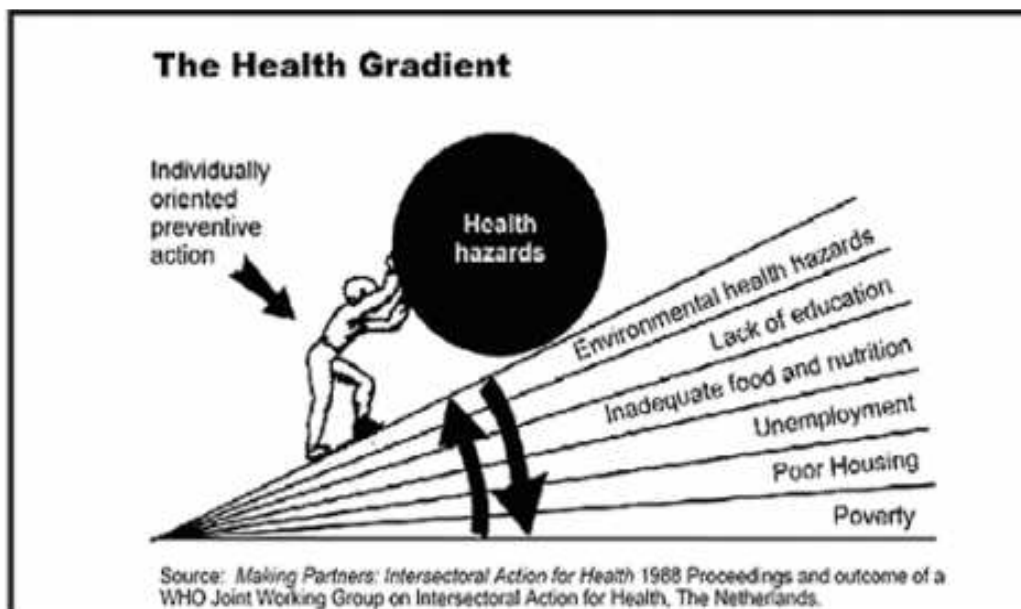
- This report provides an update following the first year of Public Health moving to the Council in April 2013. It focuses on the work to date, and that planned, to address inequalities in health and to work more widely to tackle the causes of those inequalities.
- Building on the well established work of Merton Partnership and others, the Public Health team has worked across the Council and beyond, focussing on reducing the significant health inequalities that exist across Merton and the determinants of health which influence these.
- Working as part of the local authority has opened up exciting opportunities to work on the factors that create health, such as the environment in which we live. This broadens the traditional focus on health care and lifestyles to a wider approach to prevention. The challenge is to raise awareness of the influence of Council services on health effectively and for Councillors as well as officers to act as advocates for good health in all we do.
- This focus on prevention, addressing the influences on health is also increasingly reflected in the work of the Health and Wellbeing Board and will be taken forward through the forthcoming review of the Health and Wellbeing Strategy.

2.1 Introduction - What is health?

- 2.1.1 For the benefit of new members who did not receive the Public Health Strategic Theme Report in April we are restating the factors that make up good health.
- 2.1.2 As can be seen in the diagram below, health is about putting in place the conditions in which people can be healthy. People's health and wellbeing is strongly influenced by the conditions in which they live and work. Health inequalities are created by inequalities in wider society, for example in unequal opportunities for a good education and a good job.



- 2.1.3 In fact, health care and social care services and our biology only account for about 20-30% of our health and wellbeing. While these services are important to help those who become ill or disabled to re-establish their independence as far as possible, the rest is mainly determined by the social and physical environments in which we live. If all inequalities in access to health care services were eliminated, there would still be health inequalities that are created by the wider environment.
- 2.1.4 The 2010 Marmot review of health inequalities recommended working across the life course - prioritising the early years (because the habits that children develop influence their health outcomes as adults), through working age to a thriving retirement. We have adopted this approach, focusing on reducing the significant health inequalities that exist within Merton and the social determinants which influence these inequalities.
- 2.1.5 The figure below shows that we must combine efforts to provide information and services to enable individuals to take responsibility for their own lifestyle choices – but they can only make healthy choices where options are available. The Council has numerous levers to improve availability of healthy options, through for example planning and licensing.



2.2 Public Health as part of Merton Council

2.2.1 As previously reported to Council, since transition in April 2013 the Public Health team has been forging new partnerships, seeking opportunities to address the significant health inequalities in Merton and to embed prevention in everyone's work in the Council and beyond.

The current year sees these priorities continuing with particular focus on integration, joining up services effectively and embedding public health in Council services, and on prevention, addressing the wider determinants of health that lead to health inequalities.

2.2.2 Merton Council inherited a relatively small Public Health budget and team, which has worked to make public health as effective as possible, while realising that we have to work differently and more efficiently within limited resources. This has been enhanced by a strengthened Public Health team, bringing new expertise that allows a greater focus on building the evidence base and promoting prevention.

During 2013-14, the Public Health team reviewed inherited contracts including school nursing, community dietetics and falls prevention. During 2014-15, we continue this review for contracts covering sexual health.

2.2.3 Opportunities remain to embed and increase engagement with partners and communities building capacity to address the wider determinants of health. During times of financial pressure, Public Health approaches offer ways to improve the quality of people's lives, while saving money in the medium to long term.

2.2.4 Further details of Council services influences on health and wellbeing are included in Appendix 3.

2.3 The Public Health Approach

- 2.3.1 The Public Health vision for Merton over the next five years remains to stem the increase in the significant health inequalities that exist between the East and West of Merton, providing more equal opportunities for all residents of Merton to be healthy.
- 2.3.2 In addition to providing public health support and advice, the Public Health team is working to make health everyone's business - working with partners, in the Council, Merton Clinical Commissioning Group and the voluntary sector – embedding health concerns in policies and contracting and training frontline staff as Health Champions across Merton.
- 2.3.3 Public Health has taken this approach to the Health and Wellbeing Board, which has placed a greater emphasis on prevention; for example plans are in place to establish a Harm Prevention sub group to the Health and Wellbeing Board.. Work is also currently underway to establish the evidence base for targeted place based approaches to tackling health inequalities.
- 2.3.4 There is an increasing recognition, at national policy as well as local level, that prevention is key to sustainability and that prevention will need to be a core focus of HWBs moving forward.

2.4 Public Health Mandatory Work

Local authority responsibilities for public health include mandatory functions and services:

- Developing the Joint Strategic Needs Assessment (JSNA), which commissioners must use as the basis for their commissioning decisions. The JSNA sets out the health and social care needs of residents, as well as information on the environment in which people live. The JSNA is available online at <http://www.merton.gov.uk/health-social-care/publichealth/jsna.htm>
- Supporting the Health and Wellbeing Board and leading on Merton Health and Wellbeing Strategy which will be refreshed in 2015. Public Health is also leading on the Pharmaceutical Needs Assessment which is currently underway.
- Producing the Director of Public Health's annual report on the health of the people in Merton which will be published in September.
- Commissioning or providing local mandatory services, i.e.,
 - sexual health services,
 - National Child Measurement Programme,
 - NHS Health Checks
 - Assuring health protection functions, such as immunisations, screening and pandemic flu through the DPH

- Providing public health advice to Merton Clinical Commissioning Group (MCCG)

2.5 Working with Merton Clinical Commissioning Group (CCG)

- Public Health has worked with Merton CCG to advocate a focus on the east of the borough. The CCG is now developing a new model of care in East Merton and have agreed to pilot a 'Proactive GP Practice' model in the East of the borough.
- Public Health is supporting Merton CCG priorities with Public Health staff participating in five (Children. Early Detection and Management, Elderly and Vulnerable Adults – Merton Model, Mental Health and Prevention) of the six CCG Priority Groups achieving a close working relationship and bringing the public health approach of evidence based work. Within this, we are collaborating on needs assessments for weight management and adult mental health.
- The Director of Public Health contributes to Merton CCG through membership on the Board and Executive Team.

2.6 Working across the Council

CMT agreed a budget and plan for Public Health for a programme of activities that focuses on embedding health cross Council Directorates. This includes:

- A Health Impact Assessment policy for the whole Council, starting with pilot HIAs. A process for delivering this across Council work is being considered by management for delivery in 2014.
- Work with procurement to embed health concerns in LBM contracts as part of the Social Value requirement for the Council.
- Signing up the Council to the London Healthy Workplace Charter that supports and recognises employers who invest in the health and wellbeing of their staff

2.6.1 Working with Children

- A review into Children's Centres has been completed and now investment is being placed in training staff to deliver best practice. In addition, the work focuses on bringing together the different cadres of staff who deliver services to children including GPs, children's centre staff, health visitors, midwives with links to school nurses.
- Work with East Merton school clusters on support for Healthy Schools, including a core offer and additional support that schools can buy in. Broader borough wide work includes increasing the numbers of children using Free School Meals and weight management for children and families

2.6.2 Working with Adults

- Investment in ESOL (English as a second language) and Ageing Well, both increasing residents ability to remain as independent as possible and participate in community life.
- Development of a Healthy Weight Strategy for Merton – identified as a priority and a gap in services by developing a multi-agency comprehensive Healthy Weight framework for Merton for both adults and children
- Support to improve partner use of needs analysis and evidence to guide commissioning decisions. Public Health is proposing development of a 'knowledge hub' to provide services across the Council..

2.7 **Public Health Wider Focus**

2.7.1 Health and Wellbeing Peer Challenge

In autumn 2013 Merton put itself forward as a pilot in the Health and Wellbeing Peer Challenge. The purpose of the Challenge was to support the Council in implementing its new statutory responsibilities through a systematic challenge by peers. The challenge focussed on the establishment of an effective Health and Wellbeing Board, the operation of Public Health and the establishment of HealthWatch, and provided feedback which included many positive and constructive comments. Merton was recognised for '*excellence and maturity in working with the voluntary sector through MVSC*' and for '*its clear strategy, enthusiasm and commitment to improving health and wellbeing of residents*'

Recommendations included the need for the Health and Wellbeing Board to maintain a focus on delivery with pace and public health to be fully embedded in Council service plans.

2.7.2 Merton Partnership Conference on Health Inequalities

The Health and Wellbeing Peer Challenge was followed by Merton Partnership conference 2013 focusing on health inequalities. The aim of MP Conference was 'to commit to new ways of working that will help reduce health inequalities in Merton'.

In November 80 people from the voluntary sector, the Merton Clinical Commissioning Group and the London Borough of Merton came together with Public Health to identify and to make commitments to address inequalities between the east and the west of Merton. Participants first agreed that all residents of Merton should have equal opportunities for a good life. The elements of a good life are:

1. Best Start in Life - early years development and strong educational achievement.
2. Good health – preventing illness, ensuring early detection of illness and accessing good quality health and social care.
3. Relevant life skills, lifelong learning and good work.
4. Community participation and feeling safe.
5. A good natural and built environment.

This work is the focus of the Director of Public Health Merton Annual Report 2013-14 and will be taken forward during the coming year.

2.7.3 Public Health Making Health Everyone's Business

In addition to the mandatory work that public health must deliver, a wider programme of initiatives has been developed in partnership across the Council, with Merton Clinical Commissioning Group, voluntary and other organisations, to address health inequalities and deliver prevention.

Examples of work are given below and the full Public Health high level work plan for 2014-15 is included in Appendix 1.

2.7.4 Working to Deliver Prevention

Public health also works to delivering a wider agenda that includes prevention:

- CMT agreed to implement a health impact assessment across all Council work following a pilot.
- Work has taken place with Environment and Regeneration, Planning and Licensing to identify opportunities to use these levers to improve prevention.
- A place based approach is under development in local communities to bring together Council work across directorates, within existing resources, to deliver a more effective package of services. This has the potential to lead to community ownership for defining their own priorities and for monitoring delivery.
- Embedding prevention in frontline staff by training all partners to act as Health Champions for brief advice and signposting to prevention services
- An Alcohol strategy is under development to work across prevention through to treatment, ensuring that this work addresses individual behaviours and environmental influences through planning and licensing, for example, as well as treatment services.

2.7.5 Working with the Voluntary Sector

- Community Health Champions work within the Livewell service through a range of community organisations representing different groups of residents mainly in the more deprived East of the borough. Community group members encourage their members to adopt healthier lifestyles and to take up prevention services. A My Health Guide provides information for Champions and opportunities for residents to make commitments to lifestyle changes.
- LiveWell provides training of front line workers to make every contact count by providing basic prevention advice and signposting to services. Training has been provided to fire fighters, library staff, and leisure centre staff.

2.8 Developing the Public Health team

- As previously reported, the Council inherited a small Public Health team and budget and argued successfully for a small increase in the allocation for public health. The allocation for 2014/15 is £9.2 million.
- The Public Health team will be up to full capacity by the end of September, with the addition of four public health specialists to work on children, older people, public health intelligence and prevention. Two posts will be shared with Merton Clinical Commissioning Group.
- This brings the total team to 12, still well below that of most London Public Health teams and brings the total investment for staff to about 10% of the total public health budget. The increased capacity is now beginning to provide additional public health expertise to support Council and MCCG work and foresee the addition of health visitors. A structure chart of the PH team is in Appendix 2.
- Following transition, Public Health agreed an integration approach, where Public Health staff work alongside colleagues across Directorates to add value to improve local people's health. There have been some successes in embedding Public Health in the Council but the actual configuration will be kept under review to ensure that it develops effectively to meet partner requirements.

2.9 Next Steps

- 2.9.1 The Public Health TOM (Target Operating Model) will be finalised by the end of 2014, effectively integrating Public Health into the Council, demonstrated by, for example, taking on certain Safer Merton functions, considering a future Public Health role as a 'knowledge hub' for the Council and identifying further opportunities to take forward the role of Public Health in the Council up to and beyond 2015/16 when the ring fence is planned to be removed.
- 2.9.2 The focus on prevention and the wider determinants to tackle health inequalities will be translated into a number of initiatives by the Public Health team. This focus will be reflected in the forthcoming review and refresh of the Health and Wellbeing Strategy for 2015.
- 2.9.3 A strong evidence base will be established through the new Joint Strategic Needs Assessment now a live document, constantly updated with newly available data. Wider contributions to, and use of, this resource will be encouraged across the Council as part of the proposed knowledge hub, and to partners as a robust source of intelligence to inform future policy development.
- 2.9.4 This evidence base will support a programme of Health Impact Assessments, piloted last year, to be developed to assess the impact on health of new policies and projects.
- 2.9.5 Public health will continue to work across our health partnerships in the Council, the MCCG and the voluntary sector by adding value to the work of each. It will seek new opportunities to embed health as everyone's business and use available levers and policies that impact on health.

2.9.6 The work of Public Health relates to that of all members and officers who can act as advocates for good health in all we do. Appendix 3 sets out a short summary of how each cabinet portfolio influences health and wellbeing.

3. Reports of Overview and Scrutiny Commission/Panels

3.1 The Healthier Communities and Older People Overview and Scrutiny Panel has a keen interest in Public Health issues, the Director of Public Health will be invited to the September meeting to discuss their priorities for the year ahead. The Panel will also be scrutinising the refreshed Health and Wellbeing Strategy.

3.2 Local authorities have an important role in overseeing the immunisation and screening programmes by supporting the DPH assurance role of these services. The Panel received a report from NHS England on childhood immunisations and diabetic eye screening last year. Scrutiny of the cancer screening programme will take place in the spring. The scrutiny function has also received support from the Centre for Public Scrutiny to run a supported review on childhood immunisations. The task group, which consists of councillors from across the scrutiny panels, is holding an event with a wide range of partners in September to determine which aspect to focus on.

3.3 The Panel also received support and advice from the Public Health team to run a review on physical activity amongst those who are fifty five plus. More work is taking place on this review, beginning with a comprehensive audit of the services available to this group.

4. ALTERNATIVE OPTIONS

4.1 Not applicable – this report is for information only

5. CONSULTATION UNDERTAKEN OR PROPOSED

5.1 Public Health has undertaken engagement for the refresh of the JSNA and other elements of the work programme.

6. TIMETABLE

6.1 Public Health transferred to the local authority from 1 April 2014

7. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

7.1 There are no financial, resource or property implications arising from this information report. All related services are delivered within existing resources.

8. LEGAL AND STATUTORY IMPLICATIONS

8.1 There are no legal or statutory implications arising from this information report.

9. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

9.1 Public Health is focused on tackling health inequalities across Merton and this is reflected in the vision of the Health and Wellbeing Strategy.

10. CRIME AND DISORDER IMPLICATIONS

10.1 No specific implications for the purpose of this report.

11. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

11.1 No specific implications for the purpose of this report.

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

Appendix 1 Public Health Workplan 2014-15

Appendix 2 Public Health Team Structure Chart

Appendix 3 Council Services influence on health and wellbeing

13. BACKGROUND PAPERS

2013 – 2017 Merton Business Plan

Merton Health and Wellbeing Strategy

Appendix 1 - London Borough of Merton

Public Health Directorate Workplan 2014-15

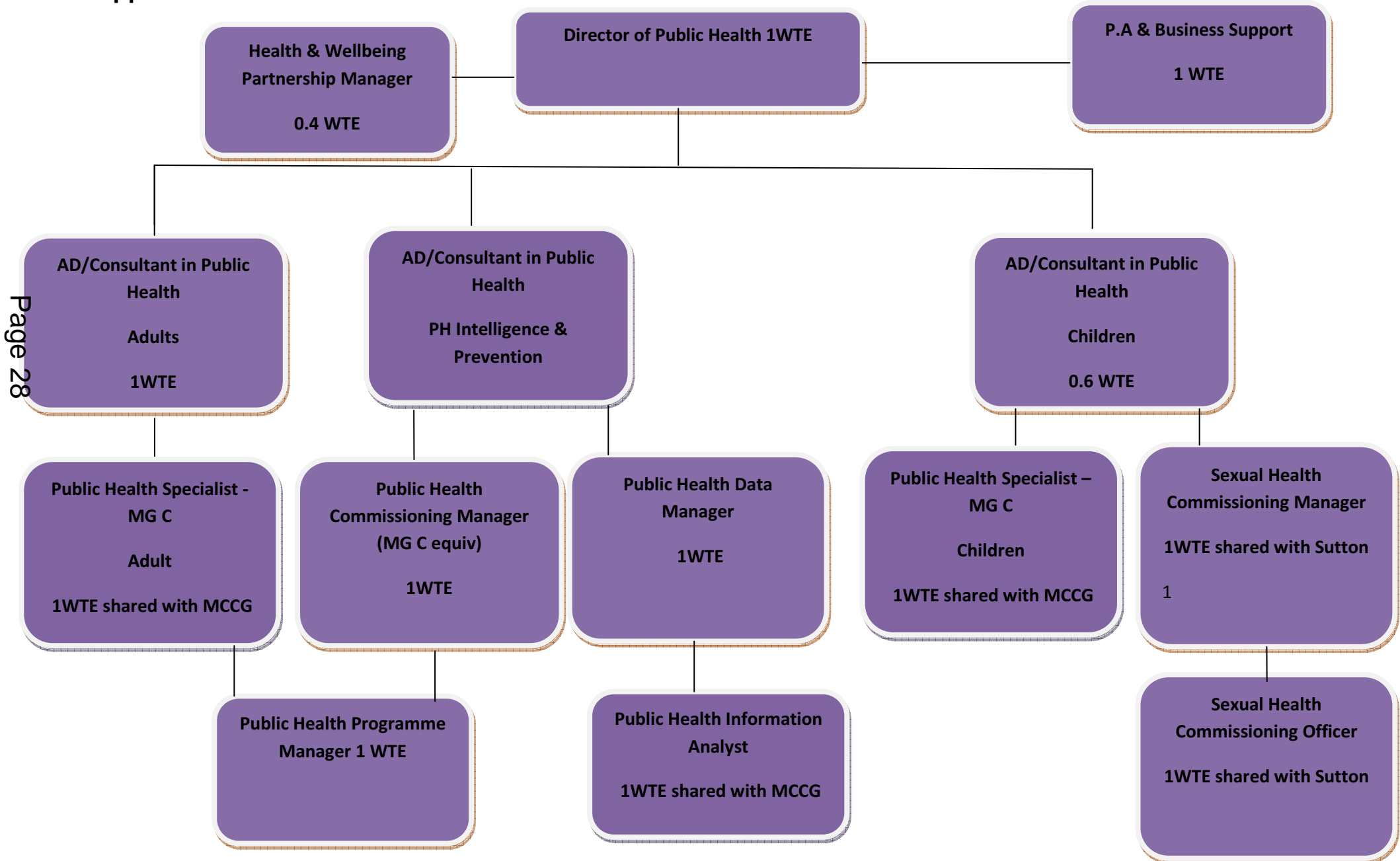
Area	Task	Evidence of Success	Responsibility	Comment
Embed Public Health across the Health and Wellbeing partnership	<ul style="list-style-type: none"> • Raise profile and understanding of public health in LBM and across partnership • Develop strategies to make 'health everyone's business' • Undertake 3-4 in-depth needs assessment and/or strategy development e.g, weight management and alcohol in partnership with key stakeholders 	<ul style="list-style-type: none"> • Partners understand their contribution to health • Public health concerns embedded in contracts; e.g., leisure • Frontline staff trained to provide prevention messages and signposting 	DPH and Public Health	
Provide leadership for public health in LBM	<ul style="list-style-type: none"> • Propose strategies to embed public health across LBM; e.g, health impact assessment • Agree joint work and provide ongoing support across LBM directorates 	<ul style="list-style-type: none"> • HIA policy agreed and being delivered • Public Health embedded across LBM with ongoing, effective relationships through 'workplans' agreed with each directorate • Evidence-based strategies and action plans 	DPH, PH team and CMT	
Produce annual public health report	<ul style="list-style-type: none"> • Decide theme and prepare report 	<ul style="list-style-type: none"> • Annual Public Health Report available 	DPH	
Review public health team function within LBM	<ul style="list-style-type: none"> • Undertake review and develop options paper. Finalise TOM 	<ul style="list-style-type: none"> • CMT agreed option delivered 	DPH in consultation with team and Simon Williams	

Area	Task	Evidence of Success	Responsibility	Comment
Develop annual workplan for public health to deliver the mandated services as a minimum	<ul style="list-style-type: none"> Staff in team propose and agree objectives Discussions with CCG to agree PH inputs Build staff objectives into annual workplan 	<ul style="list-style-type: none"> Annual workplan agreed by CMT 	Public health team, DPH with partners	
Oversee directorate budget , ensuring expenditure stays within budget	<ul style="list-style-type: none"> Ensure 2014/15 budget reflects full cost of transferred services Work with CMT to agree use of 2013/14 underspend 	<ul style="list-style-type: none"> 2014/15 budget agreed – roll over of 2013/14 budget Use of underspend agreed 	DPH and LBM finance CMT	
Ensure robust services are contracted for 2014-15	<ul style="list-style-type: none"> Complete reviews of services inherited from the NHS Develop contracts for services/posts agreed for recurrent PH budget Using recommendations of reviews, procure coordinated services across evidence-based pathways 	<ul style="list-style-type: none"> Reviews finalised with recommendations Pilot services in place 2014/15 2014/15 services procured in timely manner 	PH team	
Ensure robust performance management in place for all contracts	<ul style="list-style-type: none"> Agree KPIs for each service contract Agree regular performance management arrangements for each contract Participate in multi-borough contract monitoring 	<ul style="list-style-type: none"> All contracts are performance managed on robust KPIs 	PH team	
Ensure monitoring data provided as required	<ul style="list-style-type: none"> Agree public health monitoring data to be reported to C&H Provide monitoring data Make adjustments in delivery as indicated by data 	<ul style="list-style-type: none"> Service delivery is adjusted to reflect monitoring results 	PH team	

Area	Task	Evidence of Success	Responsibility	Comment
Develop good working relationships with key stakeholders in the Clinical Commissioning Group	<ul style="list-style-type: none"> • Participate in MCCG Board and management • Agree Memorandum of Understanding • Agree annual workplan with MCCG, including two shared posts • Take Mitcham model of care forward with MCCG 	<ul style="list-style-type: none"> • Public Health providing appropriate support to 5 MCCG Operating Plan priorities • Mitcham model of care plans approved by DoH 	DPH and PH team	
Develop partnership with the voluntary sector	<ul style="list-style-type: none"> • Agree support to MVSC • General • Health champions • Address inequalities by identifying and delivering opportunities in East Merton – work with BME groups and Pollards Hill pilot 	<ul style="list-style-type: none"> • Public Health seen as important partner • Contract in place with MVSC • Support being delivered to Health Champions • BME groups in E Merton providing support for older people • Pilot in Pollards Hill agreed and being delivered across partnership 	PH team	
Support the Health and Wellbeing Board and delivery of the Health and Wellbeing strategy	<ul style="list-style-type: none"> • Provide public health leadership to HWB; including support such as development exercise(s) with external expertise • Refresh HWB strategy • Develop Harm Prevention sub-group for prevention to HWB agenda 	<ul style="list-style-type: none"> • Well functioning HWB • HWB strategy reflects community plan more closely • Prevention firmly embedded in HWB agenda 	DPH and PH team Members of Harm Prevention group	

Area	Task	Evidence of Success	Responsibility	Comment
Ensure Joint Strategic Needs Assessment is updated regularly, using detailed needs assessments	<ul style="list-style-type: none"> • Update JSNA on a rolling basis • Work with LBM colleagues to standardise JSNA • Work with LBM colleagues to produce robust needs assessment; i.e., adult social care inequalities assessment 	<ul style="list-style-type: none"> • JSNA seen as LBM process to assess needs across the Council • JSNA provides most up-to-date analysis of health and social needs 	PH and LBM partners	
Provide local assurance for NHS England and Public Health England	<ul style="list-style-type: none"> • Assure in partnership robust plans for immunisations and screening, for example • Support health protection work, as required 	<ul style="list-style-type: none"> • Robust local delivery of NHS England and Public Health England work 	DPH	

Appendix 2 - Public Health Team Structure Chart



Appendix 3 – Council Service Influences on Health and Wellbeing

1. Community Safety, Engagement and Equalities

Residents who live in areas of high crime may not feel safe to go outside to benefit from the positive effect of green spaces or access to opportunities for physical activity.

Crime rates affect people's sense of security and increase stress, which causes physical effects that can have damaging health consequences. Crime affects health in a number of ways - directly, indirectly and by influences on the health care system

Public Health is taking on responsibility for parts of Safer Merton including the Strategic Assessment.

Engagement

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'. A breakdown in social cohesion may reduce trust, increase violence, increase health conditions such as heart disease and poor mental health.

Public Health is working with a range of colleagues and partners on a pilot engagement project in Pollards Hill involving the wider determinants of health.

Equalities

The link between health and equalities/inequalities is represented through the effect of deprivation on life expectancy. The more deprived, the shorter life expectancy and the more affluent, the longer life expectancy. It is not only deprivation but the inequalities in access to resources that influence our health.

Poverty and social inequality are two key factors in triggering violence, while social integration presents particular challenges for immigrants. Combined with feelings of being powerless to change their situation, these factors can all contribute to poor health outcomes by bringing about a stress response that raise heart rates.

Health inequalities across Merton is a core focus of the work of Public Health.

2. Community and Culture

Physical activity

People who are physically active have

- half the risk of heart disease than those with a sedentary lifestyle,
- 33–50% lower risks of type 2 diabetes and obesity (independent risk factors for heart disease)
- lower risk for stroke
- lower risk of colon cancer by up to 40–50% (with moderate activity – about 3–4 hours walking per week)
- lower risk of breast cancer by up to 30% (with 30 minutes walking a day reduces risk by 20%)
- increased life expectancy and healthy life expectancy

Public health is working on a range of projects including for example with leisure providers to ensure provision of healthy vending machines.

Housing

Housing quality is an important determinant of health and a marker for poverty. The condition of housing stock is a major influence on the borough's capacity to reduce inequality. Factors that create risks to health include

- the presence of lead, asbestos, and radon,
- house dust mites, cockroaches and other infestations;
- extreme low or high temperatures and inadequate ventilation,
- inferior air quality, dampness/mould,
- cramped conditions and multiple family occupancy,

Health outcomes that may result from these conditions include asthma and TB for physical health and mental health conditions, such as stress.

Public health is jointly leading health impact assessments on three regeneration projects.

3. Environmental Sustainability and Regeneration Services

Licensing

The move of Public Health to local government provides many new opportunities to use the levers under local government control that influence health. Licensing is an example of one of these levers that is particularly important for controlling alcohol harm in the borough, for example.

Physical Environments – open spaces, allotments, parks

Access to green, open spaces can have both physical health and psychological and mental health benefits, including reductions in stress levels.

Spatial planning and regeneration

Health improvement requires a two-pronged approach in this area; i.e., creating a built environment that offers healthy options for individuals to take responsibility for their own lifestyle choices.

Public Health is working with Planning to create a built environment that offers healthy options to, for example, fast food, alcohol and betting shop outlets.

4. Children's Services

The Marmot Review 'Fair Society, Healthy Lives (2010)' set out the case for focusing investment on early years. The Review advocated a life-course approach to tackling health inequalities, demonstrating that giving every child the best start in life is crucial to reducing health inequalities across the life-course. The reasons for this include

- Early childhood is the most important phase for overall development throughout the lifespan.
- Brain and biological development during the first years of life is highly influenced by an infant's environment.

- Early experiences determine health, education and economic participation for the rest of life.

Public Health is working with early years and schools to provide a healthy schools initiative.

5. Education

Educational qualifications are a key determinant of future employment and income. Education and income together represent the most significant influences on health.

Poor educational attainment is a key risk factor in teenage pregnancy, offending behaviour, truancy, levels of crime and alcohol and drug misuse. There are also clear links between attainment, absenteeism and both current and future health outcomes.

People with higher levels of education tend to have healthier lifestyles. Life expectancy is used as the main measure of health; evidence shows that additional years of life are added with each year of education.

Schools and colleges have an important role in promoting health and wellbeing for students, for example through provision of healthy schools meals, sport and physical activity, sex and relationship education, promotion of emotional wellbeing. Evidence shows that this can contribute to improving student performance as well as longer term health and wellbeing.

As outlined above Public Health is working in partnership on a Healthy Schools initiative.

6. Finance

Value for money

NICE (National Institute for Health and Care Excellence) has produced ROI (returns on investment) tools for tobaccoⁱ and others are soon to be published on physical activity and on alcohol. NICE also has produced various costing and cost impact tools that could be used locally to assess the returns on investment for various public health initiatives where applicable.

Savings

Health Impact Assessments (HIA)ⁱⁱ are intended to inform new policies and decision making - by promoting the positive consequences for health and mitigating against the negative health consequences - which can lead to savings.

Pilot Health Impact Assessments have been mentioned above. Public Health will work to develop a corporate HIA policy.

Public Health is also working to embed health considerations in procurement

Human Resources

The London Healthy Workplace Charterⁱⁱⁱ provides a framework to support employers develop good practice by promoting health in their organisation in a practical way. It is coordinated by the GLA working in partnership with health experts in partner boroughs. Merton has agreed to sign up to the Charter and Public Health is working with colleagues to deliver this.

7. Environmental Cleanliness and Parking

Waste services and waste operation

Incinerators, such as the recently commissioned South London incinerator in Beddington Lane in Sutton^{iv} (which will serve Merton as well) can be controversial although Public Health England has done considerable research to establish the safety of incinerators^v. Recycling and sustainability are also important public health considerations^{vi}.

Public Health is working with litter enforcement officers who offer smokers who litter cigarette butts an option for referral into the smoking cessation service instead of being fined.

ⁱ <http://www.nice.org.uk/usingguidance/implementationtools/returnoninvestment/TobaccoROITool.jsp>

ⁱⁱ <http://www.apho.org.uk/default.aspx?RID=40141>

ⁱⁱⁱ <http://www.london.gov.uk/priorities/health/focus-issues/health-work-and-wellbeing>

^{iv}

http://www.suttonguardian.co.uk/news/10422261.South_London_incinerator_granted_planning_permission/

^v

<http://www.hpa.org.uk/ProductsServices/ChemicalsPoisons/IntegratedPollutionPreventionControlIppcIncineration/>

^{vi} <http://www.sdu.nhs.uk/>