

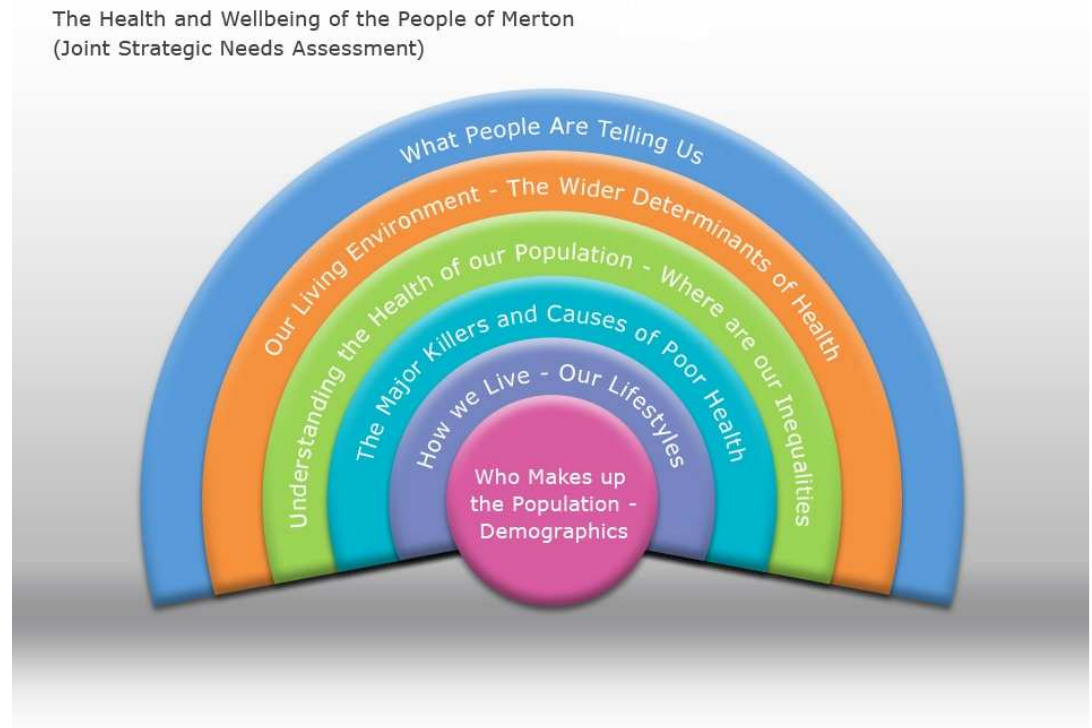
Merton Joint Strategic Needs Assessment (JSNA)

Health Scrutiny Committee
London Borough of Merton
13th November 2013

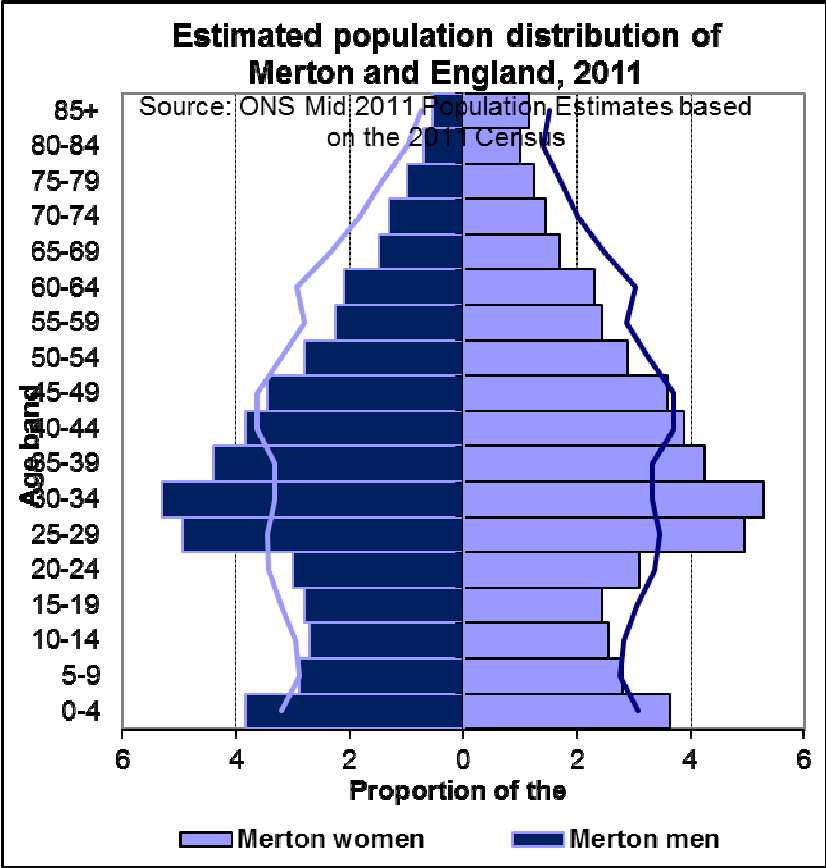
www.mertonjsna.org

What is the JSNA?

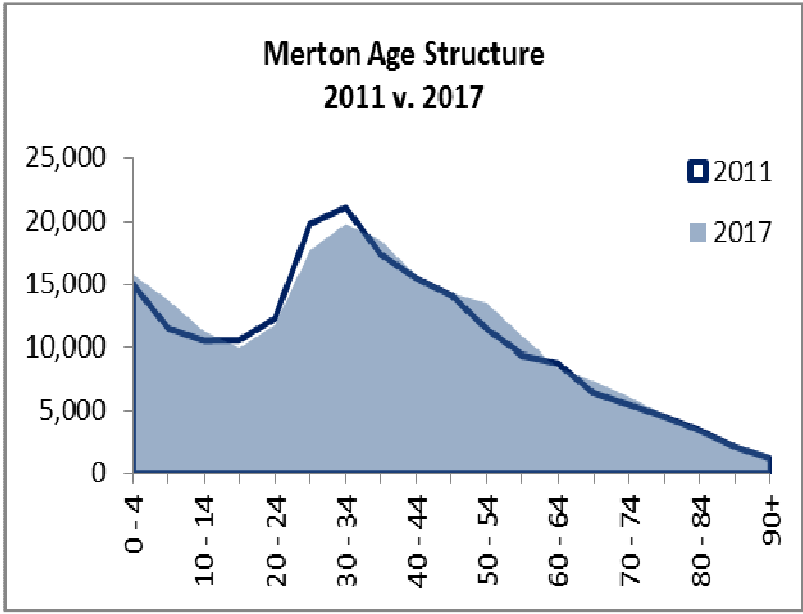
- It is the 'Big Picture' in terms of the health and wellbeing needs and inequalities for the whole of the local community
- Provides information to guide Local Authority and CCG commissioning of priority services



Merton remains a 'young' Borough – Census 2011



By 2017, 8% increase overall, but concentrated in <9 and >65

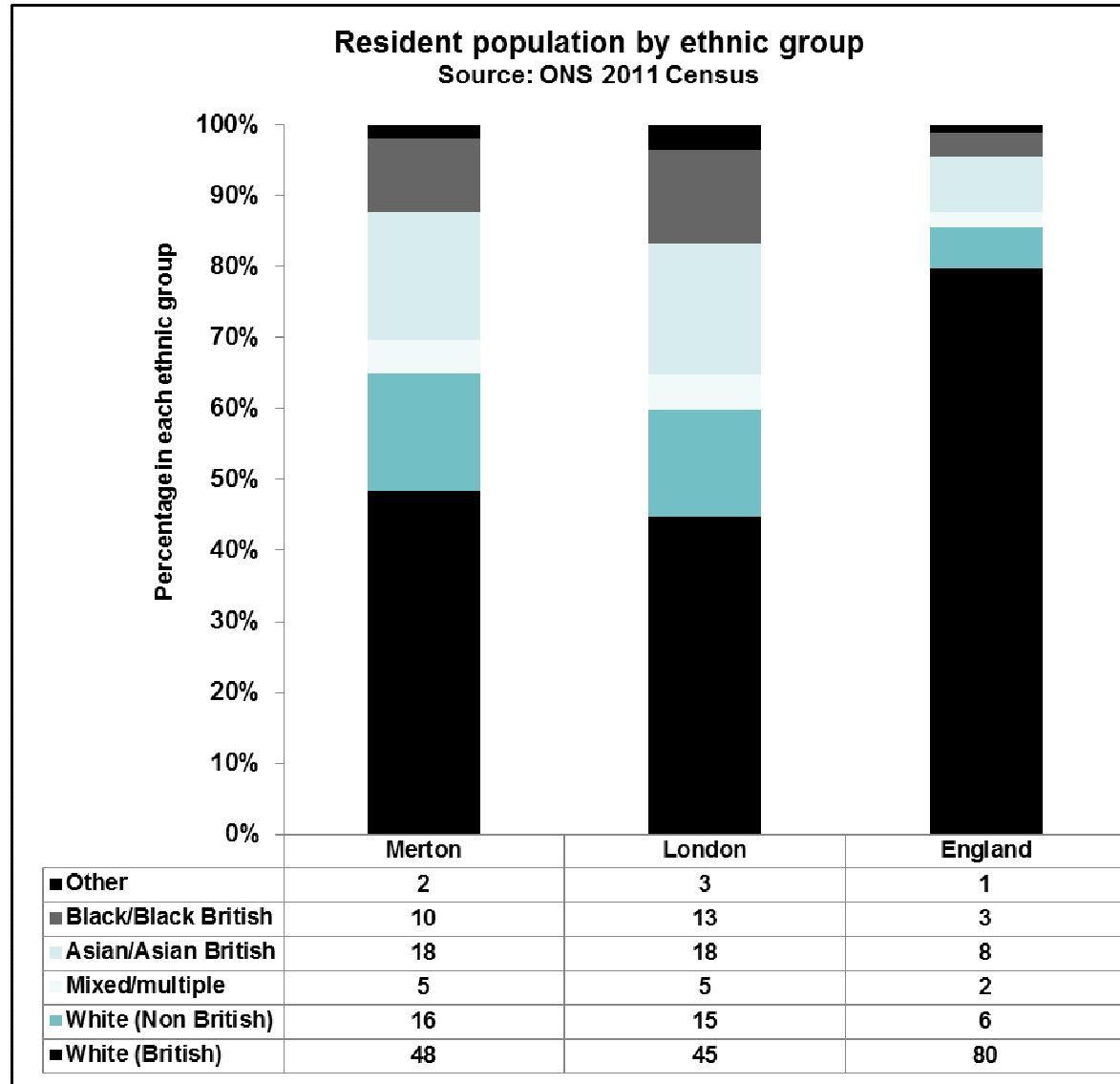


Merton is becoming more Diverse

- 35% of the population are from BAME communities - Projected to grow to 35% by 2017

- 16% of the population are from non-British White communities (mainly South African, Polish and Irish)

- Combined, 51% of our population are from diverse communities

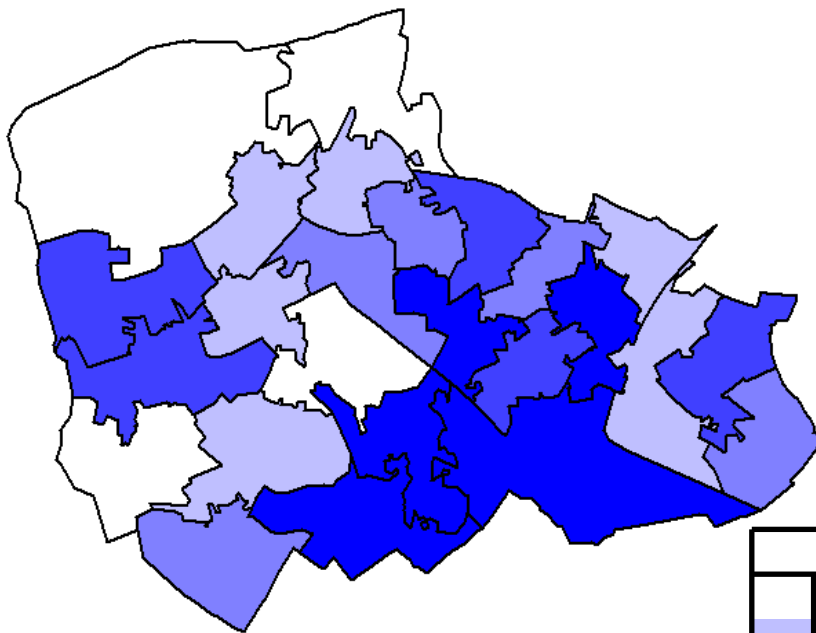


2012/13 Headlines: Health Inequalities

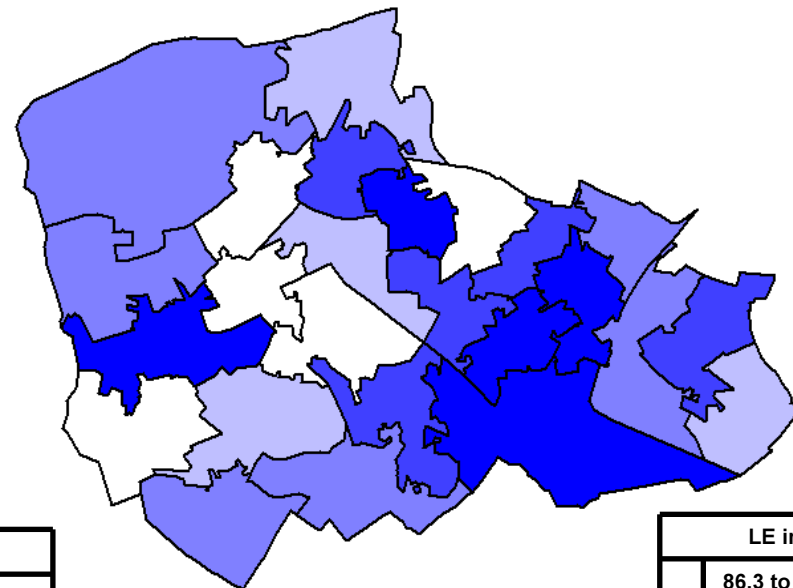
- Significant difference in life expectancy between different communities within Merton at ward and neighbourhood level
 - For men 9 years - no change (71.6 in Ravensbury to 84.8 in Wimbledon)
 - For women 13 years – increase of 2 years from 2005-09 (79.5 in Figge’s March to 92 years in Hillside)

Male Life Expectancy at birth by small area , 2006-10

Female Life Expectancy at birth by small area, 2006-10



LE in Years	
[Lightest Blue]	83.0 to 84.6
[Light Blue]	81.5 to 82.9
[Medium Light Blue]	80.1 to 81.4
[Medium Blue]	78.9 to 80.0
[Darkest Blue]	76.3 to 78.8

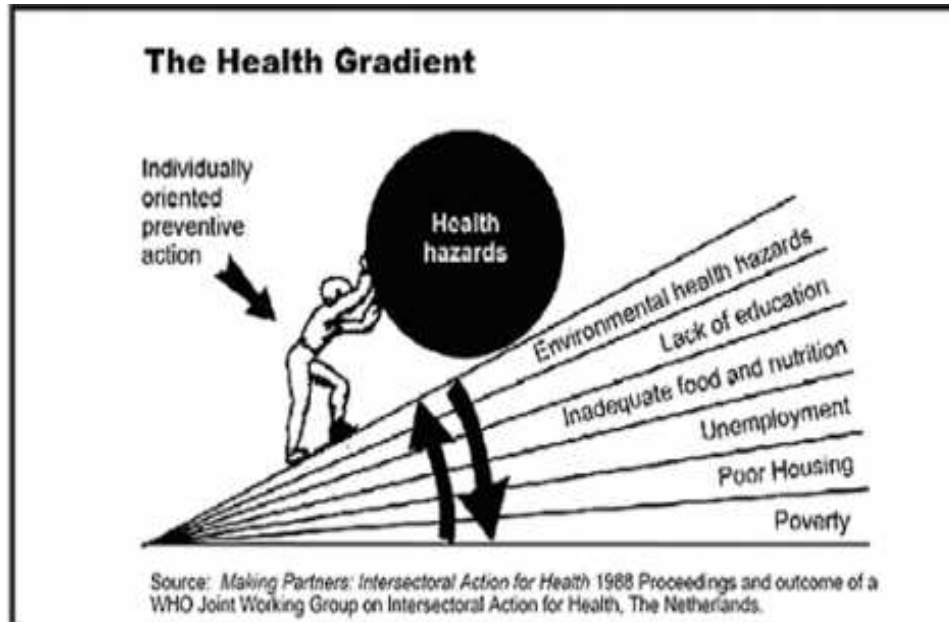


LE in Years	
[Lightest Blue]	86.3 to 91.9
[Light Blue]	84.8 to 86.2
[Medium Light Blue]	84.0 to 84.7
[Medium Blue]	82.6 to 83.9
[Darkest Blue]	80.3 to 82.5

Determinants of health

Lifestyle & Prevention

Wider Determinants



From Canadian Centre for Policy Alternatives (CCPA) <http://www.policynote.ca/>

Lifestyle

Lifestyle Factor	Merton	England Average
Obese adults	19.1%	24.2%
Healthy eating adults	39.6%	28.7%
Physically active adults	54.4%	56.0%
Adults smoking	16.5 %	20%
Alcohol Use		
*Binge Drinking	13.8%	20.1%
*Increasing & higher risk drinking	22.6%	22.3%
Drugs		
*Opiate/crack cocaine users	7.1 per 1,000 population	8.9 per 1,000

To consider:

- There is variation across the borough
- Is it enough to be “average”?
- Stop smoking services- reduced service use and success rate; varied service use by ward, occupation, age, gender, ethnicity (2009 Health Equity Audit)
- Increasing and higher risk alcohol use- consequences can take years to become apparent (SMNA 2012-13)
- Estimated 65% of drug users are not accessing treatment services- may be ethnic variation

Wider Determinants

Determinant	Merton	England Average
Deprivation	59.1%	59.0%
Employment *Long term unemployment	7.0%	9.5%
Education *GCSE achieved	59.1%	59.0%
Housing *statutory homelessness	1.2%	2.3%
Crime *violent crime	12.1%	13.6%

From PHE Merton Health Profile 2013 and draft Merton JSNA 2013-14

To consider:

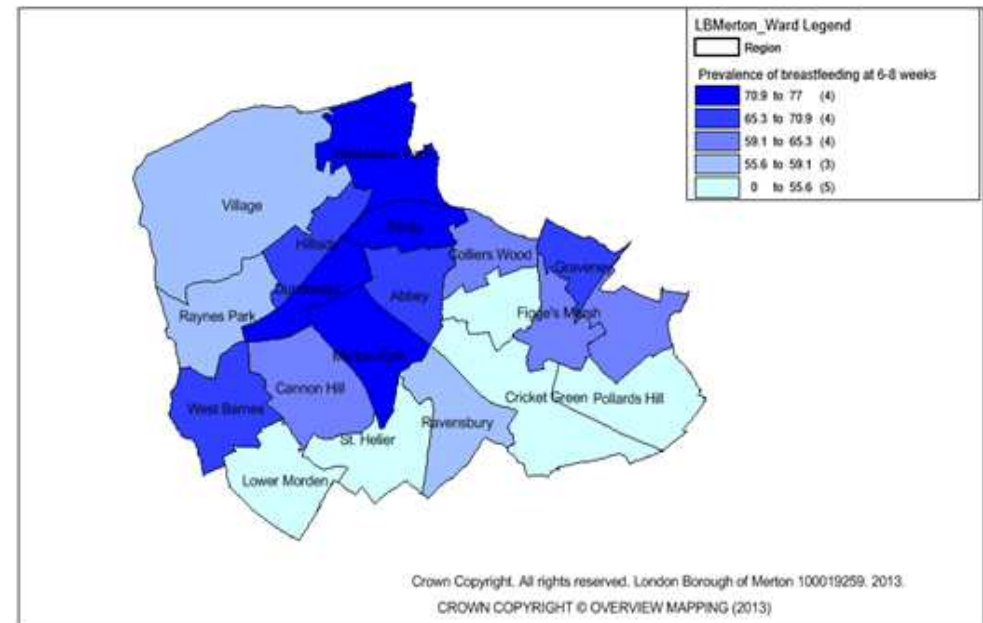
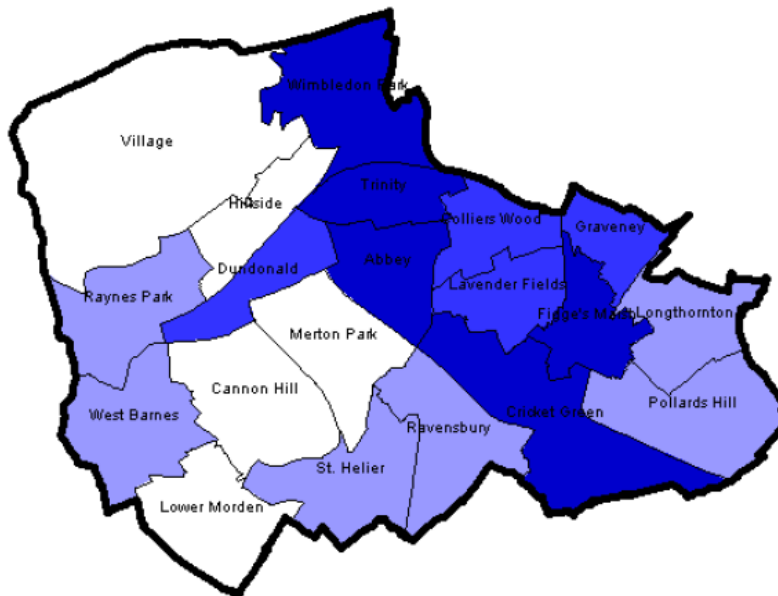
- Geographic variation across the borough
- Wider economic and policy changes: welfare reform & housing policy reforms; health impact of the recession; food and heating costs have increased
- Built environment: impact of number and distribution of fast food outlets, betting shops, etc.
- Transport: Road traffic casualties are increasing
- Housing: Homelessness is increasing, increased private rented housing, low social housing stock, limited choice of housing for older people

Maternal Health

- Around 3,500 births each year, 40% increase since 2002
 - By 2021 expect a 20% increase in children born each year with future special needs
 - Babies born with low birth weight and deaths in the first year of life are lower than for London and reducing
 - More are breastfeeding than nationally
- BUT...variations in breastfeeding by area and ethnicity, higher rate of delivery by caesarean section than nationally



Live births in Merton by ward, 2011

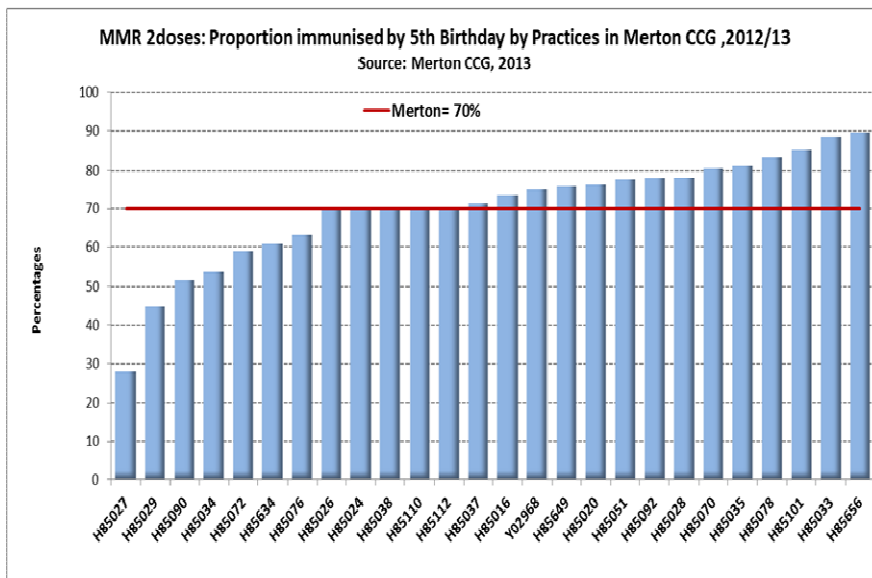


Early Years

- 15,000 0-4 year olds - expected to rise by nearly 1/5 by 2021
- More children achieve a good level of development at age 5 than London and England

BUT..

- Levels of Childhood Immunisation are lower than London and England
- A & E attendances for children under 5 years are higher than London or England and London

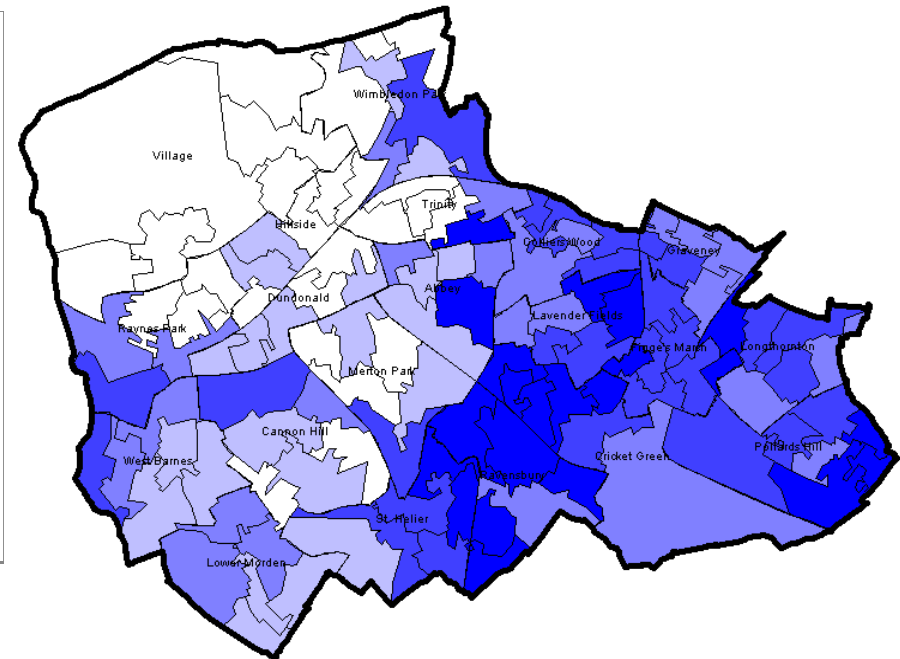
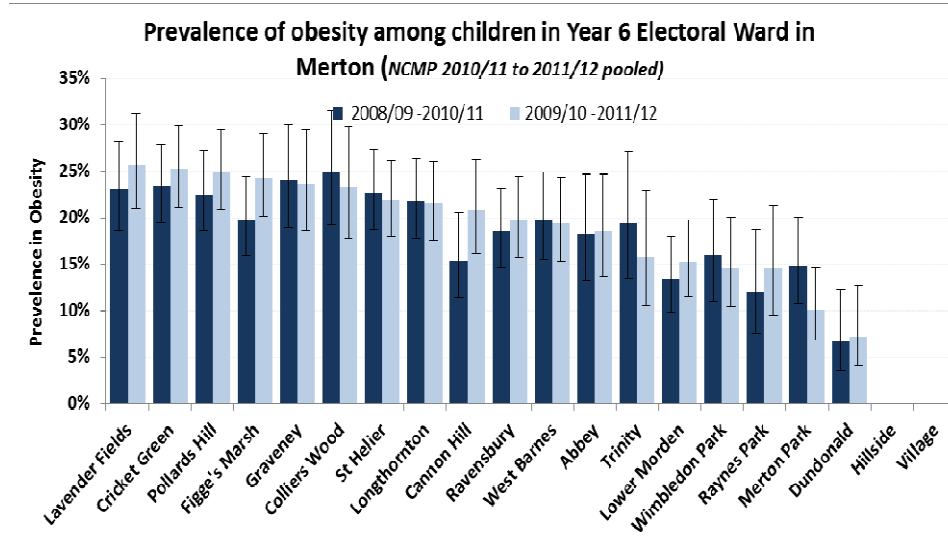


Children and Young People

- 32,500 children and young people aged 5-19 –expected to rise by 1/5 by 2021
 - Overall fewer children living in poverty
 - Educational attainment is in line with England and improving
 - More children in Merton schools are taking 3 hours of physical activity a week
- BUT...**
- Wide variation in child poverty and obesity from west to east

Income Deprivation Affecting Children Index 2010

Page 91

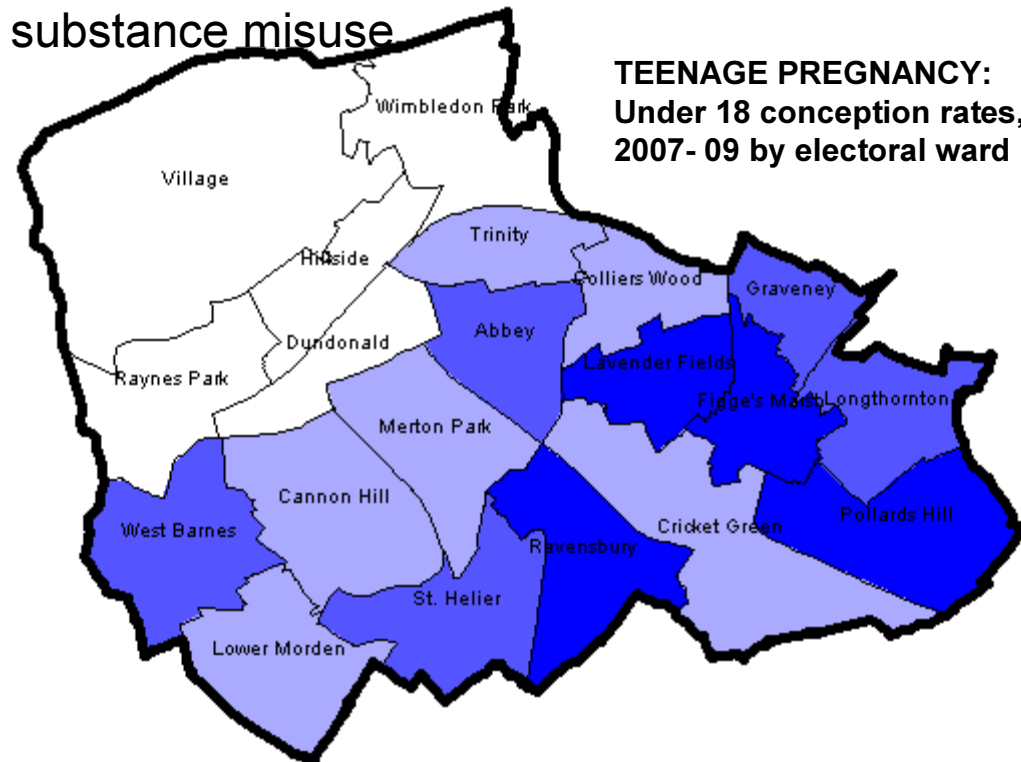


Young People

- Teenage pregnancy rates have reduced significantly over the past 10 years
- Hospital admissions due to drugs misuse (15-24 years) and for injury (under 18s) are lower than London and England
- Hospital admissions for under 18 year olds as the result of self harm are lower than London and England

BUT...

Teenage pregnancies higher in east of the borough; hospital admissions for alcohol are higher than London; there has been increase in under 18s presenting for treatment for substance misuse



Main killers in people aged under 75

Cancer

Heart Disease and Stroke

Lung Disease

Accidents/Injuries

Cancer

Biggest killer in Merton, but trend downwards
Merton is ranked second best out of 150 local authorities

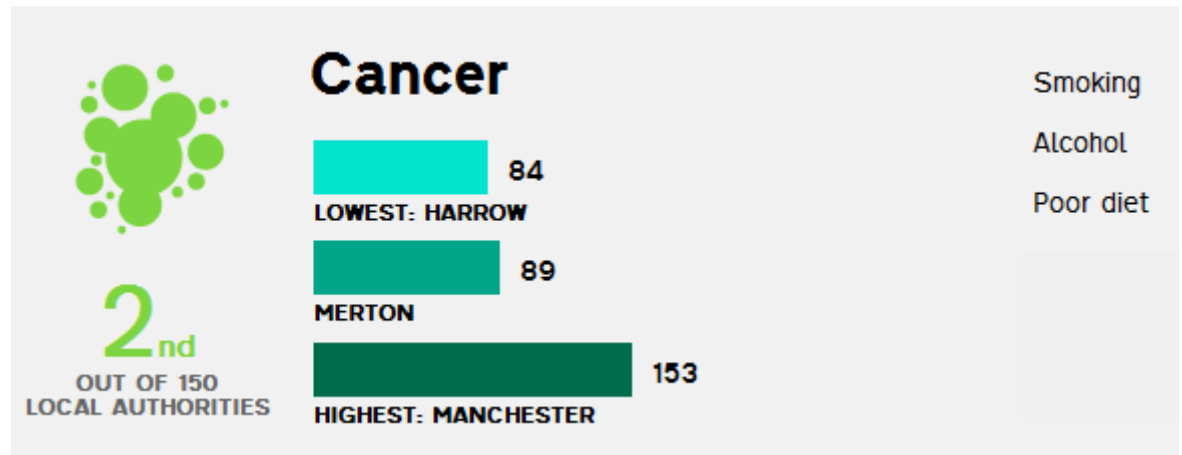
BUT.....

Problems with inequalities, including by gender



What are we focussing on?

- Trying to reduce the number of smokers in Merton
- Promoting a healthy diet
- Cancer screening- for bowel, breast and cervical cancer



Circulatory Diseases

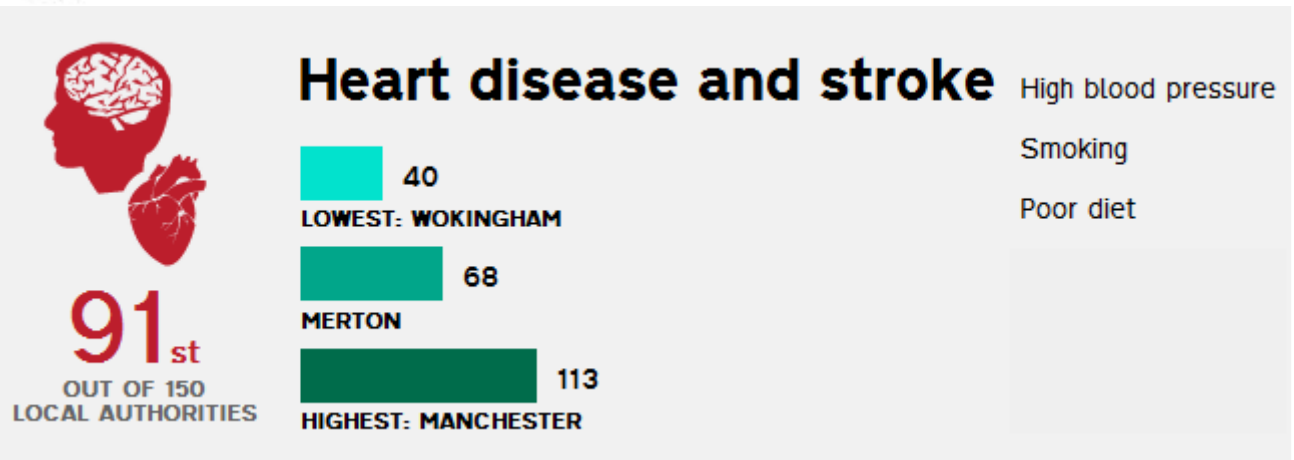
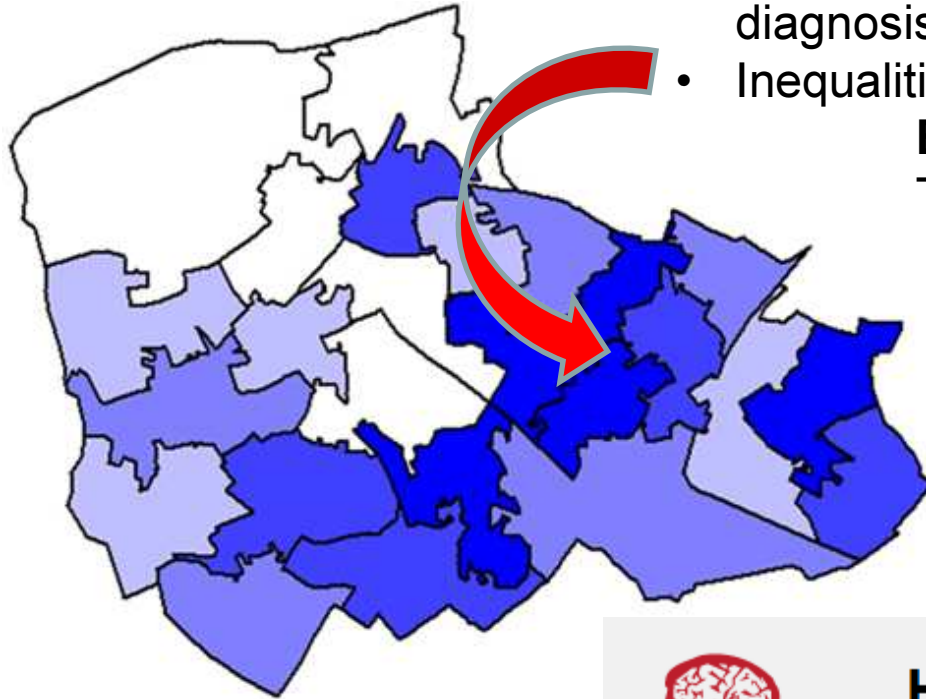
- Second commonest killer in Merton
- Under 75 deaths highest in SWL and higher than Eng.
- Possible that significant proportion of under-diagnosis
- Inequalities- including in terms of gender

BUT.....

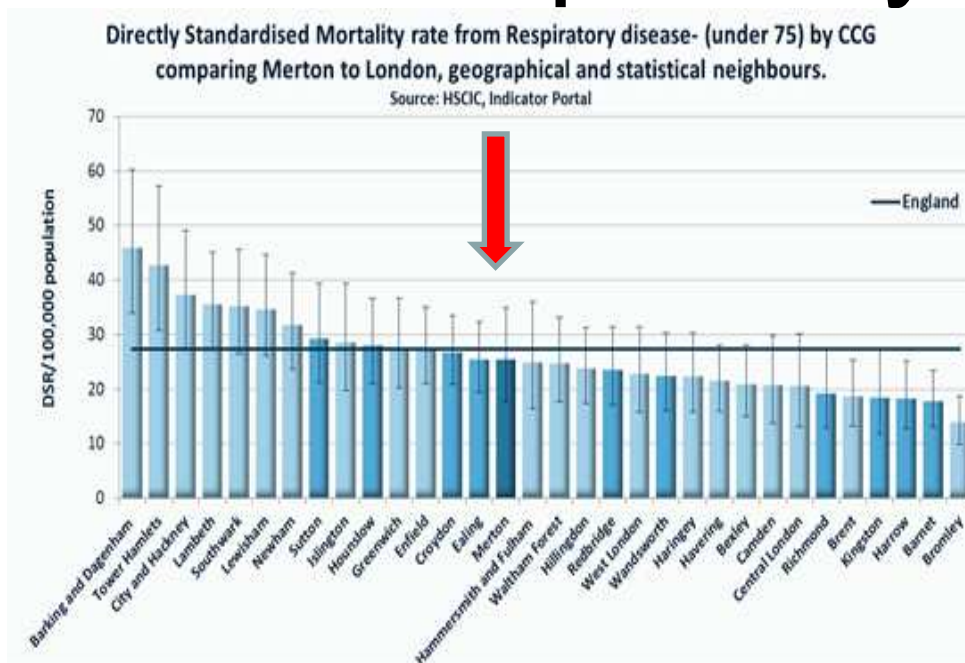
Trends in deaths downwards

What are we focussing on?

- Improving early detection and treatment, and promoting healthier lifestyles
- Reducing smoking



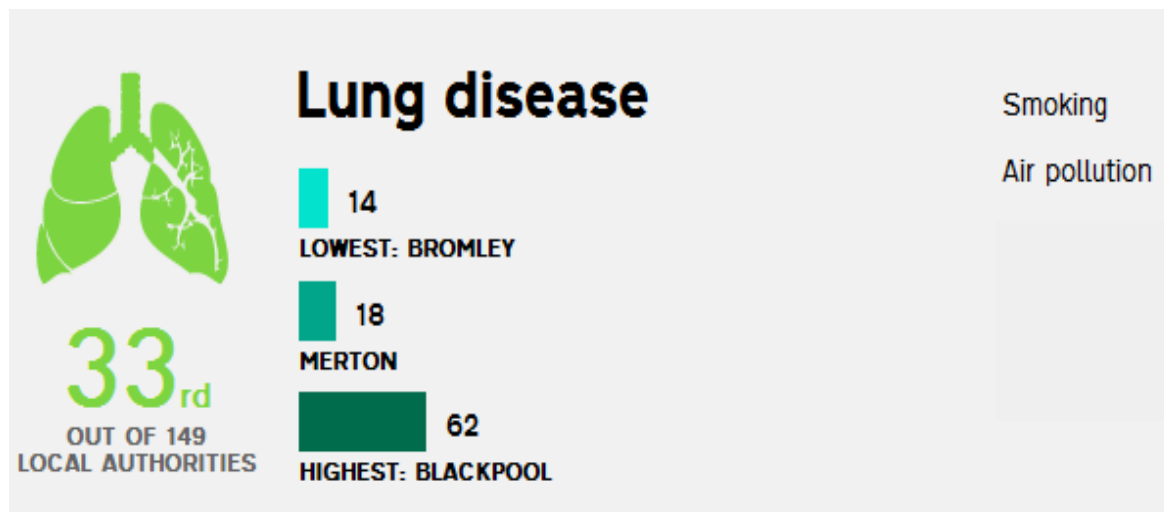
Respiratory Diseases



- Includes lung cancer, TB, asthma, COPD, Cystic Fibrosis
 - COPD, pneumonia and asthma have biggest impact on services and mortality
 - 3rd major cause of premature death
 - Major risk factor is smoking
- BUT.....**
- Lot of the deaths are preventable
 - Merton deaths lower than England

What are we focussing on?

- Reducing smoking
- Seasonal Flu vaccination
- More accurate and earlier diagnosis
- Integrated community and specialist care



Diabetes

- Merton has lower (1 in 19) prevalence than England (1 in 17)
- Risk factors include- obesity and ethnicity

BUT....

Data suggests under-diagnosis in Merton

Major inequalities:

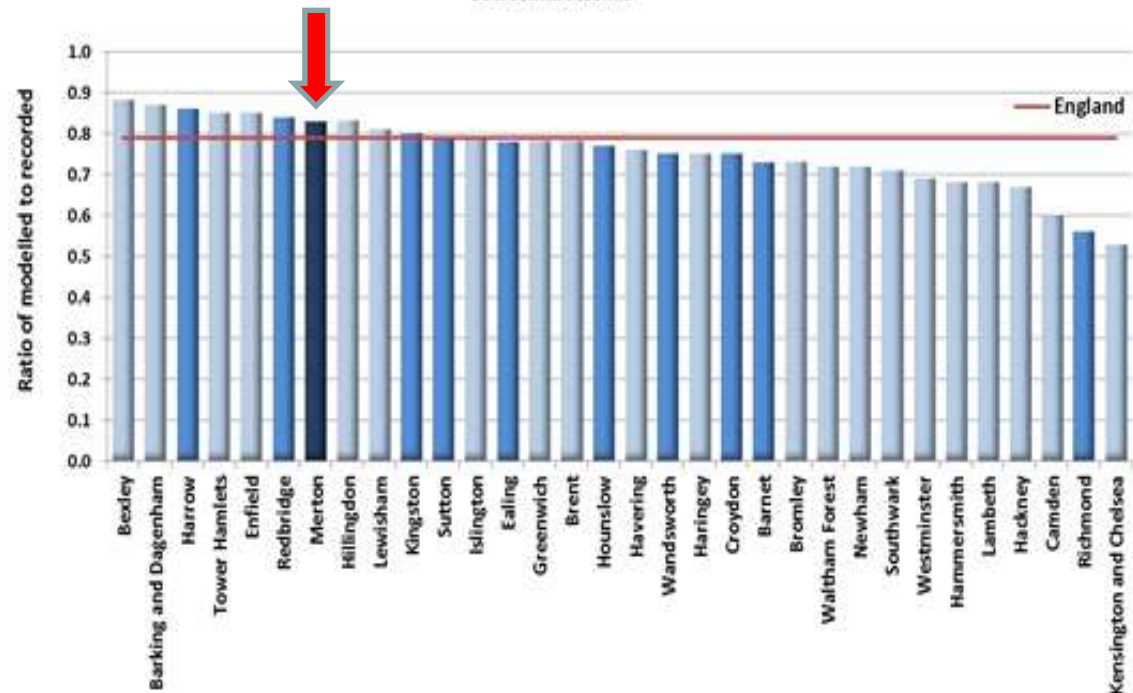
- The most deprived people in the UK are 2.5 times more likely to have diabetes
- 80 per cent of people with type 2 diabetes are overweight or obese at diagnosis
- Black and Asian minority ethnic (BAME) groups have six times higher risk

What are we focussing on?

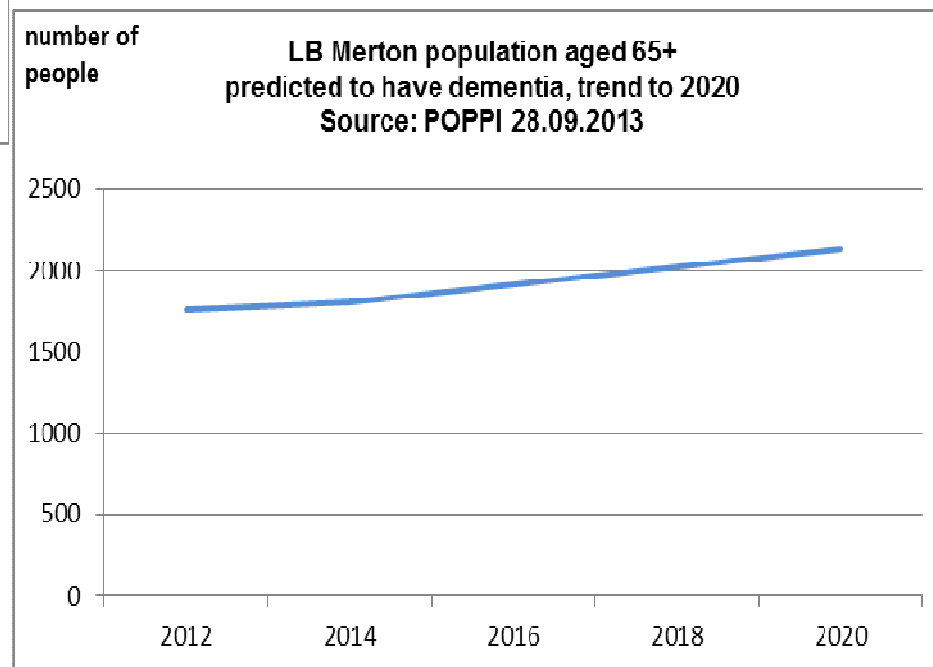
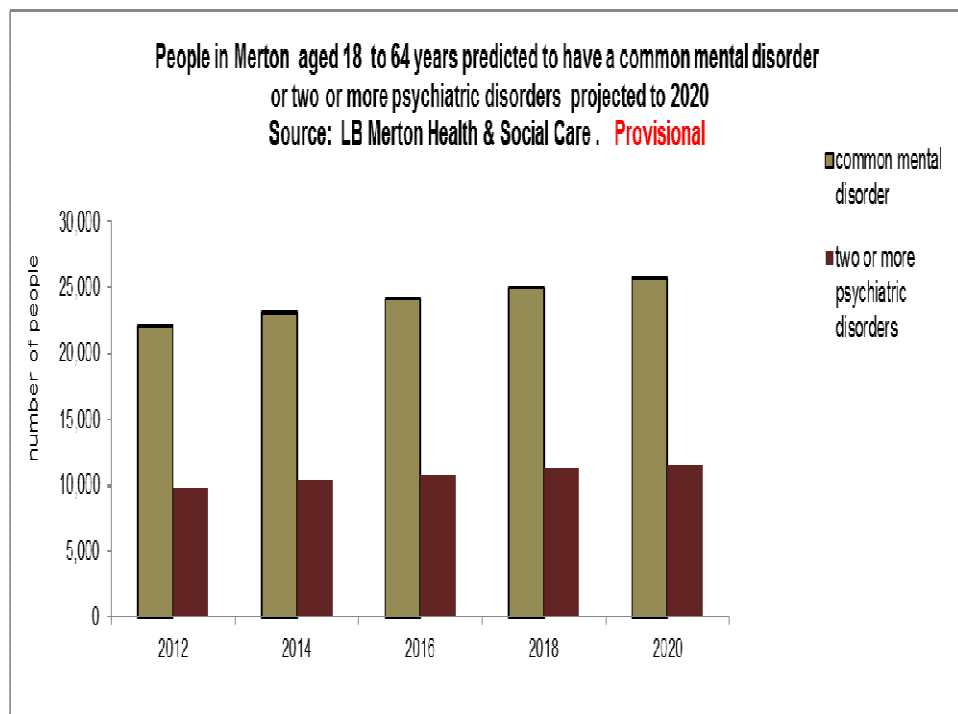
- Helping people and families to achieve and maintain a healthy weight,
- Early identification of those at risk and having disease
- Ensuring access to appropriate services to support people with diabetes to control their blood sugar levels and reduce potential complications

Diabetes: Ratio of recorded to modelled prevalence comparing Merton to geographical and statistical neighbours, 2011

Source:HNA toolkit



Mental Health Issues Predicted to Increase

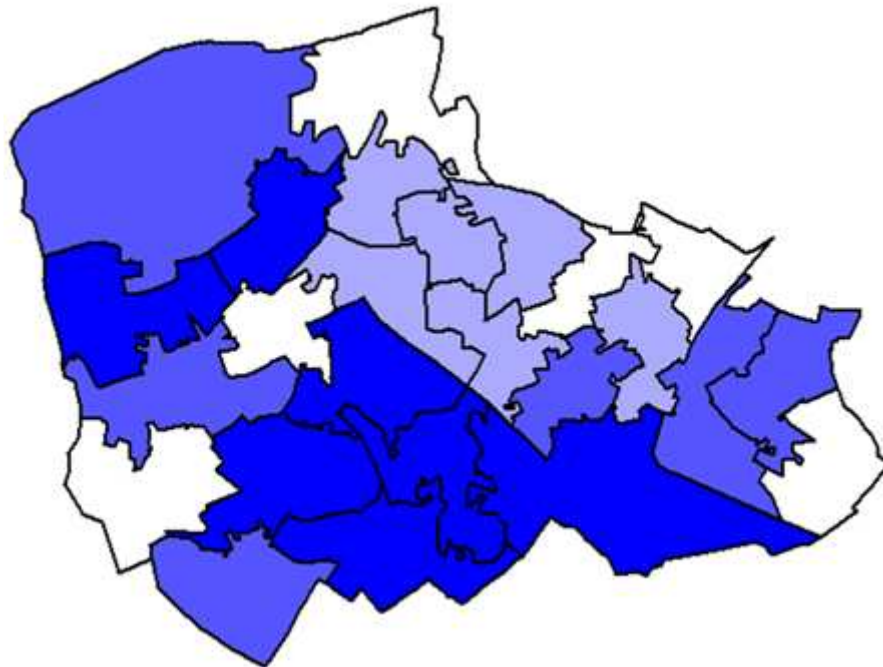
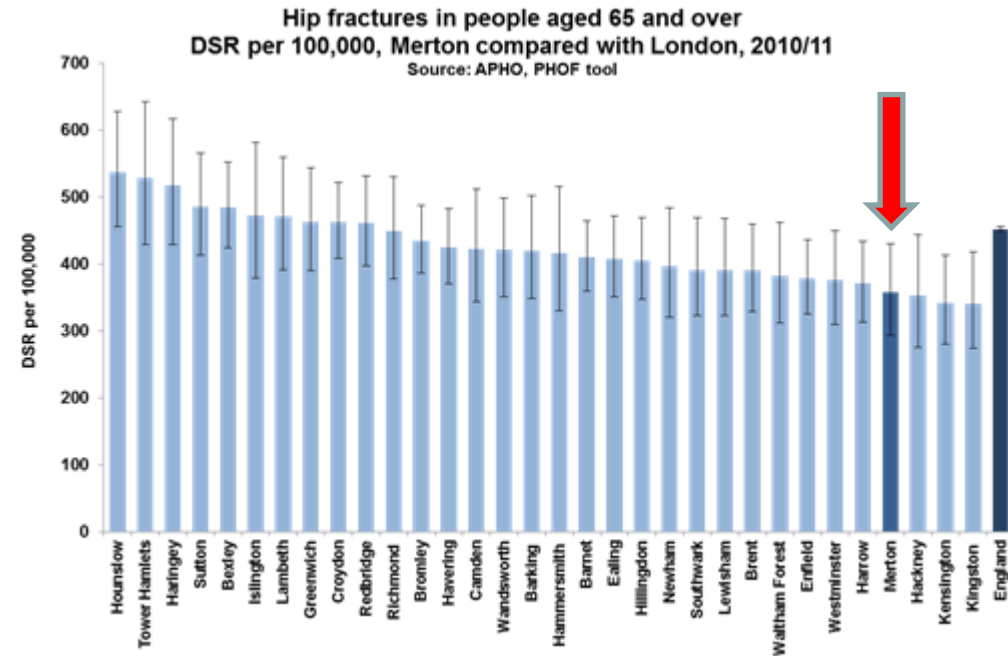


Falls

- Major cause of disability and mortality in older people
- Merton's older people projected to increase by 21% in next decade

BUT....

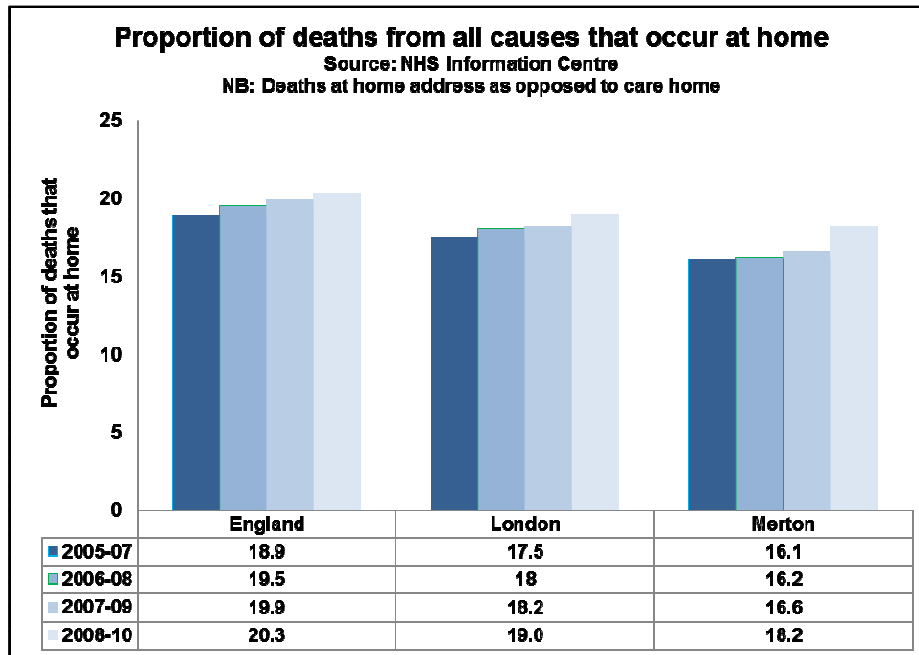
Merton has the 4th lowest rate of hip fractures in all London Boroughs



What are we focussing on?

- Prevention of falls services
- Review of community falls prevention services
- Reducing osteoporosis

End of Life Care (EoLC)



- Proxy measure is the proportion of deaths at home- higher proportion is more desirable
- Current levels are low nationally, regionally and in Merton

But...

National Survey shows that 57% of respondents preferred a home death

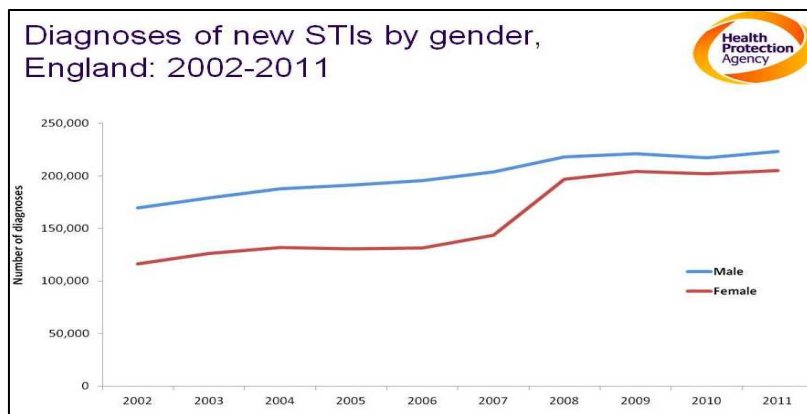
And...

Accessibility to and adaptability of EoLC services to different faiths is

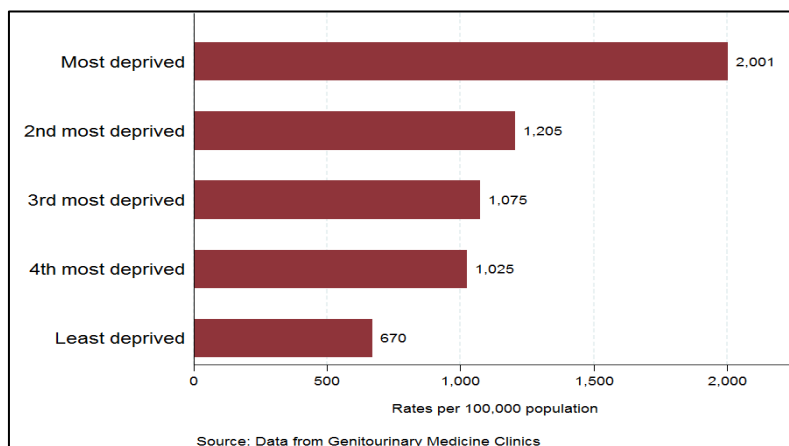
What are we focussing on?

- Working with partners in NHS to develop better, more integrated services
- More in-depth analysis of data
- Raising awareness of Coordinate My Care register

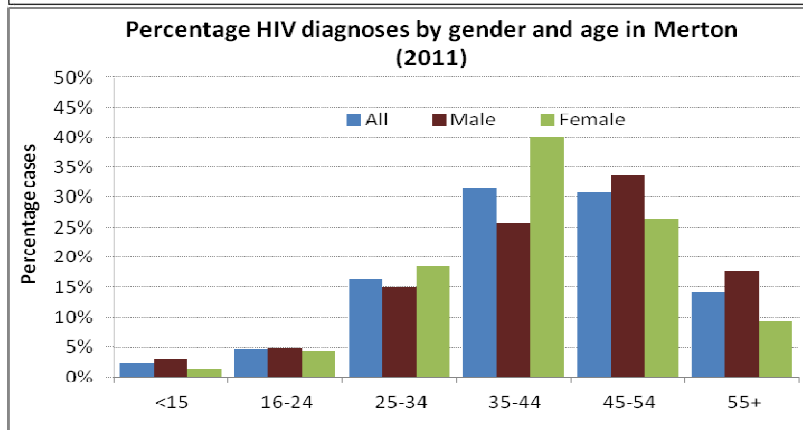
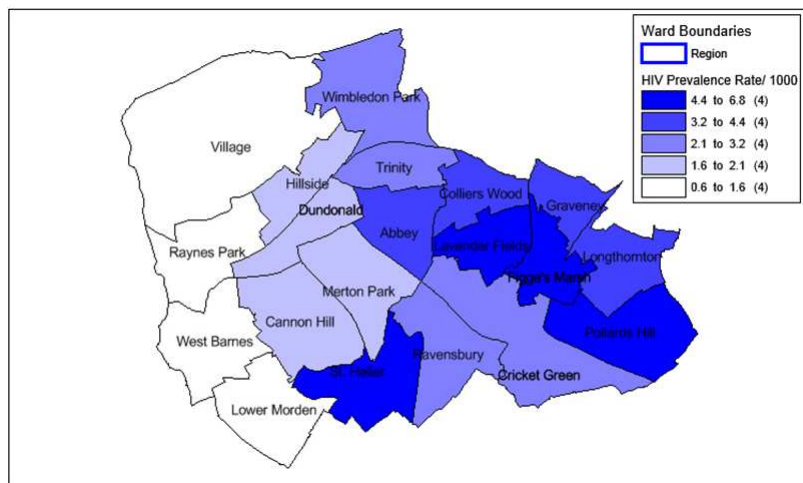
Sexually Transmitted Infections



- 2128 acute STIs diagnosed in 2011.
- Chlamydia is most common STI followed by Genital Warts.
- 448 positive Chlamydia tests which is an 8.5% positivity rate. Higher than London and England.
- Genital Wart infections reduced by 10%. Better than London and England where the rate is more stable.
- Strong correlation between poor sexual health & deprivation.
- National Chlamydia screening programme for 15-24 year olds to address PH indicator.

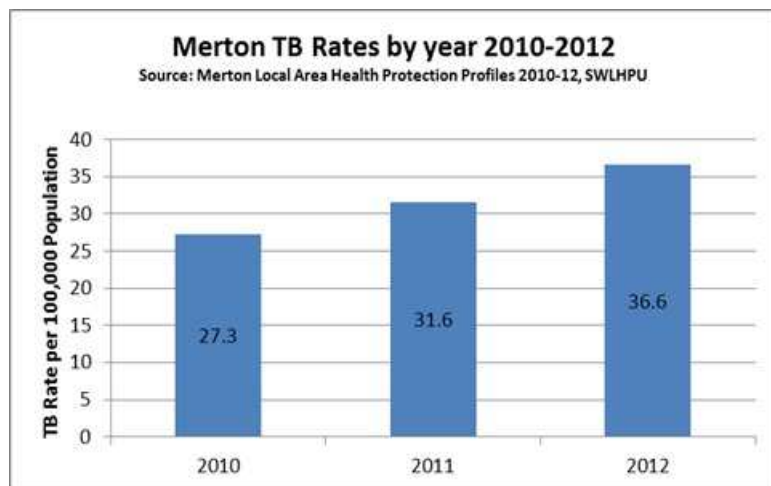


HIV



- Increased number of people living with HIV in last 5 years.
- 2561 adults known to HIV services between 2007-2011.
- High risk groups – Black Africans & Men who have Sex with Men (MSM)
- Five high rate wards - accounts for 42% of all people diagnosed
- Lower late diagnosis than London BUT still 32% of Merton residents diagnosed late.
- Estimated 1 in 5 Londoners unaware of HIV status.

Tuberculosis



There were 194 cases of Tuberculosis (TB) in Merton from 2010 to 2012.

The rate of TB in Merton is high & increasing.

The rate in London in 2012 was 41.8% per 100,000 of the population. Merton's rate was 36.7%

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