

The Time for Prevention is Now

Keeping People Healthy Reduces Health Inequalities



Merton's Second Annual Public Health Report 2015



Foreword

This second annual public health report for Merton makes the case for prevention and celebrates the work of the Public Health team and its partners since the transition of public health from the NHS to local government to address health inequalities and embed prevention.

Kicking off in 2013 with a Merton Partnership conference focusing on health inequalities, participants used evidence from the Joint Strategic Needs Assessment to agree that a major challenge lay ahead in reducing unfair health inequalities in Merton.

Two key objectives for the public health team therefore developed: prevention and health inequalities. Unable to achieve this alone, Public Health developed strong relationships with council colleagues, Merton CCG, the voluntary sector and local organisations across the borough to ensure these issues became the first thought, rather than an afterthought. The first evidence of this productive partnership approach is the Health and Wellbeing Strategy – ***Merton the Place for a Good Life***, with a strong focus on reducing health inequalities and prevention.

Much has been achieved but many challenges remain. More progress could be made to convince local decision makers about the importance of the public health approach and of working across a system to embed prevention and to reduce health inequalities. Using policy levers within the council for better health requires more will rather than financial resources, offering significant opportunities to create more fair and healthy communities in times of financial constraints.

In spite of the new national focus on prevention, increasing financial pressures mean the focus remains on the more urgent health care and social care. Although these pressures create much uncertainty in the future for all partners, they could well be the catalyst for increased prevention. The uncertainty around the ringfence for the public health budget within local government during these times of increasing cost pressures could be a concern or an opportunity.

Seizing this as an opportunity for shifting resources to keeping people healthier longer will also require an understanding that wellbeing is created through a combination of healthy people and economic prosperity, clearly priorities for all partners. Economic growth will only be sustainable where it sits alongside health and wellbeing to include more fair opportunities for all and where our high streets and town centres make the healthy option the easy one for individuals to take responsibility for their lifestyle choices.

We set out in this report examples of how we have planted the seeds for making health everyone's business. We will need the will going forward to make difficult choices that reflect our values and priorities. We can grasp this opportunity to focus on keeping our residents healthy and reduce the significant health inequalities in Merton.



Dr Kay W Eilbert
Director of Public Health



Councillor Caroline Cooper-Marbiah
Cabinet Member for Adult Social Care and Health
Chair of Health and Wellbeing board

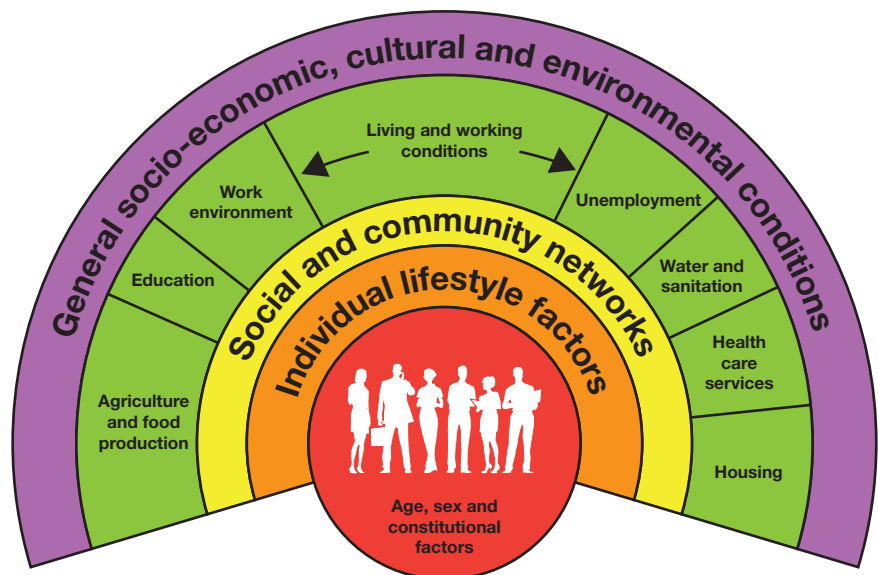
What is prevention?

Taking a prevention approach for health – defined as avoiding poor health outcomes before they occur, intervening early to diagnose disease or re-establishing as much independence as possible when disease or disability do occur – offers numerous opportunities to improve the quality of people’s lives and to make our health and social care system more affordable.

The larger influences on health and quality of life are the broader conditions in which people are born, live, work and age. Figure 1 shows that our health is determined by our genetics, early years experience, opportunities for good education and work, our lifestyle choices, healthcare services and our wider economic, physical and social environment. In fact, the wider influences contribute between 70-80% of what creates health, while genetics and health care services contribute between 20-30%. Figure 2 demonstrates that while it is individuals’ responsibility to make healthy choices, this is only possible where opportunities and options are available to make the healthy choice the easy one.

Figure 1

What creates health?



Source: Dahlgren and Whitehead, 1991

Figure 2

Personal responsibility and healthy opportunities



The case for prevention

There are a number of reasons for an increasing interest in prevention. Although this is taken from the health care research, it can equally apply to social care:

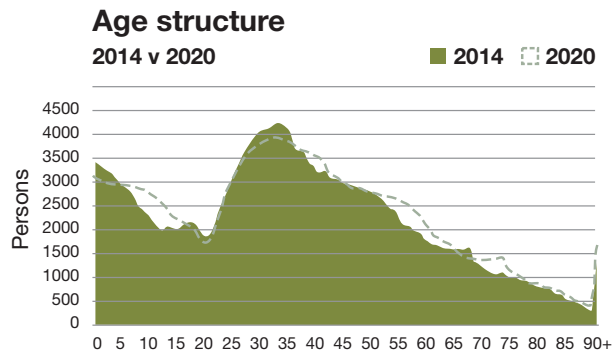
- Ageing population with changing health and social care needs.
- Changing patient and public expectations with greater choice demanded by patients.
- Advances in medical technologies, including pharmaceuticals as knowledge expands to cure and extend life.

The number of people aged over 65 is also forecast to increase significantly over this period, rising by over 2,100 people (9.2%).

We see a decrease in the proportion of the working age population from 69% in 2011 to 67.5% in 2014. This reflects not only the fall in the number of people aged between 25 and 35, but also the increase in the younger and older residents.

Figure 3

Projected changes in Merton's population to 2020



Source: Greater London Authority 2013-round Strategic Housing Land Availability Assessment capped Population Projections

The ethnic composition of the borough is also forecast to change, with the proportion of people from a BAME background increasing from 37% in 2014 to 40% in 2020. The more deprived part of Merton has a higher proportion of BAME residents who are more likely to get long-term conditions such as diabetes at a younger age. See Figure 4.

Figure 4

Proportion of BAME Residents Aged 65 & Over in Merton, 2004, 2014 and 2020.



Work by the independent health think tank, the King's Fund, calculated the **costs of different health care services**, showing that a visit to A&E is more than three times more expensive than a GP consultation. See Figure 5. This is an important comparison because there is growing inappropriate use of A&E, for example.

Figure 5

Comparison of costs of health care services



The main lifestyle risk factors – smoking, diet, lack of exercise and excess alcohol – contribute to a number of different diseases that have been shown to reduce life expectancy. For example, being overweight can reduce life expectancy by three years; for obesity it is ten years. See Figures 6 and 7 right.

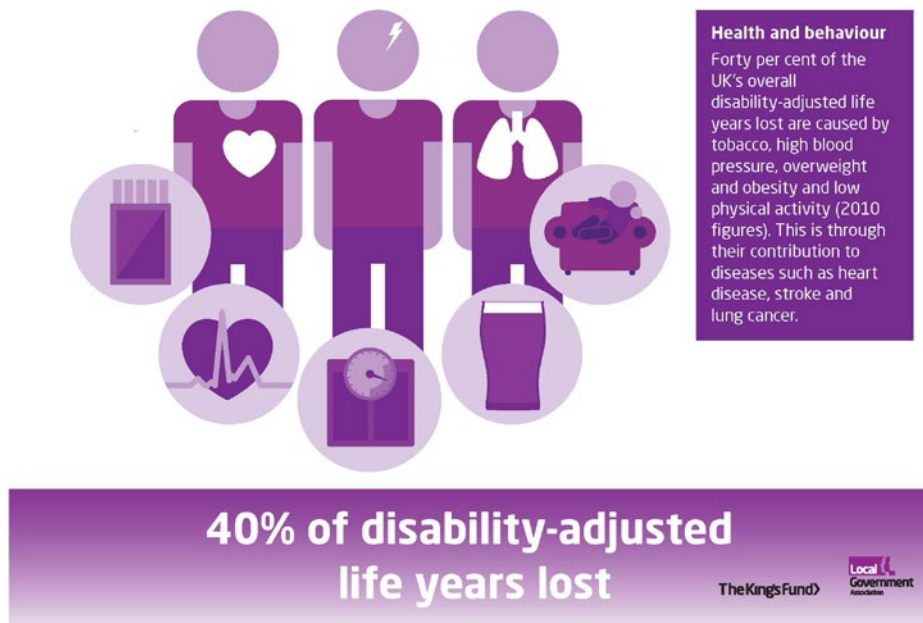
Figure 6

Being overweight can reduce life expectancy by three years; being obese by 10 years.



Figure 7

Smoking, diet, lack of exercise, and alcohol can contribute to poor health outcomes



*'There is substantial and increasing evidence to suggest that investing in the prevention of ill health makes economic sense. Prevention can be cost-effective, provide good value for money and provide return on investment (ROI) in both the short and longer term.'*¹

See examples of return on investment for prevention in Figures 8 and 9.

Figure 8

Work is good for your health as it increases self esteem and can reduce costs in terms of crime and health care.



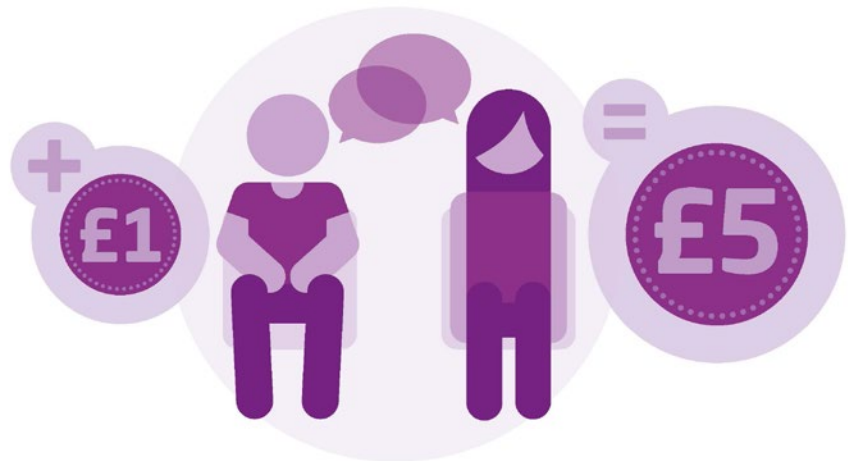
Return on investment
Worklessness costs the economy more than £100 billion every year. Business in the Community estimates that its programmes getting disadvantaged groups back into work return £3 in reduced costs of homelessness, crime, benefits and NHS care for every £1 spent.

TheKingsFund Local Government Association

¹ Kings Fund/LGA (2014) <https://www.slideshare.net/kingsfund/making-the-case-for-public-health-interventions>

Figure 9

Every £1 invested in support for alcohol and drug addictions can return up to £5 in terms of savings to health and social care and criminal justice.



Return on investment

Every £1 spent on motivational interviewing and developing supportive networks for people with alcohol or drug addiction returns £5 to the public sector in reduced health care, social care and criminal justice costs.



The case for prevention improving people’s lives and saving money has been made at the national and regional levels, culminating recently in the *NHS Five-Year Forward View*, which embeds prevention in NHS local planning and the *2014 London Health Commission Report*.

A shift from dealing with disease and crises to prevention will not only improve people’s quality of life and reduce health and social care costs but will also reduce health inequalities.

Improving the public’s health through prevention in Merton

Merton is fortunate to have good quality council and health care services and a healthy population. However, as we know, the overall good health of Merton’s population masks significant inequalities within the borough. Our challenge is then to stop the increasing gap in life expectancy between the more deprived and better off parts of the borough. Addressing these inequalities is the focus of the work of our health and wellbeing strategy—*Merton the Place for a Good Life*. Inequalities in health are not inevitable; they represent wider choices we make as a society. Starting early in life to ensure that our children are prepared for school means that they will do well while at school and be equipped as adults to make wise lifestyle choices and enable them to earn a living to take care of themselves and their families.

Merton the Place for a Good Life brings together the work of the council, Merton Clinical Commissioning Group (MCCG - purchasers of local health care services), and voluntary and business sector partners to address these influences on health and significant health inequalities in Merton.



The move of public health from the NHS to local government in April 2013 provided many new opportunities to address the influences on health, many of which operate through services offered by the council. A King's Fund report *Improving the Public's Health. A resource for local authorities*² set out a number of areas with solid evidence where local authorities could maximise their impact on health and reduce inequalities, including the early years, healthy schools and pupils, helping people find good jobs and stay in work, active and safe travel, warmer and safer homes, access to green and open spaces and the role of leisure services, strong communities, wellbeing and resilience, public protection and regulatory services (including takeaway/fast food, air pollution, and fire safety), health and spatial planning. The role of public health is to work with these services to ensure that they have a positive impact on health.

The move of public health occurred at the same time that the national government required significant savings from local government. Public health recognised early on the potential of prevention of ill health to improve residents' quality of life and to reduce health and social care costs. This however required substantial efforts to convince partners of the importance of prevention and these efforts continue. The challenge is not only about an increased focus on prevention but also convincing councillors as well as colleagues across the council who provide excellent services and economic initiatives that promote prosperity that these may not always have a positive influence on health. For example, a high street full of fast food outlets may have no empty shops, but provide few healthy choices for residents. The challenge then is about finding a common goal that may require compromise to deliver a thriving economy that promotes health.

An increasing partnership between MCCG and the council's public health team goes beyond the statutory duty to provide support and advice on health care

commissioning decisions, setting out need and evidence of best practice to address diseases. We work together to increase understanding of and focus on prevention in the work of MCCG, as well as to embed prevention in all frontline work either directly in primary care or through a health care services contract. The MCCG forward thinking vision that is under development clearly embeds prevention. Also important is the role of clinical services in addressing health inequalities by increasing access to services and reducing variation in diagnosis of disease through early detection and management.

As representatives of local communities, the voluntary and business sectors are important partners who are well placed to reach into our communities with opportunities to improve people's health. The voluntary sector represents different segments of our residents and communities of interest, while businesses employ our residents and provide services that influence the health of residents.

London Borough of Merton Public Health - working to improve the public's health

The starting point for our public health work in our new 'home' in local government in Merton was to seek opportunities to work on the wider influences on health, often represented in the services offered by local government. Underlying this is an understanding that we must work across boundaries with partners to raise the priority of creating health as a key contribution to overall wellbeing of Merton residents. We recognise that the conditions in which people live and work influence their lifestyle choices, their health and quality of life. This means that we must develop alliances and shared ownership with the residents of Merton and their representatives (both elected and in the voluntary sector) and with commissioners of services. We no longer have a choice but to recognise that we can achieve more with fewer resources by working differently together than by working alone.

² Buck D and S Gregory. 2013. *Improving the public's health A resource for local authorities*. The King's Fund London.

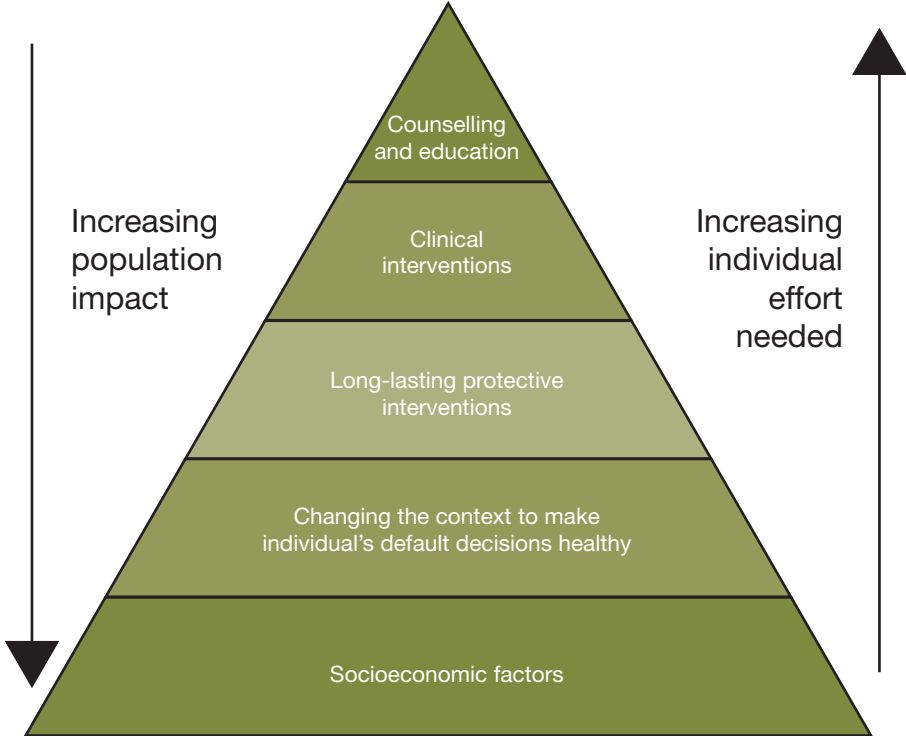
Working toward an increased focus on prevention and addressing health inequalities requires that we recognise that health and health care are not the same thing; health care is vital once a problem has arisen to cure, manage or rehabilitate where possible. Health care and social care providers on the frontline are in an ideal position to offer patients lifestyle advice and signposting to appropriate services.

The health impact pyramid in Figure 10 demonstrates the wide range of choices to deliver prevention. The spectrum moves from the most effective interventions at the bottom to initiatives at the individual level at the top. The international smoking effort over the last 50-60 years provides clear evidence that working on the wider environment, especially through policy and legislation, is more effective than on the individual level to bring about effective change.

Source: Frieden, TR. *Am J Public Health*. 2010 April; 100(4): 590–595.

Figure 10

Health impact pyramid



This pyramid has influenced the principles the Public Health team adopted in approaching its work, set out in Table 1 below.

Table 1

Merton public health team approach

Public health principle	Why	Potential partners
Working on the policy level can be more effective and less costly in changing behaviour than working on individuals' behaviours	A small change across a large population has a larger impact than a large change across a small population – decrease in smoking rates brought about mainly through laws, regulation and taxation	LBM: councillors and licensing and planning officers
Raising awareness among all service providers (e.g., council, schools, workplaces) of their influence on health can contribute to reduced health inequalities	Reducing unequal opportunities for quality early years, education and income/work, the largest influences on health, contributes to good health	LBM children, schools and families; community and housing; environment and regeneration directorates
Making health everyone's business can be more effective in embedding prevention	Breaking down traditional silo ways of working, including with community groups expands our reach into different sections of our population. Contracts should include prevention as a social value, where possible.	All partners
Adopting a two-pronged approach is required to provide healthy options so that individuals can take responsibility for their lifestyle choices	Availability of healthy options increases the chance for individuals to choose the healthy one	LBM officers Chamber of Commerce Merton businesses
Working in settings where people gather (e.g., schools, workplaces, community groups) has a larger impact than working on the individual level	Provides opportunities to reach larger audiences through established communication channels	Children's centres Schools Workplaces Community settings

Merton the Place for a Good Life and other initiatives build on the numerous assets and good work already in place to create health. The strategy attempts to work across a whole system to build a consensus that we can only improve health outcomes if we work together differently across the life course, prioritising the early years to embed healthy habits for a lifetime and the environmental influences on health.

Merton the place for a good life – our health and wellbeing strategy



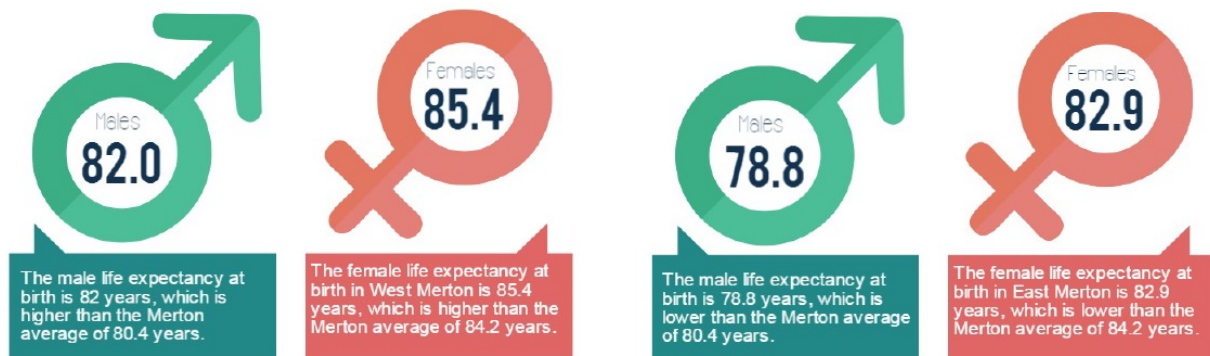
The vision for *Merton the Place for a Good Life* – our 2015-2018 health and wellbeing strategy is to create more fair opportunities for health and wellbeing for all residents.

Merton the place for a good life

West Merton

East Merton

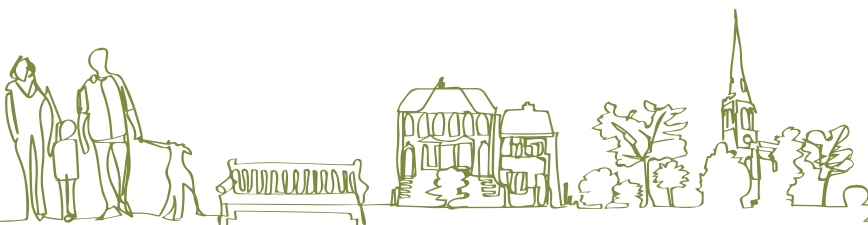
Inequalities in life expectancy at birth



Source: Local Health 2008-2012

Some of the priorities for the London Borough of Merton public health team are set out in this strategy, which resulted from a public consultation, needs analysis using the Joint Strategic Needs Assessment and a review of evidence of best practice. A more in-depth analysis of health inequalities between the more deprived and better off areas in Merton was carried out to inform a consultation during the Merton Partnership conference in 2013, which focused on these health inequalities and on developing an understanding of the influences on health across the life course. Participants agreed that these inequalities are unfair.

Public Health can only be effective by working with our partners to improve health. The examples that follow therefore represent results of this close partnership work with council officers, Merton Clinical Commissioning Group (MCCG), Merton Voluntary Service Council (MVSC) and its members and the Merton Chamber of Commerce and its members. *Merton the Place for a Good Life* strategy addresses these inequalities through five themes.



Best start in life – early years development and strong educational achievement

A child's experiences lay down a foundation for the whole of life, including both physical and mental wellbeing. Developing good emotional health and building resilience enables children and the adults they become to cope positively with stress and adversity. Healthy children achieve better results at school, which in turn, are associated with improved health later in life. Better-educated people practice healthier behaviours, have more robust mental health, and are also more effective in supporting better health for their children.

What are the inequalities?

West Merton

East Merton

School readiness



This is higher than Merton (65%), London (64%), and England (63.5%)



This is lower than Merton (65%), London (64%), and England (63.5%)

(proportion of children achieving a good level of development at age 5)

Source: Local Health 2011/2012

GCSE achievement



74%
achieved 5 GCSEs*

This is higher than Merton (65%), London (63%), and England (59%)



62%
achieved 5 GCSEs*

This is lower than Merton (65%) and London (63%) but higher than England (59%)

*(*grades A to C, including English and Maths)*

Source: Local Health 2011/12

West Merton

East Merton

Excess weight in year 6 (Overweight & Obesity)

28%
in Year 6



This is lower than Merton (35.5%), London (37.4%) and England (33.5%)

Source: Local Health 2010/11-2012/13

38%
in Year 6



This is higher than Merton (35.5%), London (37.4%) and England (33.5%)

MMR at age 5



81%
2 doses by
age 5

81.4% of children in West Merton have had 2 MMR doses by age 5. This is higher than Merton overall (79.3%).

Source: NHS England 2014/15



77%
2 doses by
age 5

77.2% of children in East Merton have had 2 MMR doses by age 5. This is lower than Merton overall (79.3%).



What are we doing?

Work with children and young people addresses inequalities through improved outcomes in readiness for school and school achievement, as well as embedding prevention. Public Health works in settings such as children's centres and schools to

- **Work through an Early Years Partnership** across early years service providers, including midwives, health visitors, children's centres, and GPs to improve joint working. Additional work involves staff training to enable staff to recognise early signs of parental mental and emotional stress in children's centres.
- **Work towards closer integration of our health visiting and children's centres.**

From 1st October 2015, Public Health took on commissioning of the Healthy Child 0-5 services, which includes health visiting and Family Nurse Partnership (more intensive support for young parents aged 19 and under). This provides an opportunity for closer working with our children's centres.



- **Develop targeted healthy schools.**

Two school clusters in Mitcham Town and East Mitcham, the more deprived area of Merton, are developing healthy schools initiatives. Staff and students defined initiatives, including gardening and food growing, healthy cooking, diet, nutrition and healthy weight, promoting physical fitness, building confidence and resilience, stimulating positive bonding and behaviour through play and creative arts.



- **Improve childhood immunisation rates** by working across the local partnership to support Merton GPs to improve local immunisation rates.
- **Address childhood overweight and obesity through the National Child Measurement Programme** in reception and Year 6 and weight management services for children, young people and their families.

Theme
2

Good health

Focus on prevention, early detection of long-term conditions and access to good quality health and social care

While education, income and the living environment clearly contribute to health, it is also clear that good health enables people to take advantage of opportunities for good education, jobs, and participating in community life.

The four most significant lifestyle risk factors – tobacco use, alcohol, diet and physical inactivity – contribute to about 36% of disease globally. These are clearly preventable behaviours; starting early in life to ensure they are healthy will reduce the level of disease and disability. However, where long-term conditions develop, early detection makes cure or management in the community possible, improving people’s quality of life and reducing the need for expensive acute health and social care.

New models of care are required that break down the barriers in how care is provided between GPs and hospitals, between physical and mental health, and between health and social care – barriers that get in the way of care that is genuinely coordinated around what people need and want. Innovative models of care will need to work in settings, which are more effective in reaching larger numbers of people and on the policy environment, which has a bigger impact on health than by working on the individual level alone.

What are the inequalities?

West Merton

East Merton

Hospital stay for alcohol-related harm



West Merton has a SAR* of 69.8 for hospital admissions for alcohol attributable conditions. This is higher than Merton (85.6), London (98.5) and England (100.0)

East Merton has a SAR* of 101.4 for hospital admissions for alcohol attributable conditions. This is higher than Merton (85.6), London (98.5) and England (100.0)

*Standardised Admission Ratio

Source: Local Health 2008/09 – 2012/13



Long-term limiting disability



53% of residents aged 65 and over reported that their day-to-day activities were not limited. This is higher than Merton (49%), London (47%), and England (47%).

Source: NOMIS 2011 Census



45% of residents aged 65 and over reported that their day-to-day activities were not limited. This is lower than Merton (49%), London (47%), and England (47%).

Obesity



This is lower than Merton (19%), London (21%) and England (24%).

Source: Local Health 2006-8



This is higher than Merton (19%) and London (21%), but lower than England (24%).

(*estimated proportion of over 16s with a BMI of more than 30)

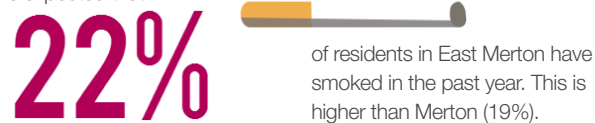
Smoking

Given the socio-demographic make-up of the wards, it is expected that



Source: Experian 2014

Given the socio-demographic make-up of the wards, it is expected that

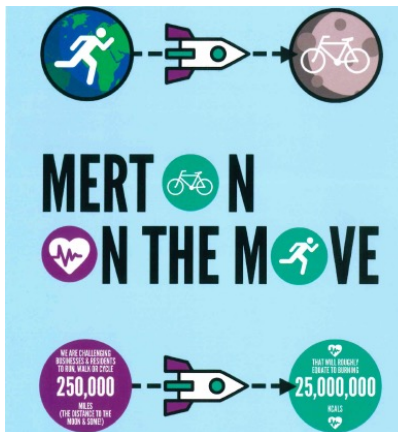


What are we doing?

Examples of work across LBM, Merton CCG and the voluntary sector to embed prevention and reduce health inequalities include:

- **Making health fun for residents and staff** through initiatives such as Step Jockey and Merton on the Move to increase physical activity in partnership with MCCG, MVSC and the Chamber of Commerce

■ Merton on the Move – getting Merton to be more active!



In 2015 we launched **Merton on the Move**, a cross borough physical activity campaign with a collective goal to travel the equivalent of 250,000 miles from Merton to the Moon. Partners in the statutory, voluntary, business and community sectors help reach residents who do not engage with traditional mainstream physical activity services.

Setting an example, the Public Health team volunteered with Sustainable Merton to clear overgrown allotments.



■ Embed prevention and improve early detection of long-term conditions

Our Proactive GP pilot aims to embed prevention, initially smoking cessation, in GP practices and link these practices to the community through trained community health champions to improve early detection and management of long-term conditions starting with respiratory diseases such as Chronic Obstructive Pulmonary Disorder. GP practices share results and good practice through regular discussions to improve performance. An award to recognise achievement will be offered by the Merton Health and Wellbeing Board for both GP practices and community health champions.



■ Help older people to remain independent

Age UK Handyperson subsidy scheme for Falls Prevention helps older, more deprived people to access a handyman scheme to identify and reduce risks of falling. Many falls occur in the home in Merton and this is an example of proactive risk identification and mitigation to prevent falls in older people.



■ Making prevention everyone's business

- Expanded the remit of the Health and Wellbeing Board, which brings together health and social care and voluntary sector partners, to focus on prevention and health inequalities as top priorities of its work. Membership now includes the Environment and Regeneration directorate, where many of the services that influence health are delivered.
 - The litter enforcement service contract requires officers to encourage offenders who smoke to accept a referral to Stop Smoking services.
 - The young people's substance misuse service also offers brief advice and signposting for sexual health.
 - The new Community Health Services contract, managed on our behalf by MCCG embeds a requirement to train frontline staff to deliver brief advice and signposting.
- Provide NHS Health Checks for residents aged 40 – 74 every five years to detect early long-term conditions.
- Commission a single point of referral for lifestyles services—Livewell, stop smoking, weight management and alcohol prevention—is being procured for 2016/17, in partnership with MCCG for Tier 3 weight management.
- Commission an integrated pathway for alcohol harm that embeds prevention, along with treatment and rehabilitation services.
- Promote an East Merton model of care reflecting the needs of residents. A needs assessment for the 2013 health inequalities conference revealed that a different model of care would be required for a more deprived, ethnically diverse population in the east of the borough who get long-term conditions at a younger age. This work brings together health and

social care, Public Health, council social services (e.g., housing, benefits) and the voluntary sector to develop a model that focuses priority on prevention, self care and primary and community care, with use of acute settings only when health issues cannot be resolved elsewhere. A community health centre will reflect these priorities in the east of the borough.

- Commission mandatory sexual health services through an effective network of contraceptive and sexual health services with primary care, community and acute services working together to ensure an integrated and seamless pathway for service users. Ongoing London and sub-regional initiatives will improve quality and contain costs by, for example encouraging safe sex, self management, home STI sampling and appropriate use of services closer to home, as well as dual training in contraception and sexual health to create more convenient one stop shops.

Theme
3

Life skills, lifelong learning and good work

Deprivation and low income are the most significant influences on health, along with education. Levels of disposable income affect our ability to meet basic needs – the way we live, the quality of the home and work environment, and the ability of parents to provide the kind of care they want for their children.

Work is good for a person's health as it contributes to a sense of self-worth and dignity. But the nature of work is also important since insecure jobs and poor conditions can contribute to increased stress and illness.

Staying active and keeping the mind stimulated through lifelong learning may help delay conditions that are associated with growing older. English for Speakers of Other Languages provides skills to connect with one's community and increase control over one's life, both with a positive impact on health.

What are the inequalities?

West Merton

East Merton

Unemployment



The unemployment claimant rate is 1.6%, lower than Merton (2.8%), London (3.9%), and England (3.8%).



The unemployment claimant rate is 3.9%, higher than Merton (2.8%), and comparable to London (3.9%), and England (3.8%).

Source: Local Health 2012/13



West Merton

East Merton

Not proficient in English*



This is lower than Merton (3.5%) and London (4.1%), but higher than England (1.7%).

This is higher than Merton (3.5%), London (4.1%), and England (1.7%).

(*% of people whose main language is not English who cannot speak English well or at all)

Source: Local Health 2011 Census

What are we doing?

While lead responsibility for this theme lies mainly in other services, Public Health recognises these important influences on health by working to

■ Support English for speakers of other languages

- classes that embed health messages, while providing language skills to increase control over one's life

■ Commission healthy workplace schemes

- within the council for staff to encourage healthy lifestyles and to ensure the council provides healthy options through its own caterers and sites
- for staff in small and medium local enterprises in partnership with the Chamber of Commerce



Community participation and feeling safe

When people have the opportunity to make a positive contribution to their community through volunteering and community action or participate in local activities, they contribute to social cohesion and have improved levels of confidence, resilience, wellbeing and reduced levels of isolation.

Crime affects people's sense of security and increases experience of stress, which in turn, can cause poor health. In areas with high levels of crime, people may be unwilling to participate in their community or to go outdoors for physical activity. Crime can also lead to breakdown of communities and to low levels of community participation.

What are the inequalities?

West Merton

East Merton

Crime rate



Highest number of offences

1. **Anti social behaviour**
2. **Violence against the person**

Highest number of offences

1. **Anti social behaviour**
2. **Violence against the person**

Source: Metropolitan Police March 2015



What are we doing?

While lead responsibility for this lies mainly with other services, Public Health aims to

■ Work through communities to build resilience and capacity; e.g.

- **Health Champions:** respected members of community groups or GP practice staff who provide brief advice and signposting for lifestyle and free clinical prevention services such as immunisations or cancer screening. A new My Health Guide, the adult equivalent of the children's red book is a resource for both health champions and for individuals to make commitments to reach a lifestyle goal.
- **Healthy Pollards Hill:** this place-based pilot is under development to bring together some of the strands of the health and wellbeing strategy in a community development effort to increase the voice and capacity of residents to improve their community in partnership with housing and community associations, Moat housing association and the council.

■ Contribute to reductions in social isolation of older people



Merton Befriending Scheme (MBS) provides face-to-face and telephonic befriending through volunteers on a one-to-one basis, replicating naturally occurring friendships by providing individuals with a safe environment for social contact and emotional support. In the first six months MBS has befriended and made a difference to the lives of 51 of the most vulnerable older people in Merton, of whom 15 are from BAME communities. There are currently 40 volunteers in the befriending service

- Provide funding to MVSC to increase capacity to support public health initiatives in community groups such as health champions.

Theme
5

A good natural and built environment

Where the planning and licensing processes have a positive influence on health, they contribute to creating healthy places that enable people to be healthy and to make healthy choices. Green spaces and parks provide places for increased physical activities, while planning and licensing can influence availability of healthy choices in our town centres and high streets. Promoting and enabling sustainable ‘active’ travel modes such as walking, cycling and using public transport, enables people to integrate increased physical activity levels into their everyday lives.

Where people live and the quality of their home have a substantial impact on health; a warm, dry and secure home that is not overcrowded is associated with better health. One of the key concerns is the increase in older people living alone, which has implications for health and social care since 57% of the ‘fuel poor’ are aged 60 and over; poorly insulated homes and the continual rise in heating bills contribute to fuel poverty.

What are the inequalities

West Merton

East Merton

Overcrowding



11.1% of households are overcrowded
(lower than 16% in Merton)



20.4% of households are overcrowded
(higher than 16% in Merton)

Source: Local Health 2011 census



What are we doing?

- **Embedding prevention in council work - Use council policy and regulatory levers** such as licensing and planning to influence provision of fast food, alcohol, smoking, betting and payday loan outlets in our town centres and high streets and to review regeneration projects and respond to applications for their impact on health
 - Health Impact Assessments are being undertaken for three regeneration projects in Merton
 - As a Responsible Authority, Public Health responds to licensing and planning applications by working with applicants to agree conditions to reduce access to high strength alcohol, for example although health is not a licensing objective. A group of all Responsible Authorities now share information and experience.

The council is revising its Statement of Licensing Policy in 2015 and Public Health provided essential information on the impact of alcohol locally to inform development of a new Cumulative Impact Zone, which has the potential to limit new alcohol licenses. To support this consultation, we organised an innovative contribution by working with local young people — Young Inspectors — to audit alcohol availability in the proposed zone and with Healthwatch Merton who organised a pop-up café to gather residents views on their town centres and high streets through maps of the local area

Before



After



Challenging times ahead – an opportunity for public health and prevention

This report makes the case for prevention, which has the potential to reduce inequalities and highlights some of the contributions by the public health team, recognising that our partners are key to improving health. Much has been achieved but many challenges remain. More progress could be made to convince local decision makers about the importance of the public health approach and of working across a system to embed prevention and to reduce health inequalities. Using policy levers within the council for better health requires more will rather than financial resources, offering significant opportunities to create more fair and healthy communities.

In spite of the new national focus on prevention, increasing financial pressures mean the focus remains on the more urgent health care and social care. Although these pressures create much uncertainty in the future for all partners, they could well be the catalyst for increased prevention. The uncertainty around the ringfence for the public health budget within local government during these times of increasing cost pressures could be a concern or an opportunity.

Seizing this as an opportunity for shifting resources to keeping people healthier longer will also require an understanding that wellbeing is created through a combination of healthy people and economic prosperity, clearly priorities for all partners. Economic growth will only be sustainable where it sits alongside health and wellbeing to include more fair opportunities for all and where our high streets and town centres make the healthy option the easy one for individuals to take responsibility for their lifestyle choices.

We could use this as a catalyst for increased prevention. We will need the will to make difficult choices that reflect our values and priorities. We can grasp this opportunity to focus on keeping our residents healthy and reduce the significant health inequalities in Merton.

