

Ged Curran
Chief Executive
London Borough of Merton Council
Civic Centre
London Road
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SM4 5DX

14 November 2013

Dear Ged,

Health and well-being peer challenge, 7 – 10 October 2013

On behalf of the Peer Team, I would like to say what a pleasure and privilege it was to be invited into Merton Council to deliver one of the pilot health and wellbeing peer challenges as part of the LGA's health and wellbeing system improvement programme. This programme is based on the principles of sector led improvement, i.e. that health and wellbeing boards will be confident in their system wide strategic leadership role, have the capability to deliver transformational change, through the development of effective strategies to drive the successful commissioning and provision of services, to create improvements in the health and wellbeing of the local community.

Peer challenges are delivered by experienced elected member and officer peers. The make-up of the peer team reflected your requirements and the focus of the peer challenge. Peers were selected on the basis of their relevant experience and expertise and agreed with you. The peers who delivered the peer challenge at Merton Council were:

- Gillian Norton – Chief Executive, London Borough of Richmond upon Thames, Lead Peer
- Councillor Wendy Simon – Cabinet Member, Liverpool City Council
- Dr Andrew Furber – Director of Public Health, Wakefield Council
- Dr Shona Arora – Centre Director for Avon, Gloucestershire and Wiltshire, Public Health England
- Dr Jagan John, ONEL Integrated Care Lead & Clinical Director, Barking and Dagenham Clinical Commissioning Group
- Tim Baxter, Head of Public Health Policy and Strategy Unit, Department of Health
- Kay Burkett – Challenge Manager, Local Government Association

Scope and focus of the peer challenge

The LGA's new health and wellbeing system improvement programme has been co-created with a number of national organisations. Health and wellbeing peer challenge is one of the core elements and Merton Council is acting as one of the pilot sites.

The LGA peer review team consisted of 7 team members with a breadth of experience and professional backgrounds. In three days the peer review team attended 37 sessions; met 19 Councillors; 61 Staff and Partners; and undertook an observation of the Health and Wellbeing Board (HWB) on 1 October 2013.

The purpose of the health peer challenge is to support councils in implementing their new statutory responsibilities in health from 1st April 2013, by way of a systematic challenge through sector peers in order to improve local practice. In this context, the peer challenge has focused on three elements in particular:

- The establishment of effective health and wellbeing boards
- The operation of the public health function
- The establishment of a local healthwatch

Our framework for the challenge consisted of four headline questions:

1. How well are the health challenges understood and how are they reflected in the Joint Health and Wellbeing Strategy (JHWS) and in commissioning?
2. How strong are governance, leadership, partnerships, voices, and relationships?
3. How well are mandated and discretionary public health functions delivered?
4. How well are the strengths of the Director of Public Health (DPH) and her team being used?

You also asked us to comment on:

- How does our model of the Health & Wellbeing Board work?
- How well we are engaging the community in the challenges and issues?
- How well are we progressing in making health and wellbeing the business of the whole Council?
- Where might we strengthen our partnership approach?
- How might we balance an action oriented approach with good use of evidence and proper analysis of need?

It is important to stress that this was not an inspection. Peer challenges are improvement focused. The peers used their experience and knowledge to reflect on the information presented to them by people they met, things they saw and material that they read.

This letter provides a summary of the peer team's findings. It builds on the feedback presentation delivered by the team at the end of their on-site visit. In presenting this feedback, the Peer Team acted as fellow local government and health officers and members, not professional consultants or inspectors. We hope this will help provide recognition of the progress Merton Council and its Health and Wellbeing Board (HWB) have made during the last year whilst stimulating debate and thinking about future challenges.

1. Headline messages

The London Borough of Merton Council has embraced the new duties and opportunities created through the transfer of public health and other health responsibilities to local Government with effect from 1 April 2013. The HWB, having operated in shadow form for a period of time, has adopted a clear strategy and shown considerable enthusiasm and commitment to improving the health and wellbeing of its residents and narrowing the

inequalities gap. This is a key issue, recognised by all political parties and partners. Although generally health outcomes are good there is a dramatic difference in life expectancy, especially for women, between the west and east of the Borough.

There has been some good engagement with partners and communities to inform the Joint Health and wellbeing Strategy (JHWS) and to decide upon priorities. The challenge going forward is to create a shared communication strategy to ensure that key messages are widely understood in order to align commissioning. The strength and maturity of joint working with the voluntary sector through Merton Community and Voluntary Service (MCVS) will be an important asset in taking this forward. However, further communication and facilitation is required to ensure there is full understanding across all partners of decision making processes and the role of the HWB.

The high quality of the working relationships between key partners in the health, care and wellbeing system is seen as something people can rely upon; and the benefits which derive from it are valued by everyone. These relationships have made a significant contribution to the good progress which has been achieved, despite the fact that it is relatively early days of the HWB and there have been difficult legacy issues primarily arising from the fact that, uniquely amongst London Boroughs, Merton shared a PCT with neighbouring Sutton.

The energy and drive of the Director of Public Health (DPH) and her team is widely recognised and appreciated. There has been a positive response to this from Council staff who are both engaged in the agenda and motivated to succeed. Partners are equally enthusiastic, all of which creates a positive context for moving forward. Yet because the public health function is new, ongoing developmental work is desirable to ensure the team is able to work most effectively in a local government environment.

The HWB is well placed to drive change across the partnership and needs to maintain a focus on delivery with pace. It can now pursue further opportunities for joint commissioning in order both to achieve greater integration between health and social care but also protect preventative services where there has already been some success. With the Council needing to achieve £10.8m savings by 2017 coupled with an increase in expectations and demands for services, particularly from a significantly growing population of older people, present unprecedented challenges to the Council and partners as well as wider stakeholders and local communities.

These challenges, particularly in terms of expenditure restraint and further likely changes in the local health economy, will require a preparedness to look beyond Merton's immediate boundaries to maximise resilience. Despite the historical legacy, the quality of Merton's partnerships and relationships coupled with the success to date should create confidence that this can be built on strong local foundations. This will be supported by a high performing Council that recognises the value of continual learning and improvement and a well established partnership that includes an effective voluntary sector.

2. How well are health and wellbeing challenges understood and reflected in the JHWS and in commissioning?

The Merton JSNA gives insight into health and wellbeing in the Borough and provides the evidence on which the JHWS has been developed. The Council, Merton Clinical Commissioning Group (CCG), NHS London and the local community were involved in the development of the JHWS, and commissioning partners are confident that it is reflective

of the intent and the direction of travel for residents of Merton. This is built on an existing workforce and organisational memory that has strong working partnerships. With the background of financial restraints, low allocations and an unusually complex NHS map that includes two borough community services and three acute trusts sitting outside of the Borough, and with some relatively newer organisations within the health and wellbeing partnership, the strength of partnership working deserves some commendation.

The JHWB vision is reflective of the significant changes in Merton's population over the past decade with the birth rate having increased by 40% since 2002 and projected increase of over 21% by 2021, including an increase in the number of over 65 year olds which has significant implications for local health and care services. Local communities have also become more diverse with a BME population of 35%. Across the whole of the Borough health outcomes are among the best in London, in line with the England average. However, stark differences exist between different areas and life expectancy is nearly 9 years lower for men and 13 years lower for women in the most deprived wards in east Merton than the least deprived wards in the west. These health inequalities represent the most significant challenge for the health and wellbeing partnership. In some parts of Merton obesity among adults is 28%, and more than a third of 10 to 11 year olds are overweight or obese. In some parts of the Borough nearly a quarter of adults are smokers and across Merton, 28% of adults drink above recommended levels. Cancer is still the biggest cause of premature deaths, the second biggest cause being cardiovascular disease for under 75s, higher than the England average. These and other significant issues relating to an increase in indicators such as; unplanned hospital admissions and childhood obesity, will require the HWB to understand the resources, assets and enablers required now and in the future to build a healthier population.

The JHWS has provided a focus for the early work of the HWB and is reflected in the new Merton Community Plan and it has informed the Council's Target Operating Model. There is alignment of the priorities within the JHWS, the Council's Business Plan the CCG's Integrated Strategic Operating Plan 2012/13 and Commissioning Intentions 2014/15. This is underpinned by a widespread understanding by partners of the challenges ahead. The HWB is clear how key issues will be tackled through continued strong partnership working, managing a complex NHS map, embedding of preventative approaches and looking to grow social capital. There are clear examples of greater understanding through joint working that has affected and will affect future decision making and commissioning, examples of this are; children's services, the mental health services review and integrated care teams.

Ensuring the JHWS is underpinned by a thorough and shared analysis in relation to financial challenges, new partnerships and mergers and overriding CCG priorities, such as the local hospitals reconfiguration agenda, will be important in understanding the risks and opportunities arising from future changes in assets and resources. The work of the One Merton Group, a director level officer group which provides executive support to the HWB, will assist in developing more collaborative reports to enable future planning for the partnership to deliver effective prevention and early intervention services to bring important benefits in relation to quality and costs based on local evidence and the direction of national policy. There is also more potential for jointly mapping and analysing the data sets provided through existing organisations that can be used to inform the JSNA, also being clear about how other external pieces of work, such as the Mayor's Health Commission, fit and makes an impact with the JHWS.

Key areas of work, such as Better Services, Better Value (BSBV), the proposed hospital reconfiguration, require ongoing discussion to ensure a strengthening of the HWB to affect commissioning priorities through a deep understanding of the challenges from all perspectives. Enabling the inclusiveness of all organisations and further use of task groups will muster opportunities for collective strategies to deal with changes, build the HWB's ability to perform under pressure as well as fortifying mutual trust and respect.

A good example of partnership working can be seen from the way in which the HWB is working closely with the Children's Trust (CT) in the delivery of its priority of *giving every child a healthy start in life* receiving progress reports and reviewing targets in relation to breast feeding, immunisation rates etc. There is an intention to address issues in the wider context of child poverty and enabling young people to make healthy life choices for example; through the implementation of a parenting strategy, a review of CAMHS and looking at the opportunities and changes arising from the proposed future transfer of health visiting services to local government.

The inclusivity of public health has been instrumental in realising some of the HWB priorities. Examples are influencing commissioning plans through their role on the CCG board, as well as affecting change within the Council on key projects such as cycling bids, the Mitcham housing and regeneration project, and asset mapping for older people in social care. Partners regard public health as key to determining and tackling health inequalities challenges and in supporting the HWB. The production of 'GP practice profiles' by the Public Health Observatory would benefit from being included in the extended use of data to inform the JHWS through the review of the JSNA. Partners have expressed a desire to increase public participation, including with BME groups, within their own organisations and within the HWB. There may be a need for further discussion to ensure needs identified from increased engagement are reflected in the JHWS to inform more targeted approaches.

Maximising opportunities for joint commissioning between the Council and the CCG has been limited in the past partly due to the historically low PCT investment and uncertainty over some of the marginal growth due to removal of some health funding. However, there is potential for this be further explored, building on successes in the combined mental health service review and the significant work done collaboratively on preventative and pre-hospital treatment, now there is a single co-terminous CCG. Partners are all keen to try and test this, but acknowledge that this may require a certain amount of rigour and scrutiny to see how effective this could be. The HWB is looking at how small amounts of money provided through the Merton Community Fund have enabled some great work and are keen to understand how this could be sustained linking to local businesses and to actively promote and enable local resilience and connectedness.

There are ample opportunities for redesign of services with a greater focus on outcome based commissioning with partners. This is within a context of the Borough not having its own District General Hospital DGH, increasing hospital admissions and the distinct differences between east and west in terms of health inequalities This includes ongoing work with the voluntary sector, building on the experience of implementing integrated care teams in bringing care closer to home. Greater provider engagement and local cohesiveness between commissioners and providers will also be required to further develop innovative and collaborative approaches, e.g. on hospital discharge. Traditional roles and boundaries could be explored within joint commissioning by developing virtual care plans for services users, patients and carers and increasing self management

making good use of the strong voluntary support networks and assets available across Merton.

The Peer Team recommends a continued focus on the development of a partnership that delivers creative responses to the health and wellbeing challenges keeping a focus on outcomes during reviews of operating models and redesign. Consideration could also be given to ways of working smarter within the Council and with partners in relation to data sharing and intelligence.

3. How strong are governance, leadership, partnerships, voices and relationships, including Healthwatch?

The Council has a strong history of working in partnerships and good community and third sector links. It is conscious of the east west 'divide' and the need to reduce inequalities and this is captured in both the recently published local Community Plan and the JHWS, both having informed Merton's 'bridging the gap' agenda which is aimed at tackling the differences in health and wellbeing between disadvantaged areas and more affluent parts of the borough and improving the quality of life for all residents.

There is good engagement and a strong sense of a shared agenda by members of the HWB and an acknowledgement of the energy and commitment of the Chair supported by the Council demonstrating strong political and managerial leadership around the health and wellbeing agenda, particularly at the Leader's Strategic Group (LSG). There is sign up from all political parties and from officers, with a growing awareness that health and wellbeing is the business of the whole of the Council. All partners, both within and outside, the local authority talk of a 'can do' attitude.

The HWB meets every two months and meetings have been held in public since the beginning of 2013. The agenda is set by the Chair in consultation with the One Merton Group, jointly chaired by the Council and the CCG, which has developed to provide greater support and opportunity for all partners to input to the agenda and forward plan and to review papers that go to the HWB. In addition to the Healthwatch representative on the HWB, the Chief Executive of MVSC is a member, along with a representative of the Community Engagement Network (CEN) ensuring wide representation of both voluntary organisations and less formal community groups.

There is evident enthusiasm amongst Cabinet Members around the opportunities to improve the public's health in the new arrangements. They have talked about seeing the challenges they face and the decisions they make through a new public health lens. There is an opportunity to build on this in order to make public health everyone's business. The peer team met engaged, motivated, creative and adaptable staff who were keen to work with the health and wellbeing agenda and senior managers provided examples of joint initiatives already underway and those they will develop further through a review of their service plans.

The potential opportunities presented by the JHWS and the new relationships created by the HWB are recognised by elected Members with more cross-cutting briefs. The Peer Team identified an enthusiasm for the new health and wellbeing focus created by the strategy with elected Members highlighting how some services were now pinpointing new, additional or wider health and wellbeing outcomes from their services because of the JHWS, which might not otherwise have been identified. There is potential to further develop the understanding of key challenges and opportunities through regular meetings between the Chair of the HWB and the Chairs of scrutiny panels.

The Council has acknowledged that its service plans now need to pick up health and wellbeing more explicitly in order to deliver the health inequalities identified in the JHWS. The Peer Team strongly support this and feel that this would be assisted by the Heads of Service Group being fully utilised as resource to achieve greater understanding of the wider determinants of health and for their priorities and the roles and objectives of all staff to be more widely understood and communicated. This group could also be used to share strategic planning and inform directorate target operating models, as well as to filter good ideas that might come as a result of initiatives such as invest to save, service re-design and improvement work or projects aimed at sustaining productivity within a context of diminishing resources.

The links between the HWB, the Healthier Communities and Older People Overview and Scrutiny Committee and the role of the One Merton Group is unclear to a number of partners. Communication is needed on the role of each of these, how they are linked and where decisions are taken. It was stated by the Council that it is early days and processes were still being developed. However, given some of the future challenges to be faced in delivery of the JHWS it would be advisable to ensure the governance process has clarity and widespread understanding amongst partners to ensure agendas are aligned and there is shared understanding of decision making processes and accountability. The HWB should also consider the development of a shared approach to communicating with partners to ensure messages are clear and consistent, particularly in relation to key challenges, opportunities and change.

There is acknowledgement across the partnership of the requirement for a stronger focus on the wider preventative agenda as stated in the JHWS vision in the context of increasing demand for acute hospital services and in order to drive service improvement in community health and social care services. The potential different priorities for the Council and the CCG may mean that the HWB will need to be clear where it focuses its attention to invest and embed prevention whilst ensuring acute services are provided without additional funding is a challenge that will need to be carefully managed. The provision of statistical and outcome based information to inform commissioning will be essential to change service provision that can help address the significant health inequalities. There is a need for differential approaches to investment resources and this will call for strong political will to target limited resources on highest areas of need or underlying courses, for example tackling the unhealthy built environment in the east.

The Merton Partnership chaired by the Leader of Merton Council is seen as being a strong vehicle within the Borough and gives partners from all sectors a strong lead in the working together agenda. The Local Community Plan has been produced through this body and clearly demonstrates how well the health and wellbeing challenges are understood and are to be addressed through the JHWS and Council Plan.

There is a history of strong voluntary sector working through the Merton Voluntary Service Council (MVSC) which has been awarded the two-year contract to deliver Merton Healthwatch. The operating model as an arm's length organisation to the MVSC has enabled Healthwatch to establish itself very quickly using existing networks, links and governance processes, therefore they are well placed to facilitate public engagement on a large scale. A Healthwatch implementation plan has been agreed with the Council and key milestones such as recruitment to posts, being represented on the Healthier Communities and Older People Overview and Scrutiny Committee and the development of communication channels have all progressed well.

All partners have been complimentary of Healthwatch and its strong and positive leadership and it is recognised as a strength through the proactive approach to embedding themselves in partners' work and in the work programme of the HWB. There are good examples of consultation that engages local organisations and individuals who are encouraged to talk about real life scenarios to highlight good experiences and to inform new ways of working through the Better Services, Better Value (BSBV) consultation process that Healthwatch are participating in. Healthwatch has also been invited to engage with the participation groups already established in the Children Schools and Families service and public consultation on the JSNA arranged by Healthwatch has already taken place which was well attended, particularly by service users and carers.

The success of Healthwatch could be considered as a model for other partners to look at in relation to how they engage with the community. The CCG in particular has recognised that it can work with Healthwatch to engage with a wider group of residents building on the work of the local Patient Participation Groups. This would need to be looked at beyond its contractual obligations to the Council; however, this could be an area where Healthwatch could generate future income streams and further grow its capacity to support consultation and engagement.

There are a number of partnership working groups which regularly meet and health and wellbeing items are part of their work plans. 'Bridging the gap' was a clear and consistent theme with a number of joint plans being delivered with a partnership approach supported by the Public Health Team. Examples are all fire-fighters being trained in smoking cessation, alcohol awareness and domestic violence issues and the development of the Alcohol Plan and the One Stop Shop for Domestic Violence through the Safer Merton Partnership. The police acknowledge excellent partnership arrangements with the Council around young offenders' mental health and safeguarding and their close work with the Children & Adolescent Mental Health Service (CAMHS). This has been enhanced with the wider involvement of public health with visible examples of the impact through the work of the Resilience Forum and Neighbourhood Watch crime prevention work.

The Public Health Team and other Council colleagues have also been responsible for organising the well attended 'Live Well' events promoting the free health improvement service funded by the Council available to anyone over the age of 18 who lives and/or works in the Borough and the free consultation with a trained Health Trainer to help set and achieve personal health related goals.

The HWB has made a good start and should continue to be ambitious and visible, building on the many examples of good partnership working at the front line. In our view the HWB should:

- Ensure on-going dialogue and challenge to strengthen the partnership
- Focus on delivery of JHWS priorities and hold each partner to account
- Pursue further opportunities for joint commissioning and working to drive integration and prevention
- Consider appropriate engagement with providers
- Consider further development days for HWB members

4. How well are mandated and discretionary public health functions delivered?

The Director of Public Health (DPH) took up her post in March 2013 and reports to the Director of Community and Housing. As well as being a statutory member of the HWB the DPH sits on the Board of the newly formed CCG. The CCG states how it values the input and challenge the DPH has brought to both their Board and senior executive meetings in understanding the health inequalities agenda. The Public Health Team consists of eight staff, including 1.6 fte consultants in public health. Two of these staff have a joint role commissioning sexual health services across Merton and Sutton. The team is recognised to be a relatively small; the public health budget for 2013-14 is £8.9m.

We heard a consistent message that the DPH had 'hit the ground running' and had been very proactive in meeting officers and elected members. Around a third of elected members had attended briefing sessions on public health, and the DPH had made an immediate impression on the HWB, successfully arguing for the inclusion of representation from environment and regeneration. We were told that the ethos of the Public Health Team was very much about thinking about doing things differently, and for less, and incorporating best practice from elsewhere. Examples of this included: working with leisure providers to offer healthier options in vending machines and developing the concept of health impact assessments of all Council policies. A particular focus in the early months has been on unpicking historical contracts and trying to introduce greater rigour through performance indicators. Over time the intention is to focus greater effort and resource on the relatively deprived eastern side of the Borough.

The mandatory functions, such as sexual health services, are being delivered effectively. In particular, we were told that the relationship with the CCG was strong, and that the CCG had significantly altered its commissioning strategic priorities as a result of public health advice. The personal contribution of the DPH was clearly very important. We heard some concerns that there was a lack of clarity in some areas of health protection as evidenced in the recent measles catch-up programme, where relative responsibilities of the different agencies had not been wholly clear. The DPH and team had been able to give reasonable assurance on immunisation programmes, but not so on screening. This partly reflected timing and identifying the right individual within NHS England locally to work with on screening, rather than any specific concerns regarding current screening programme delivery for Merton residents.

Plans are currently being developed to use a small amount of unallocated public health funds to increase the focus on some of the determinants of health that drive the significant inequalities in the east. Examples of initiatives include, parenting support in children's centres, practical initiatives for Healthy Schools, English for Speakers of Other Languages, Healthy Catering, and Healthy Workplace schemes. Work is also underway to create stronger links between the Public Health Team and colleagues in planning and licensing to identify initiatives to stem increases in fast food, betting shops and alcohol outlets.

The Public Health Team has considerable strengths in its dynamic approach to improving the public's health across the range of the Borough's businesses, underpinned by a clear vision of tackling health inequalities and the 'bridging the gap' divide between the west and east of the Borough. Consideration could be given to exploring ways of giving the public health team greater resilience in terms of access to skills, in particular around data analysis, as well as clarifying local arrangements for health protection and Emergency Preparedness, Resilience and Response.

5. How well are the strengths of the Director of Public Health and her team being used

The DPH and her team have emerged from a difficult transition due to the split of the previous Merton and Sutton public health team, to make an immediate impact within the Council helped by the genuine and warm welcome extended to the team. The DPH has been visible and passionate and her team are seen as competent and accessible. The Council is committed to looking at new ways of working by leveraging all relevant existing spend to include, and promote, health and wellbeing, recognising the important areas that can influence health, such as licensing and planning, necessary to create healthy physical and built environments.

Following the transition there has been a focus on understanding the health needs of Merton residents, identifying gaps in service provision and potential initiatives to fill gaps and opportunities for partnership work within the Council, with the CCG and the voluntary sector. The Public Health Team has commenced a programme of reviewing public health contracts and aligning these to the existing corporate approach to planning.

There have been some quick wins that are widely recognised within the Council and there is widespread awareness of the wellbeing agenda as the team has been very proactive in making contact with many Council staff. The extent to which this agenda is embedded and truly owned by all parts of the organisation is variable which seems to reflect a previous history of working with public health. For example, there is strong joint working with the Children, Schools and Families directorate, with health embedded in children's centres, and schools engaging in the Healthy Schools Programme. Likewise, there is a strong working relationship between the Public Health Team and the Safer Merton Team, for example through various needs assessment processes, and most recently through the development of a framework and action plan to tackle alcohol related issues.

Other parts of the Council, for example Libraries Services, are beginning to extend their role to include access to health information and even those directorates such as Environment and Regeneration that have had less contact with public health recognise that much of what they do has a significant impact on health and wellbeing. This will be enhanced by the Director for Environment and Regeneration joining the HWB. The Cabinet Member for Adult Social Care and Health as the lead for health and wellbeing is clearly enthusiastic about some new initiatives such as a bid to invest in cycling in the Borough, and has made the links with regeneration work. The directorate is piloting the new health impact assessment tool in developing the Mitcham ward regeneration scheme, and this process has already revealed both challenges to the process and benefits. These challenges will need to be addressed if the wellbeing agenda is to be embedded rapidly in the Council in a more widespread way.

The DPH is well placed to understand the respective priorities of key partners as a statutory member of the Merton HWB, and a member of the One Merton Group, having oversight of delivery of the JHWS and strategic leadership for the JSNA as part of the statutory responsibility of the Council with the CCG. The DPH is also a member of the Merton Partnership and the Merton Partnership Executive Board and other relationships have been established with a range of other partnership structures and boards, including Safer Merton, Children's Trust Board and the Sustainable Communities partnership. The DPH is a full member of Merton CCG Board and is the only Council officer on the board. This positioning of the DPH within governance structures could be utilised as a catalyst for informing and influencing future joint commissioning and the integration of health and social care.

The DPH and her team are new to the Council and are on a steep learning curve with regard to operating within a political environment, and need to understand the dynamics and levers of influence more fully. Language and differences in jargon can also be a barrier, but this is not insurmountable, especially given the enthusiasm displayed by the Public Health Team and Council colleagues. The latter are increasingly aware of the potential to promote the wider wellbeing agenda, through their services. However, there is a risk that some public health activities such as the Health Impact Assessment approach might be perceived as public health colleagues acting merely in an advisory or critical friend role, rather than contributing to delivery. This can be mitigated by the Public Health Team achieving a balance between activities that are perceived as advisory, and contributing at an earlier stage to some big cross cutting Council programmes, for example, domestic violence and 'bridging the gap'.

Given the size of the team public health colleagues will need to prioritise their workload and focus, and that will need to be understood and shared both with Heads of Service and Corporate Directors. The role of the DPH needs further clarification alongside ongoing visible senior support within the Council for the wellbeing agenda over the longer term. This would build on the positive welcome the Council has given to taking on its new functions and support the way in which it is moving towards more synergistic working between different parts of the organisation. The Council's intention for health and wellbeing to be seen as a corporate issue across the whole organisation is also critical in ensuring it can understand each service's contribution in addressing the issues as part of a whole system.

6. Moving forward

Based on what we saw, heard and read we suggest the Council and HWB consider the following actions. These are things we think will help improve and develop your effectiveness and capacity to deliver future ambitions and plans and drive integration across health and social care:-

- a) Realise your ambition to grow social capital by building on the strong voluntary and community arrangements and by embedding asset mapping as part of the JSNA
- b) Build on the strengths of Merton by further developing sub-regional alliances for greater resilience in health and social care
- c) Ruthlessly prioritise in order to deliver tangible improvements through a clear work plan owned by all the HWB partners

- d) Ensure straightforward shared communication and engagement with the community on health and wellbeing
- e) Clarify the role of the HWB and the Healthier Communities and Older People Overview and Scrutiny Committee
- f) Support the DPH and her team in further understanding the jargon, culture, norms and values of the Council to enable them to continue to operate positively within a political environment

7. Next steps

The Council's political leadership, senior management and members of the HWB will undoubtedly wish to reflect on these findings and suggestions before determining how the Council wishes to take things forward. As part of the peer challenge process, there is an offer of continued activity to support this. We made some suggestions about how this might be utilised. I look forward to finalising the detail of that activity as soon as possible.

In the meantime we are keen to continue the relationship we have formed with you and colleagues through the peer challenge to date. Heather Mills, Principal Adviser (London & South East) is the main contact between your authority and the Local Government Association. Heather can be contacted at heather.mills@local.gov.uk (or telephone 07770 701188) and can provide access to our resources and any further support.

In the meantime, all of us connected with the peer challenge would like to wish Merton Council every success going forward. Once again, many thanks for positively embracing the peer challenge and to everyone involved for their participation.

Yours sincerely,

Kay Burkett
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Local Government Association

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