



MERTON HEALTH AND WELLBEING
STRATEGY 2019 - 2024

Supplementary Information Pack
July 2019

Preface

This supplementary information pack is to be read in conjunction with the main Health & Wellbeing Strategy, “A Healthy Place for Healthy Lives”.

This is not all the background information which has been developed, please refer to section 7, for a list of other material, which will be made available later in 2019 alongside the final version of the main document.

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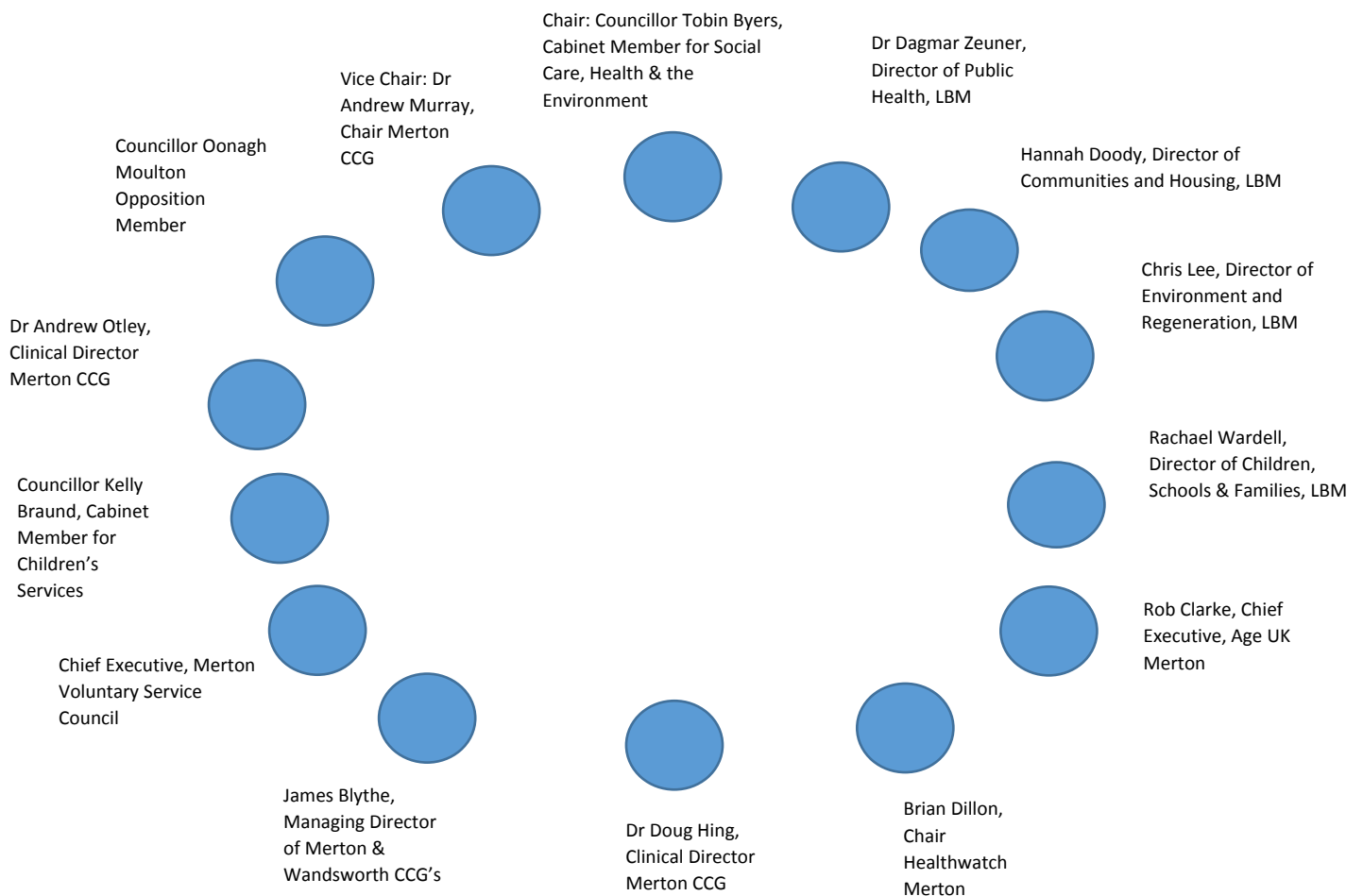
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1. Who the Health and Wellbeing Board are and what they do

Merton Health and Wellbeing Board brings together a group of senior leaders from different sectors who provide leadership for health and who help mobilise the Council, the NHS and the Community to take action towards the vision set out in the Health and Wellbeing Strategy. The Health and Wellbeing Strategy is a document that sets out a vision for Merton residents to live healthy lives. The Health and Wellbeing Board (HWBB) are responsible for taking forward this vision.

See figure 1 for who the Board are. The Board also has agreed principles and ways of working, these can be found in the main strategy document.

Figure 1: The Health and Wellbeing Board



2. The workshops: what we did

The programme of four workshops on the themes of the Strategy allowed stakeholders to reflect on where the Health and Wellbeing Board can add most value, through its role in bringing the people of Merton together to work towards a shared vision of health and wellbeing.

Members of the Health and Wellbeing Board helped to lead the four themed workshops to facilitate discussion around the priorities for Start Well, Live Well, Age Well and Healthy Place.

In the workshops we discussed and reflected on what we think about the priorities for Start Well, Live Well and Age Well with a particular focus on what a healthy place would look like to help people flourish.

In the workshops we also discussed values and ways of working. Past experience suggested that the Health and Wellbeing Board is most effective when it focuses efforts on a few select priority areas, rather than a broader range of issues. Its success partly lies in the commitment of its members to promote shared values in their own organisation including social justice, prevention and a desire to learn and experiment. To build on this, there were opportunities in the workshops to help us further explore people's interests, motivations and values regarding the Start Well, Live Well and Age Well stages of the life course.

The Strategy refresh also builds on current work, for example continuing to promote 'health in all policies' and 'Think Family' as tools to create the conditions in Merton that help people lead healthy lives, as well as to explore new areas.

We also created short online surveys on the four themes, which were circulated to workshop attendees to circulate to their networks so more people could be reached. In total the workshops involved over 100 people and our online surveys received 78 responses, and the Children and Young People's Survey (whose findings also contributed) received around 1,300 responses.

Workshop timetable

Workshop	Date
Start Well	5 Nov 2018
Live Well	18 Dec 2018
Age Well	31 Jan 2019
Healthy Place	12 Feb 2019

3. Values that emerged from the workshops

Values identified in the workshops

Start Well

- The importance of freedom
- The right to play
- Sense of belonging/identity
- Access to healthy places and spaces
- Building strong relationships
- Family
- Reducing inequality

Live Well

- Empower people
- Collaborate
- Ask what matters to people
- Social responsibility
- Build a strong community and social cohesion

Age Well

- Empower communities
- Social and intergenerational awareness
- Holistic approaches
- Collaborate & play to strengths
- Sense of belonging
- Think creatively
- Tackle stigma

Healthy Place

- Children are our future
- Build a sense of community
- Reduce inequality (health, social)
- Create a healthy place that creates health and wellbeing
- Mutual care, support and respect
- Accessibility (to physical environment) and connectedness (social networks)
- Space is intergenerational-push for an intergenerational approach
- Give people a healthy choice
- Build on what we already have and our assets
- Family

At all the workshops we also asked the workshop participants where they thought the Health and Wellbeing Board could add most value. This is what they said:

Galvanise all the levers we have in Merton to make change happen

Build on what is already happening and the assets we have

Ensure a sustained focus on specific priorities (e.g. childhood obesity) and promote them

Listen to, engage and partner with communities, empower them by giving them a voice (e.g. community conversations)

Share positive stories and learning across the community

Advocate more for children and younger residents

Connect, build awareness and influence the key players in the system; community, voluntary and business sector, health and care sector, politicians and LBM – to take action on creating a healthy place

Push for health in all policies

Communicate about the link between health and wellbeing and healthy place (e.g. healthy workplace) and promote action on it

Build an aspiration/vision for healthy places across the whole borough, rather than in pockets

Promote the importance of healthy workplaces focusing on mental health, by modelling the way, supporting businesses to do so (e.g. by providing a framework for action) and share learning about what works

Promote the importance of air quality and make it fun (rather than focusing on punitive policies)

Push for intergenerational working

Use Councillors' knowledge of their local places to understand where improvement is needed

Be brave and take risks

4. Rationale for Key Outcomes

The purpose of this section of the supplementary information is to describe the rationale for each of the key outcomes in table 1 of the main report.

There are 12 key outcomes in total, 4 for Start Well, 4 for Live Well, 2 for Age Well and 2 which cover all 3 as part of the life course.

Key Outcomes

Start Well

Less self-harm

Self-harm is when somebody intentionally damages or injures their body. It's usually a way of coping with or expressing overwhelming emotional distress.¹

- Feeling emotionally overwhelmed as well as experiencing loneliness can lead to self-harm. Situations such as poverty, bullying, violence, illness, disability, death, loss, relationship problems, family problems, abuse and pressure lead children and young people to feel emotionally overwhelmed
- Recent statistics on the incidence of self-harm in young people in Merton are not available. Clinical reports suggest an increase in non-suicidal self-harm but no change in suicide rates themselves.
- The most recent published data from national surveys suggests that the number of episodes of non-suicidal self-harm in Merton increased from 3,300 in 2000 to 9,600 in 2014, in people aged 16-74².
- The key causes/contributors to people self-harming and continuing to self-harm are the environment (culture social expectations, media, social media, spaces), services, processes, policies and people³

Better relationships

Connection occurs when a person is actively involved with another person, object, group or environment, and that involvement promotes a sense of comfort, well-being and anxiety reduction.⁴

- Connectedness can have a protective effect increasing the probability of a person overcoming disadvantage

¹ <https://www.nhs.uk/conditions/self-harm/>

² <http://natcen.ac.uk/our-research/research/suicide-and-self-harm-in-britain-researching-risk-and-resilience/>

³ Children and Young People Mental Wellbeing workshop, 28 February 2018, South West London Health and Care Partnership

⁴ <http://www.copmi.net.au/professionals-organisations/what-works/evaluating-your-intervention/youth-interventions/connectedness> original source: Hagerty, Lynch-Sauer, Patusky & Bouwsema, 1993, p. 293

- Research has found that young people who felt more connected to their parents and schools reported lower levels of depressive symptoms, suicidal ideation, non-suicidal self-injury, conduct problems as well as higher self-esteem and more adaptive use of time.
- Connectedness includes satisfaction with 'place' (e.g. parks, leisure spaces) offering increased opportunities for social interaction and play.
- Close links with family, friendship groups, community and schools can safeguard children and young people from harmful risk factors and may be an important aspect of early intervention.

Breastfeeding

Breastfeeding is a way of providing young infants with the nutrients they need for healthy growth and development⁵

- Breastfeeding is good for a child because it provides all the energy and nutrients the child needs in its first few months of life, promoting a strong immune system as well as sensory and cognitive development⁶
- Research has shown that infants who are not breastfed are more likely to have infections and become obese in later childhood.⁷
- Evidence shows that improving breastfeeding rates can also reduce hospital admissions and attendances in primary care, thus leading to financial savings.⁸
- Data shows that breastfeeding initiation was 88% in Merton (2016/17).
- 73% of babies at 6-8 weeks in 2017/18 were either totally or partially breastfed in Merton.

Less childhood obesity

Overweight and obesity are defined as “abnormal or excessive fat accumulation that presents a risk to health”.⁹

- Childhood obesity is one of the most serious public health challenges of the 21st century.
- In Merton, around 4,500 primary school children are estimated to be overweight or obese-this is equivalent to 150 primary school classes.^{10 11}
- One in five children entering reception are overweight or obese and this increases to one in three children leaving primary school in Year 6.

⁵ <https://www.who.int/topics/breastfeeding/en/>

⁶ <https://www.breastfeedingwelcomescheme.org.uk/news/report-highlights-breastfeeding-welcome-scheme/>

⁷ <https://www.merton.gov.uk/healthy-living/publichealth/jsna/children-and-young-people-and-maternal-health/breastfeeding>

⁸ <https://www.merton.gov.uk/healthy-living/publichealth/jsna/children-and-young-people-and-maternal-health/breastfeeding>

⁹ WHO https://www.who.int/dietphysicalactivity/childhood_what/en/

¹⁰ https://www2.merton.gov.uk/annual_public_health_report_2016.17.pdf

¹¹ This information is calculated by taking the proportion of excess weight at Reception and in Year 6 and estimating the excess weight in the other age groups based on linear trend between Reception and Year 6.

- Rates of childhood obesity are higher in some communities in the east of Merton. For example, at age 4-5 years, one in ten children are obese in the east of the borough, whereas in the west one in 20 children are obese.
- Obesity affects children's social and emotional wellbeing, and can lead to children experiencing low self-esteem, anxiety and depression. This can affect how well they do at school which in turn can have a negative impact on their employment opportunities as adults.
- Childhood obesity increases the risk of developing health conditions including asthma, type 2 diabetes and cardiovascular risk factors during childhood. It also increases the risk of long term chronic conditions in adulthood and can lead to premature death.
- The estimated cost of being overweight or obese to the NHS in Merton is £52 million annually.
- Over half of young people agree that fast food is too widely available. More than half agree that schools do not support them to eat healthily.¹²
- 74% of respondents to the Great Weight Debate Merton stated that tackling obesity should be given top or high priority.¹³
- Respondents felt that children in Merton could be better supported to lead healthier lives through: cheaper healthier food and drink (51%); making parks safer & more accessible for people to be active in (35%); less marketing and advertising of high fat and sugary food and drink (33%); more places for children to be active in (31%)¹⁴
- The most valued local assets for encouraging a healthy lifestyle in children are parks (77%), local Leisure Centres (47%) and local sport and youth activities (35%)¹⁵

Live Well

Less depression, anxiety and stress

Common mental health disorders include depression and anxiety disorders. These mental health problems are called 'common' because they affect more people than other mental health problems.¹⁶ Stress is the feeling of being under too much mental or emotional pressure.¹⁷

- There are an estimated 25,700 (over 16 years) in Merton with common mental health disorders such as depression and anxiety (2017), representing 15.5% of the adult population.¹⁸

¹² CYPP Consultation 2019

¹³ Great Weight Debate Merton 2017

¹⁴ Great Weight Debate Merton 2017

¹⁵ Great Weight Debate Merton 2017

¹⁶ NICE <https://www.nice.org.uk/guidance/cg123/ifp/chapter/Common-mental-health-problems>

¹⁷ <https://www.nhsinform.scot/healthy-living/mental-wellbeing/stress/struggling-with-stress>

¹⁸ Modelled estimate applying national age/sex/deprivation specific rates in Adult Psychiatric Morbidity Survey 2014 to the Merton population .

- GP data shows for recorded mental health prevalence, the difference between east and west Merton is 0.28 percentage points (1.12% prevalence in east Merton compared to 0.83% in west Merton), using 2017/18 data
- Parental mental health problems, parental misuse of alcohol and drugs and domestic violence are the most significant risk factors that impact on a child's health and wellbeing
- Work can help people look after their mental health by providing: a source of money and resources; a sense of identity; social contact and friendship; routine and structure; a healthy place where the healthy choice is easy; and opportunities to gain achievements and contribute.
- Healthy workplaces are one of the key settings identified in Table 2 of the main Strategy.
- It has been estimated that the cost to UK employers of mental-health related absence is £7.9 billion.¹⁹
- Research has found that people who are diagnosed with a chronic physical health problem like diabetes are 3 times more likely to be diagnosed with depression than people without it. Diabetes in Merton is increasing. In 2017/18 there were 11,160 people aged 17 years or over in Merton who had been diagnosed with the condition, equating to 6.2% of the population, (see diabetes on p4)

Less diabetes

Diabetes is a serious health condition that occurs when the amount of glucose (sugar) in the blood is too high because the body cannot use it properly.²⁰

- Diabetes prevalence is increasing in Merton and predictions show this trend will continue into the future unless we take action.
- Recorded diabetes prevalence is 8.5% in east Merton compared to 5.5% in west Merton.
- Type 1 diabetes is a deficiency of the hormone insulin which is needed to control blood glucose (sugar). This is generally treated with insulin injections^{20 21}
- Type 2 diabetes is a resistance to insulin, which can be treated through oral tablets and some with dietary intervention alone.^{20 21}
- Life expectancy for those with diabetes is on average 10 years shorter than for those without the disease.
- Diabetes can cause significant health problems including damage to vision, poor circulation, damage to kidney function and cardiovascular diseases.
- Health and care costs are substantial. In England, diabetes costs the NHS about £10 billion, or 10% of the total NHS budget.
- In Merton in 2016, the total cost of diabetes was £25.1 million. If nothing changes, costs will increase by an extra £2.4 million per year in 5 years' time

¹⁹ Mental health and employers: The case for investment. Supporting study for the Independent Review, October 2017

²⁰ Merton Diabetes Annual Public Health Report 2019

²¹ <https://cks.nice.org.uk/diabetes-type-1#!backgroundSub>

Active Travel

Active travel means building walking and cycling and sustainable transport into daily routines and is one of the most effective ways to increase physical activity.²²

- A recent survey in Merton (about 300 respondents aged 55 and over) showed the most popular activities are walking, gardening and swimming²³.
- Cycling featured for 55-64 years but rarely in those over 65.²³
- One of the main barriers to physical health for 55-74 year olds is time, whereas 75+ is pain and mobility.²⁴
- People with caring responsibilities are less likely to be physically active. 91% said they would like to be more active, compared to an average of 80%. The main barriers to physical activity which carers report are time and family/caring responsibilities.²⁵
- A particular focus is journeys to and from school. In Merton we are developing this through the School Neighbourhood Activation Pilot (SNAP).

People eating healthy food

A healthy place is one where healthy choices are the easy choices. This means healthy food is easily available & affordable and advertising of unhealthy food and drink is restricted

- See 'less diabetes' and 'less childhood obesity'
- When there are fast food outlets (FFO) close to a primary school, the easy choice is an unhealthy one. 81% of schools in the east have 1 or more FFO within 400 metres, whilst 68% of schools in the west have 1 or more.
- Since 2010, there has been a 28% increase in the numbers of children reported as eligible for free school meals and in 2014/15 of the over 2,000 people who accessed support from food banks in Merton, 78% lived in the east of the borough²⁶
- In Merton, 52.8% of children reported that they ate the recommended amount of fruit and vegetables each day; at least five portions²⁷

²²https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/523460/Working_Together_to_Promote_Active_Travel_A_briefing_for_local_authorities.pdf

²³ Active Ageing Survey 2018, Age UK Merton

²⁴ Active Ageing Survey 2018, Age UK Merton

²⁵ Active Ageing Survey 2018, Age UK Merton

²⁶ <https://wimbledon.foodbank.org.uk/2019/05/09/40-increase-in-parcels-given-out-last-year/>

²⁷ NCMP & Child Obesity Profile, Public Health England

Age Well

Less loneliness

Loneliness is a subjective feeling about the gap between a person's desired levels of social contact and their actual level of social contact. It refers to the perceived quality of the person's relationships.²⁸

- People aged 50 and over are more likely to be lonely if they do not have someone to open up to, are widowed, are in poor health, are unable to do the things they want, or feel that they do not belong in their neighbourhood .²⁹
- 15% of the older population in the UK are reported to experience loneliness.
- Social isolation, living alone and loneliness are linked with an approximate 30% higher risk of early death³⁰
- Loneliness can impact our physical and mental health and has been linked to conditions such as coronary heart disease, high blood pressure, cognitive decline and depression.³¹
- 59% of adults aged over 52 who report poor health say they feel lonely some of the time or often, compared to 21% who say they are in excellent health³²
- For 3.6 million people aged 65, television is the main form of company.³³

Better social connectedness

Social connectedness is an objective measure about the number of contacts that people have. The opposite is social isolation, which is linked to, but different from loneliness. Both can lead to the other and both can have detrimental impacts on our health and wellbeing.³⁴

- In Merton, many people who use social care services would like more social contact. Only 40.6% of users reported that they had as much social contact as they would like (2017/18).
- Social activities can help older people feel less lonely, but they have to be supported to access these services

²⁸ Age UK <https://www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/loneliness-isolation-understanding-the-difference-why-it-matters/>

²⁹ <https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/loneliness/loneliness-report.pdf>

³⁰ Association for Psychological Science. Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. 2015. Available from:

www.ahsw.org.uk/userfiles/Research/Perspectives%20on%20Psychological%20Science-2015-Holt-Lunstad-227-37.pdf

³¹ <https://www.campaigntoendloneliness.org/threat-to-health/>

³² Beaumont 2013

³³ https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/active-communities/rb_dec17_jocox_commission_finalreport.pdf

³⁴ <https://www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/loneliness-isolation-understanding-the-difference-why-it-matters/>

- Neighbourhoods that feel safe, welcoming, attractive and have things to do for all residents can help prevent people from becoming lonely³⁵
- 38% of people with dementia said that they had lost friends after their diagnosis.³⁶
- More than 1 in 3 people aged 75 and over say that feelings of loneliness are out of their control.³⁷

Active older people

Approximately 4 million older people in the UK live with a limiting long-term condition, many of which are lifestyle related could have been preventable. Error! Bookmark not defined.

- Physical inactivity puts older people's physical, mental and emotional health at risk
- Physical activity can improve strength, balance, stamina, and it also has positive impacts on mental health, feelings of self-worth and social connection.
- It is a misconception that physical inactivity is a natural process of ageing
- UK Active reports that 'a concerted effort to encourage older people to be active can reduce, or even reverse, a decline in health and save billions across the health and social care system'.³⁸

All Life Course Stages

Less people breathing toxic air

Air pollution refers to harmful substances in the air we breathe due to high levels of particulate matter

- Poor air quality is the largest environmental risk to public health in the UK.³⁹
- Long term exposure to poor air quality (over several years) can reduce life expectancy due to cardiovascular and respiratory causes and from lung cancer
- Short term exposure to poor air quality (hours or days) can exacerbate asthma, affect lung function and lead to an increase in respiratory and cardiovascular admissions and mortality
- Long-term exposure to man-made air pollution in London is estimated to have an annual effect equivalent to 9,500 deaths as well as contributing to ill health

³⁵ <https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/loneliness/loneliness-report.pdf>

³⁶ https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/active-communities/rb_dec17_jocox_commission_finalreport.pdf

³⁷ https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/active-communities/rb_dec17_jocox_commission_finalreport.pdf

³⁸ UK Active, Moving More, Ageing Well, 2017

³⁹ PHE 2019 Evidence Review

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/784055/Review_of_interventions_to_improve_air_quality.pdf

throughout an individual's lifetime.⁴⁰ Merton's share is equivalent to approximately 75 deaths.⁴¹

- In Merton, almost 60% of young people think that cleanliness of the air in their areas is a problem, a big problem, or a very big problem⁴²
- Costs to society are estimated at more than £20 billion every year⁴³

Less Violence

Tackling violence means looking at violence not as an isolated incident or solely a police enforcement problem, but as a preventable consequence of a range of factors, such as adverse early-life experiences, or harmful social or community experiences and influences⁴⁴.

- Overall crime in Merton has risen during 2017/18 by 2.2%, however results from the 2017 Merton resident's survey show that almost 96% of residents feel safe when outside in their local area during the day and 85% after dark⁴⁵
- In 2018/19 there were 1,815 cases of domestic abuse offences recorded in Merton. This is a 19.4% increase from 2017/18 where 1,520 offences were recorded.⁴⁵
- In 2018/19 there were 3,809 total violence against the person offences. This was a 7.96% increase on the figures for 2017/18. In relation to total sexual offences, during 2018/19 there were 354 offences. This was a 5.35% reduction on the figures for 2017/18.
- In 2018/19, 220 knife crime offences were recorded in Merton. This is a 17.7% increase from 2017/18. In 2018/19, the sanction detection count for knife crime was 30, this was one less than in 2017/18.⁴⁶
- The Mayor of London has introduced an initiative to bring together public sector institutions, voluntary organisations and communities to act together to help cut violence. The Violence Reduction Unit (VRU) has been set up to tackle violent crime and the underlying causes, through information sharing on what works in spotting the early signs of what might lead to criminal behaviour and focusing attention and resources on what can make a difference. 44

⁴⁰ Understanding the health impacts of air pollution in London:

https://www.london.gov.uk/sites/default/files/hiainlondon_kingsreport_14072015_final.pdf

⁴¹ Calculated using Public Health Outcomes framework and number of deaths for people over 30yrs in Merton

⁴² Merton Children and Young People's Survey 2019

⁴³ Royal College of Physicians (RCP). Every breath we take: the lifelong impact of air pollution. Report of a working party 2016. Accessed 19/07/18. Available from:

www.rcplondon.ac.uk/file/2914/download?token=qjVXtDGo.

⁴⁴ <https://www.london.gov.uk/what-we-do/mayors-office-policing-and-crime-mopac/violence-reduction-unit-vru/public-health-approach-reducing-violence>

⁴⁵ Resident Satisfaction Survey 2017. Available at

https://www.merton.gov.uk/assets/Documents/residents_survey_research_report_2017.pdf

⁴⁶ MPS FY 2018/19 Crime Statistics. Available at <https://www.met.police.uk/sd/stats-and-data/met/year-end-crime-statistics/>

5. Healthy Settings

People experience a healthy place in a setting where the three attributes (promotion of mental health and wellbeing, easier healthy choices; protection from harm) come together. This forms a healthy setting and healthy settings are vital in order to deliver our priorities.

Here is a brief description of each key setting for the Strategy. Each of the healthy settings has or can work towards a quality mark or level that is also set out below.

Box 1: Healthy Settings and quality mark

Healthy Setting	Quality mark
<p>Healthy Early years settings Early years settings support young children to have a healthy start to life across themes that include healthy eating, oral and physical health and early cognitive development.</p>	<p>London Healthy Early Years London awards scheme https://www.london.gov.uk/what-we-do/health/healthy-early-years-london</p>
<p>Healthy schools Schools support the mental, emotional and physical wellbeing of young people and provide an environment that meets their needs.</p>	<p>London Healthy Schools awards scheme https://www.london.gov.uk/what-we-do/health/healthy-schools-london/awards/home</p>
<p>Healthy school neighbourhoods Schools are surrounded by a healthy urban zone that contributes to creating the conditions for good physical, mental and emotional wellbeing.</p>	<p>School Neighbourhood Approach https://publichealthmatters.blog.gov.uk/2019/03/05/creating-healthier-spaces-for-londons-children-to-live-learn-and-play/</p>
<p>Healthy Work places Businesses and workplaces that proactively respond to the physical and mental health needs of their staff and the wider community</p>	<p>London Healthy Workplace Award https://www.london.gov.uk/what-we-do/health/london-healthy-workplace-award</p>
<p>Healthy Libraries A community hub where people of all ages and backgrounds can be supported to become more enterprising, offering support, help, education, digital technology</p>	<p>Libraries Taskforce Outcomes Framework (2016) https://www.gov.uk/government/groups/libraries-taskforce</p>

and awareness of the health solutions available to the community.	
Healthy Health and Care organisations Easy to access, efficient and high quality health and care services that provide holistic care	NHS Employers Health and Wellbeing Framework (2018) https://improvement.nhs.uk/resources/workforce-health-and-wellbeing-framework/
Healthy Homes Housing that makes the healthy choice easy and minimises risks to safety. Homes which are smoke free.	Smoke Free Homes Promise http://ash.org.uk/wp-content/uploads/2018/11/FINAL-2018-Smokefree-Housing-report-web.pdf
Healthy Streets Welcoming spaces, where people choose to walk and cycle, feel safe and relaxed, easy to cross, clean air, places to stop and rest, things to do and see, and shade and shelter.	Transport for London descriptor http://content.tfl.gov.uk/healthy-streets-for-london.pdf

6. Examples of Different Types of Board Actions

There are a number of different types of actions that the Board can take to maximise impact. These examples are demonstrated in the table below.

Box 2: Types of Actions

Types of Action	Examples
Engagement/Community Conversations	Community conversations for the Wilson Wellbeing programme; Diabetes Truth
Bringing different sectors together that have not interacted before to problem solve	LBM Executive Director of Environment & Regeneration on Board, providing new links to planning, economic development, sustainability and transport
Supporting whole systems exemplar	Tackling diabetes
Spotting promising opportunities	Social prescribing
Raising awareness for emerging or hidden issues	Self-harm in children and young people
Further board development to be fit for changing health and care systems	Work with the Leadership Centre
Keeping momentum going /resurrecting previous priorities	Child Healthy Weight Action Plan as part of tackling diabetes

A definitive list of actions will be agreed as part of the rolling priorities (please see the main strategy for more details).

7. Other Materials

There are a number of other documents which contain further background material, most of which will be published on the website to accompany the main strategy.

Aspect of strategy to which document refers	Title	Location
Population need for health	Joint Strategic Needs Assessment and Health of the borough	https://data.merton.gov.uk/jsna/
Context	Map of how the Health and wellbeing strategy fits in with other strategies and partnerships	Not currently available. To be published with final version
Start Well	Young people what matters to them mind map	
Live Well	DsPH Briefing – Mayors transport strategy	
Age Well and all other aspects	Health and Wellbeing strategy learning pack	

Further additional material may be added in response to feedback from the Board and others.

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