

Committee: Cabinet

Date: 14 November 2016

Wards: All

Subject: Health in All Policies

Lead officer: Simon Williams, Director of Community and Housing

Lead member: Councillor Tobin Byers, Cabinet Member for Adult Social Care and Health

Contact officer: Dr Dagmar Zeuner, Director of Public Health

Recommendations:

- A. To note the LGA Health in All Policies peer assessment work to date.
 - B. To agree to receive the final report and action plan for Health in All Policies and support its implementation.
-

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. Health in All Policies seeks to embed prevention of ill health and promotion of wellbeing into everything we do as a Council. It offers an opportunity for Merton to take a lead in having a positive impact on health, wherever possible, in all of its policies and services for the benefit of local residents.
- 1.2. As Merton is the first Council to take part in this LGA programme in London, it will contribute to our aim to be London's best Council by 2020. We also anticipate that the Mayor of London's health inequality strategy will embrace this approach.
- 1.3. There is potential for a strong mutual benefit from Health in All Policies, across the Council and our partners. We understand that health and health equity are not only important goals in their own right but also prerequisites for achieving other corporate council goals such as educational attainment, employment, safety, sustainability and prosperity.
- 1.4. Our allocated Health in All Policies peer, Cllr Rory Palmer (Deputy Mayor, Portfolio Holder and Chair of Leicester City Council Health and Wellbeing Board) will attend Cabinet on 14 November. He will set out the work underway, opportunities to share good practice and seek Cabinet's consideration, contribution and agreement to receive the final report and action plan on completion of the peer assessment.

2 DETAILS

- 2.1. LGA piloted a HIAP programme last year with ten councils nationally. Evaluation was positive but limited funding was made available for 2016/17. Merton was offered a funded place for a self assessment questionnaire and facilitated workshop; the first in London. Success of the self assessment relies upon real involvement and engagement of officers, Councillors and partners. Along with the discussion with Cllr Rory Palmer, Cabinet are asked to note the HIAP work programme and agree to receive the action plan that results from the work.

- 2.2. HIAP seeks to embed prevention of ill health and promotion of wellbeing into everything we do as a Council. We believe there is a strong mutual benefit in this, across the Council as a whole and our partners, seeing the opportunities of improving health and wellbeing to a wide range of our corporate objectives: educational attainment, employment, safety, independence and recovery, sustainability and prosperity.
- 2.3. HIAP links to the Mayor of London's work on Tackling London's Health Inequalities and the pledge of, 'getting to grips with health inequalities .. (and) renewing focus on prevention'. It also links to our work in Merton towards excellence under the London Healthy Workplace Charter.
- 2.4. HIAP recognises that health and health equity are important goals in their own right, and prerequisites for achieving other goals, for example in Merton, Bridging the Gap between the East and West of the borough. It recognises the varying priorities that are difficult for councils to reconcile and tries to provide a framework to manage these and identify solutions that contribute positively. Health and wellbeing is contingent on so many societal factors under the control of councils, that it lends itself as a marker of good government, where spending can become an investment rather than just an expenditure that needs to be controlled.
- 2.5. HIAP is about ways of working: systems leadership; building relationships and collaborations across services and partners, for example, between councillors and GPs; making the best informed decisions; and, effective implementation. A HIAP approach aims that each decision seeks the greatest health benefit possible for the investment asking key questions such as 'what will this do for the health and wellbeing of the population?' and 'will this reduce health inequalities locally?'
- 2.6. Examples can include social value procurement (that considers the impact on health and wellbeing, supports local communities and builds voluntary sector capacity where possible), responding to the Care Act and duty of wellbeing for service users and carers and tools like Health Impact Assessment for planning developments (on which joint work with Planning and Public Health Planning is already underway).
- 2.7. HIAP offers considerable opportunities, most of which would have not financial implications aside from officer time. It is important to consider any additional bureaucracy versus potential gain but the ambition for HIAP is that it can build on the strong partnerships in Merton and help manage medium and longer term financial pressures and strengthen the council corporately towards 2020.

3. Methodology and timeline

- 3.1. As part of the HIAP programme the LGA have issued a questionnaire to Council officers and CCG partners identifying existing work and further opportunities to further strengthen and embed prevention.

Two 'peers' have been assigned to Merton: Councillor Rory Palmer (Portfolio holder for Adult Social Care, Health Integration and Wellbeing,

Chair of the Health and Wellbeing Board and Deputy City Mayor, Leicester City Council) who will attend the Cabinet meeting and Martin Smith (previously Chief Executive of Ealing Council).

- 3.2 In addition to the discussion at Cabinet, the peers and LGA will conduct stakeholder interviews with key partners (including the voluntary sector, CCG, Police and Fire Borough Commander etc).

This will be followed up by a HIAP workshop for officers in December where the full findings of the peer assessment will be analysed, case studies of good practice will be considered and an action plan drawn up for Merton. The action plan will set out the new collaborative work needed, building on existing initiatives, to achieve the mutual benefits which Health in All Policies can deliver.

- 3.3 Following completion of the HIAP peer assessment the LGA will write to the Council with their report to which the Council then has the opportunity to respond. The Merton action plan will be built upon the findings of the LGA and the contributions of all participants and partners in the work.

- 3.4 The below timeline gives a summary.

Timeline	Activity
October 2016	Circulation and completion of self assessment questionnaire to officers and CCG
Oct/Nov 2016	Stakeholder interviews with key partners (voluntary sector, CCG, Police and Fire Borough Commanders etc)
November 2016	HIAP peer visit and report to Cabinet
December 2016	Officer workshop session facilitated by LGA and HIAP peers
January 2017	LGA report received and action plan developed

4. ALTERNATIVE OPTIONS

The LGA has offered to fund the work on HIAP. There is no alternative.

5. CONSULTATION UNDERTAKEN

The HIAP self assessment will involve consultation across the Council and key partners.

6. TIMETABLE

As set out in the report

7. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None other than time, LGA will support this work.

8. LEGAL AND STATUTORY IMPLICATIONS

None

9. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

Health in All Policies is directly concerned with improving health equity.

10. CRIME AND DISORDER IMPLICATIONS

None

11. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None

12. BACKGROUND PAPERS

None