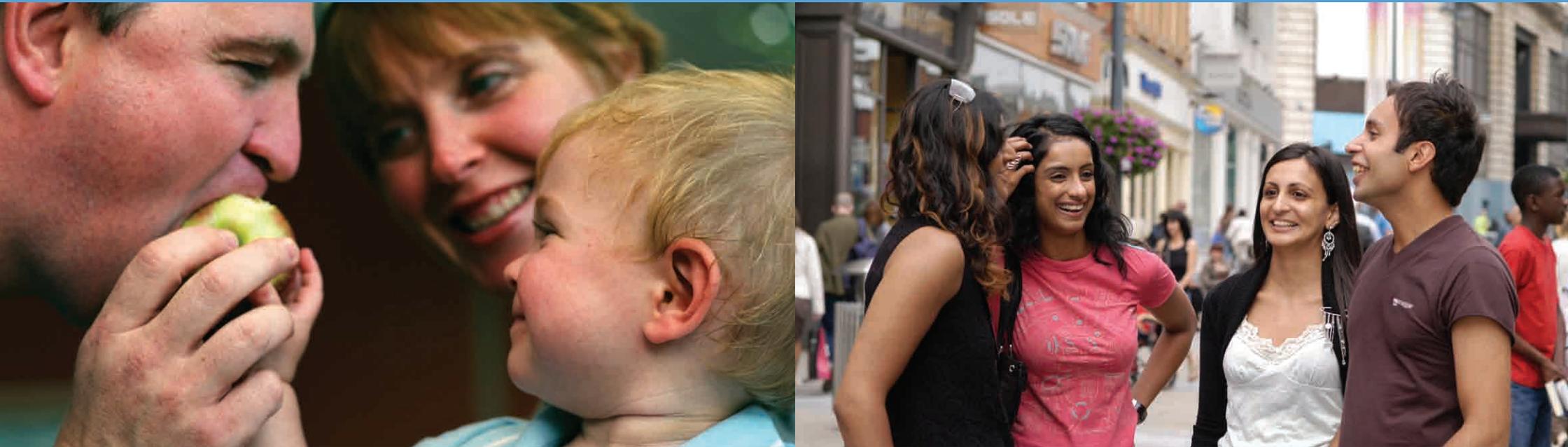


Merton's Healthier Communities Strategy 2008 to 2012



Foreword for Merton's Healthier Communities Strategy

Merton provides great opportunities for those living and working here, but it is a much healthier place for some than others. In general we live longer than ever before but stark variations in the health of Merton remain – both between different cultures and between different communities.

People living in relative poverty are more likely to experience more ill-health and live shorter lives. Education, culture, housing, transport and the environment all play a part in individual health outcomes.

An individual's lifestyle also influences their health, so we must enable and encourage people to make healthier choices, in what they eat, whether they exercise or smoke, and to understand their emotional well-being.

We are pleased to present Merton's first Healthier Communities Strategy 2008-2012. The strategy provides a unique opportunity for partners to make Merton healthier. It will also aim to help individuals and communities take long-term responsibility for their health.

The Healthier Communities Thematic Partnership looks forward to working with you.



Cllr Linda Scott
Cabinet Member for Housing, Adult Care and Health



Kay Sonneborn
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1.0 Introduction

Promoting healthier communities and narrowing health inequalities is a shared priority between national and local Government. It is reflected in population health targets in the Merton Community Plan and Local Area Agreement (LAA) targets, Neighbourhood Renewal Strategy, NHS Operating Plan and Strategic Plan and Choosing Health.

The Merton Partnership structure¹, which includes the Healthier Communities Thematic Partnership, will provide an improved mechanism for delivering on targets within healthier communities: by providing political leadership and by providing greater transparency with the Local Strategic Partnership. Underpinning Merton Partnership's ambition is 'to bridge the gap' between the affluent west and the more deprived east of the borough. The wider determinants of health such as access to housing, learning, employment flow through other thematic partnerships: sustainable communities and transport, safer and stronger, older people and children and young people.

The Healthier Communities Strategy was further influenced from discussions held at a healthier communities seminar in November 2006. A significant outcome from the seminar was to better co-ordinate health improvement activities through a strategy. It also follows recommendations from Merton's Healthy Communities IDeA (Improvement and Development Agency) Peer Review to 'create a corporate healthy communities strategy to drive the agenda across the council and its partners'. (July 2007)

This strategy sets out how local agencies intend to work together to reduce health inequalities. It provides a clear vision for the future health of Merton, and outlines the steps required to work towards the vision. The vision is:

- "to improve the physical and psychological well-being of Merton residents"
- "to modernise health and social care services across Merton"

To deliver the vision the strategy will focus on five key areas –

- ▼ tackling obesity
- ▼ reducing smoking
- ▼ improving mental well-being
- ▼ increasing choice and control for service users and carers
- ▼ addressing wider determinants of health.

¹ See Appendix One

What is a healthy community?



2.0 What is a healthy community?

Health is defined by the World Health Organisation as:

“a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”

“A ‘healthy community’ contains or enables access to all things that make it possible for people to live a full life. This includes gainful employment, adequate shops and high quality public services...and where people like to be because it is safe and environmentally sound and provides healthy housing and good transport links.”

Health for All, World Health Organisation, 1978

The environment we live in, our social networks, our sense of security, how well-off we are, and facilities and resources in our neighbourhood can all affect our health.



3.0 Government's role in improving health

3.1 National Context

The power of well-being, from the **Local Government Act 2000** enables councils to undertake health responsibilities, whether jointly, or acting on their own. This gives councils a general power to take action to promote or improve the economic, social, and environmental well-being of their areas. It makes it possible for councils to take an integrated approach to improving health and reducing inequalities in all their functions through working in partnership, pooling resources and sharing responsibilities.

There are two goals of national policy aimed at tackling health inequalities:

- I. In the long-term, up to and beyond 2010 to reduce health inequalities by tackling the wider determinants of health such as poor housing and poverty
- II. To reduce inequalities in health outcomes by 2010 by 10% as measured by infant mortality and life expectancy at birth

Choosing Health – making healthy choices easier (2004) again places local government at the centre of health improvement. It relates to health targets such as addressing smoking, diet, exercise, sensible drinking, sexual health and mental health to cross-government targets on factors such as social cohesion, employment and the environment. It aims to provide support and information for individuals to enable them to choose better health.

The White Paper 'Stronger and Prosperous Communities' (2006) moves one step further. Local authorities are encouraged to take on a stronger leadership role through Local Strategic Partnerships (LSPs) and as leaders in their own right to promote the health and well-being of their local communities. The formal establishment of statutory Health and Well-being Partnerships will ensure that good health is a joint responsibility, and the connection with LSPs provides a comprehensive framework for local commissioning. The White Paper also proposes alignment of budgetary and planning cycles, a duty on authorities and other partners to co-operate in agreeing Local Area Agreement (LAA) targets and joint appointments of Directors of Public Health.

Commissioning Framework for Health and Well-being (2007) provides practical support for those involved in commissioning local services to work together to improve the health, well-being and independence of everyone living in their local area. Local commissioners have the opportunity to make a real difference by focusing on the outcomes that people want for themselves and for their communities.

World Class Commissioning (2007) emphasises competencies to utilise effective resources to achieve the best outcome by securing the best possible health and social care services for local people. Commissioners will be working with providers to secure the best health outcomes and the best services with the best value for the public's money.

Putting People First 2008 provides a shared vision and commitment to the transformation of adult social care, ensuring people have maximum choice, control and power over the support services they receive.

3.2 Regional Context

'Consulting the Capital: Healthcare for London' is developing a framework for London's healthcare for the next ten years. Primary Care Trusts are working with London Councils, third sector, patients and the public to help London's healthcare match the best in the world. The aim is to improve quality of care and safety, improve access to services and reduce inequalities of care and help people to stay healthy. Lord Darzi's discussions with patients, public and partner organisations on how to deliver healthcare which is better, safer and more accessible and helps people stay healthier led to five key principles:

- ▼ Services should be focused on individual needs and choices
- ▼ Services should be localised where possible
- ▼ There should be joined-up care and partnership working, maximising the contribution of the entire workforce
- ▼ Prevention is better than cure
- ▼ There must be a focus on reducing differences in health and healthcare across London

London boroughs are considering the implications. There is a broad agreement that people should be cared for in their own homes or in the local community, but what impact will this have on social care. For example for a stroke patient, more specialist care would enable patients to arrive home more quickly, with fewer disabilities and complications and needing less support. However poor diets, a lack of exercise, stress and a growing population will contribute to the need to change the way health and social care work together to deliver quality services. Are there ways to co-locate social, healthy living, leisure and health services? Can we make sure that care in people's own homes is really best for them and it is what they want?

3.3 Merton's approach

Merton's ambition is to have "a well developed role in the promotion of healthier communities with a special focus on reducing the health inequalities between the eastern and western wards" by 2010. (Business Plan 2007)