

# **Committee: Health and Wellbeing Board**

**Date: 25<sup>th</sup> June 2019**

## **Subject: Merton Health and Wellbeing Strategy 2019 - 2024 Final Draft**

Lead officer: Dagmar Zeuner, Director of Public Health

Lead member: Cllr Tobin Byers, Cabinet Member for Adult Social Care, Health and the Environment

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### **Recommendations:**

That the Health and Wellbeing Board:

- A. Consider and agree the final draft Health and Wellbeing Strategy 2019 – 2024.
  - B. Note and agree the proposed annual reporting of the Health and Wellbeing Strategy to the Board.
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### **1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

The purpose of this report is for the Board to consider and agree the final draft of the Health and Wellbeing Board strategy 2019 – 2024.

### **2. BACKGROUND**

It is a statutory duty for the Health and Wellbeing Board to produce a Health and Wellbeing Strategy and this new Strategy, with its focus on healthy place, reflects the ways of working that this Board has adopted in recent years. Development of the Strategy has included broad engagement and an ongoing conversation with stakeholders and local connectors.

Members of this Board considered and agreed a draft outline of the Health and Wellbeing Strategy 2019 – 2024 at their March meeting. This final draft Strategy includes feed-back and some further details. To keep the main document concise, it is backed by a Supplementary Information Pack.

Health and Wellbeing Board members have driven the engagement process through the themed workshops and these have formed the focus of the Strategy on Healthy Place; building on the established commitment of the Board to promote fairness and reduce health inequalities.

At the Board's March meeting, members helped to refine the approach, their principles and ways of working and the key outcomes emerging from the engagement programme. The Board's continued ownership of the Strategy and its rolling programme of key priorities will be central to future achievement.

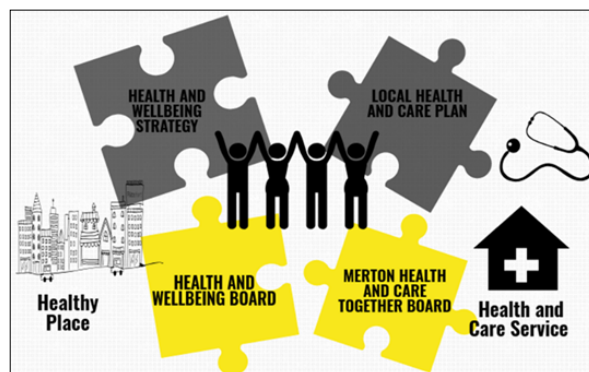
### **Synergy with the Local Health and Care Plan**

Throughout the development of the Health and Wellbeing Strategy, close links have existed with the Local Health and Care Plan. We have worked with

colleagues to coordinate both of these plans and make sure they complement each other (see Figure 1. below).

**Figure 1: How the Local Health and Care Plan and Health and Wellbeing Strategy fit together**

- The Local Health and Care Plan (LHCP) is overseen by the Merton Health and Care Together (MHCT) Board.
- MHCT Board focuses on health and care services and integration and reports to the Health and Wellbeing Board (HWBB).
- The HWBB is the statutory council committee to provide overall vision, oversight and strategic direction for health and wellbeing in Merton, including the wider determinants of health.
- The refresh of the HWBB strategy takes the same life course approach as the LHCP – start well, live well, age well – but with a focus on creating a healthy place.
- We have worked to explicitly align the two plans to make sure they complement each other.



### 3. DETAILS

#### Summary of Health and Wellbeing Strategy

The final draft Health and Wellbeing Strategy is attached in Appendix 1. In summary, the Strategy sets out:

P. 2 – 3	A summary of what makes us healthy and an introduction to how the Health and Wellbeing Board works.
P. 4	An outline of the methodology we followed in developing the Strategy.
P. 5 – 6	A brief overview of the Merton Story and learning from the last Health and Wellbeing Strategy.
P. 7 – 8 & Appendix Table 1	The Board’s Vision, Principles and Ways of Working (as discussed at the March Health and Wellbeing Board, with the addition of Think Family and working from a strong evidence base).
P. 8 – 9 Table 2 & Appendix Table 3	<p>The key healthy place attributes of:</p> <ul style="list-style-type: none"> <li>○ Promoting mental health and wellbeing</li> <li>○ Making the healthy choice easy</li> <li>○ Protecting from harm</li> </ul> <p>and key outcomes for each by stages of the life course</p>

P. 9 Table 4	The key healthy settings including healthy intergenerational settings, healthy schools, healthy work places and healthy homes.
P. 10	A description of our way of delivery and how we will determine our rolling programme of priority actions
P. 10	How we show progress and learn through our framework for accountability

### **Supplementary Information Pack**

The Strategy has deliberately been kept concise backed by the Supplementary Information Pack included in Appendix 2.

There are links to this pack throughout the draft Strategy. It provides further details of the methodology and findings from the workshops, gives a rationale for each of the key outcomes, provides an explanation of the role of healthy settings and describes the types of actions the Board can take to influence most effectively.

### **4. NEXT STEPS**

In recent years, Health and Wellbeing Board members have recognised that the partnership works best when it focusses at any given point in time on one or two key priorities. Within the new Strategy, we propose to continue this approach.

Initial consideration of priorities took place at the March Health and Wellbeing Board and criteria to identify proposals were discussed. It was agreed that it is important to keep momentum on the current Board priority of tackling diabetes.

Potential additional priorities include scaling up systematic work on promoting Healthy Workplaces - with a focus on mental health and active travel. It is proposed that a report be brought to the Health and Wellbeing Board's October meeting to consider this as a new priority for action together with the ongoing work with the Leadership Centre, to support further board learning in preparation for the future shape of the health and care system.

Subject to agreement, the Health and Wellbeing Strategy will be reported to the Council's Cabinet and partners' governing bodies. Following this, it will be designed, published and shared widely. We also plan to produce an accessible, single page summary.

We continue to work closely to align with the Local Health and Care Plan throughout.

### **5. ALTERNATIVE OPTIONS**

None. It is a statutory duty of the Health and Wellbeing Board to produce a joint Health and Wellbeing Strategy.

## 6. CONSULTATIONS UNDETAKEN OR PROPOSED

The comprehensive engagement programme is as set out in the report and appendices.

## 7. TIMETABLE

Date	Meeting	Purpose
<b>June</b>		
25 June 2019	Health and Wellbeing Board	Final HWS for sign off
26 June 2019	Children and Young People Overview and Scrutiny Panel	For information
<b>July</b>		
3 July 2019	MCCG Governing Body	Agreement for publication
15 July 2019	Cabinet	Agreement for publication
TBC	Healthwatch and MVSC	Agreement for publication

## 8. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

The Health and Wellbeing Strategy does not have any additional expenditure implications for partner members for Health and Wellbeing Board. The rolling programme of priority actions will be delivered through decisions within existing governance and, where there is the opportunity, external funding.

## 9. LEGAL AND STATUTORY IMPLICATIONS

It is a statutory duty for the Health and Wellbeing Board to produce a joint Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment.

## 10. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The Health and Wellbeing Strategy is directly concerned with improving health equity.

## 11. CRIME AND DISORDER IMPLICATIONS

A key outcome of the Health and Wellbeing Strategy is to less self-harm and less violence.

## 12. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

N/A.

**APPENDICES** – the following documents are to be published with this report and form part of the report

Appendix 1: Health and Wellbeing Strategy 2019-24 – Final Draft

Appendix 2: Supplementary Information Pack

## BACKGROUND PAPERS

None.