

## **Committee: Health and Wellbeing Board**

**Date: 21<sup>st</sup> June 2022**

Wards:

## **Subject: Health in All Policies action plan**

Lead officer: Dagmar Zeuner, Director of Public Health

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

Forward Plan reference number:

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### **Recommendations:**

- A. Health and Wellbeing Board are asked for comments on the revised Health in All Policies Action Plan
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## **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

- 1.1 The purpose of this report is to seek Health and Wellbeing Board's strategic input into the refresh of the Health in All Policies Action Plan.
- 1.2 The report outlines the Health in All Policies Approach as putting health, equity and sustainability at the heart of all council decisions. The report outlines the history of Health in All Policies in Merton including some example successes and the reasons why the post-COVID context is the perfect time to revise the action plan.
- 1.3 The report summarises some of the learning from elsewhere including through an LGA associate, before describing an action plan in two parts: firstly in having the right ways of working across the council and with partners to enable health, equity and sustainability to be taken into account in all decisions, secondly a rolling programme of trailblazers which will need to be agreed and through which the Health in All Policies approach can be embedded.
- 1.4 The report outlines the role of the public health team in delivering the HiAP action plan and invites partners to consider their contribution to Health in All Policies.

## **2 BACKGROUND**

### 2.1 What is Health in All Policies?

2.1.1 Health in All Policies (HiAP) is a collaborative approach focusing on health, equity and sustainability. By putting health, equity and environmental sustainability at the centre of all policy decisions, HiAP can deliver benefits for a wide range of stakeholders – and most importantly can reduce inequalities while improving residents' lives. This can include action on the full range of determinants of health, including

transport, housing, education and employment. HiAP thus offers a way to address the inequalities including in life expectancy occurring across Merton, given that these are caused in large part by these determinants of health and that solutions exist to many of these challenges.

## 2.2 Health in All Policies in Merton

2.2.1 Merton has a longstanding commitment to Health in All Policies (HiAP) and to experimenting and learning. This was reaffirmed in the recent Health and Wellbeing Strategy and is therefore owned by the Health and Wellbeing Board. The Health in All Policies action plan was last reviewed in 2018.

2.2.2 COVID has led to a worsening of inequalities, alongside emerging challenges and opportunities. In addition, Merton has committed to a Climate strategy to tackle climate change. Given the complexity, interdependence and urgency of these challenges, it is vital that we find solutions that explicitly address health, equity and sustainability, simultaneously. This means that every action undertaken under the banner of the Health in All Policies should address each of these dimensions, reinforcing the impact and alignment across a wide range of council departments. Additionally, this means that each of these dimensions should be addressed by every aspect of policy making. It is for this reason the Council's Health in All Policies is being refreshed.

2.2.3 This sits clearly within the context of the Merton 2030 ambition, which states that by 2030 Merton will "be embedding prevention of ill health and promotion of wellbeing into everything we do as a council through a 'Health in all Policies' approach, which will be informed by a robust evidence base."

## **3 DETAILS**

### 3.1 Refreshing the HiAP action plan

3.1.1 First published in 2016, the most recent *Health in All Policies* action plan was last reviewed in 2018. A recent stock take was completed to assess progress. This is summarised below. Broadly speaking, Merton has made substantial progress in embedding a Health in All Policies approach. This has included the establishment of a Dementia Action Alliance, work to embed HiAP at a leadership level, work to establish key partnerships between public health and Environment and Regeneration as well as a focus on healthy workplaces. It is clear that a wide range of work that places resident's health at the centre of policy making has taken place across the council. Examples of key achievements to date include:

- A draft Local Plan that includes a strong focus on Health and Wellbeing including a requirement for health impact assessments of developments that can impact on health and a plan to limit future development of unhealthy catering around schools.
- A wide range of projects to improve air quality including the Regulatory Services Partnership delivering the first Low Emission Zone for Construction on behalf of London Boroughs, the installation of over 200 anti-idling signs across the borough, and the installation of 68 air quality sensors to monitor air pollution.
- The implementation of a social value toolkit in Council procurement processes, that take into account the additional benefits in terms of wider value for residents and reduced environmental impacts as part of goods and services procured by the Council.

3.1.2 The obvious ramifications of COVID-19 and the urgent threat of climate change and our ageing population are influencing the accessibility of supplies of healthy foods, housing quality and costs and the sustainability of local services, assets and employment. This perfect storm of complexity and its effect on present and future residents of Merton makes this the ideal moment to enlist an action plan – focusing on added value that can only be delivered using a HiAP approach.

### 3.2 LGA support and learning from elsewhere

3.2.1 The Local Government Association has committed to supporting us in future including through inviting us to join their network focusing on Health in All Policies as well as providing us with some limited expert resource to develop our work further. The LGA associate is helping us to learn from elsewhere and developing a short introductory briefing on HiAP for stakeholders.

3.2.2 The LGA associate has identified some learning from the international experience. Success factors include shared values and priorities, solid relationships, visible leadership, joint analysis and design of interventions, engagement across a range of partners and agreement on resources. The public health team continue to explore with key HiAP practitioners and specialists to continue to refine our approach.

3.2.3 Additionally, there are a number of challenges that should be taken into account. It is important to remember that HiAP is not “health” trying to take over, rather is a process of jointly addressing the most pressing problems for local residents. Some stakeholders may feel they are already doing what is necessary and that HiAP does not add much to their approach.

### 3.3 The revised HiAP action plan

3.3.1 Given that HiAP is an approach, we propose that the first part of the action plan be focused on developing the right ways of working to deliver HiAP. This includes developing culture and relationships, a data led approach, external partnerships, and our cross-sector approach to return on investment. Example actions to achieve each of these are outlined in appendix 1, below.

3.3.2 It is also important to identify priorities for action. There are a wide range of potential priorities, many of which cut across diverse stakeholder priorities. For example, HiAP could focus on a good start in life, education, the economy, travel, housing, community cohesion and many other topics. We suggest that the best approach for Merton is to identify a small number of trail-blazers on a rolling basis. This approach means that a cross-council effort can be applied to a small number of priorities with new priorities being chosen at a later date with the benefit of shared learning and strengthened relationships.

3.3.3 A decision will need to be made by senior leadership regarding which council wide priorities should be selected for the first round of trail-blazers. These could be priorities that respond to local needs, align with other initiatives, or simply that resonate with Merton’s residents. It is proposed that the first trail-blazer be around a borough of sport; this would involve promoting active lifestyles e.g. sport, active travel and physical activity for all ages, preventing frailty, supporting healthy weight initiatives and social aspect of bringing people together.

3.3.4 Additional trail-blazers could include a focus on council levers (social value, employment or investment), air quality, housing, food, green jobs or social environments (including revitalising high streets). Further examples of potential priority

trail-blazers are also included in appendix 1, below. The final list of trail-blazers should be developed based on Merton's existing assets and challenges.

3.3.5 It is proposed that the trailblazers should include a mixture of types of initiatives, including some which will result in short term wins and others which will manifest in longer term returns. Given the long timescales for delivery on major regeneration and investment projects, for example, these may need to be considered earlier on in the 8 year window.

#### 1.6 Delivering HiAP – the public health team role

1.6.1 The public health team has limited resource to work specifically on Health in All Policies. These include a Healthy Places Officer (currently an interim appointment), a Consultant in Public Health (approx 1.5 days a week) with support from a Health and Wellbeing Board Partnership Manager and some limited Health Intelligence capability. As such, it is vital to focus the ways of working of the "core" HiAP team in a way that maximises on impact across a wide range of stakeholders and partnerships and leverages wider assets council wide. This means that the public health team role in delivering HiAP is specifically:

- (i) Holding the HiAP action plan, facilitating action, tracking progress and delivering on specific projects
- (ii) Building relationships and networks through which we generative collaborative projects, draw out cross-departmental priorities and utilise place-based information on assets and investments to inform action within a complex policy and funding environment
- (iii) Support cross-council and external partners in embedding HiAP across their work and enhance the delivery of the council's wider mission, including through support to embed a preventative approach, through use of evidence and data

#### 1.6 Delivering HiAP – the role of other partners

1.6.1 Existing thematic partnership boards have a significant and continuing role to play in implementing a HiAP approach, and teams across the council are already involved in championing the HiAP agenda. HiAP is everybody's business. The core of the HiAP action plan is thus about brokering, navigating and connecting – as opposed to centralising delivery. Partners are invited to consider how they could further embed HiAP in their work.

### **4 ALTERNATIVE OPTIONS**

4.1 Do nothing:

4.1.1 Merton would not be able to achieve the Merton 2030 ambition that health be embedded in everything the council does.

### **5 CONSULTATION UNDERTAKEN OR PROPOSED**

5.1 The original Health in All Policies action plan was developed following engagement by the Health and Wellbeing Board with residents and involved key partnership boards across Merton. It is proposed that these partnership boards be consulted on the redevelopment of the action plan.

5.2 The Health in All Policies action plan refresh will involve engagement with key stakeholders including senior officers in the council - a provisional timetable is included below.

## **6 TIMETABLE**

6.1 The proposed timetable for the refresh of the Health in All Policies action plan is:

- (i) DMT – May 2022
- (ii) Meeting with CMT/ADs or leadership network – mid 2022
- (iii) CMT – June 2022
- (iv) Health and Wellbeing Board – June 2022 – subject to CMT advice and agenda setting meeting
- (v) Other boards – Autumn 2022

6.2 The HiAP action plan is proposed to run in 3 phases

- Phase 1: 2022-2025 – early trailblazers, capture and embed learning
- Phase 2: 2025-2027 – embed learning from first round of trailblazers to develop second round of trailblazers and scale processes for decision making developed in phase 1
- Phase 3: 2027-2030 – systematise the learning, ensuring every single decision made in this phase begins to deliver on HiAP

6.3 The development of the HiAP action plan is aligning with the development of other strategic initiatives through the attendance of public health team members at relevant workshops; further engagement with external partners will occur once the above engagement has taken place.

## **7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**

7.1 The main resources required for the Health in All Policies action plan refresh are current staff time and engagement with key partners. It is possible that further discussions around resourcing key strategic projects may follow from this discussion.

7.2 It seems likely that some significant investment will be required from partners around specific enablers or trailblazers. For example, investment may be required to improve the data enabling functions. Developing a “borough of sport” approach may require significant investment – the Sport England Local Delivery Pilots invested millions in local places over several years. For example Calderdale with a population of 211k received £2.65m from Sport England for their Active Calderdale Programme to be spent in around 2 years. A full workup of the local investment need would need to be undertaken for any trailblazer projects.

## **8 LEGAL AND STATUTORY IMPLICATIONS**

8.1. Health in all policies is a key vehicle to implement the council’s duties around wellbeing, equality and environmental sustainability.

## **9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

9.1 Health in All Policies work is a key response to address the inequalities impact of COVID-19.

9.2 No specific equality assessment is planned.

**10 CRIME AND DISORDER IMPLICATIONS**

10.1. N/A

**11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

11.1. Health in All Policies work is a key approach to reducing the risk of increased pressure on our services.

**12 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**

**Appendix 1 – Draft Action plan 2022-2025**

A draft action plan is outlined, though priority actions specially under Part 2 will need to be refined following decision making by senior leaders.

| Theme  | Example actions   | Delivery timelines | Project sponsor and key partners<br><br>(examples to illustrate)                       |
|--|---|--------------------|--|
| <b>Part 1: Embedding HiAP in our ways of working</b> |   |                    |  |
| Culture and Relationships (Council wide)             | Regular opportunities for Councillors and colleagues at head of service or above to engage in discussions around HiAP<br><br>Create an Induction package of training all new staff and current to be thinking about how to integrate Health in All Policies<br><br>Structures for shared decision making and action eg joint DMTs | 2022-2023          | DPH/chair of HWBB<br><br>Health and  |
| A data and evidence led approach                     | Creating a GIS map of place based investments, initiatives and assets<br><br>Mainstreaming best practice in data integration and use  | 2022-2023          | Consultant in Public Health<br><br>Intelligence team<br><br>Corporate performance team |

|  |   |           |                                |
|--|---|-----------|--------------------------------|
|  | <p>across directorates, integrating data on social determinants and health outcomes</p> <p>Incorporate relevant HiAP factors in performance and outcomes framework for Merton 2030</p> <p>An annual public health report that addresses the health benefits of climate action in 2022</p>                   |           | GIS team                       |
| External partnerships  | Integrating resident voice and joint working with partners  | 2023-2025 | NHS<br>Citizens<br>VCS         |
| Return on investment   | <p>Identifying opportunities to generate cross department returns from joint projects</p> <p>Seek out opportunities for additional investment in key HiAP interventions eg public realm investment</p> <p>Business cases and methods that create sustainable health, equity and climate change benefits</p> | 2023-2025 | Commercial services<br>E&R     |
| <b>Part 2: A rolling programme of cross-council trail-blazers as part of Merton 2030</b> |   |           |                                |
| Council levers   | <p>Social value including in partnership with the NHS</p> <p>Employment – diversity &amp; health and wellbeing</p> <p>Investment strategy</p>   | 2023-2025 | Commercial services<br>HR & OD |

|   |  |           |   |
|---|--|-----------|---|
| Physical activity, mobility and air quality | Borough of sport<br>Air quality management plan<br>Cycling and walking<br>Green social prescribing | 2022-2025 | E&R<br>Social prescribing services                |
| Housing                                     | Housing standards and retrofit<br>Housing supply<br>Occupant health                                | 2022-2025 | E&R<br>Housing needs team                         |
| Food  | Promoting access to affordable healthy food<br>Reducing food waste<br>Creating local supply        | 2022-2025 | E&R   |
| Good jobs for all                           | Green jobs<br>Anchor institutions approaches<br>Training and employment support                    | 2022-2025 | E&R<br>Commercial services<br>Adult learning, E&R |
| Social environments                         | School “superzones”<br>Green infrastructure network<br>Revitalising high streets                   | 2022-2025 | E&R / CSF / Schools<br><br>E&R                    |

### Some potential areas to develop

| Theme            | Area to explore  |
|------------------|--|
| Food             | Addressing ultra-processed foods<br>Sustainable and healthy diets                        |
| Community safety | Pathways to support people who are vulnerable  |
| Economy          | Community wealth building<br>Inclusive economic development                              |
| Regeneration     | Town centre and estate regeneration  |
| Housing          | Data around homeless services, working with housing associations & housing delivery plan |



## **13 BACKGROUND PAPERS**

LGA paper: [Social determinants of health and the role of local government](#)

[£2.65m boost to get Active | News Centre - Official news site of Calderdale Council](#)

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