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Merton Council

Healthier Communities and Older People Overview and Scrutiny Panel



Date: 14 March 2023

Time: 7.15 pm

Venue: Council chamber - Merton Civic Centre, London Road, Morden SM4 5DX

AGENDA

Page Number

1	Apologies for absence	
2	Declarations of pecuniary interest	
3	Minutes of the previous meeting	1 - 4
4	NHS Breast Screening Programme	5 - 34
5	Annual Public Health Report	35 - 80
6	Report of the Health and Wellbeing Board 2022	81 - 92
7	Planning the Panel's 2023-24 Work Programme	93 - 102

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Healthier Communities and Older People Overview and Scrutiny Panel membership

Councillors:

Agatha Mary Akyigyina OBE (Chair)
Jenifer Gould (Vice-Chair)
Laxmi Attawar
Max Austin
Caroline Charles
Eleanor Cox
Simon McGrath
Slawek Szczepanski
Martin Whelton

Substitute Members:

Mike Brunt
Michael Paterson
Dennis Pearce
Tony Reiss
Matthew Willis

Co-opted Representatives

Diane Griffin (Co-opted member, non-voting)

Note on declarations of interest

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What is Overview and Scrutiny?

Overview and Scrutiny describes the way Merton's scrutiny councillors hold the Council's Executive (the Cabinet) to account to make sure that they take the right decisions for the Borough. Scrutiny panels also carry out reviews of Council services or issues to identify ways the Council can improve or develop new policy to meet the needs of local people. From May 2008, the Overview & Scrutiny Commission and Panels have been restructured and the Panels renamed to reflect the Local Area Agreement strategic themes.

Scrutiny's work falls into four broad areas:

- ⇒ **Call-in:** If three (non-executive) councillors feel that a decision made by the Cabinet is inappropriate they can 'call the decision in' after it has been made to prevent the decision taking immediate effect. They can then interview the Cabinet Member or Council Officers and make recommendations to the decision-maker suggesting improvements.
- ⇒ **Policy Reviews:** The panels carry out detailed, evidence-based assessments of Council services or issues that affect the lives of local people. At the end of the review the panels issue a report setting out their findings and recommendations for improvement and present it to Cabinet and other partner agencies. During the reviews, panels will gather information, evidence and opinions from Council officers, external bodies and organisations and members of the public to help them understand the key issues relating to the review topic.
- ⇒ **One-Off Reviews:** Panels often want to have a quick, one-off review of a topic and will ask Council officers to come and speak to them about a particular service or issue before making recommendations to the Cabinet.
- ⇒ **Scrutiny of Council Documents:** Panels also examine key Council documents, such as the budget, the Business Plan and the Best Value Performance Plan.

Scrutiny panels need the help of local people, partners and community groups to make sure that Merton delivers effective services. If you think there is something that scrutiny should look at, or have views on current reviews being carried out by scrutiny, let us know.

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Agenda Item 3

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HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

7 FEBRUARY 2023

(7.15 pm - 9.18 pm)

PRESENT Councillors Councillor Agatha Mary Akyigyina (in the Chair), Councillor Jenifer Gould, Councillor Laxmi Attawar, Councillor Max Austin, Councillor Caroline Charles, Councillor Eleanor Cox, Councillor Simon McGrath, Councillor Slawek Szczepanski and Councillor Martin Whelton

Councillor Peter McCabe, Cabinet Member for(Adult Social Care and Health)

Stella Akintan (Scrutiny Officer), John Morgan (Executive Director, Adult Social Care, Integrated Care and Public Health), Dr Dagmar Zeuner (Director, Public Health) and Daniel Butler (Senior Principal Public Health Officer)(Mike Procter Director of Transformation, NHS South West London,) Vanessa Ford Chief Executive South West London and St Georges Mental Health Trust.

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Apologies for absence were received from Diane Griffin, Co-opted Member.

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

There were no declarations of pecuniary interests

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

The minutes of the previous meeting were agreed as a true and accurate

4 IMPACT OF THE PANDEMIC ON MENTAL HEALTH (Agenda Item 4)

The Chief Executive of South West London and St Georges Mental Health Trust gave an overview of the report.

A panel member asked what can be done to help communities, the Chief Executive said building resilience in communities will be important.

A panel member asked about support in Merton for those with eating disorders and what is the role of the Wilson Heath Centre. The Chief Executive said there is treatment for children and adults, there are hubs at the Wilson and intensive outreach to reduce inpatient facilities. There is support at both mental and physical health facilities.

A panel member said 18 weeks is a long time to wait for treatment. The Chief Executive said waiting times are agreed nationally and there are not enough resources to treat people more quickly.

A panel member asked about proposals for £140m savings in local health services and the impact on mental health. The Chief Executive said they work as part of the Integrated Care Partnership, levelling up money means mental health money is protected, there is a significant challenge in saving healthcare monies.

A panel member asked for more information about how the £140m savings will be made, it was agreed this will be requested for a future meeting.

A panel member asked how they are working with voluntary sector and addressing the cost-of-living crisis. The Chief Executive said there has been engagement with the voluntary sector through the South West London Strategy with seven hundred responses so far and further rounds of consultation to take place. The impact of the cost-of-living crisis in mental health has begun but further impacts are expected.

A panel member asked where people go to get help with their mental health. The Chief Executive said we need to build community resilience, reduce stigma, and increase numbers of mental health aid workers who are trained to sign post people.

A panel member thanked the Chief Executive for their work on Galpin's Road and asked if the Trust is filling vacancies by recruiting from abroad. The Chief Executive said they are redesigning the workforce, planning for skills, utilising new roles such as nursing associates. There is a campaign for special registered doctors from abroad.

A panel member asked about planned savings within the mental health trust, where will savings be made and how will this impact Merton residents. The Chief Executive said there are significant challenges in South West London. There is a £6 million savings required. Mental health investment standards will be made next year this will provide further detail.

RESOLVED

The Chief Executive was thanked for her report

5 LONG COVID - SERVICE UPDATE (Agenda Item 5)

The Director of Transformation gave an overview of the report
In response to questions, it was reported that:

There is not a significant variation in Long Covid across London

Services for people with Long Covid will be available over the long term and they are being promoted in the community to encourage people to seek support.

There are differences between referral rates amongst GPs because of the general nature of symptoms which may not have been attributed to Long Covid.

Money for Long Covid services have been allocated from central government

The Director of Public Health said we are still learning about Long Covid and data is new, research is taking place to enable further understanding.

RESOLVED

The Director of Transformation was thanked for his report.

6 SUICIDE PREVENTION UPDATE (Agenda Item 6)

The Senior Public Health Principal gave an overview of the report highlighting this is a sensitive subject and each statistic represents a person's life and bereaved families.

A panel member asked if the Online Safety Bill can support suicide prevention.

The Senior Public Health Principal said dialogue with young people is helpful and pro-suicide sites is a risk factor so any legislation will support the agenda. The Chief Executive of the South West London and St George's Mental Health Trust said constant access to social media and talking around self harm can exacerbate these issues.

A panel member asked what support is available to parents. The Senior Public Health Principal said there is bereavement and peer support.

A panel member asked if gambling has an impact. The Senior Public Health Principal said it is a risk factor which relates to suicide.

The Director of Public Health said Thrive London undertake preventative work on a range of areas including suicide, responses to contextual crisis such as Ukraine war. There is a Good Thinking app which provides mental health support.

RESOLVED

The Senior Public Health Principal was thanked for his report.

7 CABINET MEMBER PRIORITIES - VERBAL UPDATE (Agenda Item 7)

The Cabinet Member for Adult Social Care and Health gave a presentation setting out his priorities.

RESOLVED

The Chair thanked the Cabinet Member for the update

8 WORK PROGRAMME (Agenda Item 8)

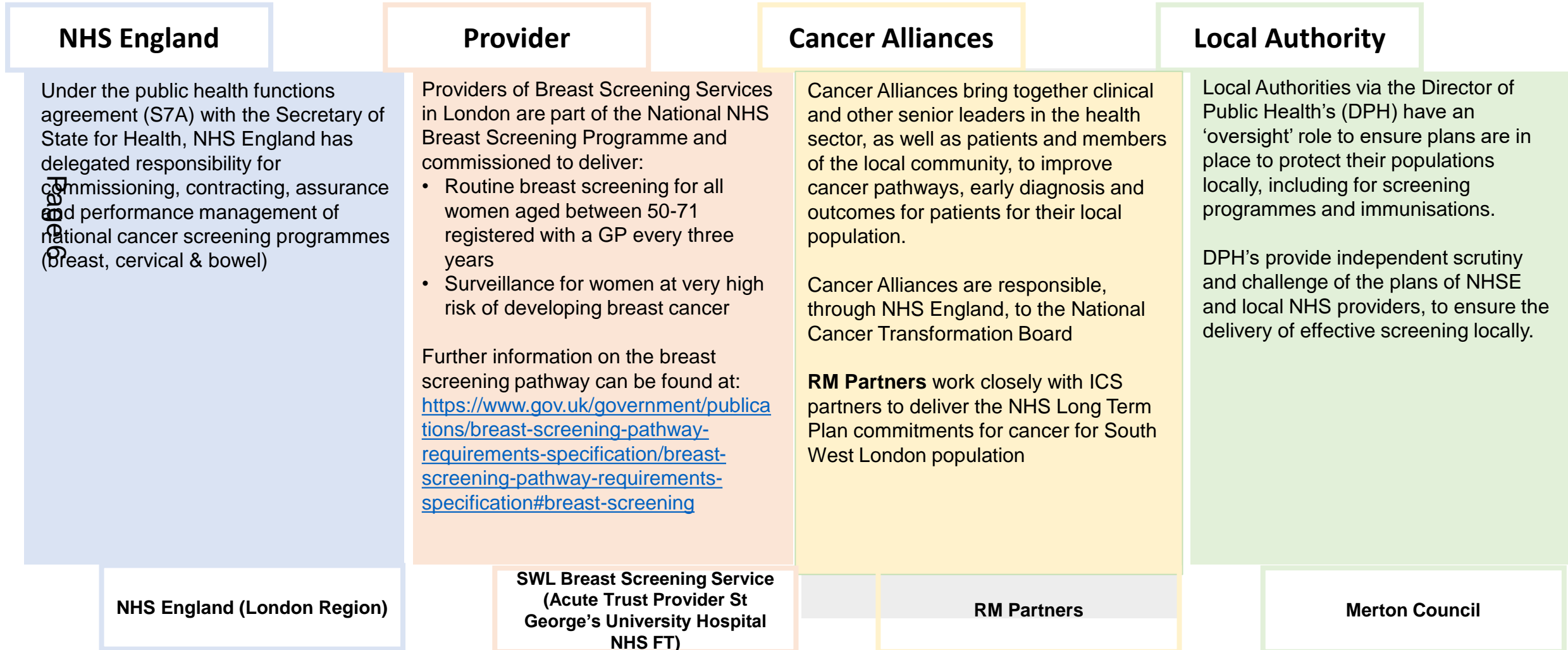
The work programme was noted

Breast Screening Recovery (BSR) Programme Merton Scrutiny Panel

Tuesday 14th March 2023

Roles and Responsibilities

The aim of the NHS Breast Screening Programme is to reduce mortality from breast cancer by diagnosing cancer at an early stage when treatment is more successful, leading to earlier detection, appropriate referral, and improved outcomes.



The NHS Breast Screening Programme provides free breast screening every three years for all women aged 50 and up to their 71st birthday.

Screening rates and the impact of the pandemic

- The pandemic has had a significant impact on breast screening services. It led to an initial pause in all routine screening between March and June 2020, except for very high-risk clients. The pandemic created notable capacity constraints for services due to infection control measures and workforce shortages and illnesses. It also led to a national change in the manner in which women were invited for screening, moving from issuing women with a specific time for their appointment (*timed appointment invitation model*) to requiring them to book an appointment (*open invitations*), which had a further detrimental impact for London.
- Prior to the pandemic, screening uptake (participation levels) and coverage (eligible women screened within three years) in London were 61% and 64% respectively. The latest monthly validated data (July 22) shows uptake at 51% and coverage at 52%.

- Breast screening backlog from the pandemic cleared
- More mammograms delivered in South West London (SWL) during 2022 compared with pre-pandemic activity levels (2019/20)
- Coverage and uptake rates across London's 33 boroughs are slowly recovering but remain 10% lower than England and below the national acceptable standard (70%)
- Although there are no breast screening sites (mobile or static) in the Merton area, Merton has better uptake and coverage rates across London (ranked 11 out of 33) compared to other boroughs **with** screening sites.
- All screening sites in SWL have returned to the timed appointment invitation model (since 20 February 2023) which will accelerate recovery of uptake rates.
- SWL achieved the 90% national standard in December 2022 (latest available data) to invite eligible women for a screen within 36 months of their last one (round length position)

Key updates from queries raised at Merton Scrutiny Panel held on 20 June 2022

The pandemic exacerbated deep-rooted historical issues leading to severe capacity constraints across services and a deterioration in coverage and uptake rates in London

London Breast Screening Serious Incident (SI) (February 2022)

Page 9

- The London Breast Screening SI Panel completed its investigation and a root cause analysis into the high number of calls not answered by the London Hub (January 22-March 22) and women unable to secure an appointment (July 21-May 22).
- A Final Report produced with 9 recommendations issued and an SI Action Plan developed. To date, 7 out of the 9 recommendations are implemented. SI formerly closed in August 2022.
- Issues regarding women who were contacting the hub and unable to secure an appointment have been resolved.
- Appointments are available within 4-6 weeks of an appointment letter received as per national guidance
- All women that could not get through to the Hub during the height of the SI (Jan – Feb 22) were identified, contacted and offered appointments as a matter of priority.

Increasing Screening Uptake and Reducing Inequalities

- A London-wide Breast Screening Health Inequalities Advisory Group established in response to deteriorating coverage and uptake rates
- The Group meets 6-weekly and membership of the Advisory Group includes stakeholders from London councils, cancer alliance, academics, analytics teams, commissioners, providers and public health consultants, to identify priorities and uptake work.
- NHSE London will be working with the Merton Public Health team to support development of an uptake improvement action plan for the residents of Merton.
- Merton Public Health are attending the new London Breast Screening Community of Practice, launched in Dec 2022

Breast Screening Site in Merton

- There is generally good coverage of static and mobile breast screening sites across London.
- Although Merton has no static or mobile sites, uptake and coverage rates fare better in Merton compared to other boroughs in London with screening sites
- Merton has 3 sites that are accessible by public transport (Surbiton Health Centre, Robin Hood Health Centre and St George's Hospital.
- Women can change appointment to a location of their choice if they wish
- We continue to explore a potential site in Merton

Breast cancer screening summary –uptake, coverage, inequalities & transformation uptake at London level



Key achievements (22/23)

- Return to timed appointment invitation model across London
- Dedicated programme of work established via a new BS focused multi-agency Health Inequalities Advisory Group with six priority areas of focus agreed for London
- Launch of London's Breast Screening Community of Practice (a multi-disciplinary, cross-sector community of breast screening practitioners and academics to discuss and spread best practice approaches and latest developments in breast screening)
- Funding secured to recruit health promotion posts at service level

Challenges & Risks

- Limited breast screening workforce: There is a national shortage of trained Mammographers/Radiographers, and support staff.
- Capacity challenges remain in some services
- Inflexibility of the National IT system for breast screening (breast screening has the most out-of-date system)
- Availability of granular inequalities breast screening data to inform & deploy targeted interventions and monitor uptake in targeted groups. Working with regional information team to identify an interim local solution.

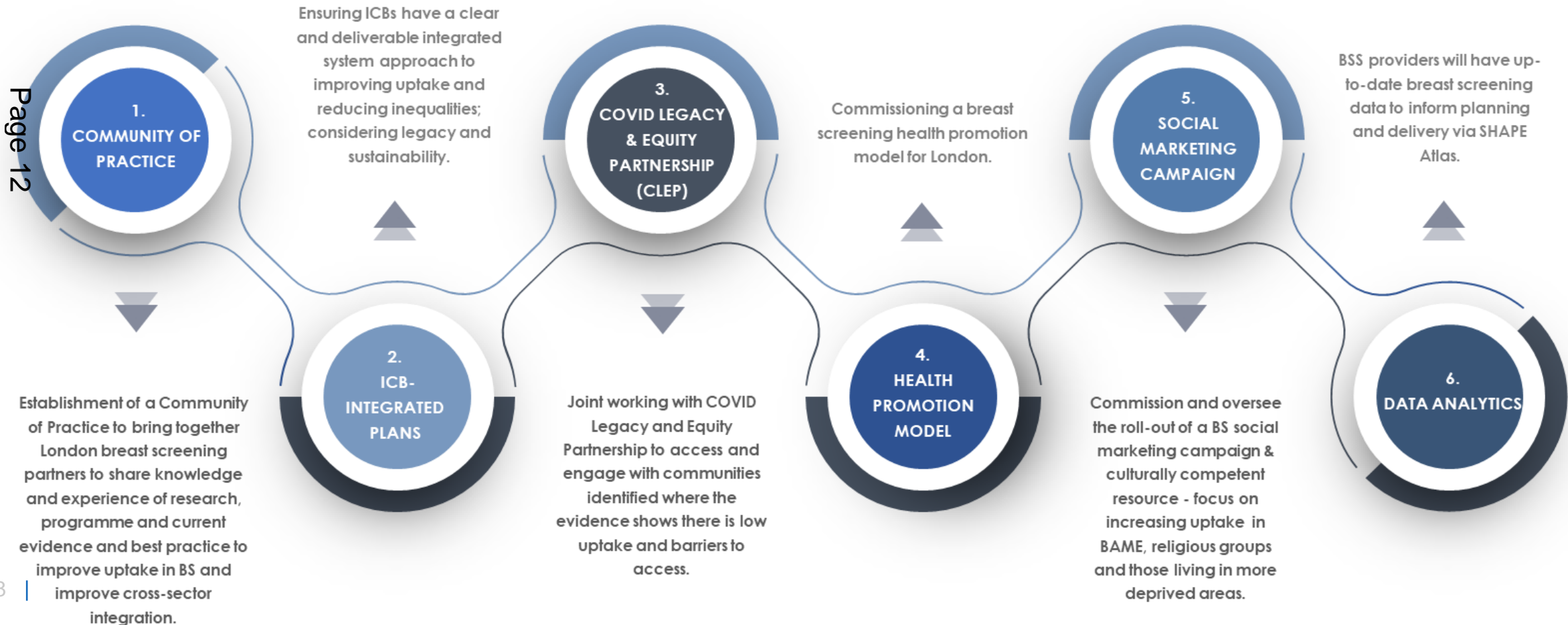
Continued work & priorities for 2023/24

- Maximising impact of interventions known to have a high impact on breast screening uptake rates (e.g. second timed appointments, text reminders, community link calls)
- Primary Care engagement
- Commissioning a breast screening health promotion model, including training and support to new staff in health promotion posts
- Multi-channel social marketing campaign planned for mid-2023 focusing on communities, low uptake boroughs and women who have never attended for a breast screen
- Improving equity of access: Web booking offer to women across London
- Focus on Serious Mental Illness (SMI) and Learning Disabilities groups
- Recruitment and retention of key staffing groups (e.g. mammographers, apprentices)

- London's uptake and coverage prior to the pandemic was already below the national average. Since the pandemic, breast screening uptake and coverage rates across London further deteriorated (due to a combination of capacity constraints in services, workforce shortages, impact of the SI, changes in patient behaviour during the pandemic (i.e. risk of exposure to Covid-19 in healthcare settings) and introduction of open invitations.
- Slides 23 and 24 highlight the inequalities between boroughs in London in terms of coverage and uptake rates. By London local authority and based on the latest available monthly validated data (July 22), Havering had the highest **uptake** (70.5%) and Westminster had the lowest (28.9%). Merton's uptake is at 54%. *Please note validated uptake and coverage data lags 6 months behind as women still have time to attend an appointment after 6 months of receiving their invitation letter.*
- Although decline in uptake and coverage rates has gradually stabilised across London (slides 19-22), the data highlights the scale of effort required across the London system to address the fundamental inequalities challenge. Recovery of uptake and coverage rates back to pre-covid levels is not acceptable and the level of ambition over the coming months will be greater to achieve equitable and accessible services for eligible women in London.
- Uptake and coverage rates for Merton remained static between October 2021-July 2022 during the height of the SI (see slides 25-28). Provisional data for the second half of 2022 indicate uptake rates in Merton are on an upward trend.

London Region: Health Inequalities – 6 priorities

NHSE formed an Health Inequalities Advisory Group a cross-sector, multi-disciplinary membership body, to help increase breast screening uptake and reduce health inequalities. The group has agreed six priority areas for London to improve screening participation levels and tackle health inequalities. System partners are working to progress these priority areas for the London population.



• Health Promotion Strategies in South west London Breast Screening

Ongoing health promotion

Education for each GP practice with a seminar once every screening round, updating staff on breast screening issues and recommending GP practice participation in encouraging attendance. Such as direct contact with non attenders, GP recommendation of breast screening and breast care information as an opportunistic activity during other appointments.

Developing a presence on social media with Facebook and Instagram accounts, some posts have had up to 10 000 views.

Stands at public places – eg Sainsbury's

Talks to women's groups – eg Baitul Futuh Mosque

Displays in community spaces – eg libraires and leisure centres

Providing education for colleagues working with women from the breast screening age group

Poster and literature development, commissioning photographs of women that represent the ethnic diversity of the region. Developing easy read letters and leaflets.

Looking at invitations to screening sites by bus routes and local transport.

Programme wide initiatives like the pre-invitation letter for first time invitees.



• Breast Screening and Tackling Health Inequalities



Page 14

• English not spoken at home

Insights from the vaccination uptake programme have shown us that there are barriers to taking up offered health care if you speak another language at home (regardless of how well you speak English)

We don't know why this is but wanted to tackle it.

Project to translate the invitation letters into the most commonly spoken languages in SW London and host them on the London Breast Screening Web Site. Invite letter will include a link to the translations.

Talking heads videos for Facebook page to deliver simple messages such as the benefits of early detection, screening is free and mammograms are carried out by women. Starring our multicultural staff who we discovered speak over 20 different languages.

• The LGBTQI+ community –Trans People

Publicising how breast screening can be accessed and who would benefit from breast screening.

Ensuring education of GP practices so that they can advise their patients appropriately and sensitively.

Promoting the Best for My Chest Campaign through the face book and Instagram pages and ensuring the associated video is available through the London website.

Providing training for breast screening staff to maximise ways for people from the LGBTQI+ community to feel safe and welcomed in breast screening spaces. Liaising with the trust LGBTQ network.

• Women who are homeless

Make connections with the local hospital based homelessness teams.

Make connections with local homelessness charities.

Develop flyer about screening for those who may be interested and for homelessness teams to have to hand for suitable clients.

Provide updates for those who work with homeless people who would be eligible for screening.

- Presentation title to be placed here
- St George's University Hospitals NHS Foundation Trust

Breast Screening and Tackling Health Inequalities cont.

• Women with a physical disability

Purchase specialist chairs for each site so that women with limited mobility can be seated while having a mammogram.

Provide an advice service so women with a physical disability can discuss whether it will be possible to have a mammogram. Physical assessment to be available on request.

Provide lead aprons at all sites so women can be supported by a carer as a reasonable adjustment.

Develop a talking head video featuring a woman with a physical disability, discussing that if you are a wheelchair user it is still possible to have a mammogram.

Use the trust based disability network to provide training for staff

• Women with a learning disability

Carrying out an audit to ensure all women of screening age on a GP practice LD register are also captured by the breast screening programme.

Delivering teaching session for carers of women with a learning disability, focusing on specialist care homes to ensure they are able to advocate for the women they look after and encourage screening.

Investing in lead aprons at every screening site so that women can have a carer in the room during their procedure as a reasonable adjustment.

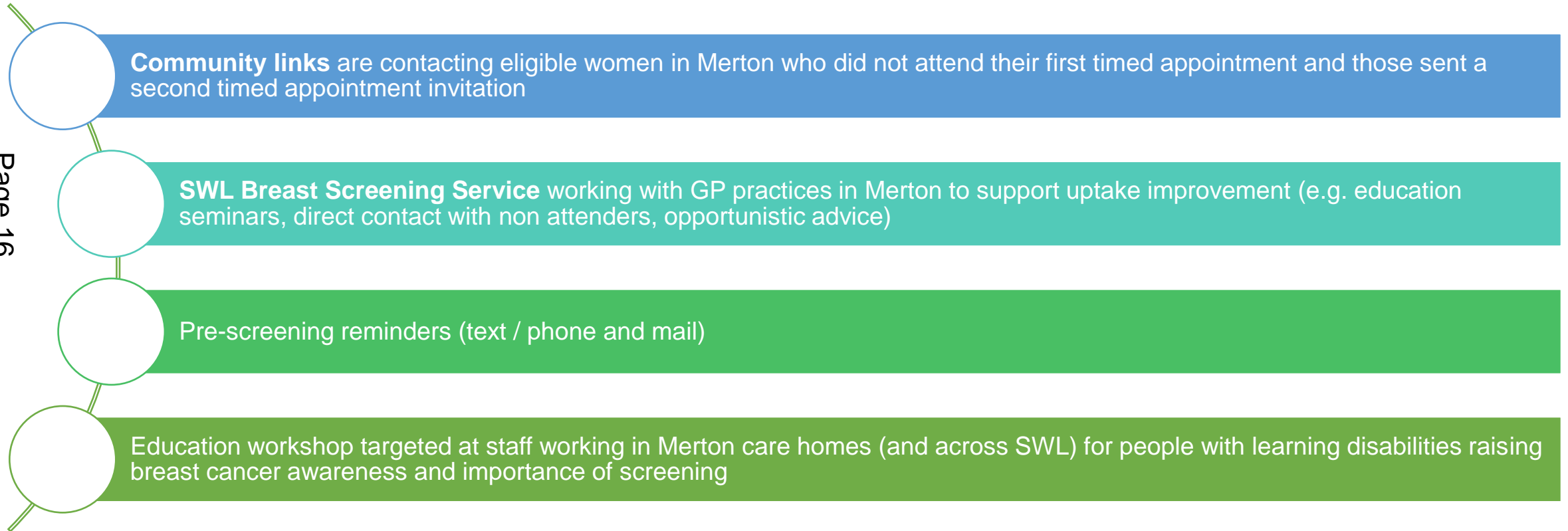
Sourcing easy read leaflets and letters and ensuring they are available on the website and used for assessment clinic appointments,

Publicising the video about women with learning disabilities and breast screening developed by colleagues in Bath.

Following up individual women with an LD who have attended but not completed screening.
Auditing women with LD who have never been screened to see if any reasonable adjustments might make a difference.



SWL: Breast Screening uptake improvement interventions at place-based level (Merton)



Next Steps

How we can better work with the Council and health partners locally?

- Shaping the London-wide Breast Screening Social Marketing Campaign
- Help identifying initiatives and knowledge sharing in Merton to maximise opportunities for making every contact at place-based level
- Agreeing future areas of work with Merton Partners (including SWL breast screening service, ICB and Council outreach team) to support improvements in uptake (e.g. close working with Merton to deliver targeted outreach/engagement activities)
- Establishing closer working with Local Authority Health Promotion teams/Community Champions.
- Workforce development of local health promotion staff (and community champions) to support breast screening uptake improvement work
- Raising awareness and importance of breast screening in local communities

The ask of OSC Members

- Raising awareness and importance of breast screening in local communities
- Fostering of links with faith leaders and community groups (and community champions), and relevant voluntary, community and social enterprise organisations to work with NHS

Appendices

Background

- Screening aims to find breast cancers early, when they have the best chance of being cured.
- Breast screening uses a test called mammography which involves taking x-rays of the breasts. Screening can help to find breast cancers early, when they are too small to see or feel. These tiny breast cancers are usually easier to treat than larger ones. If the mammogram identifies any abnormalities, the woman will be invited for further investigation (e.g. ultrasound and biopsy) Overall, the breast screening programme finds cancer in about 8 out of every 1,000 women having screening.

Women need to be registered with a GP to receive the invitations.

Page 19

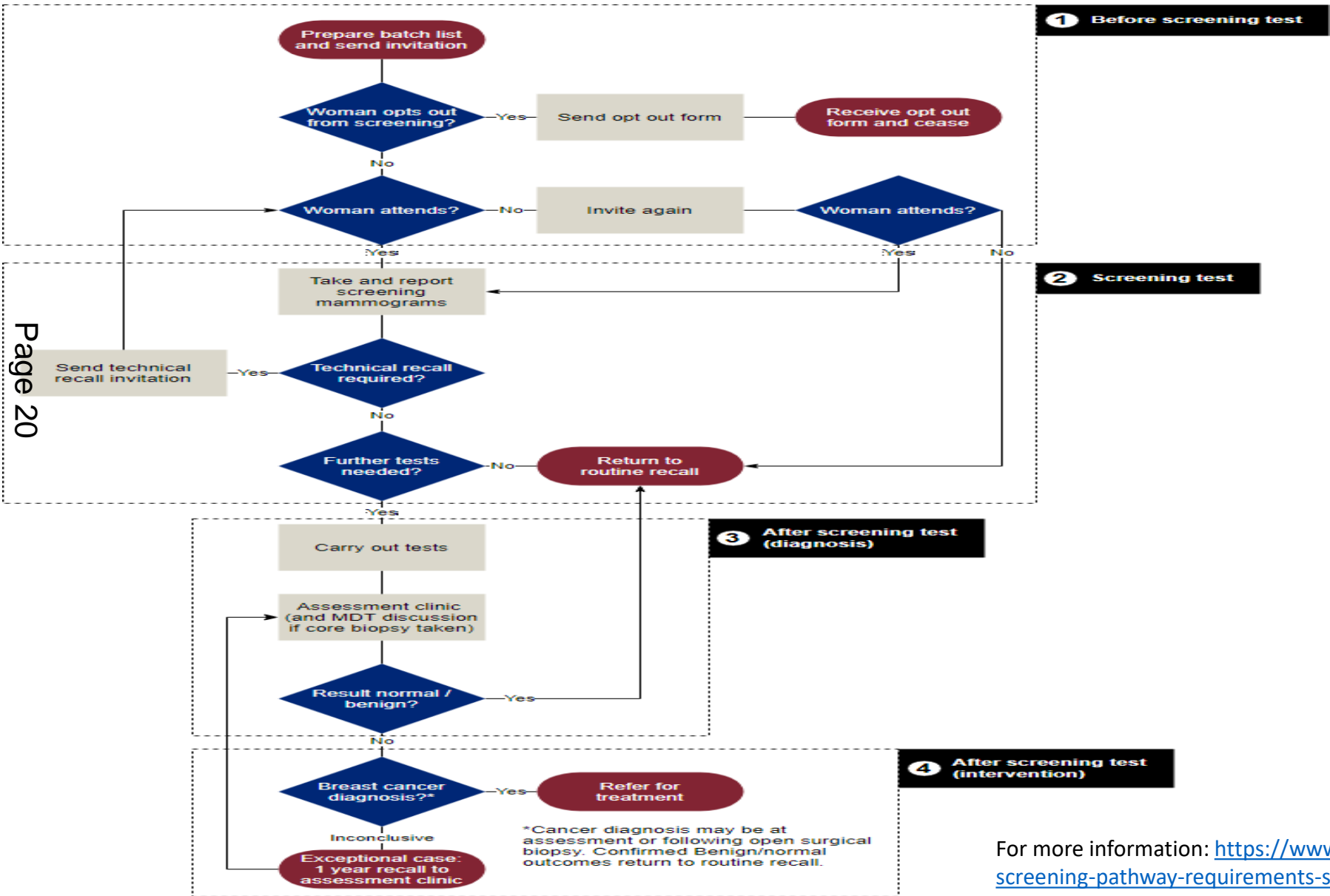
How Breast Screening works?

The NHS Breast Screening Programme provides free breast screening **every three years** for all women aged 50 and up to their 71st birthday. Because the Programme is a rolling one which invites women by date of birth and last screening result (if previously screened), not every woman receives an invitation as soon as she turns 50. But she will receive her first invitation before her 53rd birthday. Once women reach, 70, which is the upper age limit for routine invitations for breast screening, they are encouraged to make their own appointments.

Breast Screening Providers in SWL

- There are a total of **seven locations across SWL** which deliver breast screening: Edridge Road Community Health Centre (Croydon), Purley War Memorial Hospital (Purley), Queen Mary Hospital (Roehampton), Rose Centre, St George's Hospital (Tooting), Surbiton Health Centre (Surbiton), Robin Hold Lane Health Centre (Sutton) and Teddington Memorial Hospital (Teddington). There are currently no mobile units operating within South West London

Current Breast Screening Pathway



Page 20

For more information: <https://www.gov.uk/government/publications/breast-screening-pathway-requirements-specification/breast-screening-pathway-requirements-specification>

Breast Screening Recovery: South West London Programme update



Approach to monitoring restoration	<i>London status update (data source: National Breast Screening Recovery dashboard extracted 08/02/2023)</i>
1. Restoring the adjusted backlog	<p>Since October 2020, tier 5 (these are delayed women who should have been screened and have not yet begun the process of being invited) numbers for London have significantly reduced from 146,875 women to 11,060 women in February 2023.</p> <ul style="list-style-type: none"> For SWLBSS tier 5 numbers based on the February 2023 position is zero (compared with the peak number of 32,657 in mid-Oct 2020) <p>The adjusted backlog is defined as Tier 5 women (yet to be invited) + delayed Tier 4 women (invited but not screened). The Tier 4 figure is adjusted to take into account women that would normally be in Tier 4 during BAU.</p> <ul style="list-style-type: none"> SWLBSS has only 159 women in its adjusted backlog (compared to the peak in March 2021 of 29,060)
2. Invite 90% of women for a screen within 36 months of their last one	<p>This is a lagging indicator but round length has slowly been trending upwards since October 2021 up to 74% in October 22, falling recently as services return to timed appointments and prioritise uptake over round length .</p> <p>At December 22:</p> <ul style="list-style-type: none"> SWLBSS was showing 95% of women in SWL were invited for a screen at 36 months, meeting the national achievable performance standard
3. Screening Uptake	<p>The latest monthly validated data from June 22 shows National uptake at 63%, London at 51% and SWLBSS at 55%.</p>

Page 21
 NHS Breast Screening Restoration approach, KPIs

Key Headlines

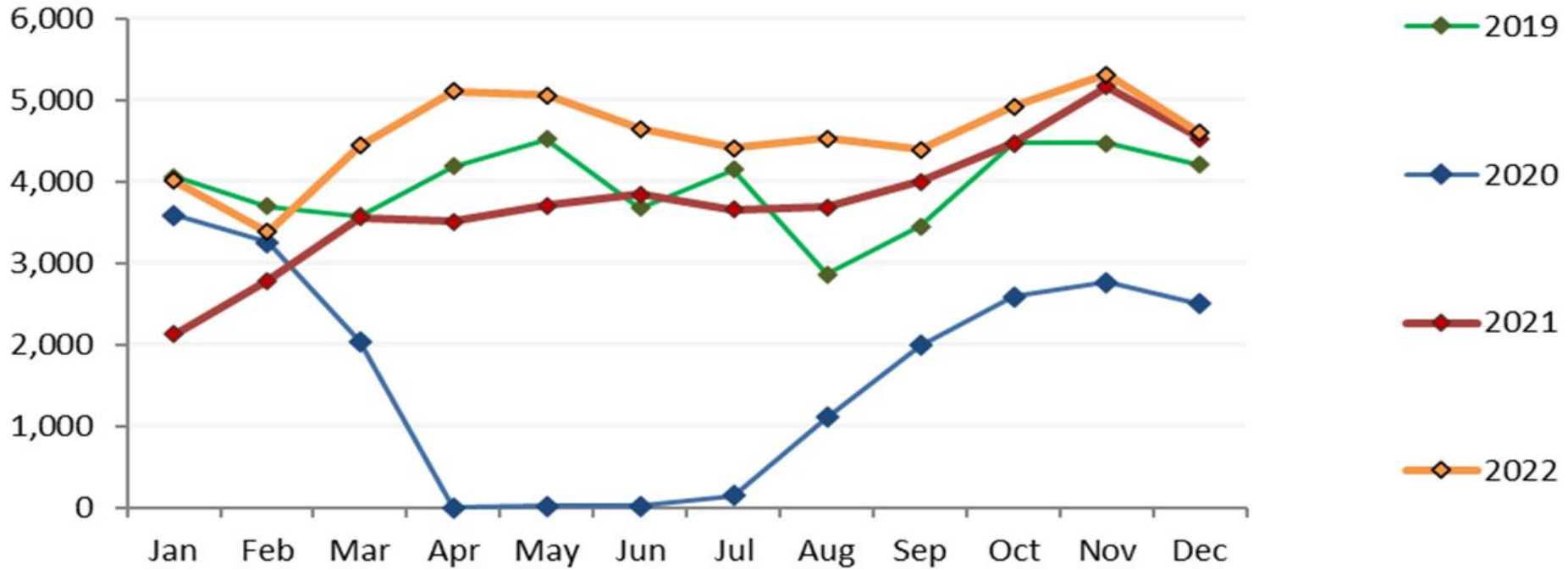
- SWLBSS has recovered its screening backlog that resulted from COVID-19 and has achieved the 90% national standard in December 2022 to invite eligible women for a screen within 36 months of their last one (round length position) based on latest data.
- As a result of the decision by the Breast Screening Improvement Board to transition back to timed appointments from open invitations for all services, SWLBSS returned all its sites back to the timed appointment model of invitation as the primary method of invitation.

Screening attendances in South West London have been higher than previous years and pre-Covid period (2019/20)

Source: NHS Futures

Screening attendances: London - South West London BSS

Source: BS8 denominator

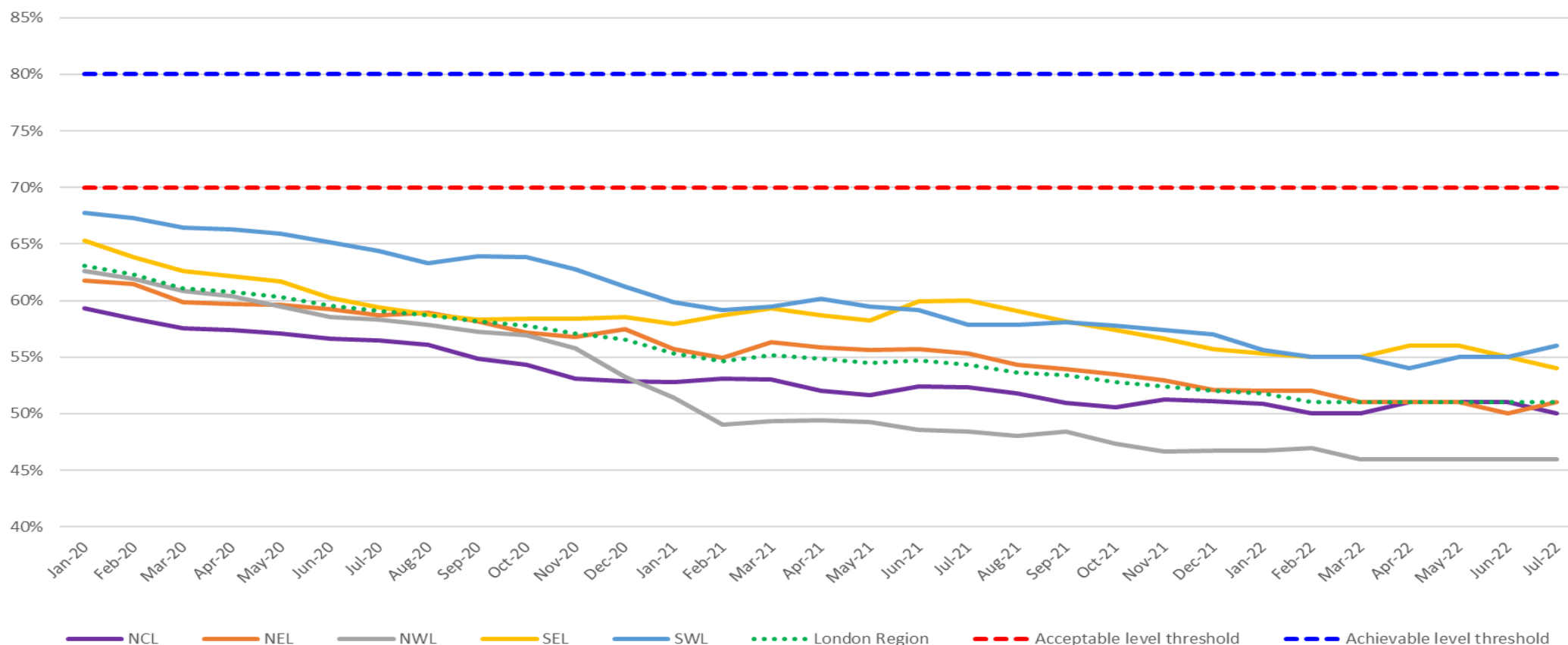


Breast Screening Uptake at ICB level

Uptake across London is considerably below the national standard of 80% and reduced further following the introduction of Open Invitations in London in September 2020

Source: NHS Futures

Breast Screening Uptake (50-70) by ICB



Breast Screening uptake at ICB level

Source: NHS Futures



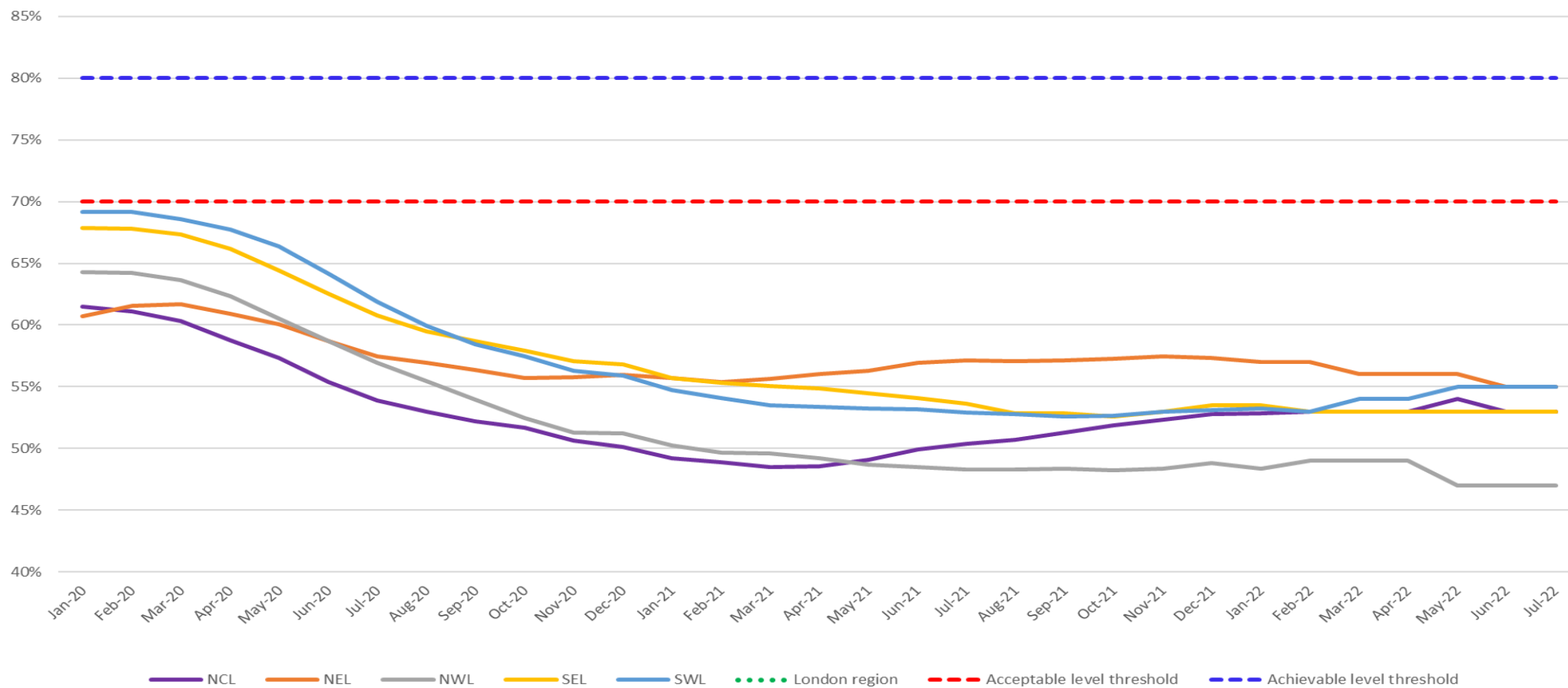
ICB/ Region	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
North Central London	59%	58%	58%	57%	57%	57%	56%	56%	55%	54%	53%	53%	53%	53%	53%	52%	52%	52%	52%	52%	51%	51%	51%	51%	51%	50%	50%	51%	51%	51%	50%
North East London	62%	62%	60%	60%	60%	59%	59%	59%	58%	57%	57%	57%	56%	55%	56%	56%	56%	56%	55%	54%	54%	54%	53%	52%	52%	52%	51%	51%	51%	50%	51%
North West London	63%	62%	61%	60%	59%	59%	58%	58%	57%	57%	56%	53%	51%	49%	49%	49%	49%	49%	48%	48%	48%	47%	47%	47%	47%	47%	47%	46%	46%	46%	46%
South East London	65%	64%	63%	62%	62%	60%	59%	59%	58%	58%	58%	59%	58%	59%	59%	59%	58%	60%	60%	59%	58%	57%	57%	56%	55%	55%	55%	56%	56%	55%	54%
South West London	68%	67%	66%	66%	66%	65%	64%	63%	64%	64%	63%	61%	60%	59%	59%	60%	59%	59%	58%	58%	58%	58%	57%	57%	56%	55%	55%	54%	55%	55%	56%
London region	63%	62%	61%	61%	60%	60%	59%	59%	58%	58%	57%	57%	55%	55%	55%	55%	55%	55%	55%	54%	54%	53%	53%	52%	52%	52%	51%	51%	51%	51%	51%

Breast Screening Coverage at ICB level

Coverage has similarly declined over the same period.

Source: NHS Futures

Breast Screening Coverage (50 - 70) by ICB



Breast Screening Coverage at ICB level

Source: NHS Futures



ICB/ Region	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	
North Central London	61%	61%	60%	59%	57%	55%	54%	53%	52%	52%	51%	50%	49%	49%	48%	49%	49%	50%	50%	51%	51%	52%	52%	53%	53%	53%	53%	53%	54%	53%	53%	
North East London	61%	62%	62%	61%	60%	59%	57%	57%	56%	56%	56%	56%	56%	55%	56%	56%	56%	57%	57%	57%	57%	57%	57%	57%	57%	57%	57%	56%	56%	56%	55%	55%
North West London	64%	64%	64%	62%	61%	59%	57%	55%	54%	52%	51%	51%	50%	50%	50%	49%	49%	49%	48%	48%	48%	48%	48%	49%	48%	49%	49%	49%	47%	47%	47%	
South East London	68%	68%	67%	66%	64%	63%	61%	59%	59%	58%	57%	57%	56%	55%	55%	55%	54%	54%	54%	53%	53%	53%	53%	53%	53%	54%	53%	53%	53%	53%	53%	
South West London	69%	69%	69%	68%	66%	64%	62%	60%	58%	57%	56%	56%	55%	54%	54%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	53%	54%	54%	55%	55%	55%
London region	65%	65%	64%	63%	62%	60%	58%	57%	56%	55%	54%	54%	53%	53%	52%	52%	52%	52%	52%	52%	52%	52%	52%	53%	53%	53%	53%	53%	54%	53%	52%	52%

Page 26

Breast Screening uptake at London Borough level



LTLA	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
1 Havering	67.6%	68.4%	68.2%	69.0%	69.3%	69.1%	70.5%
2 Bromley	67.7%	66.3%	66.1%	66.6%	67.6%	67.7%	66.2%
3 Bexley	67.2%	65.7%	64.0%	63.5%	64.6%	65.1%	62.4%
4 Sutton	61.6%	61.0%	61.4%	60.4%	58.9%	59.6%	60.7%
5 Harrow	59.7%	59.9%	62.1%	62.9%	62.4%	60.6%	59.7%
6 Kingston upon Thames	60.4%	59.3%	59.5%	60.1%	60.4%	59.9%	59.2%
7 Richmond upon Thames	57.9%	57.7%	56.8%	56.3%	56.3%	56.9%	56.9%
8 Croydon	56.2%	54.4%	53.9%	53.8%	53.7%	55.1%	56.0%
9 Barnet	55.9%	55.6%	54.9%	55.2%	55.7%	56.7%	55.8%
10 Enfield	56.5%	56.7%	56.8%	57.6%	57.0%	57.1%	55.7%
11 Merton	54.1%	52.6%	52.6%	52.7%	51.8%	53.4%	54.4%
12 Redbridge	56.8%	56.4%	56.4%	56.0%	55.8%	54.4%	54.3%
13 Greenwich	50.2%	50.4%	51.0%	50.7%	50.7%	51.5%	50.8%
14 Hillingdon	51.9%	51.7%	51.5%	49.9%	49.9%	50.6%	50.5%
15 City of London	44.0%	44.3%	45.6%	46.4%	46.8%	49.2%	50.1%
16 Waltham Forest	52.9%	52.6%	52.1%	52.0%	52.3%	51.8%	49.5%
17 Southwark	49.2%	49.6%	49.5%	49.2%	50.2%	49.3%	49.4%
18 Lewisham	47.8%	47.4%	47.2%	47.7%	49.2%	49.7%	49.3%
19 Haringey	47.2%	48.0%	47.8%	47.9%	47.6%	48.9%	48.9%
20 Brent	47.8%	47.9%	49.1%	49.9%	48.5%	48.5%	48.6%
21 Wandsworth	51.7%	49.7%	48.4%	48.6%	47.2%	47.9%	48.1%
22 Hounslow	49.1%	48.8%	48.5%	48.2%	48.4%	47.8%	47.2%
23 Ealing	48.0%	48.9%	47.8%	42.7%	43.7%	46.0%	46.0%
24 Lambeth	45.9%	45.0%	44.2%	45.2%	45.7%	47.5%	45.2%
25 Camden	41.2%	42.4%	42.2%	42.4%	43.5%	45.1%	44.6%
26 Hackney	43.2%	43.7%	43.3%	43.4%	43.5%	44.7%	44.2%
27 Barking and Dagenham	54.2%	52.8%	51.3%	50.5%	49.0%	40.0%	44.1%
28 Islington	44.8%	44.7%	43.8%	45.9%	47.7%	45.0%	44.1%
29 Newham	45.7%	46.5%	46.0%	43.3%	42.9%	43.3%	43.1%
30 Hammersmith and Fulham	42.2%	41.0%	39.4%	41.6%	40.8%	41.1%	42.2%
31 Tower Hamlets	42.8%	42.0%	41.2%	39.1%	38.2%	39.2%	39.0%
32 Westminster	33.4%	34.0%	33.2%	33.1%	34.5%	33.5%	33.2%
33 Kensington and Chelsea	31.0%	30.1%	28.6%	27.1%	26.1%	28.0%	28.9%

Definition of uptake: Uptake is the percentage of women invited for screening in the year, who were screened adequately within six months of invitation. Refers only to women who have received a routine invite to screening

Definition of coverage: Coverage is defined as the percentage of women in the population who are eligible for screening at a particular point in time, who have had a test with a recorded result within the last three years. The latest data published indicates in London, only 52% of eligible women had a recorded test result with the last three years

Breast Screening coverage at London Borough level



TLTA	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
1 Havering	74.4%	74.5%	74.0%	73.6%	73.3%	72.8%	72.0%	71.2%
2 Bromley	63.3%	62.9%	62.6%	62.9%	63.4%	63.2%	63.6%	64.5%
3 Sutton	58.8%	59.8%	60.6%	59.5%	61.3%	61.5%	61.9%	62.5%
4 Kingston upon Thames	59.3%	60.1%	60.5%	60.7%	61.8%	62.4%	62.6%	62.3%
5 Richmond upon Thames	59.2%	60.1%	59.4%	58.1%	58.5%	60.4%	61.2%	61.8%
6 Bexley	66.4%	65.5%	62.8%	60.9%	59.4%	59.1%	60.6%	61.2%
7 Enfield	58.0%	58.3%	57.9%	58.3%	59.5%	60.1%	60.7%	61.0%
8 Harrow	63.5%	64.5%	64.8%	64.0%	63.1%	61.5%	61.0%	60.9%
9 Barnet	61.9%	61.9%	61.7%	61.7%	61.9%	61.3%	61.1%	60.4%
10 Waltham Forest	61.1%	60.9%	60.7%	60.4%	60.3%	60.0%	60.0%	59.8%
11 Croydon	56.7%	56.5%	56.6%	57.0%	57.8%	58.6%	59.3%	59.7%
12 Barking and Dagenham	60.2%	60.2%	60.1%	60.1%	59.9%	59.8%	59.7%	59.4%
13 Redbridge	58.5%	58.3%	58.0%	57.9%	58.8%	58.6%	58.3%	58.1%
14 Merton	57.3%	56.5%	55.8%	55.9%	56.8%	57.2%	57.9%	57.4%
15 Brent	52.4%	53.0%	53.5%	54.2%	55.2%	55.6%	55.5%	55.2%
16 Haringey	51.2%	53.5%	55.2%	55.2%	54.3%	54.5%	54.9%	54.9%
17 Greenwich	47.8%	50.4%	53.8%	55.5%	56.2%	56.4%	55.1%	54.3%
18 Hillingdon	52.8%	54.0%	53.6%	53.5%	53.9%	54.1%	54.1%	53.9%
19 Lewisham	54.9%	56.2%	56.7%	55.5%	54.5%	53.8%	53.5%	53.6%
20 Islington	52.2%	52.6%	52.7%	52.6%	52.4%	52.4%	52.4%	52.0%
21 Newham	54.4%	54.1%	53.8%	53.3%	53.0%	52.6%	52.1%	51.8%
22 Tower Hamlets	52.4%	52.2%	52.2%	52.2%	52.2%	52.1%	52.1%	51.6%
23 Wandsworth	48.0%	48.1%	48.7%	48.2%	49.1%	49.4%	50.5%	51.5%
24 Lambeth	51.4%	50.8%	49.3%	49.6%	49.9%	50.8%	50.6%	50.6%
25 Hounslow	53.6%	54.0%	53.4%	53.1%	52.9%	52.2%	51.5%	50.6%
26 Hackney	57.2%	57.0%	56.7%	55.9%	55.0%	53.4%	51.5%	50.1%
27 Ealing	49.1%	50.0%	49.5%	49.2%	49.5%	49.5%	50.5%	49.9%
28 City of London	58.3%	58.3%	58.9%	58.8%	52.1%	51.6%	49.9%	49.6%
29 Southwark	45.8%	46.2%	47.3%	46.7%	47.0%	47.2%	48.8%	49.1%
30 Camden	47.2%	48.0%	47.4%	47.0%	46.9%	46.4%	45.7%	44.7%
31 Hammersmith and Fulham	42.2%	42.5%	41.3%	40.7%	40.9%	41.5%	41.6%	42.7%
32 Westminster	41.9%	42.1%	41.8%	41.2%	41.1%	41.4%	40.8%	40.2%
33 Kensington and Chelsea	42.6%	42.3%	41.7%	41.8%	41.4%	40.1%	39.4%	39.5%

Definition of uptake: Uptake is the percentage of women invited for screening in the year, who were screened adequately within six months of invitation. Refers only to women who have received a routine invite to screening

Definition of coverage: Coverage is defined as the percentage of women in the population who are eligible for screening at a particular point in time, who have had a test with a recorded result within the last three years. The latest data published indicates in London, only 51% of eligible women had a recorded test result with the last three years

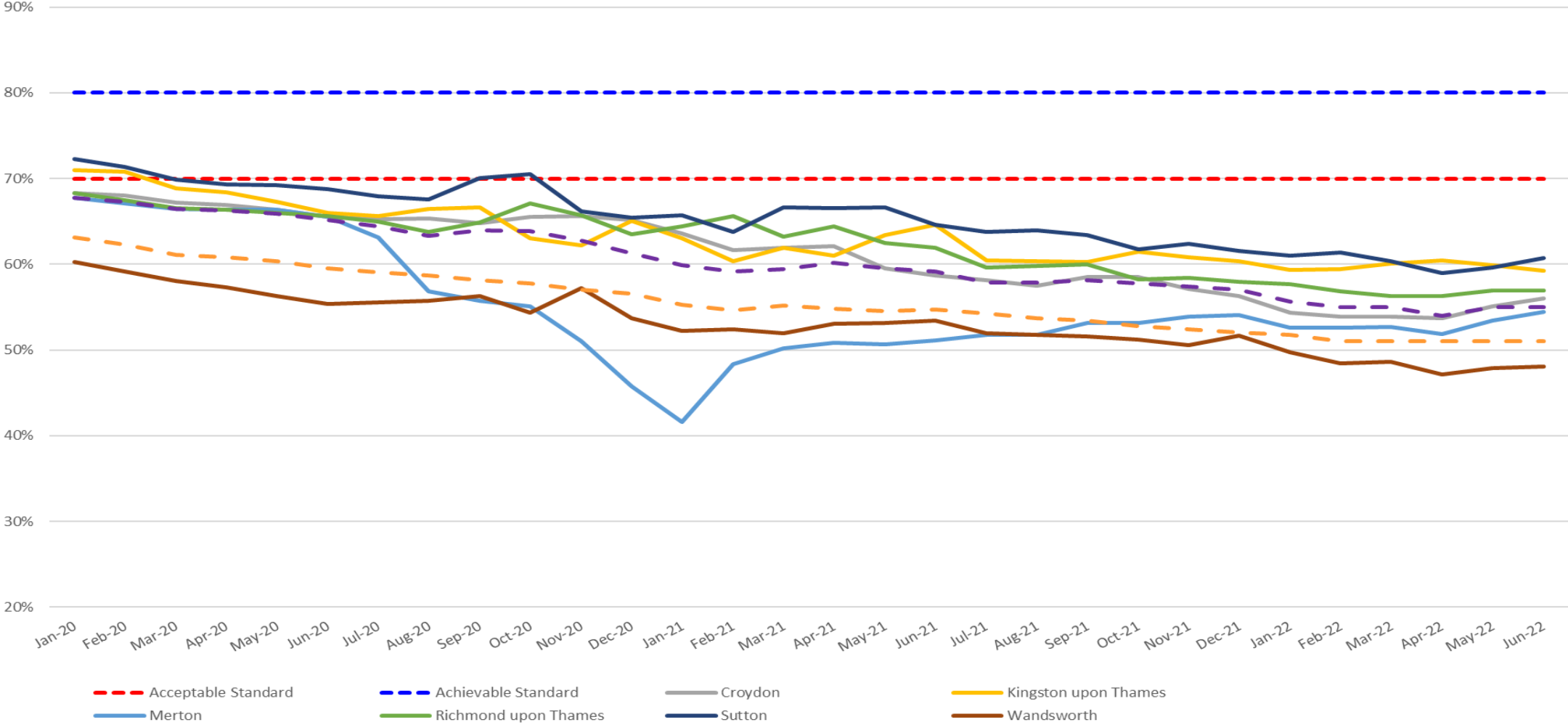
Breast Screening Uptake by Borough in SWL



Source: NHS Futures

SWL Breast Screening Uptake (53 -70) by Borough

Page 29

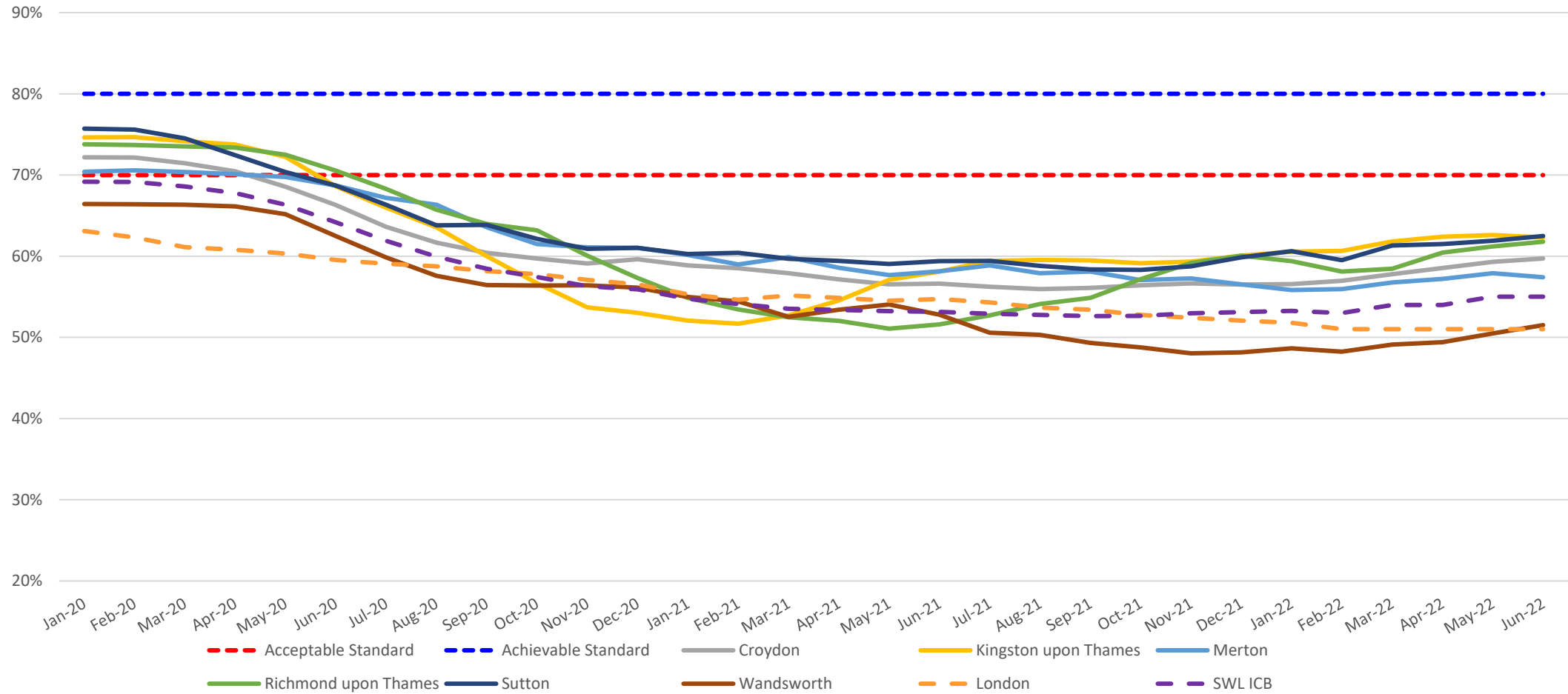


Breast Screening Coverage by Borough in SWL

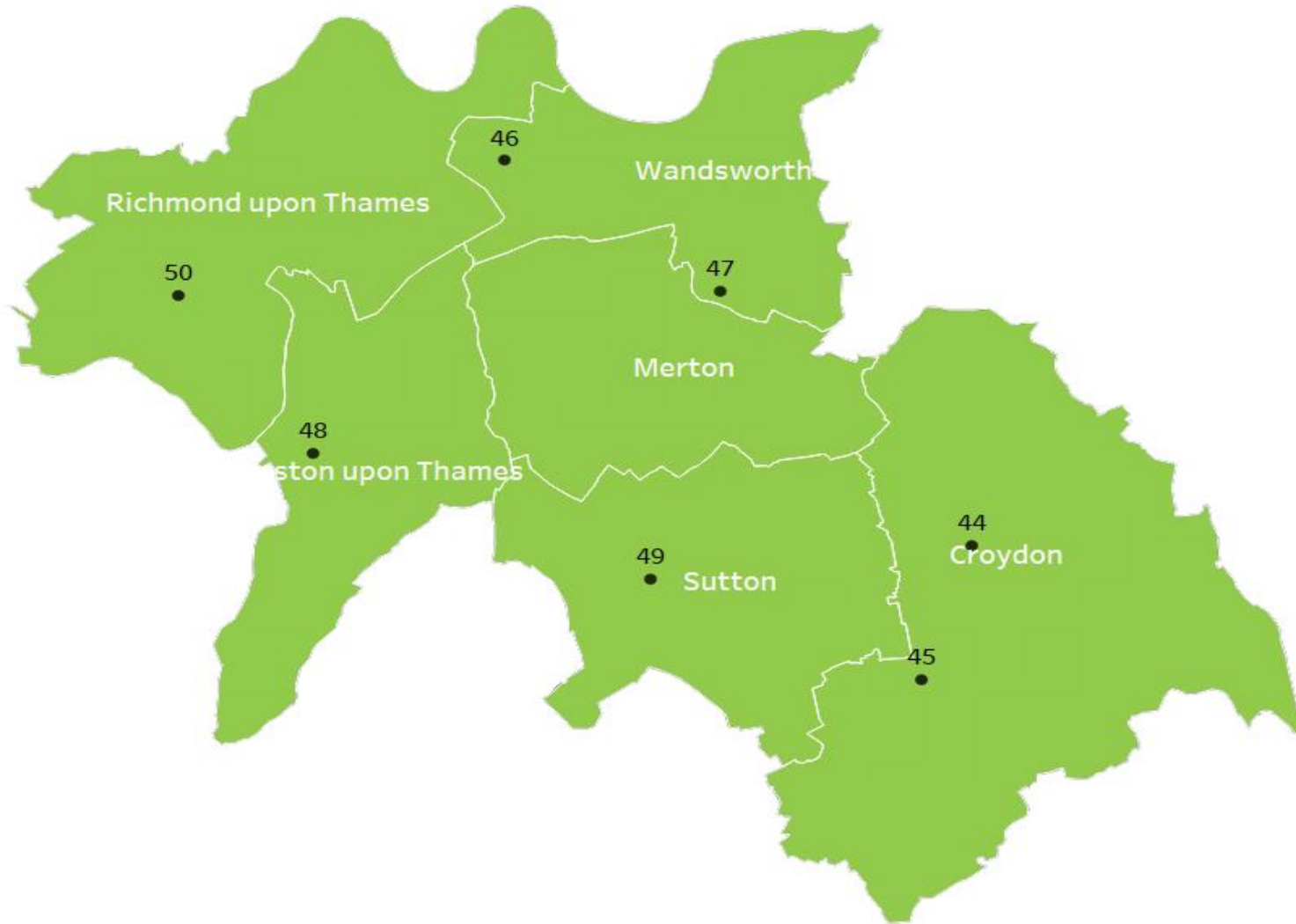
Source: NHS Futures

SWL Breast Screening Coverage (53-70) by Borough

Page 31



SWL Breast Screening Sites



Key	
No.	Breast Screening Site
44	Edridge Road Community Health Centre
45	Purley War Memorial Hospital
46	Queen Mary Hospital Roehampton - Wheelchair Access
47	Rose Centre, St Georges Hospital - Wheelchair Access
48	Surbiton Health Centre - Wheelchair Access
49	Sutton, Robin Hood Lane Health Centre
50	Teddington Memorial - Wheelchair Access

SWL: Breast Screening uptake interventions at London and ICB level

NHS England – London Region

- Implementing London Breast Screening Health Promotion model
- Workforce Development Support for staff working within health promotion across the London system
- London-wide Breast Screening Social Marketing Campaign targeted at first time invitees and women residing in low uptake areas
- Primary Care Engagement

ICB - RM Partners (Cancer Alliance)

- Public Health Collaboration
- Posters and leaflets in warm banks
- Screening Improvement Facilitators
- Working with BAME groups in Croydon to promote screening and symptom awareness within black and south Asian communities

SWL - Breast Screening Service

- See slides 9-11

Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 14th March 2023

Wards: All

Subject: Annual Public Health Report 2022/23 – Health Co-benefits of Climate Action

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

Lead officer: Dr Dagmar Zeuner, Director of Public Health

Recommendations:

Members of the Healthier Communities and Older People Overview and Scrutiny Panel are asked to:

- A. Consider the attached independent Annual Public Health Report 2022/23 on the topic of Health Co-benefits of Climate Action: opportunities for place-based partnership working.
 - B. Note the opportunities identified in the Annual Public Health Report and how we can innovate our ways of working across the council, and with partners particularly health partners through the Health and Wellbeing Board and Merton Health and Care Together partnership, to maximise health co-benefits for Merton residents.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. It is a statutory duty for the Director of Public Health to produce an independent Annual Public Health Report (APHR). The purpose of this report is to share the APHR 2022/23 with the overview and scrutiny committee and to set out the key findings.
- 1.3. The aim of the APHR 2022/23 is:
 - i. To demonstrate the nature and scale of potential health co-benefits of climate action and to identify ways of working across the council and with partners, to fully capture and maximise those co-benefits.
 - ii. To demonstrate that action on climate can help to deliver the Health in All Policies approach that the Health and Wellbeing Board has agreed.
 - iii. To inform the rolling priorities for the Health and Wellbeing Board as well as Merton Health and Care Together partnership and for consideration for wider policies and strategies.
- 1.4. This APHR has been developed with contributions across the council and beyond, particularly with Environment and Regeneration colleagues. It has been discussed with the council's lead Cabinet members for health, climate and transport respectively, endorsed by the Health and Wellbeing Board, and shared with Leader's Strategy Group as well as health partners.

2 BACKGROUND

- 2.1 Climate change, the long-term increase in the temperature of the earth's atmosphere caused by the release of greenhouse gases (GHG) is recognised as one of the greatest global health challenges. This is due to numerous direct health risks associated with rising temperatures, including heat waves, floods and food insecurity. As elsewhere, climate change is leading to negative health impacts on Merton residents. These impacts are felt unequally: we know, for example, that areas in the east of Merton are overall more at risk from hot weather, that older people will be especially at risk of heat and that food insecurity is a greater risk for those who are most deprived.
- 2.2 Climate action to reduce GHG will help to mitigate the above direct health risks and Merton's Climate Strategy and Action Plan, agreed in 2020, aims for the Council to become a net-zero organisation by 2030.
- 2.3 This report specifically sets out how climate action has a number of other positive health impacts that can help tackle some of the deep-rooted risk factors to public health, mainly air pollution, lack of physical activity, unhealthy diet and poor mental health and wellbeing. It is these health co-benefits that are the focus of this APHR.
- 2.4 It is important to acknowledge that there is a lot of good work already underway to tackle climate change and improve health in Merton that we can build on, and some examples are included in the report as case studies.

3. DETAILS

- 3.1 This APHR is about the health co-benefits of climate action and specifically the opportunities they present for place-based partnership working. This is particularly timely given the creation of the Integrated Care System (ICS), Merton Health and Care Together Partnership and Committee and the development work currently taking place to work jointly and collaboratively.
- 3.2. The APHR aims to provide a reference for councillors, officers, partners and residents to understand what we mean by the health co-benefits of climate action, and seeks to develop a shared understanding of how we can work most effectively together to capture and maximise health co-benefits.
- 3.3 The most significant and well evidenced health co-benefits of climate action arise from tackling some of the most pressing public health risk factors, especially air pollution, physical inactivity, unhealthy diets and poor mental wellbeing. In addition, the focus of climate action on energy efficient healthy housing and good green jobs offers opportunity to improve two major determinants of health. Equity is a central consideration for all climate action: and consequent health co-benefits can help reduce health inequality when designed purposefully to be affordable, accessible and acceptable
- 3.4 Key messages are summarised at the beginning of the report, highlighting opportunities and also some of the challenges we face. They stress the need for system thinking, integrated planning and policies as well as evaluation and that, in Merton, there is a strong foundation to build on, with a commitment to the

Health in All Policies framework that includes the core priorities of health, equity and sustainability.

3.5 The APHR is made up of six key themes:

Theme 1: Active Travel

Theme 2: Healthy and Sustainable Diets

Theme 3: Accessible Biodiverse Green Spaces

Theme 4: Good Green Jobs

Theme 5: Energy Efficient Healthy Housing

Theme 6: Green Health and Social Care

3.6 Each themed chapter provides an overview of the current climate action and its expected impact on carbon reduction as well as the impact on health, and the ways in which these health co-benefits can be captured and maximised through purposeful policies and actions.

3.7 The final section of the report looks at the opportunities for place-based working. Using conservative modelling assumptions it estimates that health co-benefits from active travel, healthy sustainable diets and housing retrofit could avert between 37 and 190 excess deaths per year. This does not include annual deaths attributable to air pollution (estimated at 52 -100) and heat (figures by borough not available).

3.8 Achieving these health co-benefits requires integrated planning and system working at place level, where all policy impacts are considered together as part of informed decision making. Merton has an increasing track record of considering health alongside carbon reduction. There is also considerable expertise in partnership working, including engaging with communities, the voluntary sector and businesses, with the potential to strengthen the contribution from young people and develop them as place leaders. As an example, a Young Inspector has been appointed to the Health and Wellbeing Board in a six month pilot to strengthen young people's voice.

3.9 The APHR is supported by evidence available at the time of writing, with research in this field evolving fast. A range of sources of further information are included in the Appendices with more details available on request, including the methodology used for modelling in the report.

4. NEXT STEPS

4.1. Following the endorsement of the Health and Wellbeing Board on 24th January 2023 the APHR, together with the Merton Story/JSNA, will now help inform its rolling priorities for action. It is also being designed for publication and will be shared broadly with officers, members and all partners to take forward.

5. ALTERNATIVE OPTIONS

The publication of an independent APHR is a requirement of each Director of Public Health.

6. CONSULTATIONS UNDERTAKEN OR PROPOSED

The APHR was developed with the contribution of a range of colleagues listed in Appendix I of the full report. The APHR has been shared with colleagues in Environment and Regeneration, Community and Housing DMT and with Cabinet lead councillors for health, climate and transport as well as with health partners. It will be published, disseminated and shared widely with partners for consideration and action.

7. TIMETABLE

As outlined in the report.

8 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None for the purpose of this report. Implementation of the recommendations of the APHR is based on delivery within existing resources by developing ways of working across the council and partners rather than new investment.

9 LEGAL AND STATUTORY IMPLICATIONS

Producing an independent APHR is a statutory duty of the Director of Public Health under The Health and Social Care Act 2012.

10 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The APHR focuses on health co-benefits of climate action that can help mitigate 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 – Annual Public Health Report 2022/23 summary slide

Appendix 2 - Annual Public Health Report 2022/3

Health Co-benefits of Climate Action: *Opportunities for place-based partnership working*

Annual Public Health Report 2022/2023 – at-a-glance

Health co-benefits of climate action: opportunities for place-based partnership working

Dr Dagmar Zeuner, DPH LBM, February 2023

- It is a statutory duty for the Director of Public Health to produce an independent Annual Public Health Report
- This Annual Public Health Report (APHR) 2022/23:
 - Demonstrates the nature and scale of the main health co-benefits of climate action: improved air quality, physical activity, diet and mental wellbeing as well as better jobs and housing.
 - Identifies ways of working together to capture and maximise the co-benefits.
 - Shows how action on climate can help to deliver a Health in All Policies (HiAP) approach, combining focus on health, sustainability and equity
 - Informs the rolling priorities for the HWBB, MHCT and is for consideration for wider policies and strategies.
- Developed with wide-range of contributions across the council, local health colleagues and beyond.
- Shared with the council's lead Cabinet members for health, climate and transport as well as health partners and endorsed by the HWBB 24/1/2023.

Format

- Ten key messages
- Six themes:
 - Active Travel
 - Healthy and Sustainable Diets
 - Accessible and biodiverse Green Spaces
 - Good Green Jobs
 - Energy Efficient Healthy Housing
 - Green Health and Social Care
- Opportunities for place-based partnership working
- Resources

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Merton Annual Public
Health Report 2022/3

**Health Co-benefits of
Climate Action:**
*Opportunities for
place-based partnership working*

February 2023

Table of contents

- I Forewords
 - II Key Messages
 - III Introduction
 - IV Themed Chapters:
 - Theme 1: Active Travel
 - Theme 2: Healthy and Sustainable Diets
 - Theme 3: Accessible Biodiverse Green Spaces
 - Theme 4: Good Green Jobs
 - Theme 5: Energy Efficient Healthy Housing
 - Theme 6: Green Health and Social Care
 - V Opportunities and Conclusions for Place-Based Partnership working
- Appendices:
- i Additional sources of information
 - ii List of contributors

I. Forewords

Councillor Peter McCabe

Cabinet Member for Health and Social Care

Chair of Merton Health and Wellbeing Board

As the Cabinet Member for Health and Social Care, I commend this Annual Report of our Director of Public Health. Merton Council is fully committed to a sustainable future, whilst having a strong focus on reducing health inequalities. We recognise that residents, already vulnerable to the effects of air pollution and other climate impacts, are now, in the current cost of living crisis, facing real fuel and food poverty. As this report sets out, in taking action on climate, we can generate co-benefits that effectively improve the health of many residents and help tackle inequalities.

Merton Council has a strong commitment to climate action, active transport, promoting a borough of sport and health in all policies. Action needs to be taken now, so that all Merton residents have the opportunity to live healthy lives. The only way to address this challenge is to work in partnership, for and with the residents of Merton, and I look forward to taking this work forward with you.



Dr Dagmar Zeuner

Director of Public Health

I am delighted to present my independent annual report on the health of the population of Merton, in fulfilment of my statutory duty as Director of Public Health.

This year's report is focused on the opportunity that exists for action taken on climate change to deliver co-benefits for health through place-based partnership working. Climate change is perhaps the biggest global challenges of our time; a genuine health emergency. Merton's Climate Change Action Plan sets out actions needed to address climate change by 2050. This report highlights how those proposals also have the potential to deliver real benefits to people's health and to help reduce the health inequalities that exist across Merton. Capturing the potential co-benefits, climate change action can help promote active travel, a healthy diet, access to biodiverse greenspace, good green jobs, energy efficient housing and greener health and social care. Working in partnership we can support each other to address climate change in a way that puts the health of all Merton's residents at its core and delivers benefits for all.

I am grateful to my team and many colleagues from the Council, NHS, Merton Health and Care Together and other organisations for their support and contributions. Their contributions are much appreciated – on top of everybody's busy daily work – and result in a more informed and collaborative output. We are keen to make our annual report as useful for partners as possible. Please email us with any feedback you might have.



Dr Sy Ganesaratnam

GP Clinical Director for East Merton Primary Care Network

Vice Chair of Merton Health and Wellbeing Board

As the Merton Primary Care Provider Representative, I recognise the importance of tackling health inequalities and dealing with the consequences of poor health. We face a climate and ecological emergency, the health impacts of which affect the services we deliver, our staff and local communities. I see this in my daily practice as a local GP working in East Merton.

The last few years have seen a growing awareness of the need for the NHS as a whole to address climate change, with the publication of a national NHS Net Zero Strategy and South West London NHS Green Plan setting out actions to reduce carbon emissions. This builds on some of our Green GP Practices already established in Merton.

I am fully committed to taking action on climate in a way which captures the health co-benefits sets out in this report. In Merton we are fortunate to have established primary care networks that allows us the opportunity to really connect with local communities, through green social prescribing and preventative approaches, which can help deliver these co-benefits.

Public health has a key role to bring learning from elsewhere and to suggest how this can be developed as illustrated in this report. I commend the publication of this Annual Public Health Report. This paper lays the foundations for an excellent approach in Merton. We must act now, act together, and seize this public health opportunity. I look forward to ongoing collaboration with all partners in building a better greener future for Merton.

II. Key Messages - Health Co-benefits of Climate Action

1 Climate change, the long-term increase in the temperature of the Earth's atmosphere caused by release of greenhouse gases (GHG), is recognised as one of the greatest global health challenges. This is due to numerous direct and indirect health risks associated with rising temperatures. They include heat waves, floods, wildfires, food insecurity, virus spread and their impact of endangering livelihoods.

2 Climate action to reduce GHG mitigate the above risks. They have a number of other positive health impacts, called co-benefits, addressing some of the most pressing current public health risk factors, especially air pollution, physical inactivity, unhealthy diets and poor mental wellbeing.

3 Focussing on health co-benefits of climate action can lead to substantial cross-sectoral cost savings and increased public support. The latter is due to diversification of arguments and a near-term and more localised positive policy framing for climate action.

4 Maximising health co-benefits of climate action requires system thinking, integrated planning and policies, and tools to monitor and evaluate the effectiveness of actions on multiple cross-sector outcomes.

5 In Merton, there are good foundations to build on. They include the council's strong commitment to climate action, the NHS Green plan, the recent Integrated Care System (ICS) reforms that strengthen place-based partnership working, and the approval from Merton's Health and Wellbeing Board (HWBB) of a Health in All Policies (HIAP) framework explicitly considering health, equity and sustainability together in all policies.

6 This Annual Public Health Report aims to increase awareness of the health co-benefits of climate action and to highlight further opportunities for partnership working in Merton. The report is divided into seven themes, areas of climate action that offer most opportunities for health co-benefits, namely active travel, healthy and sustainable diets, accessible biodiverse green spaces, good green jobs, energy efficient healthy housing, and green health and social care.

7 The main health co-benefits of climate action are due to improved air quality, increased physical activity, healthier diets and better mental wellbeing. In addition, the focus of climate action on energy efficient healthy housing and good green jobs offers opportunity to improve two major determinants of health. There is strong evidence for all of the above to translate into substantial reductions of long-term conditions, premature deaths and associated health and care costs.

8 While looking to maximise health co-benefits of climate action through a system approach, this also lends itself to better understanding and mitigating any potential negative health impacts of climate action, such as injuries from more active travel,

pollen allergies from green spaces, reduced ventilation from energy efficient homes; as well as practical, joined up problem solving when there are perceived or real trade-offs between health and climate policy.

9 Equity is an essential consideration for all climate action and its consequences, including health co-benefits and negative health impacts, to reduce inequality. It means health co-benefits of climate action need to be purposefully designed to be widely affordable, accessible and acceptable. This is why Merton's HIAP framework explicitly promotes consideration of equity alongside both health and sustainability.

10 Health co-benefits of climate action must not distract from reducing GHG and the root causes of climate change such as unsustainable and unequal growth, consumption and development.

III. Introduction

About this report

This is the 2022/23 Annual Public Health Report for Merton, in fulfilment of the statutory duty of the Director of Public Health.

This year's report looks at the health co-benefits of climate action and how place-based partnership working in Merton offers opportunities to improve the health of people and planet together. This is both by preventing climate related harms to health and by improving major public health risk factors and their resulting impact on disease, deaths and costs for health and care.

Whereas climate action mainly focuses on decarbonisation to prevent global temperature increase, this report shows that by explicitly including a focus on health improvement and equity, the overall benefit for people and planet can be increased.

The purpose of this report is to raise awareness of these health co-benefits, to ensure they are explicitly considered, valued and designed into climate policy and action; to foster place-based partnership working, including better decisions on investment and returns that maximize overall benefits.

The report complements the development of Merton's Health in All Policies approach, promoting consideration of health, equity and sustainability together, as endorsed by Merton Health and Wellbeing Board.

The case for action on climate change has been well covered and will not be repeated in this report. Nor is the report a comprehensive research project covering all the pathways linking climate change or climate action with health outcomes. Instead, it is a brief illustration of some of the key health co-benefits of climate action, spanning a range of topics that are particularly relevant for the health of Merton residents.

The report provides a summary of key messages, an introduction to the topic, followed by themed chapters covering active travel, healthy and sustainable diets, accessible biodiverse greenspaces, good green jobs, energy efficient healthy housing and green health and social care, and a concluding section on cross-cutting opportunities for place-based partnership working.

About climate change

Climate change is a long-term increase in the temperature of the Earth's atmosphere due to the release of greenhouse gases (GHG), like carbon dioxide and methane, into the air, for example from burning fossil fuels, such as petrol and diesel, and from agriculture. This increase in temperature overall is already leading to changes in the environment around us – from the melting of the ice caps which will cause sea levels to rise, to an increase in flooding and extreme heat events.

Current research suggests that the climate has already warmed by around 1 Degree Celsius and predictions suggest that the Earth's climate could warm by a further 1 to 4.5

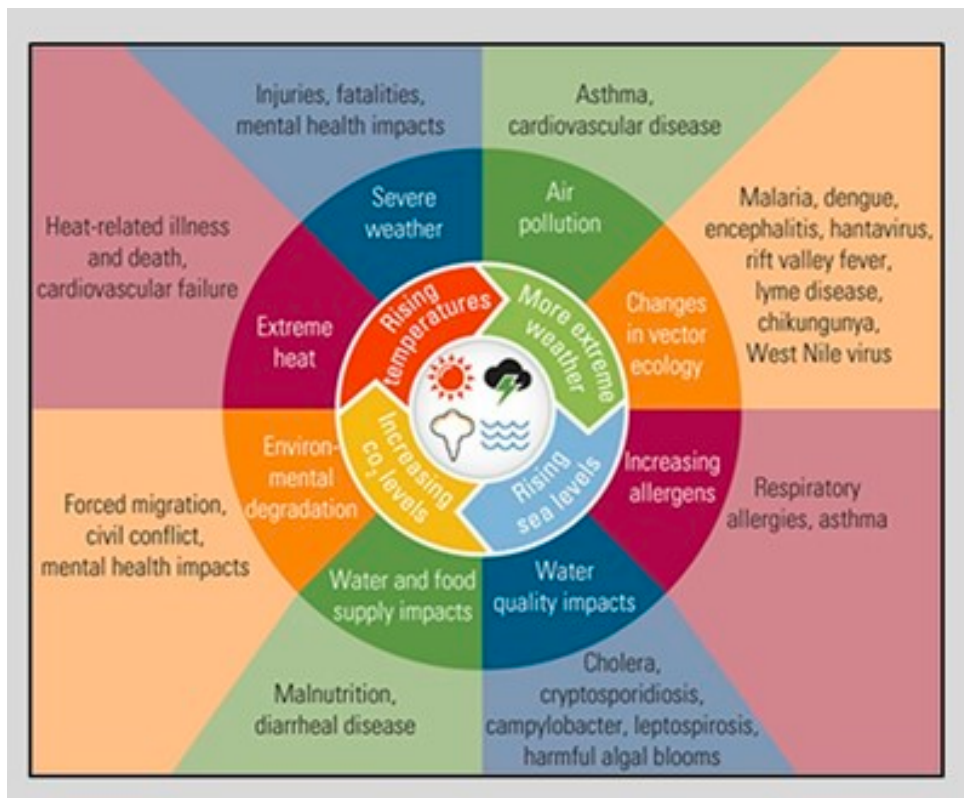
Degrees by 2100. This wide range is due to the fact that we do not yet know how much the world can cut down on GHG emissions during this time.

Climate change is recognised as one of the greatest global health challenges. For example, climate change will increase the risk of extreme heat, which can lead to an increase in mortality, with the 2022 heatwaves in the UK estimated to have caused around 3,000 excess deaths, the majority occurring in those over 65 years of age. 2022 has seen the hottest temperatures recorded in the UK so far and the number of deaths each year from heatwaves could potentially increase to 7,000 a year by 2050.

Flooding, which is also more likely with climate change, can cause both immediate threat to life and longer-term mental health issues; research has found that nearly a third of people suffer post-traumatic stress disorder following a flood. Climate change will also affect the global food supply, due to changes in growing conditions and will increase the risk of viruses spreading from animals to humans.

Figure 1, below, gives a summary of the main health impacts of climate change.

FIGURE 1: World Bank (Derivative of *Impacts of Climate Change on Human Health*)

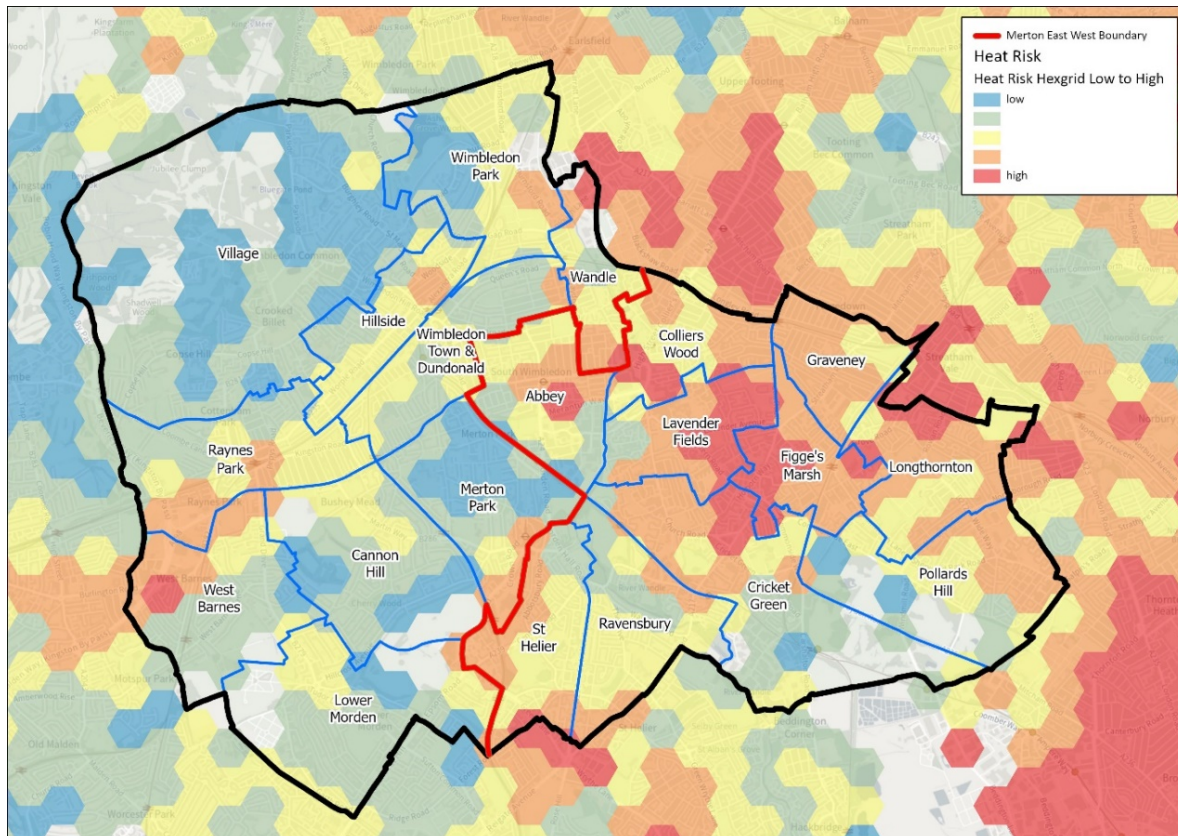


How climate change will affect health in Merton

As elsewhere, climate change will lead to negative health impacts on Merton residents. The Met Office suggest that the hottest summer day in Merton over the past 30 years will have been 36.5 Degrees, already in 2022 the hottest day was just over 40 Degrees and under the scenario of 4 Degrees of global temperature increase the hottest day could reach 43.1 Degrees.

These impacts will be felt unequally. We know, for example, that East Merton is overall more at risk from hot weather than West Merton (see Figure 2 below). We also know that older people will be especially at risk of heat. Given the interconnected nature of modern society, Merton residents are also at risk from issues such as food security, with those who are most deprived being most at risk.

FIGURE 2: Climate vulnerability map in Merton (Source: adapted from GLA/Bloomberg Associates)



Those who will bear the highest impacts of these risks from climate change, are also those who contribute the least to climate change. Merton’s carbon footprint per household is 18.3 tonnes of carbon dioxide equivalent per year. East Merton wards have lower carbon footprints (range: 13.4–18.9 tonnes) than West Merton wards (range: 19.0–24.5 tonnes).

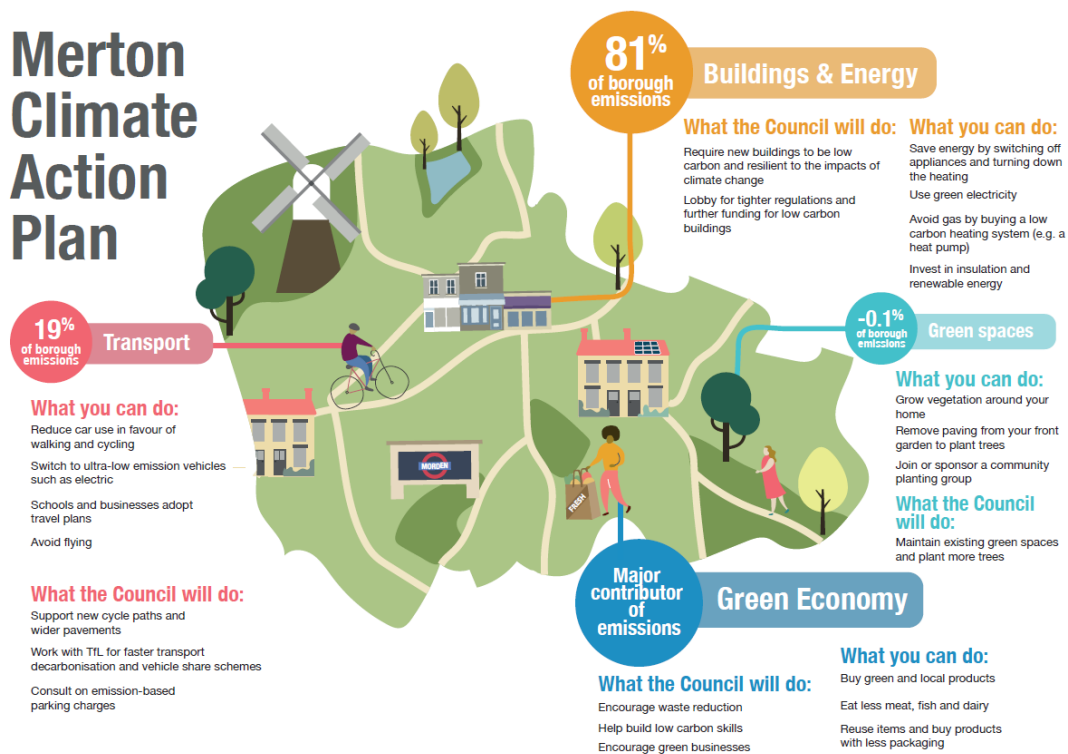
We know that there are inequalities in life expectancy between the most and least deprived areas in Merton. The Slope Index of Inequality represents the gap in years of life expectancy at birth between the most deprived and least deprived communities. For Merton from 2018 to 2020 this was 5 years for females (95% CI 3.3-6.6) and 7.7 years for males (95% CI 6-9.4). Climate change is likely to make these differences starker but we know that there are actions that can make a positive difference.

Tackling climate change in Merton

Merton is one of around 300 local authorities to have declared a climate emergency in the UK. [Merton Climate Strategy and Action Plan](#) agreed in 2020 is summarised in Figure 3 below and aims to:

- Ensure the Council is a net-zero organisation by 2030 to lead by example
- Decrease the emissions across the borough to reach net zero carbon in 2050,
- Reduce the waste collected by the local authority by 75%,
- Improve the energy use of buildings through insulation, renewable energy and low carbon heating,
- Increase the number of active travel journeys while decreasing the number of petrol and diesel cars and increasing the number of electric charge points, and
- Increase the green canopy cover

FIGURE 3: Summary Climate Change Action Plan (Source: Climate Strategy and Action Plan)



[Merton's Climate Delivery Plan Year 2](#) sets out plans to deliver on the above targets. The new [Local Plan](#) for Merton also includes a strong focus on both health and climate change. For example, requirements for developments to promote biodiversity net gain, considerations regarding sustainable urban drainage systems and net-zero carbon and climate resilient development.

On 1 July 2022, the NHS became the first health system to embed net zero into legislation through the [Health and Care Act 2022](#), and the [Delivering a Net Zero NHS](#) report is now issued as statutory guidance. This places duties on NHS England and all NHS trusts and Integrated Care Boards to contribute towards statutory emissions and environmental targets.

South West London NHS Integrated Care Board has published its [Green Plan](#) committing to deliver a range of programmes to help achieve this ambition, focusing on the nine areas of: workforce and system leadership; sustainable models of care; digital transformation; travel and transport; estates and facilities; medicines; supply chain and procurement; food and nutrition; and, adaptation. The London Region NHS Greener Programme Board is also galvanizing partnership working between NHS, Local Authorities and GLA across the capital.

Climate and the Cost of Living Crisis

The impact of climate change on health is particularly highlighted by the current cost of living crisis. A recent article in the Lancet sets out how - as health systems continue to deal with the impact of COVID-19 alongside increasing costs of fossil fuels - climate change continues to escalate: worsening health and wellbeing, exacerbating vulnerability and undermining the socioeconomic determinants that good health is closely linked to.

The Office for Health Improvement and Disparities recently released its London Winter Resilience and Prevention Programme outlining the impact of the cost of living crisis on population health. It identified four top areas of concern: the impact of cold homes and fuel poverty; worsening diet as a result of food insecurity; worsening mental health; and, worsening or preventable and treatable ill health.

Capturing the co-benefits of climate action and health are both achievable and imperative to help mitigate these immediate impacts and protect those most vulnerable.

Theme 1: ACTIVE TRAVEL

1.1 Impact on Climate

Transport is the UK's largest emitter of greenhouse gases making up 24% of all emissions in 2020. In London 2020 it was estimated that greenhouse gas emissions released due to transport made up 29% of all emissions in London. In the same year in Merton, it was estimated that greenhouse gas emissions due to transport made up 24% of all emissions. Between 2019 and 2020, a large reductions in transport emissions of up to 26% were recorded, primarily due to COVID-19 restrictions reducing traffic on major roads.

As cities have developed, there has been an increased use of private vehicles rather than public transport, with infrastructure more focused on the needs of drivers and motorists and failing to prioritise active travel. More recently there has been some counter movement to this as cities work to reduce car use, for example, [City Changers](#) network encouraging a move away from private vehicles to more active forms of travel.

Modelling has found that addressing climate change requires a dramatic decrease in car use of between 20% and 60% by 2030 compared with 2016 levels, depending on the speed of electric vehicle roll out. This will include decarbonising transport by making vehicles more fuel efficient and moving from petrol and diesel to electric vehicles.

Some of this change can be achieved through low carbon public transport, but active travel will also be key. In the long term, emissions can only be reduced in a meaningful way if car journeys are reduced and people switch to more active forms of transport.

Active travel refers to modes of travel that involve a level of activity. This often means walking and cycling but can also include people using wheelchairs, mobility scooters and e-cycles.

The imperative for active travel is starting to be recognised. The Government's new agency, [Active Travel England](#), was launched in May 2022 and the latest [Cycling and Walking Investment Strategy](#) was also recently published aiming to double cycling and increase walking by 2025.

The COVID pandemic changed how we travel: use of Transport for London services has not yet fully recovered to pre-pandemic levels but cycling, is becoming more popular, Cycle journeys in London increased by 152% (more than doubling) between 2000 and 2020 and have remained higher than pre-pandemic levels. Between March and mid-June 2022 cycle levels were 24% higher than the same period in 2019. In Merton, just over a third of residents walked or cycled for at least 10 minutes twice a

day from 2017 to 2020. Figure 4 below shows current active travel routes across Merton.

FIGURE 4: Map of active travel routes in Merton [Transport and urban mobility - New Local Plan, Merton Council Existing Facilities \(merton.gov.uk\)](#)

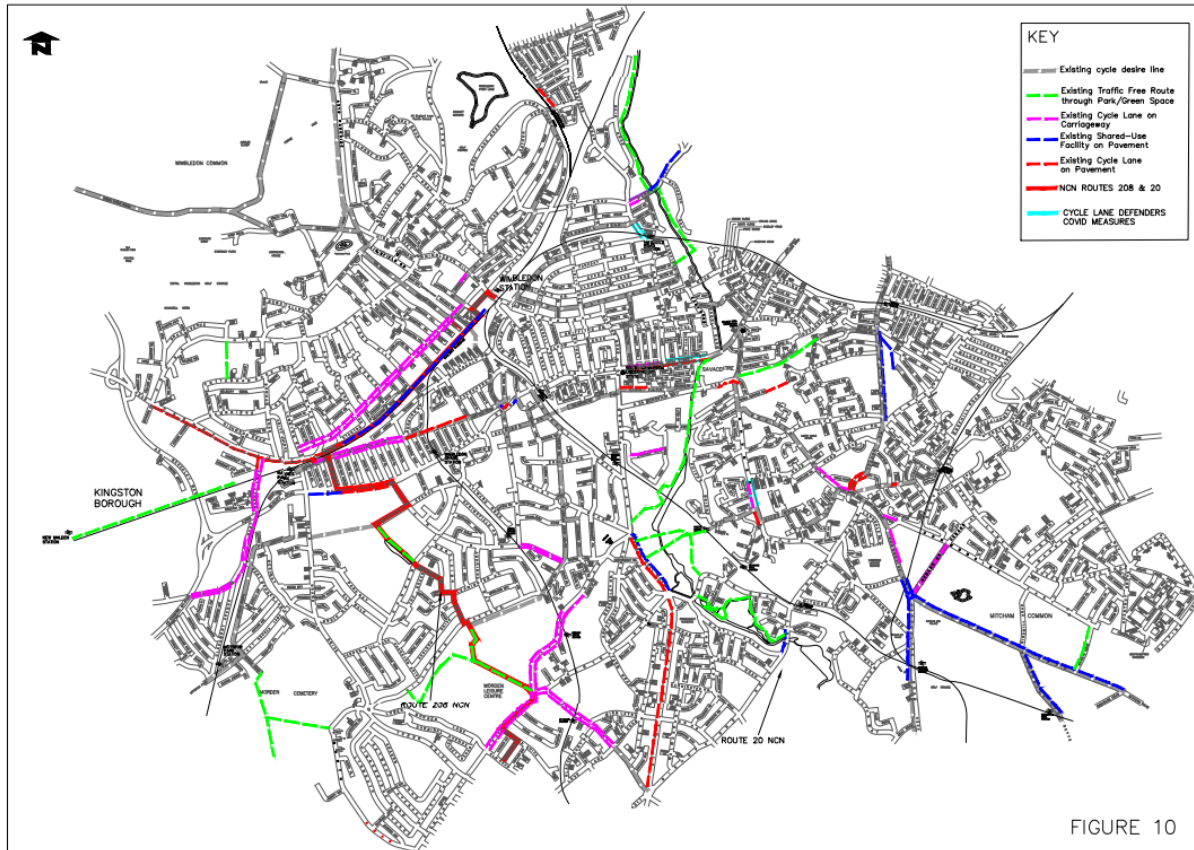


FIGURE 10

1.2 Impact on Health

Current transport emissions have a direct impact on air pollution (especially particulate matter PM2.5 and nitrogen dioxide NO2), which is responsible for a wide range of health conditions including heart disease, lung disease and cancer.

Recent studies found an association of air pollution with higher incidence of dementia. Air pollution is also associated with complications in pregnancy and a lower birth rate; sleep efficiency is also negatively affected in the most polluted areas. Children and people with pre-existing health conditions are particularly vulnerable to the impacts of air pollution.

In April 2021 a landmark ruling was made when, for the first time, a coroner cited air pollution as a cause of death for Ella Kiss-Debrah, a nine year old girl with asthma living next to the South Circular Road.

The impact of air pollution on health is not equal. Those living in the 20% most deprived neighbourhoods, and neighbourhoods where more than 20% of the population are non-white, experience higher concentrations of air pollution ^{xiii} whilst the same areas have lower levels of car ownership.

It is estimated that by 2035 there will be 2.5 million cases of non-communicable disease in England related to air pollution, with around 40,000 deaths a year across the UK. Across London, in 2020, 7.1% of deaths were attributable to particulate air pollution, with an estimated 4,000 deaths. In Southwest London in 2020/21 there were 435 emergency hospital admissions for asthma in adults aged 19 years and over. In Merton, it is estimated in 2019 that the equivalent of 54 to 100 deaths a year were attributable to air pollution.

A lack of physical activity contributes to people becoming overweight and obese, leading to risk of health conditions including type 2 diabetes, heart disease and stroke. Lack of physical activity, even without excess weight, is a public health risk factor for a number of other long term conditions, including cancer and dementia.

Whilst those who use public transport are more likely to be active and burn more calories than car users, active travel is even better to prevent ill health. However, data shows levels of physically inactive adults at just over 20% in Merton (over 30,000 adults) and levels of physical activity are lower in more deprived areas of Merton.

Research suggests that doing 30 minutes of exercise five times a week could reduce the risk of death from the health conditions outlined above by over 30%. ^{xlvi} Active travel represents a regular way of making exercise part of a person's everyday routine which can help achieve this.

It is estimated that a quarter of the UK population cycling regularly could reduce the years of life lost to premature mortality by over 2%, whilst an increase in physical activity in the UK has potential to save the NHS £17bn within 20 years by, reducing the prevalence of the above long term conditions

As shown in Figure 5 below, if the proportion of Merton residents actively travelling (walking and cycling) for at least 20 minutes per day increases to 40% from the current 34.2%, 9 premature deaths would be saved annually, totaling 72 prevented deaths by 2030.

FIGURE 5: Modelled number of premature deaths prevented per year and cumulatively compared to baseline as a result of 20 minutes of active travel (cycling and walking) in Merton by 2030 (full methodology available on request)

Source: World Health Organisation, Heat Tool.

% Of Population using Active Travel	Premature Deaths prevented per year	Total Premature Deaths prevented to 2030
Baseline (34.2%)	0	0
Scenario 1 (40%)	9	72
Scenario 2 (50%)	25	197
Scenario 3 (60%)	41	322

Injury due to active travel, especially to cyclists, is a consideration in promoting active travel. Data indicates that in Merton in 2020, there were 69 casualties killed or seriously injured in road traffic collisions. More deprived areas of London are adversely impacted especially for young pedestrians and adult cyclists. However, cycling across London doubled from 2000 to 2017 alongside a significant decrease in the number of people killed or seriously injured on the roads in that time.

1.3 Capturing Health Co-benefits

[Merton Air Quality Action Plan](#) 2018 - 2023 sets out the Council's commitment to air quality. By promoting and supporting active travel as a way of reducing transport emissions, there is the opportunity to secure real health co-benefits. It is vital to integrate active travel options into urban and transport planning and make them as easy, attractive and equitable as possible and normalise them as a preferred mode of travel. This applies to all residents and also to staff of the council and partners including the NHS and other anchor institutions and links closely to the current Actively Merton programme.

CASE STUDIES

Merton Council is developing a walking and cycling strategy for publication in 2023 to inform the borough's future cycle and walking route network. The strategy will assess existing routes against the latest design standards and identify where improvements are needed. It will identify gaps in the network and develop feasibility options for schemes to support future funding bids and contributions from developers.

The Mini Holland scheme supports active travel across Enfield, Kingston and Waltham Forest through cycle hubs near transport stations, protected cycle lanes, traffic calming and other measures. After a year of interventions, an evaluation found that those living in areas with a high level of intervention were 24% more likely to have cycled within the previous week than those living in areas with no intervention.

Superzones and School Streets to be added linking to Actively Merton.

THEME 2: Healthy and Sustainable Diets

2.1 Impact on Climate

Modern diets have a high environmental impact, with approximately a quarter of all global emissions coming from food and agriculture and around half of these relating to the production and supply of animal products. Meat production is a particularly significant contributor to climate change; the [Climate Change Committee](#) have outlined the need for a 20% reduction in meat and dairy consumption by 2030, with a further 15% reduction by 2050 to contain global warming.

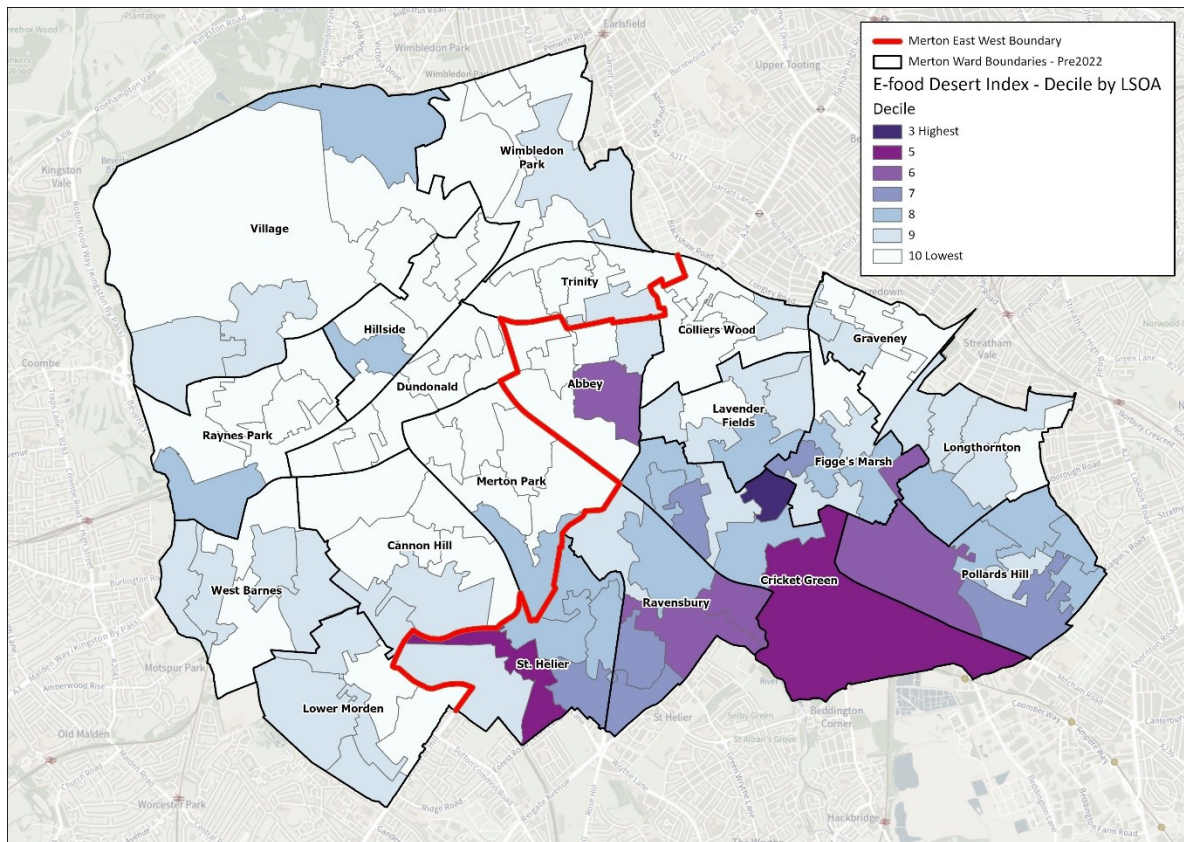
Approximately one-third of all food produced for human consumption is lost or wasted. Food waste itself contributes to emissions, as it represents wasted carbon emissions, and is a missed opportunity to feed more people. When wasted food goes to land-fill it decomposes producing greenhouse gases which also contribute to global warming.

Modern diets are also unhealthy, increasingly high in processed and refined foods, sugars and meats. This is influenced by the relatively low cost of refined food, a decline in home cooking, the convenience of delivery and processed foods and extensive marketing. A recent trend relates to home delivery apps, the use of which has increased during the COVID pandemic.

If the average diet in the UK were healthy and sustainable, complying, for example, with the recommendations of the [World Health Organisation](#) for a healthy diet, a 17% reduction in greenhouse gas emissions could be achieved.

There are currently notable inequalities in diets, with people on lower incomes tending to eat less healthily. Reasons for this include the perceived lower cost of unhealthy food, lack of space and time for cooking and lack of access to shops selling healthy food, whilst, simultaneously, being exposed to a higher density of fast-food outlets. For example, access to food is generally worse in south east Merton than in the rest of the borough, with some areas being particularly poorly served as illustrated in Figure 6 below.

FIGURE 6: E-Food Desert Index for Merton (Source: adapted from CDC)



2.2 Impact on health

The health benefits of a diet that is lower in emissions largely comes from reducing red meat consumption. Diets with relatively high amounts of beef, lamb and pork, especially when processed, are associated with higher risks of cardiovascular disease, stroke and certain types of cancer.

Unhealthy diet, like low levels of physical activity, is also a key risk factor to becoming overweight and obese leading to a risk of the health conditions outlined in the Active Travel chapter. More specifically, people who are obese have three times greater risk of developing some cancers such as colon cancer, over two times the risk of developing hypertension and up to five times the risk of having type 2 diabetes.

Data shows that 50.4% of the Merton adult population are overweight or obese, this amounts to nearly 80,000 residents, with prevalence of GP registered obesity (2020/21) significantly higher in the east of the borough in comparison to the west. The inequality observed in healthy diets is reflected in those living in more deprived communities being more vulnerable to the health risks associated with obesity. This has been further exacerbated by the recent cost of living crisis with increasing food poverty and fuel poverty making healthy eating and cooking less affordable.

The use of food banks has risen enormously in the past ten years. Research shows that around 2.5% of all UK households used a foodbank in 2019/20 and the [Merton Story 2021](#) reported an increase in food parcels delivered in Merton between May 2020 and February 2021 by a factor of four.

The National Food Strategy states poor diets contribute to an estimated 64,000 deaths every year in England, the government spends around £18 billion (2021) on conditions related to high BMI alone every year.

The benefits of a lower carbon diet can help to reduce risk factors to health. There are various modelling estimates about the potential scale of health impact. For example, it is estimated that, if the UK average diet complied with [World Health Organisation](#) recommendations for a healthy diet, average life expectancy at birth would increase by over eight months.

Replacing half of the UK's meat and dairy consumption with fruit, vegetables and cereals could lead to around 37,000 deaths a year avoided or delayed. Even replacing 75% of cow and sheep meat with pigs and poultry could help avoid or delay around 2,000 deaths a year.

Food is a complex and emotive topic and, whilst evidence broadly supports a reduction in the amount of red meat consumed, concerns have been raised about the potential health harms of some meat substitutes and this is a fast emerging topic.

There is also an emerging evidence base about the harms of ultra-processed foods and vegetarian and vegan diets come with specific needs to ensure that people obtain the range of nutrients the body needs.

The cost of a healthy and sustainable diet can also be a concern but there is some indication that it is possible to have a healthier diet without additional expense. A recent study calculated that in high income countries, a sustainable 'flexitarian' diet, eating less meat and more vegetables, reduced costs by 12% to 14%, with vegetarian and vegan diets reducing costs by between 22% and 34%.

Applying to Merton the findings of a modelling study on the impact of environmentally friendly diets to the UK, to the population, a 50% reduction in meat consumption balanced with an increase in plant consumption could delay or avert around 114 deaths a year, adding up to around 909 deaths by 2030. Modelling all Merton residents adopting the diet set out by the Eat Well Guide, drawing on a national modelling study, it is estimated around 240 cases of diabetes, 81 cases of coronary heart disease and 50 cases of stroke could be averted or delayed each year (*details available on request*).

2.3 Capturing Health Co-benefits

By supporting people to have a more sustainable diet, that reduces emission of greenhouse gases, there is an opportunity to secure real health co-benefits. It is vital to

shape the environment to make healthy choices easier, and this involves working with a wide range of stakeholders and targeting those areas where there is currently poorer access to healthy and affordable food.

Taking action, for example, to increase the availability of plant based foods, position healthy and sustainable foods in more prominent ways, and reduce the density of takeaways selling processed meats.

CASE STUDIES

Merton's new Local Plan policies will require any new hot food takeaways seeking planning permission, to avoid being within 400m of the boundary of schools to encourage healthier food choices. The Council has a [Child Healthy Weight Action Plan](#) and has built on the recent implementation of local restrictions on unhealthy food advertising. It also commissions healthy lifestyle and weight management services.

Sustainable Merton are coordinating the local response to food poverty delivering a Community Fridge network-which aims to tackle food poverty and food waste through the redistribution of surplus fresh food and promotes the use of growing spaces. It is also refreshing Merton's Food Poverty Action Plan with Merton an award winner for most improved borough.

As part of Merton's School Meals Catering Contract review in 2020/21, the Council asked for a commitment on reducing greenhouse gas emissions, and to promote the delivery of more sustainable menu choices, with a greater emphasis on plant-based recipes. This contract review also involved the trial of Merton's new Social Value Measurement Charter which captures both environmental and wider social benefits;

Incredible Edible Todmorden promotes food growing in public spaces with research highlighting the role supermarkets can play in shaping a healthier food environment.

Made in Hackney is a charity providing a fully vegan community cookery school. Through a focus on tasty, culturally varied and healthy plant-based food, the charity delivers cookery and food growing classes.

Theme 3: ACCESSIBLE BIODIVERSE GREEN SPACES

3.1 Impact on Climate

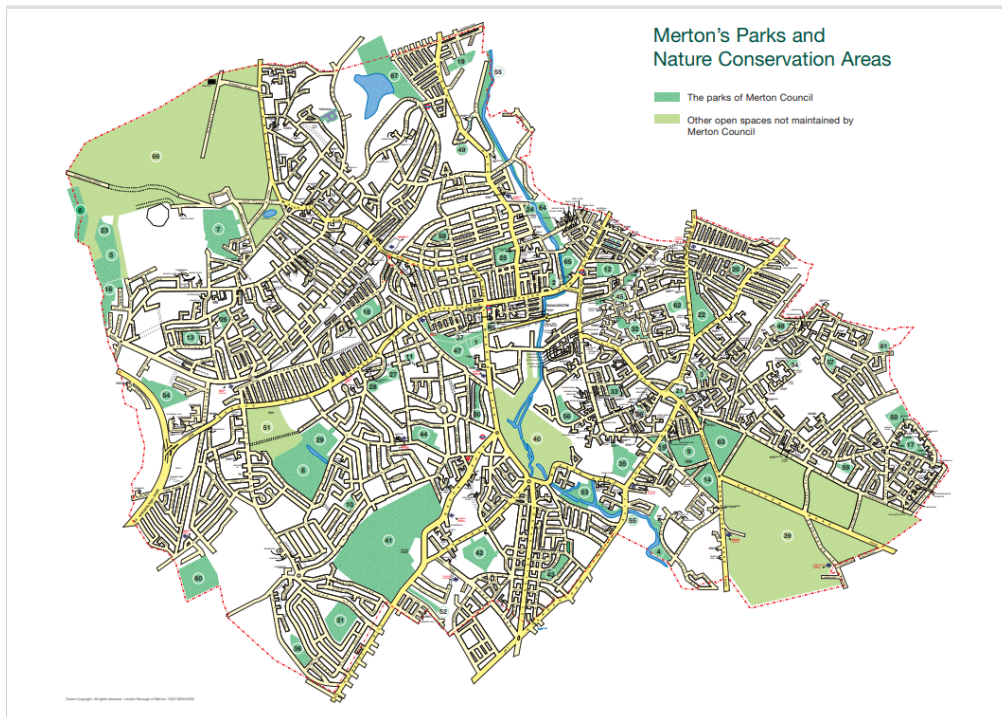
Green spaces absorb carbon dioxide and help mitigate against climate change. They can help reduce the risk of overheating and flooding - especially important in urban areas where green space helps to regulate temperature and to soak up surface water.

Green space is the vegetation that exists around us. From parks to urban orchards, allotments to trees on streets, green space constitutes a range of diverse natural features of our environment and it is vital to supporting biodiversity, the variety of living species around us.

In 2017, it was estimated that woodland in the UK had removed up to 18 million tonnes of CO₂. This is the equivalent to 4% of the total UK greenhouse gas emissions for that year, excluding shipping or aviation. The area of tree-covered woodland in the UK has increased by 11% between 1998 and 2021.

In Merton, private domestic gardens are the dominant type of green space, covering over 25% of the borough, followed by outdoor sports facilities and grassland, heathland or scrubland, which together account for over 20% of the borough. Additionally, there are fourteen major woodlands, green corridors alongside the railways, and a range of other natural features. Figure 7 below shows Merton's parks and conservation areas.

FIGURE 7: Merton's Parks and Nature Conservation Areas

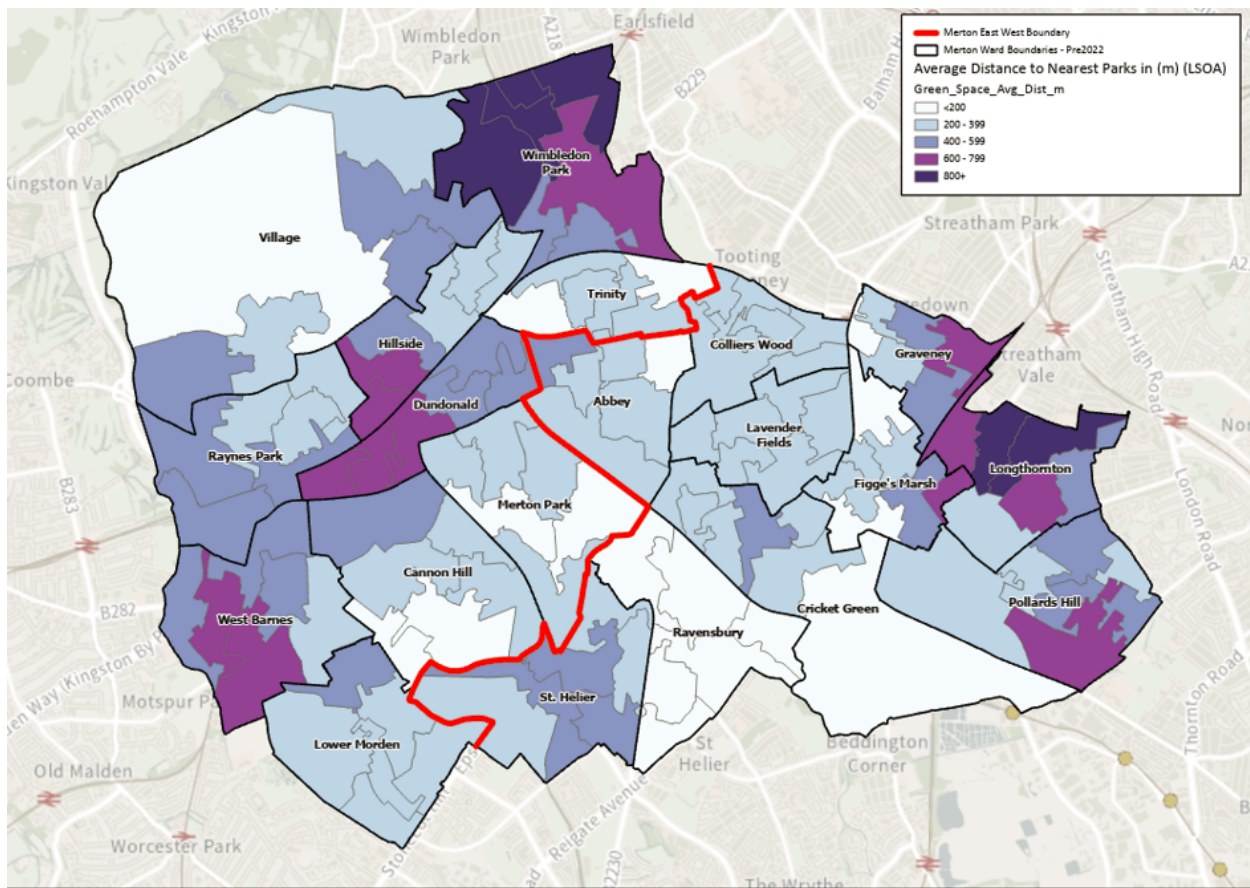


Access to green spaces also depends on suitability for walking, cycling, use of wheelchairs and buddies and perceived safety.

Across Merton there is relatively good access to green space. Over 22% of residents live within 500m of a woodland two hectares or larger, compared with just under 12% of London residents, with the average distance in Merton to a park or public garden of 390m, equivalent to less than 5 minutes-walk away.

However, access to green space is not equitable and areas with high levels of deprivation also tend to be those with lowest proximity to green space

FIGURE 8: Average distance to nearest park (Source: adapted from ONS)



Please note: The ONS have only included parks in the analysis. For example, Wimbledon Park has been defined by ONS as a Sports facility as the primary use of the area: the analysis looks at the distance from postcode to the nearest access point and only includes postcodes that fall within a built up area (urban) and also parks outside the Merton boundary.'

3.2 Impact on Health

The ways in which our health is shaped by our natural environment are multiple and wide ranging. From access to spaces which enable physical activity (see also the Active Travel chapter) to the benefits to mental health of spending time outdoors and connecting with nature.

People living closer to green space have been found to have lower levels of anxiety and mood disorder treatment, while a number of studies have shown the link between access to green space and reduced levels of stress. Mental health benefits of exposure to nature have been shown to be significantly greater where two hours of contact time are achieved a week.

Data shows that over 15% of Merton residents aged over 16 as having a common mental health disorder in 2017, this amounts to around 25,300 residents. The inequality that exists, in terms of the distance that some Merton residents live from a park or other accessible green space means access to green space is more difficult for some than others to achieve.

Green spaces can also help to ameliorate excessive heat exposure which is a risk factor for poor health outcomes, especially in vulnerable and older people with long term conditions. Recent data on excess mortality during heat-periods between June and August 2022 shows 3,271 (6.2%) more deaths above the five-year average. 92 excess deaths were recorded in outer London during this period and 121 recorded for the same period in 2021 (lower numbers for 2022, which was hotter than 2021, are likely due to registration delays and deaths among vulnerable individuals being brought forward).

There is also evidence suggesting that green spaces in healthcare settings can improve outcomes for patients and improve staff satisfaction with the workplace. Further ways in which exposure to nature can benefit increased levels of wider good health is still emerging but studies are consistently showing an association, including reduced mortality from any cause.

Some risks of increasing exposure to green space exist, including the impact of pollen on allergies including hay fever but, overall, benefits to health outweigh this.

3.3 Capturing Health Co-benefits

By prioritising development of accessible green spaces which improve air quality, facilitating physical activity and temperature regulation, there is an opportunity to also secure real co-benefits for people's mental health and wellbeing. It is vital to include consideration of the proximity to green space in planning and to encourage and support people wherever possible to spend time in green space, particularly where they live in an area which does not have ready access.

CASE STUDIES

The Merton [Climate Action Plan](#) aims include increasing tree cover by 10% by 2050, potentially equivalent to planting around 800 trees every year and, as part of Merton's Climate Action Group, a wide range of other initiatives are underway. Merton's [Green Infrastructure and Biodiversity Study](#) identifies priority areas for the urban heat island effect in the north and north east of the borough, with other areas of need in the south west of the borough.

A Tree Strategy and Parks and Open Spaces Strategy are in development and there is a focus on biodiversity in Merton's draft [Local Plan](#) together with active 'friends of' groups focusing on Green Flag initiatives to expand rewilding.

Folkets Park in Denmark, an area which had a history of violent crime, set out to deliver an inclusive design process to ensure the needs of a wide range of park users were taken into account to create a safe park for residents to enjoy.

The NHS Forest is a national initiative which aims to plant trees on NHS sites. Nearly 100,000 trees have now been planted across 321 NHS Forest sites (as of 29th Nov 2022). A review of evidence has shown mental health benefits from the use of green care (such as therapeutic horticulture) combining exposure to the natural environment with meaningful and social activities.

Green Gyms® is an initiative run by The Conservation Volunteers provide free outdoor sessions to guide people in practical activities such as establishing meadows and ponds, while focusing on health and fitness. A study in 2015 found improved health outcomes and reduced social isolation.

Theme 4: GOOD GREEN JOBS

4.1 Impact on Climate

With the current cost of living crisis, securing good green jobs is a particularly important area of opportunity. Green jobs are described as ‘employment in an activity that directly contributes to the achievement of the UK's net zero emissions target and other environmental goals, such as nature restoration and mitigation against climate risks.’

The Institute of Employment Research determines ‘good work’ on the six domains of: wages, employment quality, education and training, working conditions, work life balance and, consultative participation and collective representation.

The creation of good green jobs is reflected in the Government's [Plan for Jobs](#) which outlines the significant opportunity involved in wide-scale plans for housing retrofit and public sector decarbonisation.

The Oxford Economics report on Merton: Economic Analysis Prospects and Possibilities (November 2021) found that workplace employment across the borough was ‘mainly flat between 2014 and 2019’ and suggested a sustainable focus on climate issues including air quality, recycling, green buildings, road pollution, electric vehicles and green jobs.

Modelling suggests that the number of additional jobs created by a transition to net zero could be as high as 3,900 in South London. Research from the LGA projects that a net zero economy in England would require up to nearly 1,400 green jobs in Merton by 2030 and over 2,000 jobs by 2050, with the majority of these in low carbon heat, energy efficiency and low carbon services. Green Jobs in Merton would account for 13.6% of all green jobs required in South West London boroughs, following Croydon (25.5%), Wandsworth (22.3%), and Sutton (14.3%) respectively.

To secure these jobs it is important that people are trained in the relevant skills. The [Mayor of London's Construction Academy](#) Hub for South London, together with the [South London Green Skills Academy](#), are providing the skills training critical to securing good jobs locally. These jobs will also be key to delivering Merton's [Climate Action Plan](#).

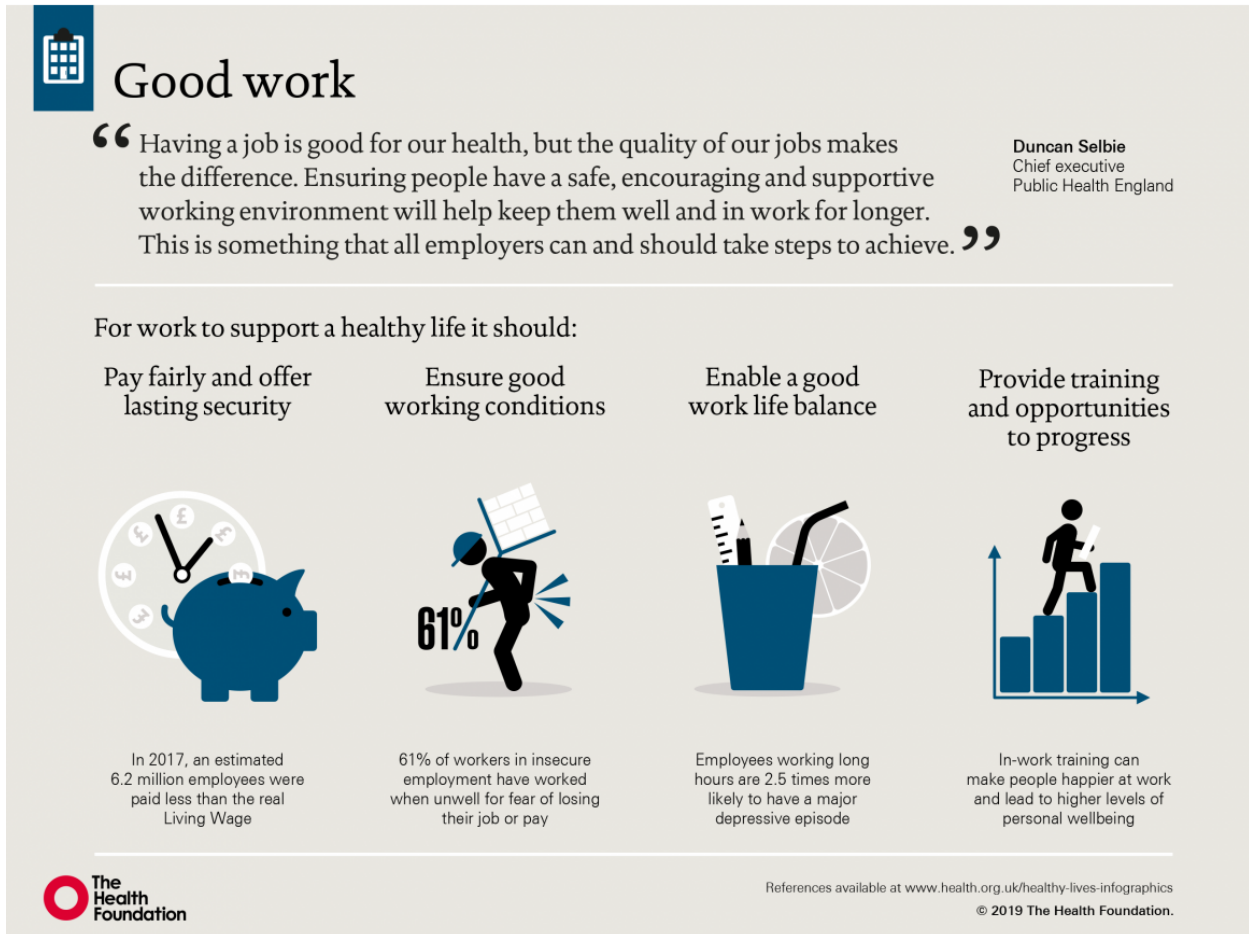
By providing the necessary training in Merton we can help secure these employment opportunities. In addition, targeting those living in more deprived areas of the borough for skills training and linking them to new good quality jobs can also help to address health inequalities.

As well as access to green jobs, the need for a fair transition for those currently working in carbon intensive sectors needs to be considered, with 40,000 people estimated to be working in these sectors within the South London Partnership footprint.

4.2 Impact on Health

Good work is good for health. It provides a protective influence on mental health against the negative impacts of job insecurity and unemployment and protects against poverty which is linked to risk factors for numerous health conditions, see Figure 9 below.

FIGURE 9: The Health Foundation [How is work good for our health?](#)



However, analysis by the Health Foundation has shown that a significant proportion of UK employees experience aspects of low quality work including low job autonomy, low job wellbeing and low pay which all have a negative impact on health.

In Merton, in 2022, there are around 17,000 jobs where individuals are earning below the Living Wage Foundation rates (£11.05 per hour), this accounts for 25.9% of jobs in Merton, to compare, this is higher than Outer London (21.2%), and all of London (13.6%). Those earning below the living wage is higher among people in part-time (46.7%) compared to those in full-time employment (16.4%); a proxy for inequalities between the East and West as the proportion of those in part-time employment is higher in East Merton (27.0%) in comparison to West Merton (21.3%).

4.3 Capturing Health Co-benefits

Actively providing training opportunities and targeting creation of good green jobs which benefit the environment can also secure real co-benefits for people's job security and consequent health and wellbeing, and redress some of the unequal distribution of low-paid and insecure jobs in Merton.

Creating good green jobs will require a wide range of approaches to development and communication of the diverse opportunities; supporting businesses in a range of sectors and also creating pathways into employment for people with newly gained skills. The ICP (Integrated Care Partnership) Strategy includes consideration of skills development and employment across the NHS as an anchor institution.

CASE STUDIES

Merton Adult Learning are developing new curriculum areas and have commissioned providers to deliver new courses including boiler retrofit and building insulation. Elements of green skills and environmental sustainability are also being embedded into all adult learning provision.

The Merton [Climate Action Group](#) is also developing green skills in the community through Merton Garden Street planting days and repair workshops, creating two green jobs for Merton, with residents leading both projects.

South London Partnership jointly commissioned a 2-phased piece of research into Green Jobs. The research was carried out by WPI Economics and Institute for Employment Studies with [phase 1](#) focusing on London as a whole, followed by [phase 2](#) which focused on analysis and opportunities across South London.

One of the [London Recovery Missions](#) aims to double the green economy in London by 2030 to promote inclusive employment opportunities. The South London Partnership Green Skills Academy is facilitating collaboration between employers and the education sector focusing on retrofit, reduce/reuse/recycle and horticulture to support South Londoners to access good green jobs.

Theme 5: ENERGY EFFICIENT HEALTHY HOUSING

5.1 Impact on Climate

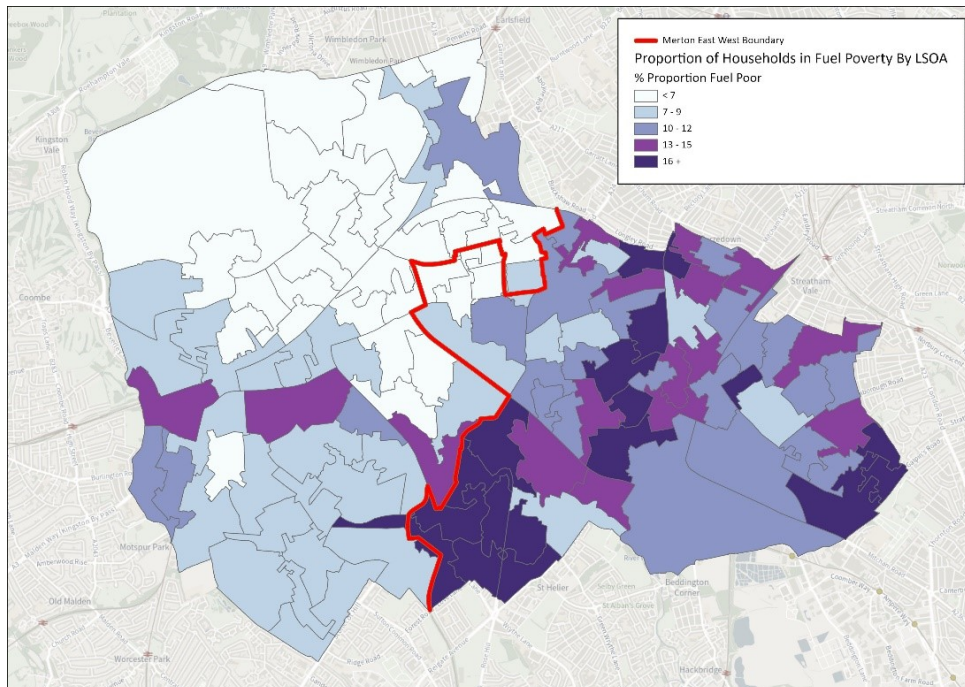
The UK has some of the oldest housing stock in Europe and this poses lasting challenges to make housing healthy and safe for all as eighty percent of the homes that will be in use in 2050 have already been built.

Domestic energy takes up 30% of the UK energy budget and represents 25% of the UK's greenhouse gas emissions. In Merton, residential buildings account for 44% of borough emissions.

Ensuring that new homes developed are energy efficient is key. A health promoting energy efficient house prevents overcrowding, is warm in the winter, cool in the summer, has good lighting and access to green space, whilst protecting residents from hazards.

Across Merton, some people cannot afford to keep their home adequately warm and this fuel poverty is of increasing concern in the current cost of living crisis. Figure 10 below shows the distributions of households experiencing fuel poverty, with east Merton generally showing higher proportions of households.

FIGURE 10: Proportion of Merton households in fuel poverty by LSOA, 2020 Source: BEIS, 2022



Given that the majority of future homes have already been built, a focus on improving existing housing is needed. Effective housing retrofit can both increase warmth in winter and reduce the consequent impact of fuel poverty.

As Merton Council does not own the social housing stock, decarbonising the existing building stock requires action from wider stakeholders including owner occupiers, tenants, private landlords and social landlords.

It is vitally important that retrofit is completed effectively, as poor housing retrofit may carry health risks. For example, if ventilation is reduced this can lead to worsened indoor air quality or damp, so ventilation alongside good retrofit is key. Some interventions may also contribute to the risk of overheating; good housing retrofit must carefully consider the potential benefits and harms as part of the design.

There are some concerns on the cost of developing sustainable housing but research has shown that these can be outweighed by benefits over the life course of the building in terms of improved energy efficiency.

In September 2022 the government announced that around 130,000 low-income households may be eligible to receive energy efficiency upgrades through Help to Heat. Councils and social housing providers have been asked to submit bids for funding to upgrade the properties of low-income and social households to deliver upgrades from early 2023 to March 2025. In November 2022 the Government also announced an extra £1 billion to insulate the UK's least energy efficient homes. The ECO+ scheme will target homes which have a low energy efficiency rating and are in the lower council tax bands.

5.2 Impact on Health

Poorly insulated homes are difficult to heat. They lose heat faster, increasing the fuel needed and consequent cost to heat them. Fuel poverty presents a direct risk factor to health and specifically respiratory and cardio-vascular conditions which are aggravated by exposure to cold temperatures and damp. Higher summer temperatures can also lead to some homes becoming overheated, also a risk factor for health (see Chapter 3: Accessible Biodiverse Green Spaces).

People who are young, old, those likely to stay at home more or those who have a long-term conditions, are most likely to suffer harm to their health from fuel poverty. For example, cold homes put children at over twice the risk of respiratory disease compared with those living in warm homes.

In November 2022, a coroner concluded that two-year-old, Awaab Ishak, died as a result of a severe respiratory condition caused by prolonged exposure to mould in his home in Rochdale, in what the coroner described as 'a defining moment for the housing sector'.

A study showed that, without any adaptation of the housing stock in London, both heat and cold mortality would increase, whereas an ambitious retrofit rate can prevent deaths. A Public Health Wales report has summarised evidence on return on investment, finding that every £1 spent on warmth in vulnerable households, generated four times this in health benefits. Finding those with upgraded houses had over a third reduction in hospital admissions for injuries or heart and lung conditions.

The impact of fuel poverty on population health can be measured by using the Excess Winter Mortality Index. In Merton, this showed an average of 50 more deaths in winter months (December 2019 to March 2020) than would be expected in non-winter months, representing an additional one in seven deaths in winter. As reflected in Figure 10 above fuel poverty is not felt equally, particularly impacting communities in east Merton and other specific areas and is an increasing issue of concern given the current cost of living crisis.

As shown in Figure 11 below, applying the findings of a London model to Merton, without retrofit, there were likely to be an additional cold related deaths, whereas continuing retrofit at the current rate was likely to lead to 22 lives saved a year with an ambitious retrofit rate likely to save 36 lives a year.

FIGURE 11: Estimated number of average cold-related deaths annually by 2030 in Merton based on different housing retrofit scenarios. (-) represents a decrease in deaths, (+) represents an increase in deaths. Full methodology available on request.

Sources: Taylor et al, ONS population estimates and OHID excess winter deaths/

Scenario	Annual average cold-related deaths	Annual difference in deaths from baseline	Changes in death from baseline by 2030
Baseline (2005-2014 average)	73	-	-
Scenario 1 (no retrofit)	88 – 95	+15 to +22	+120 to +176
Scenario 2 (current retrofit)	51	-22	-176
Scenario 3 (ambitious retrofit)	37	-36	-288

To note, we have assumed the London (2013 to 2018) retrofit rate is similar to Merton’s current retrofit rate. The model also makes a number of complex assumptions about energy systems and the housing stock.

5.3 Capturing Health Co-benefits

Working closely with stakeholders to promote and support good retrofit of existing housing will both reduce greenhouse gas emissions and bring health co-benefits to residents, especially relating to exacerbation of respiratory and cardio-vascular disease. This work will particularly help those residents experiencing fuel poverty and therefore help mitigate against current inequalities.

Merton Draft [Local Plan](#) includes environmental and health considerations as part of any future developments. Merton's draft climate change policies are also looking to set ambitious targets for new development in Merton, to ensure compatibility with net zero by 2050, without requiring significant retrofit, in order to minimize the future retrofit burden in Merton. The draft Local Plan is also looking to all new development to be resilient to the impacts of climate change including overheating and flooding.

CASE STUDIES

Merton Council has been working with regional partners including the Greater London Authority to promote retrofit funding schemes and is working with housing associations to secure Social Housing Decarbonisation Funding to help retrofit social housing.

At the time of writing, the Council is looking to recruit two Community Retrofit Officers to lead on borough-wide retrofit in Merton. Part of their role will be to develop a retrofit strategy and energy masterplan for the borough. The climate change team supported Clarion's bid for Wave 1 of the Social Housing Decarbonisation Funding last year which included 50 properties in Merton.

Energisprong is a Dutch approach to energy efficiency. Nottingham City homes has piloted an *Energisprong* retrofitting of a selection of old terraced council housing to improve their energy efficiency and make them a healthier places to live. One of the benefits of this type of retrofitting was that by prefabricating most of the changes off site, installation time was minimised. Residents reported that after the retrofitting, their homes were warmer, a better place to live as well as being cheaper to heat.

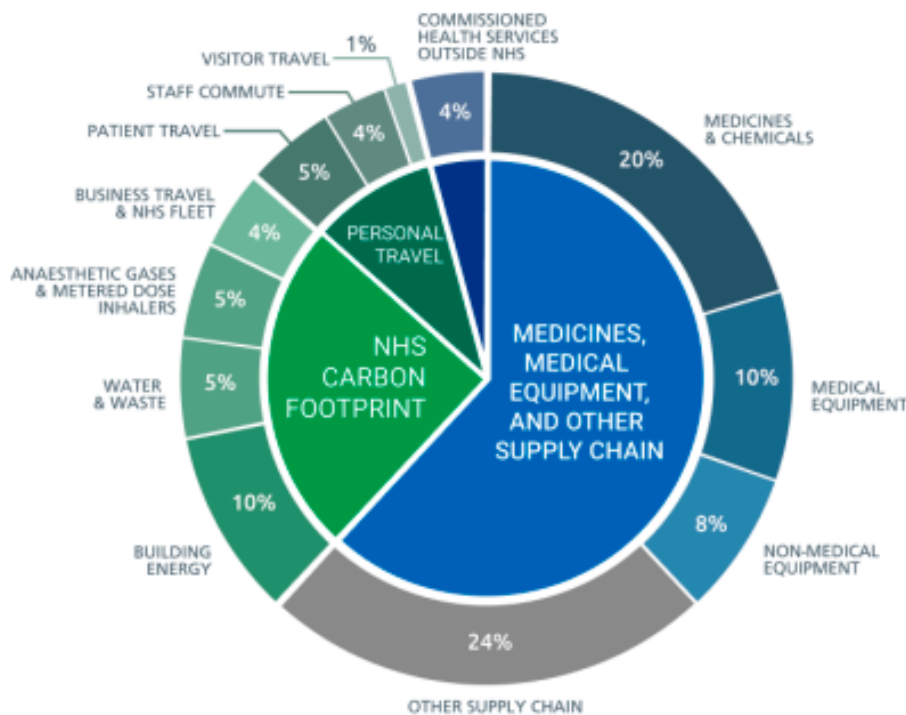
Theme 6: GREEN HEALTH AND SOCIAL CARE

6.1 Impact on Climate

The health care system in England currently accounts for 4% to 5% of carbon emissions nationally. Green health and social care seeks to drive down this impact, providing services in a way that does not damage the environment.

The majority of carbon emissions across health and social care are derived from medicines and medical equipment but are also derived from staff and patient travel and buildings as summarised in Figure 12 below.

FIGURE 12: Sources of carbon emissions by proportion of NHS Carbon Footprint Plus (NHS England and NHS Improvement. Delivering a Net Zero National Health Service. 2020.)



NHS England recently set a target to reach net zero carbon emissions within its direct control by 2040, and for carbon emissions it can influence – such as those within the supply chain - to be net zero by 2045. This led to the development of the recently launched [South West London Green Plan](#)

It is recognised that in order to achieve the net zero ambition of the NHS, more sustainable health and care practice models are required with an emphasis on prevention. Sustainable health and care must also be aware of and ensure equity. For example, recent extensive use of digital appointments, which can significantly reduce emissions, need to consider the inequalities that exist in access to digital technology.

6.2 Impact on Health

The impact on health of green health and social care brings together the impacts of all the other themes covered in this report. There are opportunities for a range of health co-benefits across active travel, healthy diet, accessible green spaces, energy efficiency of buildings and good green jobs.

Personal travel accounts for a significant part of impact. Promoting active travel for health and social care patients, visitors and staff, can benefit both their own health, through increasing physical activity, and the health of the local population by reducing air pollution.

The NHS is the second largest public sector food provider in the UK. The recent review of hospital food catering highlighted actions that can be taken, including a focus on sustainability, in procurement and tackling food waste, both to reduce environmental impact and improve diet and health.

Inhaler use is one example of medical equipment that is currently a significant contributor to NHS carbon emissions. Where asthma is not effectively controlled, greater use of inhalers and even hospital care may be needed with a consequent higher carbon impact. By ensuring the right asthma treatment and prioritising low carbon inhalers, carbon impacts can be reduced and patients remain healthier.

6.3 Capturing Health Co-benefits

Merton Council is working closely with NHS colleagues to help lower emissions, deliver the new [South West London Green Plan](#) and at the same time secure co-benefits for health and equity of access to services. There is, for example, an opportunity to promote active travel at scale across the NHS whilst remaining sensitive to patient's needs including mobility issues.

CASE STUDIES

Merton Council commissions support for GP practices to embed healthy workplace and sustainability initiatives. The Chamber of Commerce is currently working with five local GP practices and has helped two GP practices to become accredited under the Royal College of GP's Active Practices and Green Toolkit standards.

Merton Council is also reviewing how air quality alert systems can be integrated with health alert systems using a range of communication methods from apps to text message systems.

Global Action Plan have developed a range of leaflets that inform patients on how to protect themselves from air pollution.

In Manchester, a NHS staff campaign and changes to the sustainable travel infrastructure resulted in 40% of staff using sustainable travel including active travel and public transport.

V. Opportunities for place-based partnership working

Climate action aims to reduce GHG to mitigate the risks of global warming and the associated serious negative health consequences, for example from extreme weather events. These are increasingly felt not only globally but in the UK, such as heat waves and flooding.

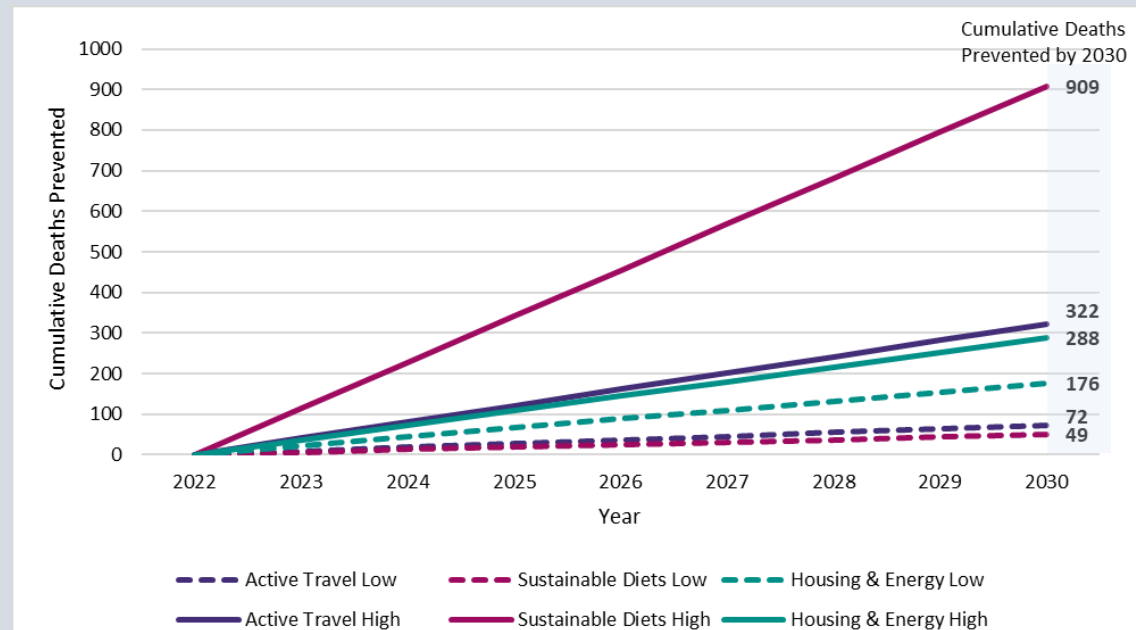
Climate action has a number of other positive health impacts or co-benefits, addressing some of the most pressing current public health risk factors. These include air pollution, physical inactivity, unhealthy diets and poor mental wellbeing, major risk factors for the most common physical long-term conditions, such as cancer, cardiovascular disease, dementia, and mental health conditions such as depression and anxiety. In addition, the focus of climate action on energy efficient healthy housing and good green jobs offers opportunity to improve two major determinants of health.

Using conservative modelling assumptions, health co-benefits from active travel, healthy sustainable diets and housing retrofit could avert between 37 and 190 excess deaths per year (see Figure 13 below). This does not include annual deaths attributable to air pollution (estimated at 52-100) and heat (figures by borough not available).

As context, in 2020, there were 1,513 deaths from all causes all ages in Merton

FIGURE 13: Cumulative deaths prevented from 2022 to 2030 if Merton residents achieved low or high intervention impacts across active travel, sustainable diets, and housing retrofit

Full methodology available on request



Active Travel Low: 40% of the Merton population actively travel for 20 minutes per day (cycling and walking).

Active Travel High: 60% of the Merton population actively travel for 20 minutes per day (cycling and walking).

Sustainable Diets Low: "A shift from red (for example, beef and sheep meat) to white (pigs and poultry meat), with no overall reduction in livestock consumption."

Sustainable Diets High: "A 50% reduction in livestock product supply balanced by increases in plant commodities."

Housing retrofit Low: Current retrofit rate based on rate for London 2013-2018

Housing retrofit High: Ambitious retrofit based on 94% of the housing stock to have a deep retrofit.

Despite growing interest and evidence about the health co-benefits of climate action, for example during the recent COP27 and COP26, the latter hosted by the UK in Glasgow, they often remain overlooked and underutilized in policy making.

Improved air quality is probably the best recognised health co-benefit of climate action, particularly reduction of air pollution caused by traffic and transport. In London, the coroner's verdict in a world first ruling in 2020, confirmed air pollution as a material contribution to the death of nine year old Ella Kiss-Debra. The above has spurred public concern and concerted action across the capital to improve air quality; in recognition of the substantial health risks due to air pollution and the societal means to mitigate these risks this year's Chief Medical Officer's report covers this topic..

Other health co-benefits from climate action, such as improved physical activity and healthier diet, while recognised, are often underestimated in their scale of positive health impact.

Missed health opportunities when developing climate action include, for example, a single focus on swapping diesel and petrol cars with e-cars, rather than swapping as well as reducing car use overall, and thereby increasing active travel to reap the health co-benefits of increased physical activity; this would also improve air quality by reducing brake induced particulate matter pollution. Another example is the focus of sustainable diets on reducing meat consumption through meat substitution, that are often highly processed, rather than explicitly looking for sustainable as well as healthy diet alternatives.

The link between access to green spaces and improved mental wellbeing is probably least well understood and quantified so far but health benefits from greening are likely to be far greater than currently described, and creation and preservation of green spaces and biodiversity rank highly among public interest, including in Merton.

The focus of climate action on energy efficient healthy housing and good green jobs offers opportunity to improve two major determinants of health, with both being particularly pertinent in the current cost of living crisis.

As the previous chapters have illustrated, maximizing health co-benefits of climate action can lead to substantial cross-sector savings. A wide variety of empirical and

modelling studies, in different settings, draw congruent conclusions about the large scale value of co-benefits, often equal to or exceeding climate mitigation costs.

Similarly, a focus on the health co-benefits of climate action can help broaden the argument and strengthen public support, which is crucial for successful implementation. This is achieved by joining up the support of stakeholders with a primary interest in climate action, with those whose primary interest is health and wellbeing. As some of the health co-benefits are more immediate and tangible at local level, than the longer-term change in global warming, this can further help with local community engagement.

Finally, opportunities for securing concrete health co-benefits offer a more positive and energising frame as a counter-balance to some climate disaster narrative that can be perceived as depressing and fatalistic.

However, silo working between departments and sectors still prevails, hampering truly integrated planning and system working at place level, where all policy impacts are considered together as a pre-requisite for well informed decision making.

Merton, like other local authorities, has an increasing track record of considering health alongside carbon reduction in the climate action plans and Local Plans, as outlined in the introduction section. There is also considerable expertise in partnership working, including engaging with communities, the voluntary sector and businesses; with Merton's Climate Action Group, and planned climate action engagement strategy, bringing opportunities to further strengthen the link between climate action and health outcomes. Using meaningful participation as a core principle, to achieve more inclusive and sustainable outcomes, and because research has shown that the act of participating itself is critical to wellbeing.

Of particular importance is to garner the voice of young people and to ensure their voice feeds into policy decision-making. This is relevant for the climate emergency as it is the future health of the planet that is in jeopardy, but also to help tackling the current increasing mental health issues that young people suffer, as well as improving childhood healthy weight and the pervasive unfair gap in childhood obesity between more and less deprived parts of the borough. Merton has a long-standing commitment and strong track record of working with children, young people, their families and communities; more explicitly linking the policy agendas of climate change and health offers further ways to strengthen the contribution from young people and opportunities to develop them as place leaders.

The Health and Care Act 2022 put into legislation new NHS reform around establishment of Integrated Care Systems (ICS) with the explicit aim to further strengthen collaboration between NHS, local authorities and the voluntary sector. At place level, this means a renewed focus on public health risk factors for prevention of ill health and reducing inequality through truly integrated planning, and closely working with communities and neighbourhoods.

The same Health and Care Act 2022 legislation obliges the NHS to comply with net-zero targets, and all Integrated Care Boards and Trusts have now published their first NHS Green Plans. This has unleashed some considerable energy and progress, with many clinicians and other NHS staff now accepting and pursuing an active role in climate action and starting to recognise the huge potential for tackling public health risk factors and reducing entrenched health inequalities at the same time.

Securing and maximizing equitable health co-benefits from climate action is one of the big opportunities for place-based system leadership.

In Merton we are developing our place-based partnership arrangements in this spirit, including our Merton Health and Care Together Partnership and HWBB.

For example, the HWBB recently approved a Health in All-Policies (HIAP) framework to explicitly consider health, equity and sustainability together; the Director for Environment, Civic Pride and Climate is a member of the HWBB and the board is experimenting with having a young person representative as additional member. Both HWBB and Merton Health and Care Together partnerships are working on 'Actively Merton', a way of working to scale up physical and social activity for all residents the way they want it, as an exemplar for HIAP. Linking up activity around active travel will be an integral part.

Going forward, reviewing the Local Health and Care Plan and HWBB priorities for place, with a true commitment to system thinking and system leadership, offers further ways of strengthening collaboration and alignment with climate action to maximize health co-benefits.

This needs to include concrete and practical ways to facilitate place-based integrated planning, including better understanding and mitigation of potential negative health impacts of climate action, problem solving when there are perceived or real trade-offs between climate and health policies, and joint approaches to ameliorating the cost of living crisis, without negating the climate crisis but instead focusing on common ground.

One of the major enablers is a place-based intelligence function with use of common tools for mapping and monitoring of cross-sector impacts and outcomes, use of common frameworks for business cases and estimation of return on investment. Another important enabler is joint workforce development and training, including integrated climate and health literacy.

Finally, local place leaders and partnerships have important responsibility to not use health co-benefits to obfuscate or distract from the root causes of climate change such as unsustainable growth, consumption and development.

Appendix i

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Appendix ii

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Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 14th 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

Contact officers: Barry Causer, Public Health Lead for Adults, Health Improvement and Health Protection, Clarissa Larsen, Health and Wellbeing Board Partnership Manager

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.
-

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"> • 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

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

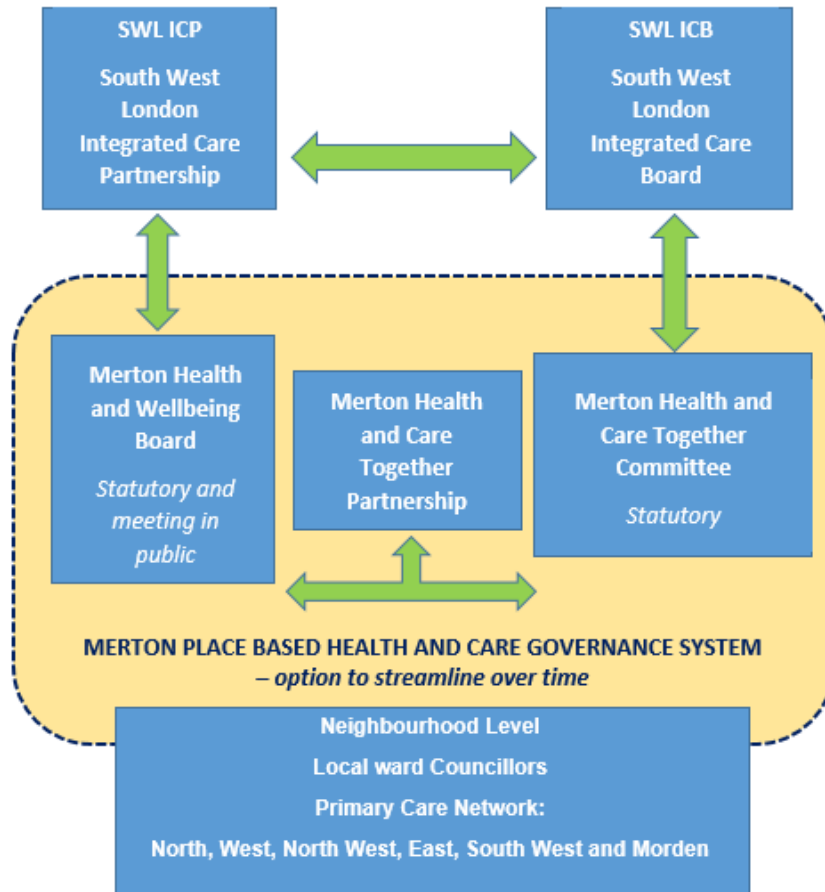
3.1 Health and Wellbeing Governance

The Health and Care Act 2022 gained royal assent in April 2022 and from 1st 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.

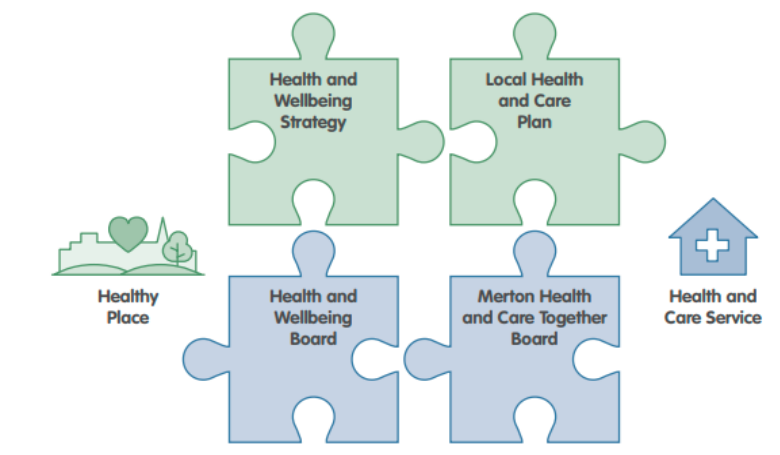
Fig 2 – Regional and Local Governance of Health and Wellbeing (March 2023)



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:

Chapter	Title	Purpose
Chapter 1	The Merton Population	<i>Giving an overview of demographic trends.</i>
Chapter 2	COVID-19	<i>Tracking the ongoing impact of the pandemic.</i>
Chapter 3	Start Well	<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	Live Well	
Chapter 5	Age Well	
Chapter 6	Healthy Place	<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.

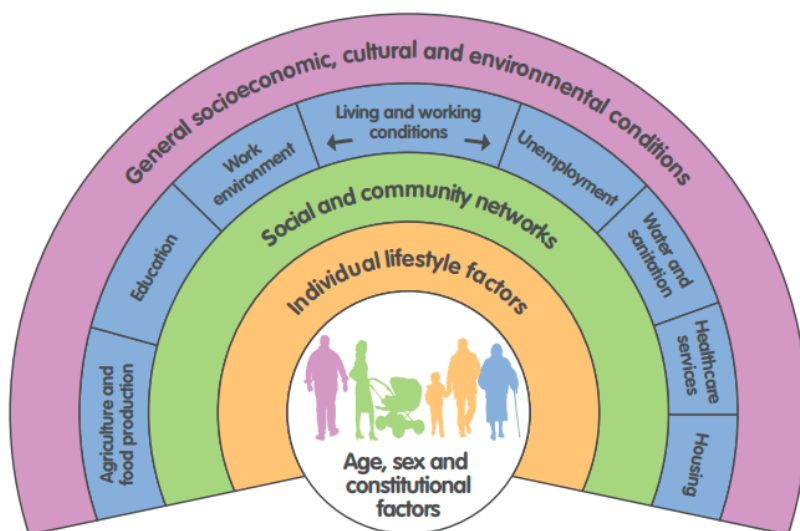


Fig 4 – Wider determinants of health Source: Dahlgren & Whitehead, 1991

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 28th 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 <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>	Not available as OHID do not publish	N/A	49.3
	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%

	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

Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 14 March 2023

Subject: Planning the Panel's 2023/24 work programme

Wards: All

Lead officer: Stella Akintan, Scrutiny Officer

Lead member: Councillor Agatha Akyigyina, Chair of the Children and Young People Overview and Scrutiny Panel

Contact officer: Stella Akintan (stella.akintan@merton.gov.uk/020 8545 3390)

Recommendations:

- A. That the Panel reviews its 2022/23 work programme (set out in the appendix), identifying what worked well, what worked less well and what the Panel would like to do differently next year;
 - B. That the Panel suggests items for inclusion in the 2023/24 work programme – both agenda items and potential task group review topics; and
 - C. That the Panel advises on agenda items for its meeting on 20 June 2023.
-

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 To enable the Panel to plan its work programme for the forthcoming municipal year and, in particular, to agree agenda items for the first meeting of the municipal year.

2. DETAILS

Identifying issues for the 2023/24 work programme

- 2.1 At the beginning of each municipal year, each Overview and Scrutiny body determines the issues it wishes to build into its work programme for the forthcoming year. The Overview and Scrutiny bodies have specific roles relating to budget and business plan scrutiny and performance monitoring, and these should automatically be built into the work programme.
- 2.2 In addition to this, Overview and Scrutiny bodies may choose to build a work programme which involves scrutinising a range of issues through a combination of pre-decision scrutiny items, policy development reviews carried out by task groups, performance monitoring, on-going monitoring items and follow up to previous scrutiny work.
- 2.3 The remit of the Healthier Communities and Older People Overview and Scrutiny Panel is as follows:
 - NHS and Public Health services
 - Promoting good health and healthy lifestyles
 - mental health and reducing health inequalities
 - community care (adult social care and older people's social care
 - active ageing · access to care and health services

- 2.4 The scrutiny officers are currently gathering suggestions for issues to scrutinise, either as Panel agenda items or task group reviews. Suggestions are being sought from members of the public, councillors and partner organisations including the police, NHS and Merton voluntary services, the council's departmental management teams are being consulted in order to identify forthcoming issues on which the Panel could contribute to the policymaking process.
- 2.5 The Panel is therefore invited to suggest items for inclusion in the 2023/24 work programme – both agenda items and potential task group review topics.
- 2.6 All the suggestions received will be discussed at the Panel's topic workshop on 7th June 2023. As in previous years, participants will be asked to prioritise the suggestions using criteria so that the issues chosen relate to:
- The Council's strategic priorities;
 - Services that are underperforming;
 - Issues of public interest or concern; and
 - Issues where scrutiny could make a difference

Planning the first meeting of the 2023/24 municipal year

- 2.7 A note of the workshop discussion and draft work programme will be reported to the first meeting of the Panel in the new municipal year. The Panel will be requested to discuss this draft and agree any changes that it wishes to make.
- 2.8 The Panel is asked to advise on any other items that it would be helpful to include on the agenda for its 20 June 2023 meeting.

3. ALTERNATIVE OPTIONS

- 3.1 The Panel can select topics for scrutiny review and for other scrutiny work as it sees fit, taking into account views and suggestions from officers, partner organisations and the public.

4. CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1 To assist Members to identify and prioritise a work programme for 2023/24, the Scrutiny Team will undertake a consultation programme with Panel Members, co-opted members, members of the public, LB Merton Officers and Voluntary and Community Sector organisations to determine other issues/items for Members' consideration for inclusion in the Panel's 2023/24 work programme.

5. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 5.1 There are none specific to this report. Scrutiny work involves consideration of the financial, resource and property issues relating to the topic being scrutinised. Furthermore, scrutiny work will also need to assess the implications of any recommendations made to Cabinet, including specific financial, resource and property implications.

6. LEGAL AND STATUTORY IMPLICATIONS

- 6.1 Scrutiny work involves consideration of the legal and statutory issues relating to the topic being scrutinised. Furthermore, scrutiny work will also need to assess the implications of any recommendations made to Cabinet, including specific legal and statutory implications.

- 7. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**
- 7.1 It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engaging with local partners in scrutiny reviews. Furthermore, the outcomes of reviews are intended to benefit all sections of the local community.
- 7.2 Scrutiny work involves consideration of the human rights, equalities and community cohesion issues relating to the topic being scrutinised. Furthermore, scrutiny work will also need to assess the implications of any recommendations made to Cabinet, including specific human rights, equalities and community cohesion implications.
- 8. CRIME AND DISORDER IMPLICATIONS**
- 8.1 Scrutiny work involves consideration of the crime and disorder issues relating to the topic being scrutinised.
- 9. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**
- 9.1 There are none specific to this report. Scrutiny work involves consideration of the risk management and health and safety issues relating to the topic being scrutinised. Furthermore, scrutiny work will also need to assess the implications of any recommendations made to Cabinet, including specific risk management and health and safety implications.
- 10. APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**
- 10.1 2022/23 work programme
- 11. BACKGROUND PAPERS**
- 11.1 None

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Healthier Communities and Older People Work Programme 2022/23



This table sets out the draft Healthier Communities and Older People Panel Work Programme for 2022/23. This Work Programme will be considered at every meeting of the Panel to enable it to respond to issues of concern and incorporate reviews or to comment upon pre-decision items ahead of their consideration by Cabinet/Council.

The work programme table shows items on a meeting-by-meeting basis, identifying the issue under review, the nature of the scrutiny (pre decision, policy development, issue specific, performance monitoring, partnership related) and the intended outcomes. The last page provides information on items on the Council's Forward Plan that relate to the portfolio of the Healthier Communities and Older People Panel so that these can be added to the work programme should the Panel wish to.

Chair: Councillor Agatha Akyigyina
Vice-chair: Councillor Jenifer Gould

Scrutiny Support

For further information on the work programme of the Healthier Communities and Older People please contact: -
Stella Akintan (Scrutiny Officer)
Tel: 020 8545 3390; Email: stella.akintan@merton.gov.uk

For more information about overview and scrutiny at LB Merton, please visit www.merton.gov.uk/scrutiny

Meeting date 6th September 2022 – deadline for reports – 19th August

Page 98

Item/Issue	How	Lead Member/ Lead Officer	Intended Outcomes
Building Your Future Hospitals Programme.	Report to the Panel	Jacqueline Totterdell, Chief Executive Officer	To get a progress update and consider budget and timetabling issues.
Integrated Care System Governance - Update	Report to the Panel	Mark Creelman Executive Locality Director. South West London CCG Gemma Dawson,	Review the role and impact of the Integrated Care Systems on services provided in Merton
Home Care re-commissioning	Report to the Panel	Keith Burns	To ensure Merton residents receive value for money for re-commissioned services.
Rowan's Surgery	Report to the Panel	Mark Creelman Executive Locality Director, Merton and Wandsworth. South West London CCG	Review proposals for the future of the Surgery. Head of Commissioning and Marketing Development
Work Programme 2022-2023	Report to the Panel	Cllr Agatha Akyigyina, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2022-23

Meeting Date 1 November 2022 -

Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Winter / surge planning	Report to the Panel	Mark Creelman, Anne Brierley	To ensure sufficient services are in place to respond during this busy period.
Hospital Discharge arrangements/ process	Report to the Panel	Assistant Director Strategy and Improvement.	To review service provision and ensure continual learning and improvement is taking place.
Adult Social Care Reform Integration White paper Care Act part 2 Care Quality Commission Assurance	Report to the Panel	Keith Burns, Head of Commissioning and Market Development	An update on forthcoming legislation and its impact on policy direction
Learning Disabilities/ Day opportunities	Report to the Panel	Gillian Moore	Comment on the outcomes from the review of day services
Work Programme 2022-2023	Report to the Panel	Cllr Agatha Akyigyina, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2022-23

Meeting date – 10 January 2023 - BUDGET

Item/Issue	How	Lead Member/ Lead Officer	Intended Outcomes
Budget and Business Plan 2022-2025	Report to the Panel	Councillor Billy Christie, Cabinet Member for Finance and Corporate Services	Scrutinise the budget and any send comments to the Overview and Scrutiny Commission
Access to Health Care	Report to the Panel	Mark Creelman	Review on how residents access different healthcare services
Adult Safeguarding Update Adult Safeguarding Annual Report Safeguarding Adult Reviews Liberty Protection Safeguards		Aileen Buckton, Independent Chair of the Safeguarding Panel	To review work undertaken over the last 12 months.
Work Programme 2022-2023	Report to the Panel	Cllr Agatha Akyigyina, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2022-23

Meeting Date – 07 February 2023

Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Suicide prevention	Report to the Panel	Public Health Team	Looking at services and support available across all age groups, including children given that this was an area where not as much work has been done.
Long Covid	Report to Panel	Barry Causer, Dagmar Zeuner, Director of Public Health	Review support for those living with Long-Covid
Work Programme 2022-2023	Report to the Panel	Cllr Agatha Akyigyina, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2022-23
Responding to the Impact on Mental Health following Covid 19	Report to the Panel	Vanessa Ford, CEX South West London and St George's mental health trust.	Review mental health provision following the pandemic

Meeting date – 14 March 2023

Item/Issue	How	Lead Member/Lead Officer	Intended Outcomes
Immunisations and screening Schedule	Report	NHS England	Review the take up of local immunisation and screening in Merton.
Report of the Health and Wellbeing Board	Report to the Panel	Dagmar Zeuner, Director of Public Health Peter McCabe, Cabinet Member for Health and Social Care	Review of the work undertaken by the Board over the previous year.
Work Programme 2022-2023	Report to the Panel	Cllr Agatha Akyigyina, Healthier Communities and Older People Panel Chair	To review the topics this Panel will consider in 2022-23
Annual Public Health Report 2022	Report to the Panel	Dagmar Zeuner, Director of Public Health	Members informed of key issues arising from 2022 Annual Public Health Report