Merton Annual Public Health Report 2022/3

Health Co-benefits of Climate Action:

Opportunities for place-based partnership working

February 2023

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I.   Forewords

Councillor Peter McCabe

Cabinet Member for Health and Social Care

Chair of Merton Health and Wellbeing Board

As the Cabinet Member for Health and Social Care, I commend this Annual Report of our Director of Public Health. Merton Council is fully committed to a sustainable future, whilst having a strong focus on reducing health inequalities. We recognise that residents, already vulnerable to the effects of air pollution and other climate impacts, are now, in the current cost of living crisis, facing real fuel and food poverty. As this report sets out, in taking action on climate, we can generate co-benefits that effectively improve the health of many residents and help tackle inequalities.

Merton Council has a strong commitment to climate action, active transport, promoting a borough of sport and health in all policies. Action needs to be taken now, so that all Merton residents have the opportunity to live healthy lives. The only way to address this challenge is to work in partnership, for and with the residents of Merton, and I look forward to taking this work forward with you.

Dr Dagmar Zeuner

Director of Public Health

I am delighted to present my independent annual report on the health of the population of Merton, in fulfilment of my statutory duty as Director of Public Health.

This year's report is focused on the opportunity that exists for action taken on climate change to deliver co-benefits for health through place-based partnership working. Climate change is perhaps the biggest global challenges of our time; a genuine health emergency. Merton's Climate Change Action Plan sets out actions needed to address climate change by 2050. This report highlights how those proposals also have the potential to deliver real benefits to people's health and to help reduce the health inequalities that exist across Merton. Capturing the potential co-benefits, climate change action can help promote active travel, a healthy diet, access to biodiverse greenspace, good green jobs, energy efficient housing and greener health and social care. Working in partnership we can support each other to address climate change in a way that puts the health of all Merton's residents at its core and delivers benefits for all.

I am grateful to my team and many colleagues from the Council, NHS, Merton Health and Care Together and other organisations for their support and contributions. Their contributions are much appreciated – on top of everybody's busy daily work – and result in a more informed and collaborative output. We are keen to make our annual report as useful for partners as possible. Please email us with any feedback you might have.

Dr Sy Ganesaratnam

GP Clinical Director for East Merton Primary Care Network

Vice Chair of Merton Health and Wellbeing Board

As the Merton Primary Care Provider Representative, I recognise the importance of tackling health inequalities and dealing with the consequences of poor health. We face a climate and ecological emergency, the health impacts of which affect the services we deliver, our staff and local communities. I see this in my daily practice as a local GP working in East Merton.

The last few years have seen a growing awareness of the need for the NHS as a whole to address climate change, with the publication of a national NHS Net Zero Strategy and South West London NHS Green Plan setting out actions to reduce carbon emissions. This builds on some of our Green GP Practices already established in Merton.

I am fully committed to taking action on climate in a way which captures the health co-benefits sets out in this report. In Merton we are fortunate to have established primary care networks that allows us the opportunity to really connect with local communities, through green social prescribing and preventative approaches, which can help deliver these co-benefits.

Public health has a key role to bring learning from elsewhere and to suggest how this can be developed as illustrated in this report. I commend the publication of this Annual Public Health Report. This paper lays the foundations for an excellent approach in Merton. We must act now, act together, and seize this public health opportunity. I look forward to ongoing collaboration with all partners in building a better greener future for Merton.

II. Key Messages - Health Co-benefits of Climate Action

1   Climate change, the long-term increase in the temperature of the Earth's atmosphere caused by release of greenhouse gases (GHG), is recognised as one of the greatest global health challenges. This is due to numerous direct and indirect health risks associated with rising temperatures. They include heat waves, floods, wildfires, food insecurity, virus spread and their impact of endangering livelihoods.

2   Climate action to reduce GHG mitigate the above risks. They have a number of other positive health impacts, called co-benefits, addressing some of the most pressing current public health risk factors, especially air pollution, physical inactivity, unhealthy diets and poor mental wellbeing.

3   Focussing on health co-benefits of climate action can lead to substantial cross-sectoral cost savings and increased public support. The latter is due to diversification of arguments and a near-term and more localised positive policy framing for climate action.

4   Maximising health co-benefits of climate action requires system thinking, integrated planning and policies, and tools to monitor and evaluate the effectiveness of actions on multiple cross-sector outcomes.

5   In Merton, there are good foundations to build on. They include the council's strong commitment to climate action, the NHS Green plan, the recent Integrated Care System (ICS) reforms that strengthen place-based partnership working, and the approval from Merton's Health and Wellbeing Board (HWBB) of a Health in All Policies (HIAP) framework explicitly considering health, equity and sustainability together in all policies.

6   This Annual Public Health Report aims to increase awareness of the health co-benefits of climate action and to highlight further opportunities for partnership working in Merton. The report is divided into seven themes, areas of climate action that offer most opportunities for health co-benefits, namely active travel, healthy and sustainable diets, accessible biodiverse green spaces, good green jobs, energy efficient healthy housing, and green health and social care.

7   The main health co-benefits of climate action are due to improved air quality, increased physical activity, healthier diets and better mental wellbeing. In addition, the focus of climate action on energy efficient healthy housing and good green jobs offers opportunity to improve two major determinants of health. There is strong evidence for all of the above to translate into substantial reductions of long-term conditions, premature deaths and associated health and care costs.

8   While looking to maximise health co-benefits of climate action through a system approach, this also lends itself to better understanding and mitigating any potential negative health impacts of climate action, such as injuries from more active travel,

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pollen allergies from green spaces, reduced ventilation from energy efficient homes; as well as practical, joined up problem solving when there are perceived or real trade-offs between health and climate policy.

9   Equity is an essential consideration for all climate action and its consequences, including health co-benefits and negative health impacts, to reduce inequality. It means health co-benefits of climate action need to be purposefully designed to be widely affordable, accessible and acceptable. This is why Merton's HIAP framework explicitly promotes consideration of equity alongside both health and sustainability.

10   Health co-benefits of climate action must not distract from reducing GHG and the root causes of climate change such as unsustainable and unequal growth, consumption and development.

III.   Introduction

About this report

This is the 2022/23 Annual Public Health Report for Merton, in fulfilment of the statutory duty of the Director of Public Health.

This year's report looks at the health co-benefits of climate action and how place-based partnership working in Merton offers opportunities to improve the health of people and planet together. This is both by preventing climate related harms to health and by improving major public health risk factors and their resulting impact on disease, deaths and costs for health and care.

Whereas climate action mainly focuses on decarbonisation to prevent global temperature increase, this report shows that by explicitly including a focus on health improvement and equity, the overall benefit for people and planet can be increased.

The purpose of this report is to raise awareness of these health co-benefits, to ensure they are explicitly considered, valued and designed into climate policy and action; to foster place-based partnership working, including better decisions on investment and returns that maximize overall benefits.

The report complements the development of Merton's Health in All Policies approach, promoting consideration of health, equity and sustainability together, as endorsed by Merton Health and Wellbeing Board.

The case for action on climate change has been well covered and will not be repeated in this report. Nor is the report a comprehensive research project covering all the pathways linking climate change or climate action with health outcomes. Instead, it is a brief illustration of some of the key health co-benefits of climate action, spanning a range of topics that are particularly relevant for the health of Merton residents.

The report provides a summary of key messages, an introduction to the topic, followed by themed chapters covering active travel, healthy and sustainable diets, accessible biodiverse greenspaces, good green jobs, energy efficient healthy housing and green health and social care, and a concluding section on cross-cutting opportunities for place-based partnership working.

About climate change

Climate change is a long-term increase in the temperature of the Earth's atmosphere due to the release of greenhouse gases (GHG), like carbon dioxide and methane, into the air, for example from burning fossil fuels, such as petrol and diesel, and from agriculture. This increase in temperature overall is already leading to changes in the environment around us – from the melting of the ice caps which will cause sea levels to rise, to an increase in flooding and extreme heat events.

Current research suggests that the climate has already warmed by around 1 Degree Celsius and predictions suggest that the Earth's climate could warm by a further 1 to 4.5

Degrees by 2100. This wide range is due to the fact that we do not yet know how much the world can cut down on GHG emissions during this time.

Climate change is recognised as one of the greatest global health challenges. For example, climate change will increase the risk of extreme heat, which can lead to an increase in mortality, with the 2022 heatwaves in the UK estimated to have caused around 3,000 excess deaths, the majority occurring in those over 65 years of age. 2022 has seen the hottest temperatures recorded in the UK so far and the number of deaths each year from heatwaves could potentially increase to 7,000 a year by 2050.

Flooding, which is also more likely with climate change, can cause both immediate threat to life and longer-term mental health issues; research has found that nearly a third of people suffer post-traumatic stress disorder following a flood. Climate change will also affect the global food supply, due to changes in growing conditions and will increase the risk of viruses spreading from animals to humans.

Figure 1, below, gives a summary of the main health impacts of climate change.

FIGURE 1: World Bank (Derivative of *Impacts of Climate Change on Human Health***)**
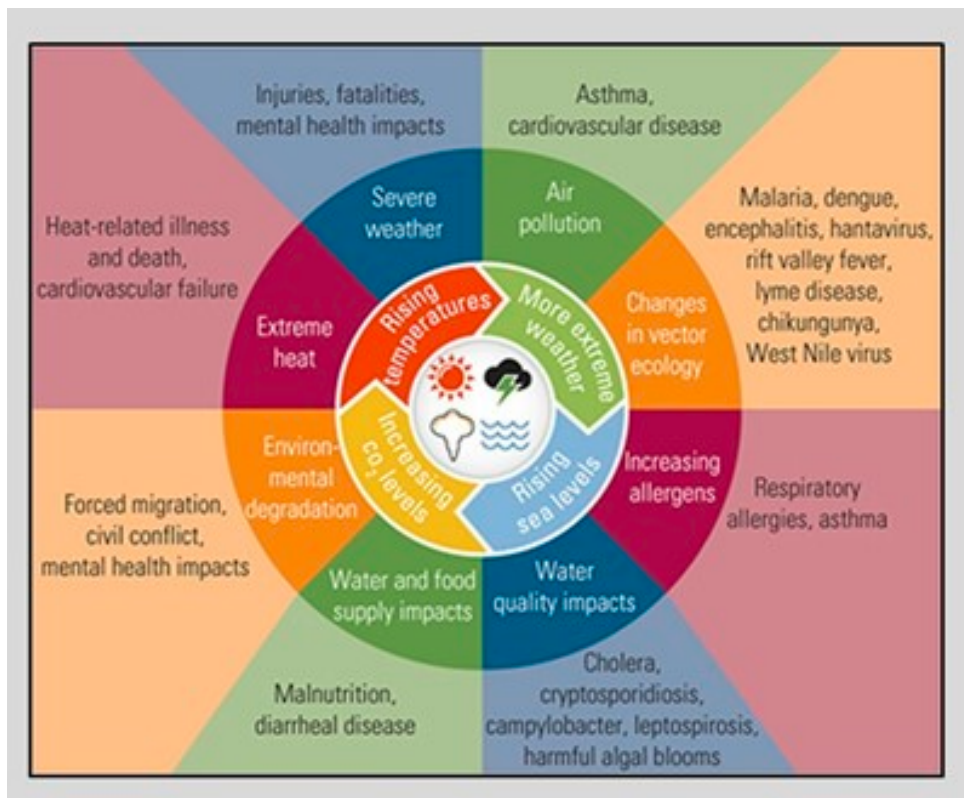

How climate change will affect health in Merton

As elsewhere, climate change will lead to negative health impacts on Merton residents. The Met Office suggest that the hottest summer day in Merton over the past 30 years will have been 36.5 Degrees, already in 2022 the hottest day was just over 40 Degrees and under the scenario of 4 Degrees of global temperature increase the hottest day could reach 43.1 Degrees.

These impacts will be felt unequally. We know, for example, that East Merton is overall more at risk from hot weather than West Merton (see Figure 2 below). We also know that older people will be especially at risk of heat. Given the interconnected nature of modern society, Merton residents are also at risk from issues such as food security, with those who are most deprived being most at risk.

FIGURE 2: Climate vulnerability map in Merton (Source: adapted from GLA/Bloomberg Associates)
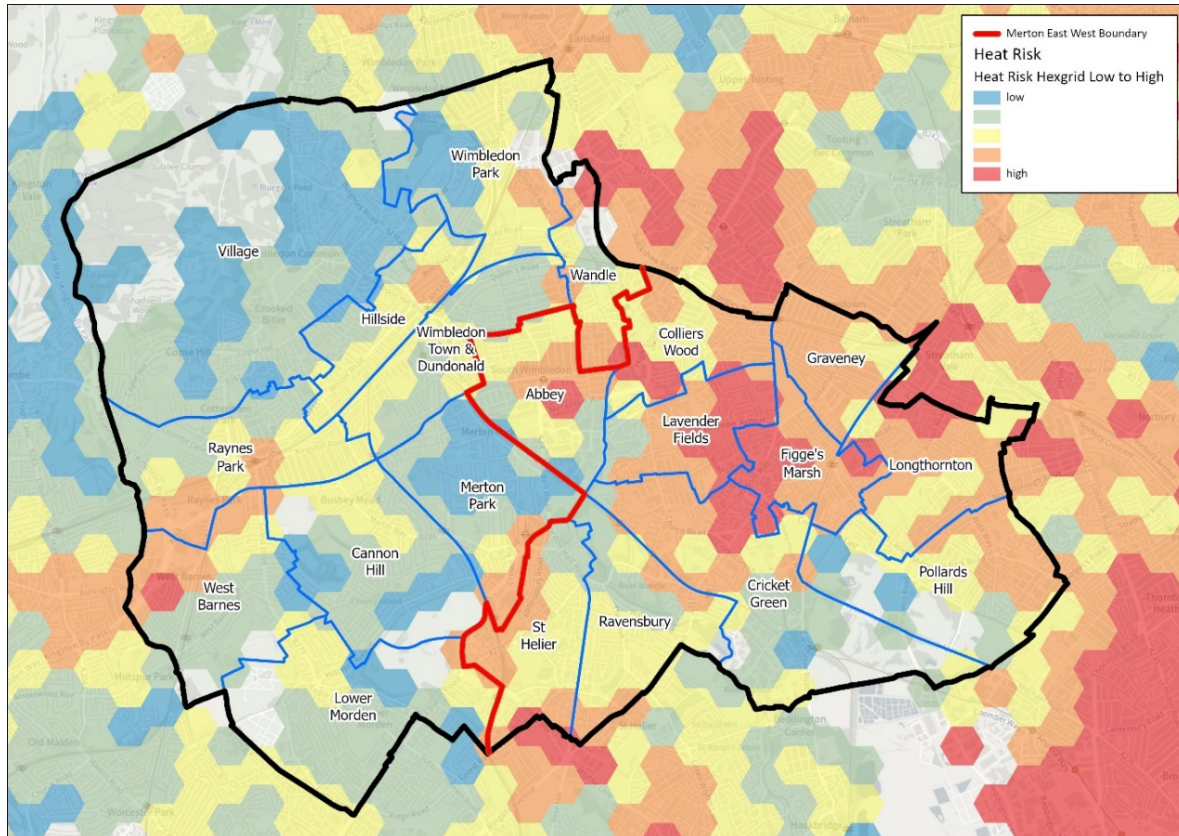
Those who will bear the highest impacts of these risks from climate change, are also those who contribute the least to climate change. Merton's carbon footprint per household is 18.3 tonnes of carbon dioxide equivalent per year. East Merton wards have lower carbon footprints (range: 13.4–18.9 tonnes) than West Merton wards (range: 19.0–24.5 tonnes).

We know that there are inequalities in life expectancy between the most and least deprived areas in Merton. The Slope Index of Inequality represents the gap in years of life expectancy at birth between the most deprived and least deprived communities. For Merton from 2018 to 2020 this was 5 years for females (95% CI 3.3-6.6) and 7.7 years for males (95% CI 6-9.4). Climate change is likely to make these differences starker but we know that there are actions that can make a positive difference.

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Tackling climate change in Merton

Merton is one of around 300 local authorities to have declared a climate emergency in the UK. Merton Climate Strategy and Action Plan agreed in 2020 is summarised in Figure 3 below and aims to:

- Ensure the Council is a net-zero organisation by 2030 to lead by example
- Decrease the emissions across the borough to reach net zero carbon in 2050,
- Reduce the waste collected by the local authority by 75%,
- Improve the energy use of buildings through insulation, renewable energy and low carbon heating,
- Increase the number of active travel journeys while decreasing the number of petrol and diesel cars and increasing the number of electric charge points, and
- Increase the green canopy cover

FIGURE 3: Summary Climate Change Action Plan (Source: Climate Strategy and Action Plan)
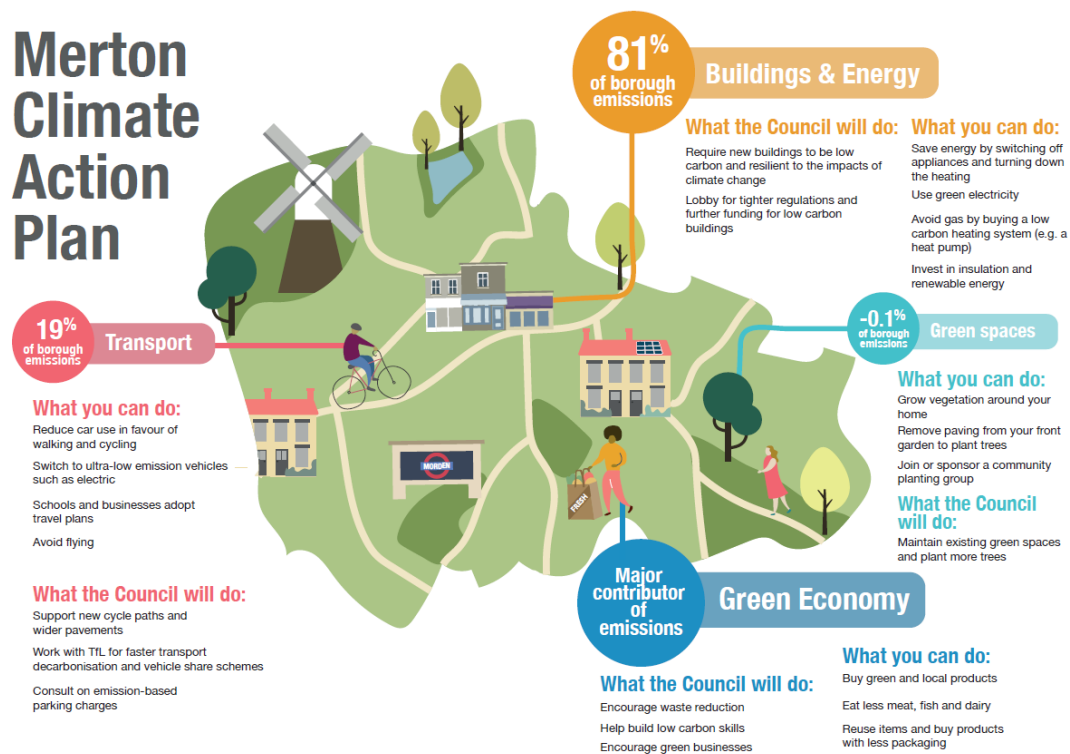
Merton's Climate Delivery Plan Year 2 sets out plans to deliver on the above targets. The new Local Plan for Merton also includes a strong focus on both health and climate change. For example, requirements for developments to promote biodiversity net gain, considerations regarding sustainable urban drainage systems and net-zero carbon and climate resilient development.

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On 1 July 2022, the NHS became the first health system to embed net zero into legislation through the Health and Care Act 2022, and the Delivering a Net Zero NHS report is now issued as statutory guidance. This places duties on NHS England and all NHS trusts and Integrated Care Boards to contribute towards statutory emissions and environmental targets.

South West London NHS Integrated Care Board has published its Green Plan committing to deliver a range of programmes to help achieve this ambition, focusing on the nine areas of: workforce and system leadership; sustainable models of care; digital transformation; travel and transport; estates and facilities; medicines; supply chain and procurement; food and nutrition; and, adaptation. The London Region NHS Greener Programme Board is also galvanizing partnership working between NHS, Local Authorities and GLA across the capital.

Climate and the Cost of Living Crisis

The impact of climate change on health is particularly highlighted by the current cost of living crisis. A recent article in the Lancet sets out how - as health systems continue to deal with the impact of COVID-19 alongside increasing costs of fossil fuels - climate change continues to escalate: worsening health and wellbeing, exacerbating vulnerability and undermining the socioeconomic determinants that good health is closely linked to.

The Office for Health Improvement and Disparities recently released its London Winter Resilience and Prevention Programme outlining the impact of the cost of living crisis on population health. It identified four top areas of concern: the impact of cold homes and fuel poverty; worsening diet as a result of food insecurity; worsening mental health; and, worsening or preventable and treatable ill health.

Capturing the co-benefits of climate action and health are both achievable and imperative to help mitigate these immediate impacts and protect those most vulnerable.

Theme 1: ACTIVE TRAVEL

1.1 Impact on Climate

Transport is the UK's largest emitter of greenhouse gases making up 24% of all emissions in 2020. In London 2020 it was estimated that greenhouse gas emissions released due to transport made up 29% of all emissions in London. In the same year in Merton, it was estimated that greenhouse gas emissions due to transport made up 24% of all emissions. Between 2019 and 2020, a large reductions in transport emissions of up to 26% were recorded, primarily due to COVID-19 restrictions reducing traffic on major roads.

As cities have developed, there has been an increased use of private vehicles rather than public transport, with infrastructure more focused on the needs of drivers and motorists and failing to prioritise active travel. More recently there has been some counter movement to this as cities work to reduce car use, for example, City Changers network encouraging a move away from private vehicles to more active forms of travel.

Modelling has found that addressing climate change requires a dramatic decrease in car use of between 20% and 60% by 2030 compared with 2016 levels, depending on the speed of electric vehicle roll out. This will include decarbonising transport by making vehicles more fuel efficient and moving from petrol and diesel to electric vehicles.

Some of this change can be achieved through low carbon public transport, but active travel will also be key. In the long term, emissions can only be reduced in a meaningful way if car journeys are reduced and people switch to more active forms of transport.

Active travel refers to modes of travel that involve a level of activity. This often means walking and cycling but can also include people using wheelchairs, mobility scooters and e-cycles.

The imperative for active travel is starting to be recognised. The Government's new agency, Active Travel England, was launched in May 2022 and the latest Cycling and Walking Investment Strategy was also recently published aiming to double cycling and increase walking by 2025.

The COVID pandemic changed how we travel: use of Transport for London services has not yet fully recovered to pre-pandemic levels but cycling, is becoming more popular, Cycle journeys in London increased by 152% (more than doubling) between 2000 and 2020 and have remained higher than pre-pandemic levels. Between March and mid-June 2022 cycle levels were 24% higher than the same period in 2019. In Merton, just over a third of residents walked or cycled for at least 10 minutes twice a

day from 2017 to 2020. Figure 4 below shows current active travel routes across Merton.

FIGURE 4: Map of active travel routes in Merton Transport and urban mobility - New Local Plan, Merton Council Existing Facilities (merton.gov.uk)
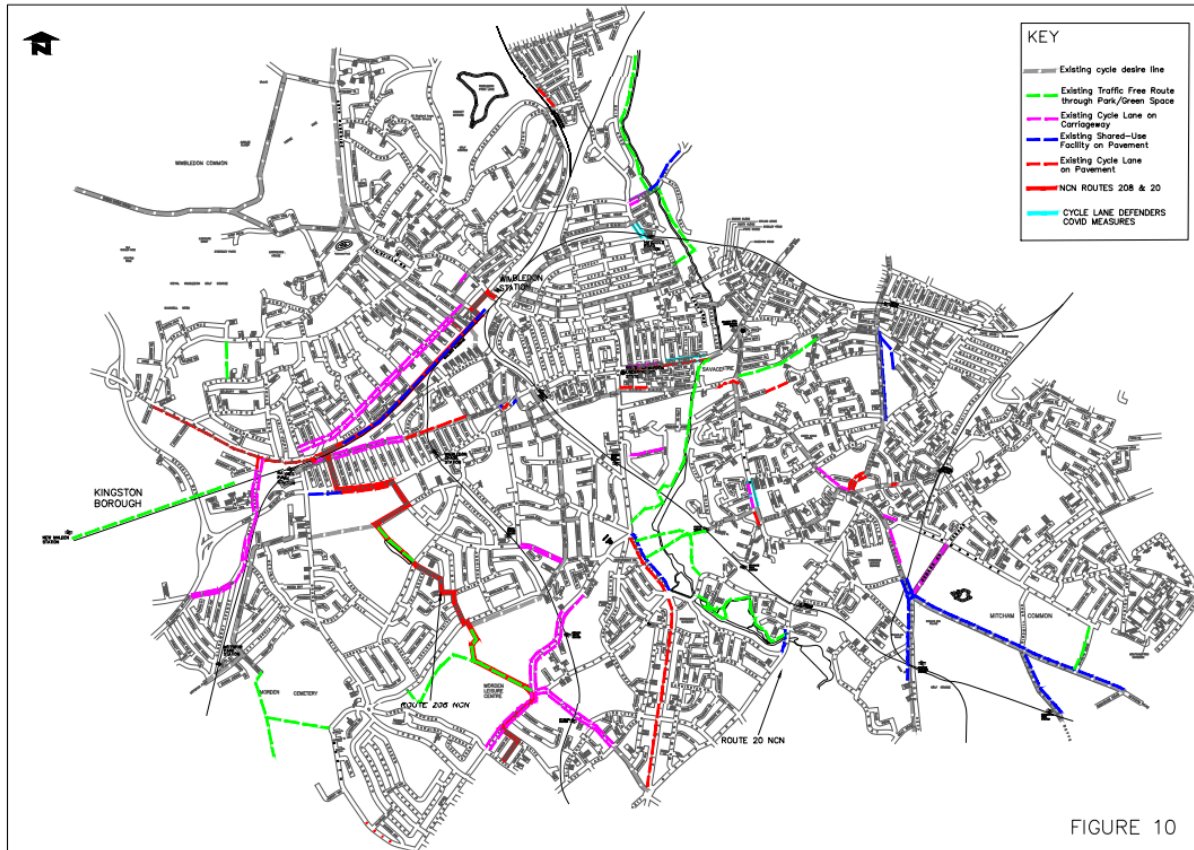

1.2 Impact on Health

Current transport emissions have a direct impact on air pollution (especially particulate matter PM2.5 and nitrogen dioxide NO2), which is responsible for a wide range of health conditions including heart disease, lung disease and cancer.

Recent studies found an association of air pollution with higher incidence of dementia. Air pollution is also associated with complications in pregnancy and a lower birth rate; sleep efficiency is also negatively affected in the most polluted areas. Children and people with pre-existing health conditions are particularly vulnerable to the impacts of air pollution.

In April 2021 a landmark ruling was made when, for the first time, a coroner cited air pollution as a cause of death for Ella Kiss-Debrah, a nine year old girl with asthma living next to the South Circular Road.

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The impact of air pollution on health is not equal. Those living in the 20% most deprived neighbourhoods, and neighbourhoods where more than 20% of the population are non-white, experience higher concentrations of air pollution [xlii] whist the same areas have lower levels of car ownership.

It is estimated that by 2035 there will be 2.5 million cases of non-communicable disease in England related to air pollution, with around 40,000 deaths a year across the UK. Across London, in 2020, 7.1% of deaths were attributable to particulate air pollution, with an estimated 4,000 deaths. In Southwest London in 2020/21 there were 435 emergency hospital admissions for asthma in adults aged 19 years and over. In Merton, it is estimated in 2019 that the equivalent of 54 to 100 deaths a year were attributable to air pollution.

A lack of physical activity contributes to people becoming overweight and obese, leading to risk of health conditions including type 2 diabetes, heart disease and stroke. Lack of physical activity, even without excess weight, is a public health risk factor for a number of other long term conditions, including cancer and dementia.

Whilst those who use public transport are more likely to be active and burn more calories than car users, active travel is even better to prevent ill health. However, data shows levels of physically inactive adults at just over 20% in Merton (over 30,000 adults) and levels of physical activity are lower in more deprived areas of Merton.

Research suggests that doing 30 minutes of exercise five times a week could reduce the risk of death from the health conditions outlined above by over 30%. [xlvi] Active travel represents a regular way of making exercise part of a person's everyday routine which can help achieve this.

It is estimated that a quarter of the UK population cycling regularly could reduce the years of life lost to premature mortality by over 2%, whilst an increase in physical activity in the UK has potential to save the NHS £17bn within 20 years by, reducing the prevalence of the above long term conditions

As shown in Figure 5 below, if the proportion of Merton residents actively travelling (walking and cycling) for at least 20 minutes per day increases to 40% from the current 34.2%, 9 premature deaths would be saved annually, totaling 72 prevented deaths by 2030.

FIGURE 5: Modelled number of premature deaths prevented per year and cumulatively compared to baseline as a result of 20 minutes of active travel (cycling and walking) in Merton by 2030 *(full methodology available on request)*

Source: World Health Organisation, Heat Tool.

% Of Population using Active Travel	Premature Deaths prevented per year	Total Premature Deaths prevented to 2030
Baseline (34.2%)	0	0
Scenario 1 (40%)	9	72
Scenario 2 (50%)	25	197
Scenario 3 (60%)	41	322

Injury due to active travel, especially to cyclists, is a consideration in promoting active travel. Data indicates that in Merton in 2020, there were 69 casualties killed or seriously injured in road traffic collisions. More deprived areas of London are adversely impacted especially for young pedestrians and adult cyclists. However, cycling across London doubled from 2000 to 2017 alongside a significant decrease in the number of people killed or seriously injured on the roads in that time.

1.3 Capturing Health Co-benefits

Merton Air Quality Action Plan 2018 - 2023 sets out the Council's commitment to air quality. By promoting and supporting active travel as a way of reducing transport emissions, there is the opportunity to secure real health co-benefits. It is vital to integrate active travel options into urban and transport planning and make them as easy, attractive and equitable as possible and normalise them as a preferred mode of travel. This applies to all residents and also to staff of the council and partners including the NHS and other anchor institutions and links closely to the current Actively Merton programme.

CASE STUDIES

Merton Council is developing a walking and cycling strategy for publication in 2023 to inform the borough's future cycle and walking route network. The strategy will assess existing routes against the latest design standards and identify where improvements are needed. It will identify gaps in the network and develop feasibility options for schemes to support future funding bids and contributions from developers.

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The Mini Holland scheme supports active travel across Enfield, Kingston and Waltham Forest through cycle hubs near transport stations, protected cycle lanes, traffic calming and other measures. After a year of interventions, an evaluation found that those living in areas with a high level of intervention were 24% more likely to have cycled within the previous week than those living in areas with no intervention.

Superzones and School Streets to be added linking to Actively Merton.

THEME 2: Healthy and Sustainable Diets

2.1 Impact on Climate

Modern diets have a high environmental impact, with approximately a quarter of all global emissions coming from food and agriculture and around half of these relating to the production and supply of animal products. Meat production is a particularly significant contributor to climate change; the [Climate Change Committee](#) have outlined the need for a 20% reduction in meat and dairy consumption by 2030, with a further 15% reduction by 2050 to contain global warming.

Approximately one-third of all food produced for human consumption is lost or wasted. Food waste itself contributes to emissions, as it represents wasted carbon emissions, and is a missed opportunity to feed more people. When wasted food goes to land-fill it decomposes producing greenhouse gases which also contribute to global warming.

Modern diets are also unhealthy, increasingly high in processed and refined foods, sugars and meats. This is influenced by the relatively low cost of refined food, a decline in home cooking, the convenience of delivery and processed foods and extensive marketing. A recent trend relates to home delivery apps, the use of which has increased during the COVID pandemic.

If the average diet in the UK were healthy and sustainable, complying, for example, with the recommendations of the [World Health Organisation](#) for a healthy diet, a 17% reduction in greenhouse gas emissions could be achieved.

There are currently notable inequalities in diets, with people on lower incomes tending to eat less healthily. Reasons for this include the perceived lower cost of unhealthy food, lack of space and time for cooking and lack of access to shops selling healthy food, whilst, simultaneously, being exposed to a higher density of fast-food outlets. For example, access to food is generally worse in south east Merton than in the rest of the borough, with some areas being particularly poorly served as illustrated in Figure 6 below.

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FIGURE 6: E-Food Desert Index for Merton (Source: adapted from CDRC)
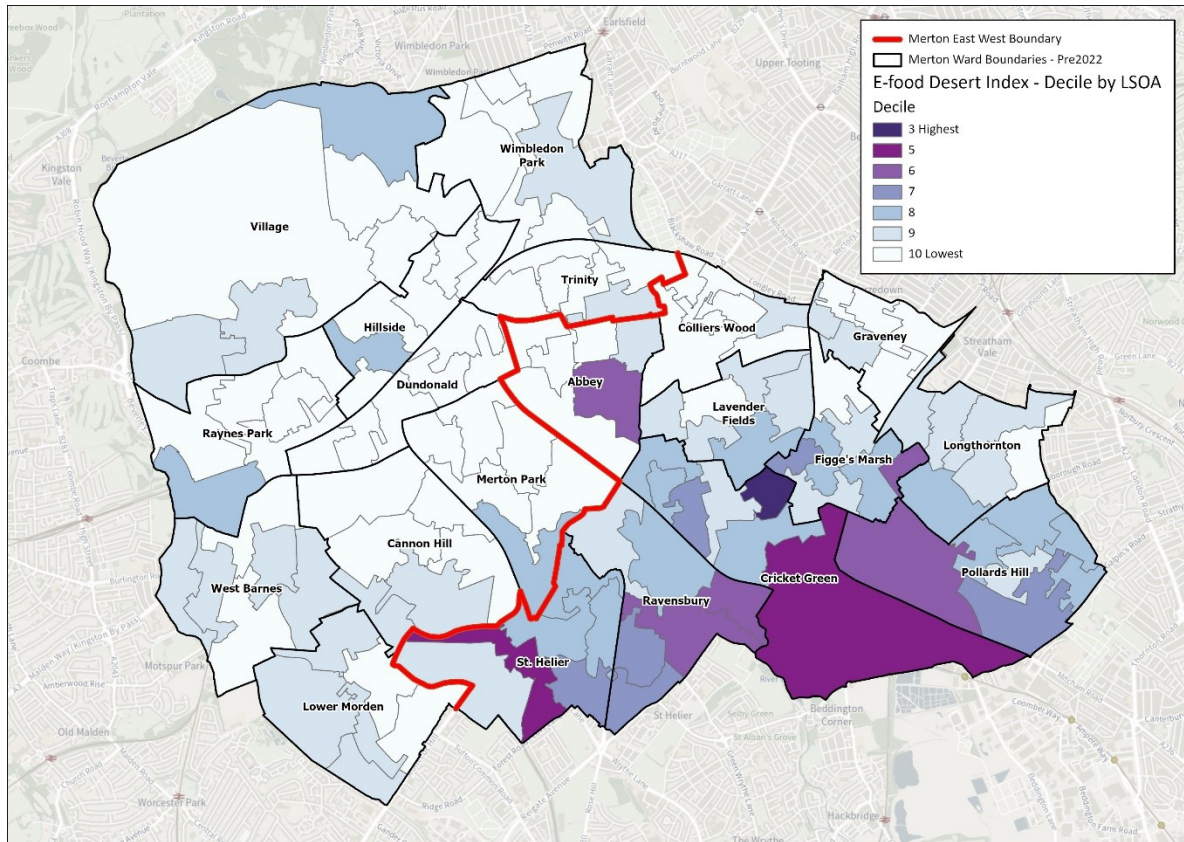
2.2 Impact on health

The health benefits of a diet that is lower in emissions largely comes from reducing red meat consumption. Diets with relatively high amounts of beef, lamb and pork, especially when processed, are associated with higher risks of cardiovascular disease, stroke and certain types of cancer.

Unhealthy diet, like low levels of physical activity, is also a key risk factor to becoming overweight and obese leading to a risk of the health conditions outlined in the Active Travel chapter. More specifically, people who are obese have three times greater risk of developing some cancers such as colon cancer, over two times the risk of developing hypertension and up to five times the risk of having type 2 diabetes.

Data shows that 50.4% of the Merton adult population are overweight or obese, this amounts to nearly 80,000 residents, with prevalence of GP registered obesity (2020/21) significantly higher in the east of the borough in comparison to the west. The inequality observed in healthy diets is reflected in those living in more deprived communities being more vulnerable to the health risks associated with obesity. This has been further exacerbated by the recent cost of living crisis with increasing food poverty and fuel poverty making healthy eating and cooking less affordable.

The use of food banks has risen enormously in the past ten years. Research shows that around 2.5% of all UK households used a foodbank in 2019/20 and the Merton Story 2021 reported an increase in food parcels delivered in Merton between May 2020 and February 2021 by a factor of four.

The National Food Strategy states poor diets contribute to an estimated 64,000 deaths every year in England, the government spends around £18 billion (2021) on conditions related to high BMI alone every year.

The benefits of a lower carbon diet can help to reduce risk factors to health. There are various modelling estimates about the potential scale of health impact. For example, it is estimated that, if the UK average diet complied with World Health Organisation recommendations for a healthy diet, average life expectancy at birth would increase by over eight months.

Replacing half of the UK's meat and dairy consumption with fruit, vegetables and cereals could lead to around 37,000 deaths a year avoided or delayed. Even replacing 75% of cow and sheep meat with pigs and poultry could help avoid or delay around 2,000 deaths a year.

Food is a complex and emotive topic and, whilst evidence broadly supports a reduction in the amount of red meat consumed, concerns have been raised about the potential health harms of some meat substitutes and this is a fast emerging topic.

There is also an emerging evidence base about the harms of ultra-processed foods and vegetarian and vegan diets come with specific needs to ensure that people obtain the range of nutrients the body needs.

The cost of a healthy and sustainable diet can also be a concern but there is some indication that it is possible to have a healthier diet without additional expense. A recent study calculated that in high income countries, a sustainable 'flexitarian' diet, eating less meat and more vegetables, reduced costs by 12% to 14%, with vegetarian and vegan diets reducing costs by between 22% and 34%.

Applying to Merton the findings of a modelling study on the impact of environmentally friendly diets to the UK, to the population, a 50% reduction in meat consumption balanced with an increase in plant consumption could delay or avert around 114 deaths a year, adding up to around 909 deaths by 2030. Modelling all Merton residents adopting the diet set out by the Eat Well Guide, drawing on a national modelling study, it is estimated around 240 cases of diabetes, 81 cases of coronary heart disease and 50 cases of stroke could be averted or delayed each year (*details available on request*).

2.3 Capturing Health Co-benefits

By supporting people to have a more sustainable diet, that reduces emission of greenhouse gases, there is an opportunity to secure real health co-benefits. It is vital to

shape the environment to make healthy choices easier, and this involves working with a wide range of stakeholders and targeting those areas where there is currently poorer access to healthy and affordable food.

Taking action, for example, to increase the availability of plant based foods, position healthy and sustainable foods in more prominent ways, and reduce the density of takeaways selling processed meats.

CASE STUDIES

Merton's new Local Plan policies will require any new hot food takeaways seeking planning permission, to avoid being within 400m of the boundary of schools to encourage healthier food choices. The Council has a Child Healthy Weight Action Plan and has built on the recent implementation of local restrictions on unhealthy food advertising. It also commissions healthy lifestyle and weight management services.

Sustainable Merton are coordinating the local response to food poverty delivering a Community Fridge network which aims to tackle food poverty and food waste through the redistribution of surplus fresh food and promotes the use of growing spaces. It is also refreshing Merton's Food Poverty Action Plan with Merton an award winner for most improved borough.

As part of Merton's School Meals Catering Contract review in 2020/21, the Council asked for a commitment on reducing greenhouse gas emissions, and to promote the delivery of more sustainable menu choices, with a greater emphasis on plant-based recipes. This contract review also involved the trial of Merton's new Social Value Measurement Charter which captures both environmental and wider social benefits;

Incredible Edible Todmorden promotes food growing in public spaces with research highlighting the role supermarkets can play in shaping a healthier food environment.

Made in Hackney is a charity providing a fully vegan community cookery school. Through a focus on tasty, culturally varied and healthy plant-based food, the charity delivers cookery and food growing classes.

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Theme 3: ACCESSIBLE BIODIVERSE GREEN SPACES

3.1 Impact on Climate

Green spaces absorb carbon dioxide and help mitigate against climate change. They can help reduce the risk of overheating and flooding - especially important in urban areas where green space helps to regulate temperature and to soak up surface water.

Green space is the vegetation that exists around us. From parks to urban orchards, allotments to trees on streets, green space constitutes a range of diverse natural features of our environment and it is vital to supporting biodiversity, the variety of living species around us.

In 2017, it was estimated that woodland in the UK had removed up to 18 million tonnes of CO_2. This is the equivalent to 4% of the total UK greenhouse gas emissions for that year, excluding shipping or aviation. The area of tree-covered woodland in the UK has increased by 11% between 1998 and 2021.

In Merton, private domestic gardens are the dominant type of green space, covering over 25% of the borough, followed by outdoor sports facilities and grassland, heathland or scrubland, which together account for over 20% of the borough. Additionally, there are fourteen major woodlands, green corridors alongside the railways, and a range of other natural features. Figure 7 below shows Merton's parks and conservation areas.

**FIGURE 7: Merton's Parks and Nature Conservation Areas**
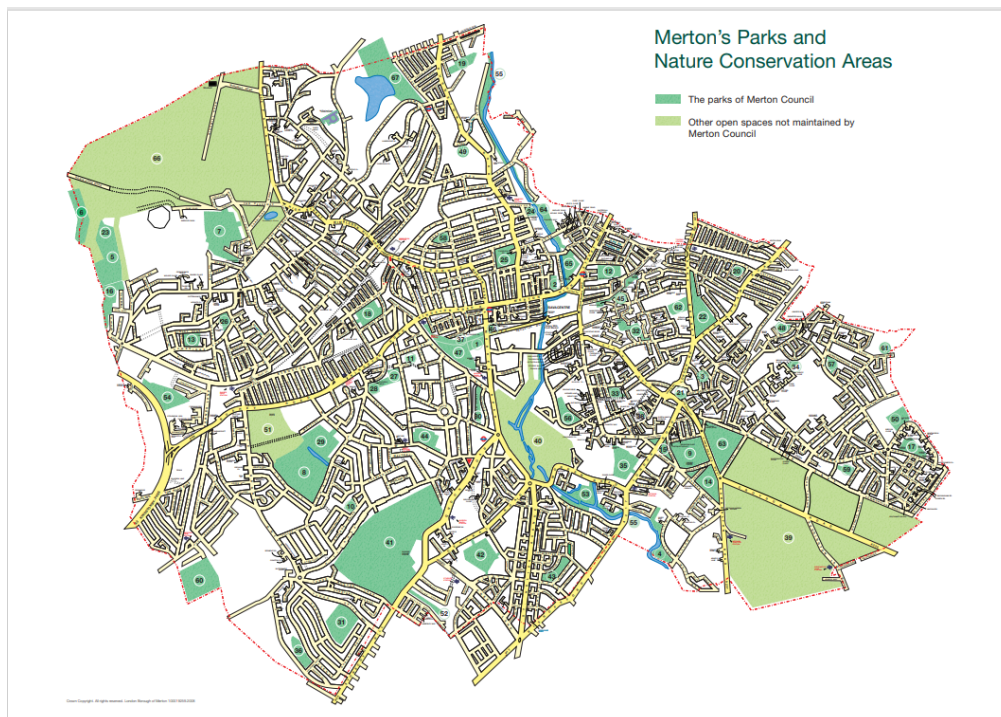
Access to green spaces also depends on suitability for walking, cycling, use of wheelchairs and buddies and perceived safety.

Across Merton there is relatively good access to green space. Over 22% of residents live within 500m of a woodland two hectares or larger, compared with just under 12% of London residents, with the average distance in Merton to a park or public garden of 390m, equivalent to less than 5 minutes-walk away.

However, access to green space is not equitable and areas with high levels of deprivation also tend to be those with lowest proximity to green space

FIGURE 8: Average distance to nearest park (Source: adapted from ONS)
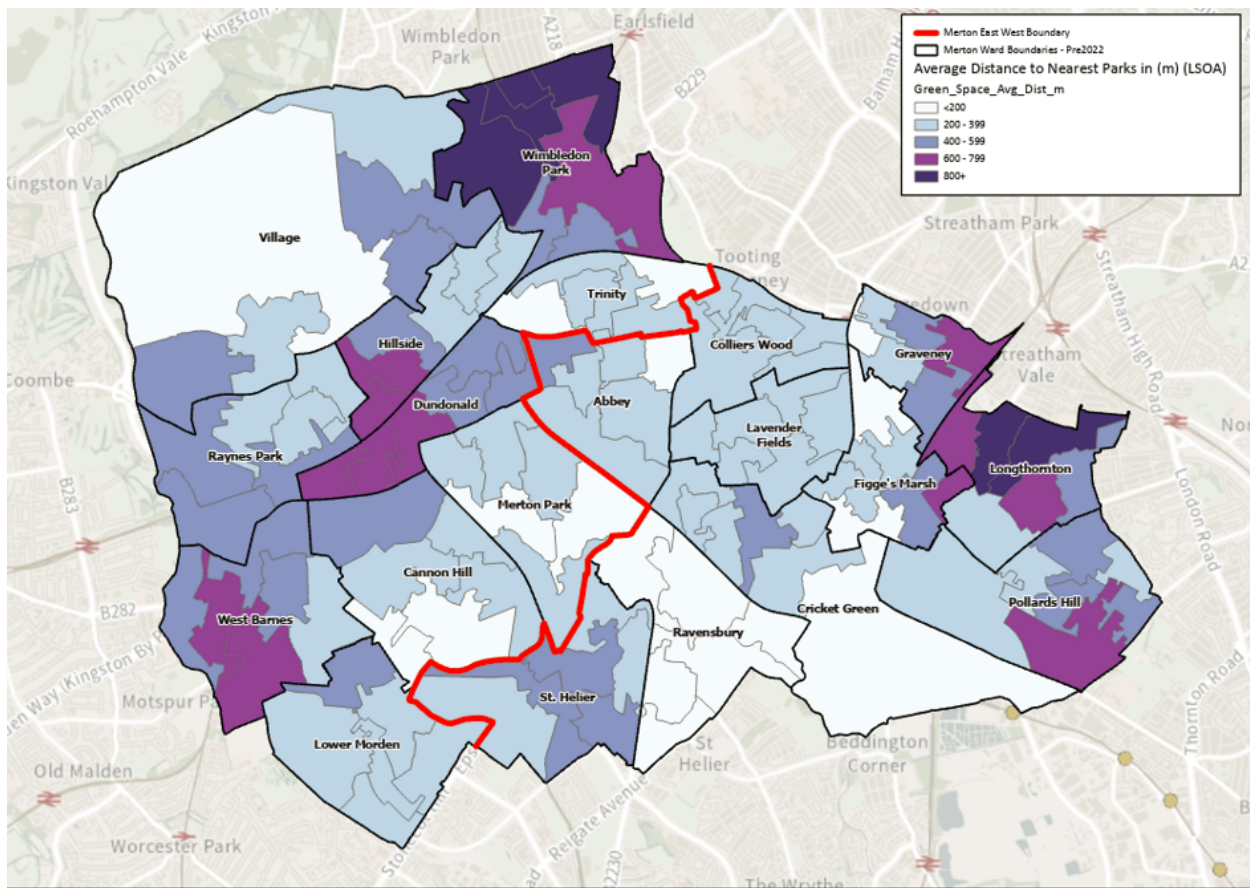
Please note: The ONS have only included parks in the analysis. For example, Wimbledon Park has been defined by ONS as a Sports facility as the primary use of the area: the analysis looks at the distance from postcode to the nearest access point and only includes postcodes that fall within a built up area (urban) and also parks outside the Merton boundary.'

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3.2 Impact on Health

The ways in which our health is shaped by our natural environment are multiple and wide ranging. From access to spaces which enable physical activity (see also the Active Travel chapter) to the benefits to mental health of spending time outdoors and connecting with nature.

People living closer to green space have been found to have lower levels of anxiety and mood disorder treatment, while a number of studies have shown the link between access to green space and reduced levels of stress. Mental health benefits of exposure to nature have been shown to be significantly greater where two hours of contact time are achieved a week.

Data shows that over 15% of Merton residents aged over 16 as having a common mental health disorder in 2017, this amounts to around 25,300 residents. The inequality that exists, in terms of the distance that some Merton residents live from a park or other accessible green space means access to green space is more difficult for some than others to achieve.

Green spaces can also help to ameliorate excessive heat exposure which is a risk factor for poor health outcomes, especially in vulnerable and older people with long term conditions. Recent data on excess mortality during heat-periods between June and August 2022 shows 3,271 (6.2%) more deaths above the five-year average. 92 excess deaths were recorded in outer London during this period and 121 recorded for the same period in 2021 (lower numbers for 2022, which was hotter than 2021, are likely due to registration delays and deaths among vulnerable individuals being brought forward).

There is also evidence suggesting that green spaces in healthcare settings can improve outcomes for patients and improve staff satisfaction with the workplace. Further ways in which exposure to nature can benefit increased levels of wider good health is still emerging but studies are consistently showing an association, including reduced mortality from any cause.

Some risks of increasing exposure to green space exist, including the impact of pollen on allergies including hay fever but, overall, benefits to health outweigh this.

3.3 Capturing Health Co-benefits

By prioritising development of accessible green spaces which improve air quality, facilitating physical activity and temperature regulation, there is an opportunity to also secure real co-benefits for people's mental health and wellbeing. It is vital to include consideration of the proximity to green space in planning and to encourage and support people wherever possible to spend time in green space, particularly where they live in an area which does not have ready access.

CASE STUDIES

The Merton Climate Action Plan aims include increasing tree cover by 10% by 2050, potentially equivalent to planting around 800 trees every year and, as part of Merton's Climate Action Group, a wide range of other initiatives are underway. Merton's Green Infrastructure and Biodiversity Study identifies priority areas for the urban heat island effect in the north and north east of the borough, with other areas of need in the south west of the borough.

A Tree Strategy and Parks and Open Spaces Strategy are in development and there is a focus on biodiversity in Merton's draft Local Plan together with active 'friends of' groups focusing on Green Flag initiatives to expand rewilding.

Folkets Park in Denmark, an area which had a history of violent crime, set out to deliver an inclusive design process to ensure the needs of a wide range of park users were taken into account to create a safe park for residents to enjoy.

The NHS Forest is a national initiative which aims to plant trees on NHS sites. Nearly 100,000 trees have now been planted across 321 NHS Forest sites (as of 29th Nov 2022). A review of evidence has shown mental health benefits from the use of green care (such as therapeutic horticulture) combining exposure to the natural environment with meaningful and social activities.

Green Gyms ® is an initiative run by The Conservation Volunteers provide free outdoor sessions to guide people in practical activities such as establishing meadows and ponds, while focusing on health and fitness. A study in 2015 found improved health outcomes and reduced social isolation.

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Theme 4:   GOOD GREEN JOBS

4.1 Impact on Climate

With the current cost of living crisis, securing good green jobs is a particularly important area of opportunity. Green jobs are described as 'employment in an activity that directly contributes to the achievement of the UK's net zero emissions target and other environmental goals, such as nature restoration and mitigation against climate risks.'

The Institute of Employment Research determines 'good work' on the six domains of: wages, employment quality, education and training, working conditions, work life balance and, consultative participation and collective representation.

The creation of good green jobs is reflected in the Government's Plan for Jobs which outlines the significant opportunity involved in wide-scale plans for housing retrofit and public sector decarbonisation.

The Oxford Economics report on Merton: Economic Analysis Prospects and Possibilities (November 2021) found that workplace employment across the borough was 'mainly flat between 2014 and 2019' and suggested a sustainable focus on climate issues including air quality, recycling, green buildings, road pollution, electric vehicles and green jobs.

Modelling suggests that the number of additional jobs created by a transition to net zero could be as high as 3,900 in South London. Research from the LGA projects that a net zero economy in England would require up to nearly 1,400 green jobs in Merton by 2030 and over 2,000 jobs by 2050, with the majority of these in low carbon heat, energy efficiency and low carbon services. Green Jobs in Merton would account for 13.6% of all green jobs required in South West London boroughs, following Croydon (25.5%), Wandsworth (22.3%), and Sutton (14.3%) respectively.

To secure these jobs it is important that people are trained in the relevant skills. The Mayor of London's Construction Academy Hub for South London, together with the South London Green Skills Academy, are providing the skills training critical to securing good jobs locally. These jobs will also be key to delivering Merton's Climate Action Plan.

By providing the necessary training in Merton we can help secure these employment opportunities. In addition, targeting those living in more deprived areas of the borough for skills training and linking them to new good quality jobs can also help to address health inequalities.

As well as access to green jobs, the need for a fair transition for those currently working in carbon intensive sectors needs to be considered, with 40,000 people estimated to be working in these sectors within the South London Partnership footprint.

4.2 Impact on Health

Good work is good for health. It provides a protective influence on mental health against the negative impacts of job insecurity and unemployment and protects against poverty which is linked to risk factors for numerous health conditions, see Figure 9 below.

FIGURE 9: The Health Foundation How is work good for our health?
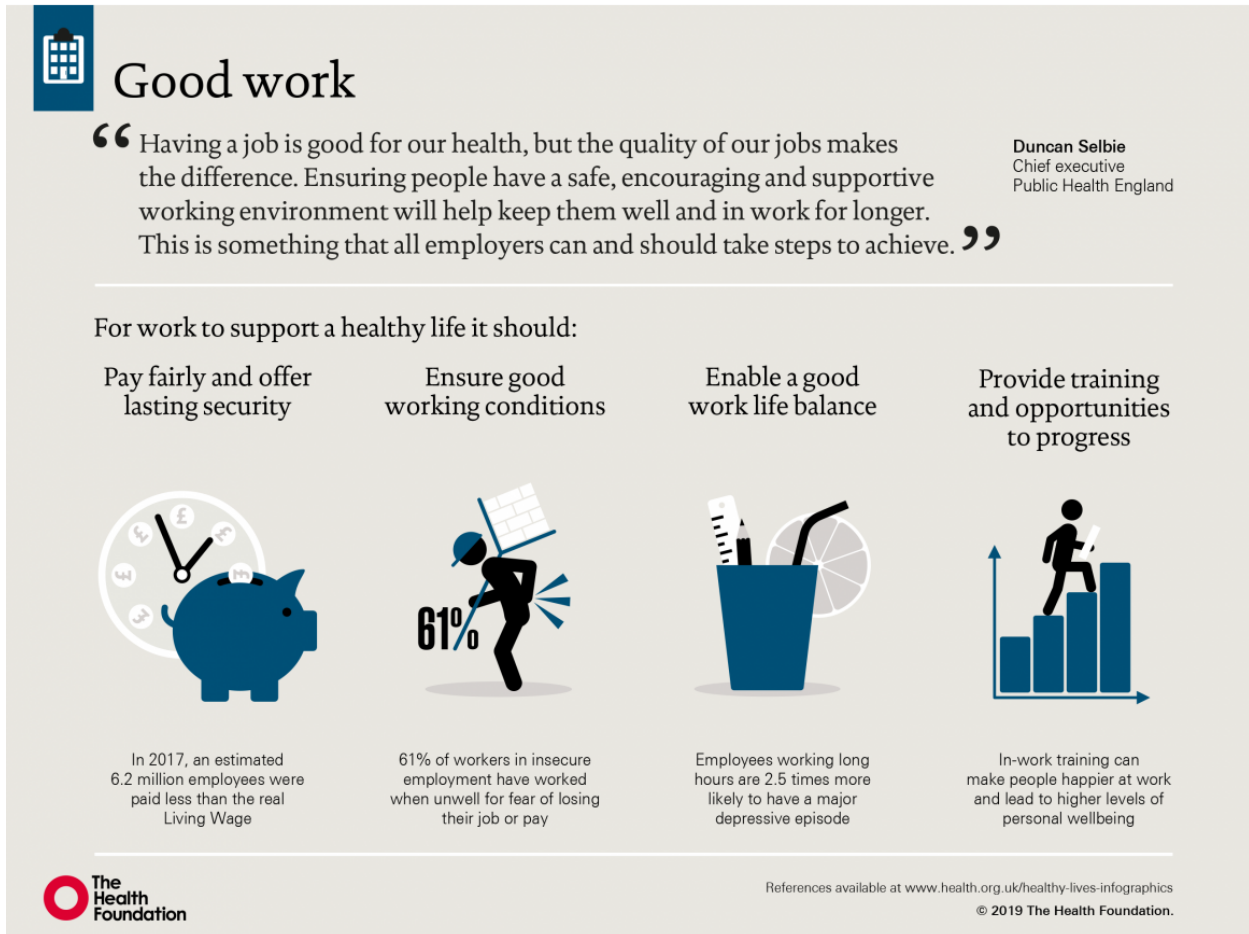
However, analysis by the Health Foundation has shown that a significant proportion of UK employees experience aspects of low quality work including low job autonomy, low job wellbeing and low pay which all have a negative impact on health.

In Merton, in 2022, there are around 17,000 jobs where individuals are earning below the Living Wage Foundation rates (£11.05 per hour), this accounts for 25.9% of jobs in Merton, to compare, this is higher than Outer London (21.2%), and all of London (13.6%). Those earning below the living wage is higher among people in part-time (46.7%) compared to those in full-time employment (16.4%); a proxy for inequalities between the East and West as the proportion of those in part-time employment is higher in East Merton (27.0%) in comparison to West Merton (21.3%).

4.3 Capturing Health Co-benefits

Actively providing training opportunities and targeting creation of good green jobs which benefit the environment can also secure real co-benefits for people's job security and consequent health and wellbeing, and redress some of the unequal distribution of low-paid and insecure jobs in Merton.

Creating good green jobs will require a wide range of approaches to development and communication of the diverse opportunities; supporting businesses in a range of sectors and also creating pathways into employment for people with newly gained skills. The ICP (Integrated Care Partnership) Strategy includes consideration of skills development and employment across the NHS as an anchor institution.

CASE STUDIES

Merton Adult Learning are developing new curriculum areas and have commissioned providers to deliver new courses including boiler retrofit and building insulation. Elements of green skills and environmental sustainability are also being embedded into all adult learning provision.

The Merton Climate Action Group is also developing green skills in the community through Merton Garden Street planting days and repair workshops, creating two green jobs for Merton, with residents leading both projects.

South London Partnership jointly commissioned a 2-phased piece of research into Green Jobs. The research was carried out by WPI Economics and Institute for Employment Studies with phase 1 focusing on London as a whole, followed by phase 2 which focused on analysis and opportunities across South London.

One of the London Recovery Missions aims to double the green economy in London by 2030 to promote inclusive employment opportunities. The South London Partnership Green Skills Academy is facilitating collaboration between employers and the education sector focusing on retrofit, reduce/reuse/recycle and horticulture to support South Londoners to access good green jobs.

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# Theme 5: ENERGY EFFICIENT HEALTHY HOUSING

5.1 Impact on Climate

The UK has some of the oldest housing stock in Europe and this poses lasting challenges to make housing healthy and safe for all as eighty percent of the homes that will be in use in 2050 have already been built.

Domestic energy takes up 30% of the UK energy budget and represents 25% of the UK's greenhouse gas emissions. In Merton, residential buildings account for 44% of borough emissions.

Ensuring that new homes developed are energy efficient is key. A health promoting energy efficient house prevents overcrowding, is warm in the winter, cool in the summer, has good lighting and access to green space, whilst protecting residents from hazards.

Across Merton, some people cannot afford to keep their home adequately warm and this fuel poverty is of increasing concern in the current cost of living crisis. Figure 10 below shows the distributions of households experiencing fuel poverty, with east Merton generally showing higher proportions of households.

FIGURE 10: Proportion of Merton households in fuel poverty by LSOA, 2020 Source: BEIS, 2022
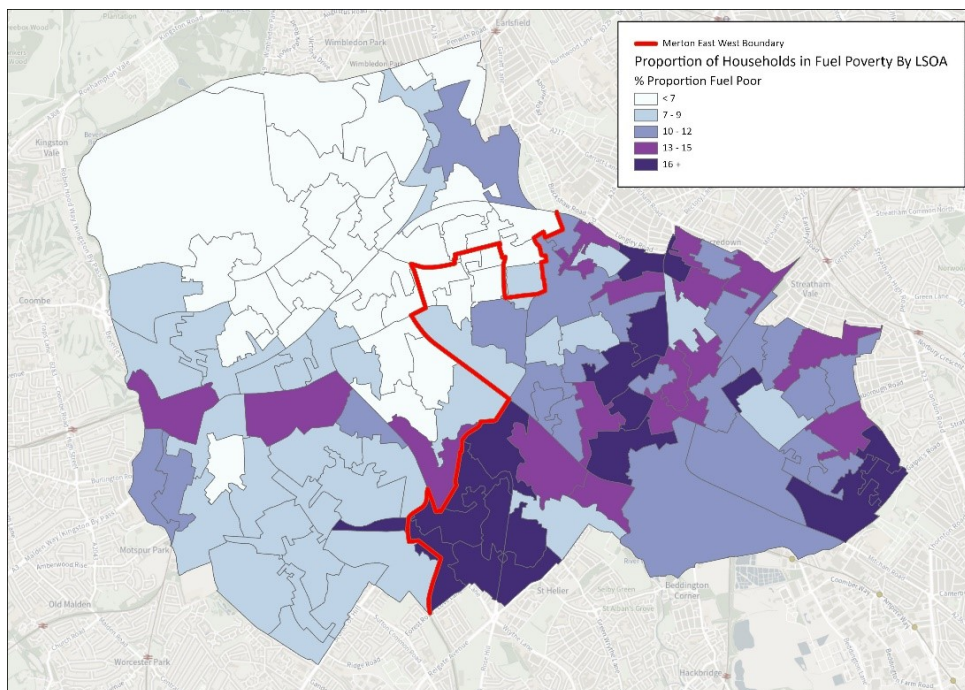
Given that the majority of future homes have already been built, a focus on improving existing housing is needed. Effective housing retrofit can both increase warmth in winter and reduce the consequent impact of fuel poverty.

As Merton Council does not own the social housing stock, decarbonising the existing building stock requires action from wider stakeholders including owner occupiers, tenants, private landlords and social landlords.

It is vitally important that retrofit is completed effectively, as poor housing retrofit may carry health risks. For example, if ventilation is reduced this can lead to worsened indoor air quality or damp, so ventilation alongside good retrofit is key. Some interventions may also contribute to the risk of overheating; good housing retrofit must carefully consider the potential benefits and harms as part of the design.

There are some concerns on the cost of developing sustainable housing but research has shown that these can be outweighed by benefits over the life course of the building in terms of improved energy efficiency.

In September 2022 the government announced that around 130,000 low-income households may be eligible to receive energy efficiency upgrades through Help to Heat. Councils and social housing providers have been asked to submit bids for funding to upgrade the properties of low-income and social households to deliver upgrades from early 2023 to March 2025. In November 2022 the Government also announced an extra £1 billion to insulate the UK's least energy efficient homes. The ECO+ scheme will target homes which have a low energy efficiency rating and are in the lower council tax bands.

5.2 Impact on Health

Poorly insulated homes are difficult to heat. They lose heat faster, increasing the fuel needed and consequent cost to heat them. Fuel poverty presents a direct risk factor to health and specifically respiratory and cardio-vascular conditions which are aggravated by exposure to cold temperatures and damp. Higher summer temperatures can also lead to some homes becoming overheated, also a risk factor for health (see Chapter 3: Accessible Biodiverse Green Spaces).

People who are young, old, those likely to stay at home more or those who have a long-term conditions, are most likely to suffer harm to their health from fuel poverty. For example, cold homes put children at over twice the risk of respiratory disease compared with those living in warm homes.

In November 2022, a coroner concluded that two-year-old, Awaab Ishak, died as a result of a severe respiratory condition caused by prolonged exposure to mould in his home in Rochdale, in what the coroner described as 'a defining moment for the housing sector'.

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A study showed that, without any adaptation of the housing stock in London, both heat and cold mortality would increase, whereas an ambitious retrofit rate can prevent deaths. A Public Health Wales report has summarised evidence on return on investment, finding that every £1 spent on warmth in vulnerable households, generated four times this in health benefits. Finding those with upgraded houses had over a third reduction in hospital admissions for injuries or heart and lung conditions.

The impact of fuel poverty on population health can be measured by using the Excess Winter Mortality Index. In Merton, this showed an average of 50 more deaths in winter months (December 2019 to March 2020) than would be expected in non-winter months, representing an additional one in seven deaths in winter. As reflected in Figure 10 above fuel poverty is not felt equally, particularly impacting communities in east Merton and other specific areas and is an increasing issue of concern given the current cost of living crisis.

As shown in Figure 11 below, applying the findings of a London model to Merton, without retrofit, there were likely to be an additional cold related deaths, whereas continuing retrofit at the current rate was likely to lead to 22 lives saved a year with an ambitious retrofit rate likely to save 36 lives a year.

FIGURE 11: Estimated number of average cold-related deaths annually by 2030 in Merton based on different housing retrofit scenarios. *(-) represents a decrease in deaths, (+) represents an increase in deaths. Full methodology available on request.*

Sources: Taylor et al, ONS population estimates and OHID excess winter deaths/

Scenario	Annual average cold-related deaths	Annual difference in deaths from baseline	Changes in death from baseline by 2030
Baseline (2005-2014 average)	73	-	-
Scenario 1 (no retrofit)	88 – 95	+15 to +22	+120 to +176
Scenario 2 (current retrofit)	51	-22	-176
Scenario 3 (ambitious retrofit)	37	-36	-288

To note, we have assumed the London (2013 to 2018) retrofit rate is similar to Merton's current retrofit rate. The model also makes a number of complex assumptions about energy systems and the housing stock.

5.3 Capturing Health Co-benefits

Working closely with stakeholders to promote and support good retrofit of existing housing will both reduce greenhouse gas emissions and bring health co-benefits to residents, especially relating to exacerbation of respiratory and cardio-vascular disease. This work will particularly help those residents experiencing fuel poverty and therefore help mitigate against current inequalities.

Merton Draft Local Plan includes environmental and health considerations as part of any future developments. Merton's draft climate change policies are also looking to set ambitious targets for new development in Merton, to ensure compatibility with net zero by 2050, without requiring significant retrofit, in order to minimize the future retrofit burden in Merton. The draft Local Plan is also looking to all new development to be resilient to the impacts of climate change including overheating and flooding.

CASE STUDIES

Merton Council has been working with regional partners including the Greater London Authority to promote retrofit funding schemes and is working with housing associations to secure Social Housing Decarbonisation Funding to help retrofit social housing.

At the time of writing, the Council is looking to recruit two Community Retrofit Officers to lead on borough-wide retrofit in Merton. Part of their role will be to develop a retrofit strategy and energy masterplan for the borough. The climate change team supported Clarion's bid for Wave 1 of the Social Housing Decarbonisation Funding last year which included 50 properties in Merton.

Energisprong is a Dutch approach to energy efficiency. Nottingham City homes has piloted an *Energisprong* retrofitting of a selection of old terraced council housing to improve their energy efficiency and make them a healthier places to live. One of the benefits of this type of retrofitting was that by prefabricating most of the changes off site, installation time was minimised. Residents reported that after the retrofitting, their homes were warmer, a better place to live as well as being cheaper to heat.

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Theme 6: GREEN HEALTH AND SOCIAL CARE

6.1 Impact on Climate

The health care system in England currently accounts for 4% to 5% of carbon emissions nationally. Green health and social care seeks to drive down this impact, providing services in a way that does not damage the environment.

The majority of carbon emissions across health and social care are derived from medicines and medical equipment but are also derived from staff and patient travel and buildings as summarised in Figure 12 below.

FIGURE 12: Sources of carbon emissions by proportion of NHS Carbon Footprint Plus (NHS England and NHS Improvement. Delivering a Net Zero National Health Service. 2020.)
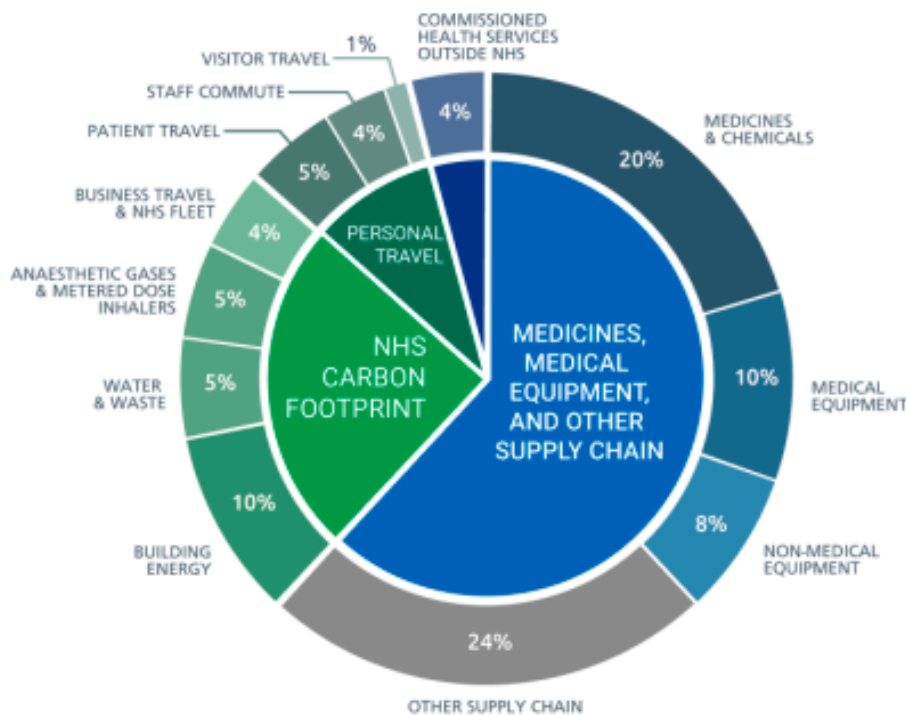
NHS England recently set a target to reach net zero carbon emissions within its direct control by 2040, and for carbon emissions it can influence – such as those within the supply chain - to be net zero by 2045. This led to the development of the recently launched South West London Green Plan

It is recognised that in order to achieve the net zero ambition of the NHS, more sustainable health and care practice models are required with an emphasis on prevention. Sustainable health and care must also be aware of and ensure equity. For example, recent extensive use of digital appointments, which can significantly reduce emissions, need to consider the inequalities that exist in access to digital technology.

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6.2 Impact on Health

The impact on health of green health and social care brings together the impacts of all the other themes covered in this report. There are opportunities for a range of health co-benefits across active travel, healthy diet, accessible green spaces, energy efficiency of buildings and good green jobs.

Personal travel accounts for a significant part of impact. Promoting active travel for health and social care patients, visitors and staff, can benefit both their own health, through increasing physical activity, and the health of the local population by reducing air pollution.

The NHS is the second largest public sector food provider in the UK. The recent review of hospital food catering highlighted actions that can be taken, including a focus on sustainability, in procurement and tackling food waste, both to reduce environmental impact and improve diet and health.

Inhaler use is one example of medical equipment that is currently a significant contributor to NHS carbon emissions. Where asthma is not effectively controlled, greater use of inhalers and even hospital care may be needed with a consequent higher carbon impact. By ensuring the right asthma treatment and prioritising low carbon inhalers, carbon impacts can be reduced and patients remain healthier.

6.3 Capturing Health Co-benefits

Merton Council is working closely with NHS colleagues to help lower emissions, deliver the new South West London Green Plan and at the same time secure co-benefits for health and equity of access to services. There is, for example, an opportunity to promote active travel at scale across the NHS whilst remaining sensitive to patient's needs including mobility issues.

CASE STUDIES

Merton Council commissions support for GP practices to embed healthy workplace and sustainability initiatives. The Chamber of Commerce is currently working with five local GP practices and has helped two GP practices to become accredited under the Royal College of GP's Active Practices and Green Toolkit standards.

Merton Council is also reviewing how air quality alert systems can be integrated with health alert systems using a range of communication methods from apps to text message systems.

Global Action Plan have developed a range of leaflets that inform patients on how to protect themselves from air pollution.

In Manchester, a NHS staff campaign and changes to the sustainable travel infrastructure resulted in 40% of staff using sustainable travel including active travel and public transport.

V. Opportunities for place-based partnership working

Climate action aims to reduce GHG to mitigate the risks of global warming and the associated serious negative health consequences, for example from extreme weather events. These are increasingly felt not only globally but in the UK, such as heat waves and flooding.

Climate action has a number of other positive health impacts or co-benefits, addressing some of the most pressing current public health risk factors. These include air pollution, physical inactivity, unhealthy diets and poor mental wellbeing, major risk factors for the most common physical long-term conditions, such as cancer, cardiovascular disease, dementia, and mental health conditions such as depression and anxiety. In addition, the focus of climate action on energy efficient healthy housing and good green jobs offers opportunity to improve two major determinants of health.

Using conservative modelling assumptions, health co-benefits from active travel, healthy sustainable diets and housing retrofit could avert between 37 and 190 excess deaths per year (see Figure 13 below). This does not include annual deaths attributable to air pollution (estimated at 52-100) and heat (figures by borough not available).

As context, in 2020, there were 1,513 deaths from all causes all ages in Merton

FIGURE 13: Cumulative deaths prevented from 2022 to 2030 if Merton residents achieved low or high intervention impacts across active travel, sustainable diets, and housing retrofit
Full methodology available on request
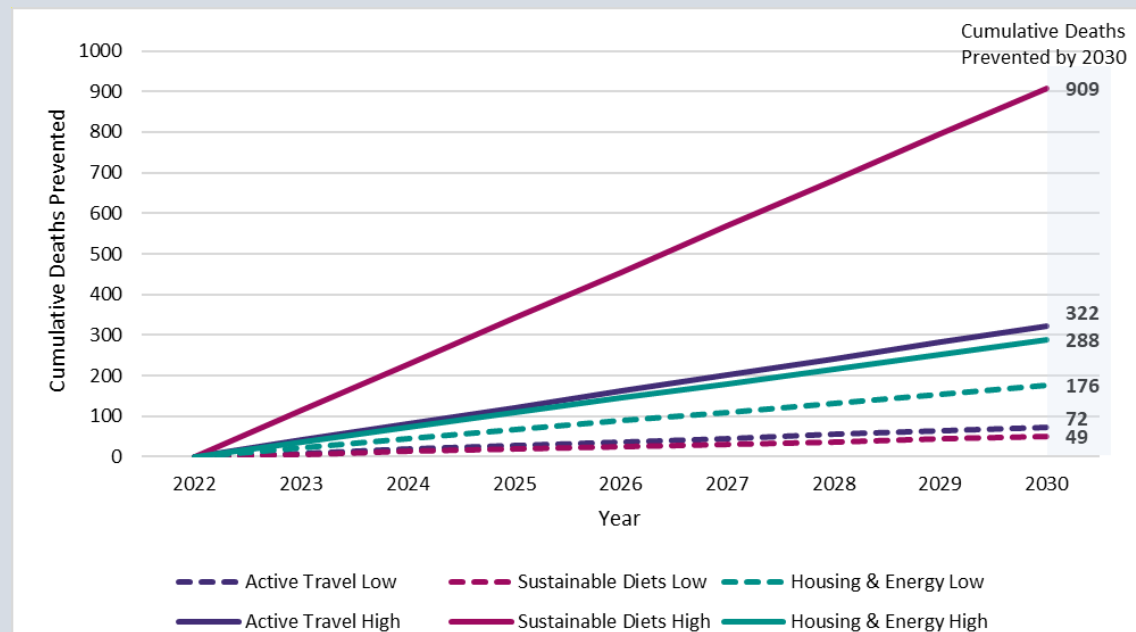
Active Travel Low: 40% of the Merton population actively travel for 20 minutes per day (cycling and walking).
Active Travel High: 60% of the Merton population actively travel for 20 minutes per day (cycling and walking).
Sustainable Diets Low: "A shift from red (for example, beef and sheep meat) to white (pigs and poultry meat), with no overall reduction in livestock consumption."
Sustainable Diets High: "A 50% reduction in livestock product supply balanced by increases in plant commodities."
Housing retrofit Low: Current retrofit rate based on rate for London 2013-2018
Housing retrofit High: Ambitious retrofit based on 94% of the housing stock to have a deep retrofit.

Despite growing interest and evidence about the health co-benefits of climate action, for example during the recent COP27 and COP26, the latter hosted by the UK in Glasgow, they often remain overlooked and underutilized in policy making.

Improved air quality is probably the best recognised health co-benefit of climate action, particularly reduction of air pollution caused by traffic and transport. In London, the coroner's verdict in a world first ruling in 2020, confirmed air pollution as a material contribution to the death of nine year old Ella Kiss-Debra. The above has spurred public concern and concerted action across the capital to improve air quality; in recognition of the substantial health risks due to air pollution and the societal means to mitigate these risks this year's Chief Medical Officer's report covers this topic..

Other health co-benefits from climate action, such as improved physical activity and healthier diet, while recognised, are often underestimated in their scale of positive health impact.

Missed health opportunities when developing climate action include, for example, a single focus on swapping diesel and petrol cars with e-cars, rather than swapping as well as reducing car use overall, and thereby increasing active travel to reap the health co-benefits of increased physical activity; this would also improve air quality by reducing brake induced particulate matter pollution. Another example is the focus of sustainable diets on reducing meat consumption through meat substitution, that are often highly processed, rather than explicitly looking for sustainable as well as healthy diet alternatives.

The link between access to green spaces and improved mental wellbeing is probably least well understood and quantified so far but health benefits from greening are likely to be far greater than currently described, and creation and preservation of green spaces and biodiversity rank highly among public interest, including in Merton.

The focus of climate action on energy efficient healthy housing and good green jobs offers opportunity to improve two major determinants of health, with both being particularly pertinent in the current cost of living crisis.

As the previous chapters have illustrated, maximizing health co-benefits of climate action can lead to substantial cross-sector savings. A wide variety of empirical and

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modelling studies, in different settings, draw congruent conclusions about the large scale value of co-benefits, often equal to or exceeding climate mitigation costs.

Similarly, a focus on the health co-benefits of climate action can help broaden the argument and strengthen public support, which is crucial for successful implementation. This is achieved by joining up the support of stakeholders with a primary interest in climate action, with those whose primary interest is health and wellbeing. As some of the health co-benefits are more immediate and tangible at local level, than the longer-term change in global warming, this can further help with local community engagement.

Finally, opportunities for securing concrete health co-benefits offer a more positive and energising frame as a counter-balance to some climate disaster narrative that can be perceived as depressing and fatalistic.

However, silo working between departments and sectors still prevails, hampering truly integrated planning and system working at place level, where all policy impacts are considered together as a pre-requisite for well informed decision making.

Merton, like other local authorities, has an increasing track record of considering health alongside carbon reduction in the climate action plans and Local Plans, as outlined in the introduction section. There is also considerable expertise in partnership working, including engaging with communities, the voluntary sector and businesses; with Merton's Climate Action Group, and planned climate action engagement strategy, bringing opportunities to further strengthen the link between climate action and health outcomes. Using meaningful participation as a core principle, to achieve more inclusive and sustainable outcomes, and because research has shown that the act of participating itself is critical to wellbeing.

Of particular importance is to garner the voice of young people and to ensure their voice feeds into policy decision-making. This is relevant for the climate emergency as it is the future health of the planet that is in jeopardy, but also to help tackling the current increasing mental health issues that young people suffer, as well as improving childhood healthy weight and the pervasive unfair gap in childhood obesity between more and less deprived parts of the borough. Merton has a long-standing commitment and strong track record of working with children, young people, their families and communities; more explicitly linking the policy agendas of climate change and health offers further ways to strengthen the contribution from young people and opportunities to develop them as place leaders.

The Health and Care Act 2022 put into legislation new NHS reform around establishment of Integrated Care Systems (ICS) with the explicit aim to further strengthen collaboration between NHS, local authorities and the voluntary sector. At place level, this means a renewed focus on public health risk factors for prevention of ill health and reducing inequality through truly integrated planning, and closely working with communities and neighbourhoods.

The same Health and Care Act 2022 legislation obliges the NHS to comply with net-zero targets, and all Integrated Care Boards and Trusts have now published their first NHS Green Plans. This has unleashed some considerable energy and progress, with many clinicians and other NHS staff now accepting and pursuing an active role in climate action and starting to recognise the huge potential for tackling public health risk factors and reducing entrenched health inequalities at the same time.

Securing and maximizing equitable health co-benefits from climate action is one of the big opportunities for place-based system leadership.

In Merton we are developing our place-based partnership arrangements in this spirit, including our Merton Health and Care Together Partnership and HWBB.

For example, the HWBB recently approved a Health in All-Policies (HIAP) framework to explicitly consider health, equity and sustainability together; the Director for Environment, Civic Pride and Climate is a member of the HWBB and the board is experimenting with having a young person representative as additional member. Both HWBB and Merton Health and Care Together partnerships are working on 'Actively Merton', a way of working to scale up physical and social activity for all residents the way they want it, as an exemplar for HIAP. Linking up activity around active travel will be an integral part.

Going forward, reviewing the Local Health and Care Plan and HWBB priorities for place, with a true commitment to system thinking and system leadership, offers further ways of strengthening collaboration and alignment with climate action to maximize health co-benefits.

This needs to include concrete and practical ways to facilitate place-based integrated planning, including better understanding and mitigation of potential negative health impacts of climate action, problem solving when there are perceived or real trade-offs between climate and health policies, and joint approaches to ameliorating the cost of living crisis, without negating the climate crisis but instead focusing on common ground.

One of the major enablers is a place-based intelligence function with use of common tools for mapping and monitoring of cross-sector impacts and outcomes, use of common frameworks for business cases and estimation of return on investment. Another important enabler is joint workforce development and training, including integrated climate and health literacy.

Finally, local place leaders and partnerships have important responsibility to not use health co-benefits to obfuscate or distract from the root causes of climate change such as unstainable growth, consumption and development.

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Appendix ii
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