HEALTH AND WELLBEING BOARD
27 MARCH 2018

STRATEGIC ITEM

Subject: The Merton Story (2018) – health and wellbeing in Merton

Lead officer: Dr Dagmar Zeuner, Director of Public Health

Lead member: Cllr Tobin Byers

Contact officer: Amy Potter, Public Health Consultant

Recommendations:

A. To consider and comment on the refreshed *Merton Story (2018) – health and wellbeing in Merton*, part of the Joint Strategic Needs Assessment.

B. To actively use the Merton Story as a tool to disseminate the key messages relating to the health and wellbeing of our local population, to inform strategic commissioning decisions.

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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. *The Merton Story* provides a snapshot of local needs identified through the Joint Strategic Needs Assessment (JSNA) process.

1.2. This paper presents the refreshed *Merton Story 2018* (see attached document), and asks the Health and Wellbeing Board to support the dissemination and active use of the Merton Story in order to disseminate the key messages relating to the health and wellbeing of our local population, to inform strategic commissioning decisions.

2 DETAILS

2.1. Local authorities and Clinical Commissioning Groups (CCGs) are required to produce a Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of their local community. The JSNA is an ongoing process by which local authorities, CCGs and other public sector partners jointly describe the current and future health and wellbeing needs of the local population and identify priorities for action to inform commissioning of health, wellbeing and social care services locally.

2.2. Merton's JSNA is made up of a number of user friendly products, from this *Merton Story* – which gives a snapshot of what Merton is like as a place to live (including the demographic make up of our residents and the wider environment within which our residents live, and the key risk factors for health and wellbeing through the life course, as well as health outcomes and health inequalities that exist between different population groups in Merton) – to *Ward Health Profiles* for each of Merton's electoral wards, and a range of more in depth *Topic Health Profiles* and *Health Needs Assessments* on priority topic areas.

2.3. The Merton Story presents a summary narrative of population needs, to support our health and wellbeing partnership working and commissioning agendas.

2.4. This Merton Story 2018 has been refocused on a description of *needs* only, leaving the Health and Wellbeing Strategy (HWBS) 2019 onwards and the developing Local Health and Care Plan to outline the *actions* that need to be taken to address the identified needs, the former focusing on the wider determinants of health and embedding a 'Health in All Policies' approach across partners; the latter focusing on health and care service delivery. Both are due to be developed in tandem through 2018 so they are complementary. The development of both of these strategies will begin after the local elections in May 2018.

2.5. The Merton Story was last presented to the Health and Wellbeing Board (HWBB) on 29 Nov 2016. The 2018 update has taken into account comments from HWBB members, including:

- Request to see more demographic data and trends
- Request that where possible, east/west data continues to be included
- An infographic version of the Merton Story would be helpful for communicating the key findings
- the data underpinning the Merton Story needs to be easily accessible, and it needs to be clearer how the Merton Story relates to the rest of the JSNA
- Request for more consideration of mental health issues, the health and wellbeing of carers, and the importance of self-care as well as reablement
- Request to use a 'Think Family' approach when considering need in children and young people.

2.6. In light of the above, the existing sections have been refreshed, and two new sections have been added into the Merton Story 2018, one summarising demographics, and one highlighting hidden harms and emerging trends. Summary text has also been added demonstrating how the Merton Story forms part of a suite of products that make up the JSNA (including a link to the new Merton Data online data resource). The report headings are as follows:

- *Summary population demographics and trends*
- *Merton is a good healthy and safe place to live. However, despite the overall positive picture, there are areas of concern relating to:*
    - *Inequalities and the health divide*
    - *Healthy lifestyles and emotional wellbeing*
    - *Child and family vulnerability and resilience*
    - *Increasing complex need and multi-morbidity*
    - *Hidden harms and emerging issues*
- *Further resources*

2.7. The Merton Story is not a static document, rather it is an evolving piece of work that aims to respond to changing need for data to inform commissioning decisions, and so whilst it will be refreshed as a minimum on an annual basis, updates may be made during the year if required. Accordingly, there are plans for further work throughout 2018/19 on the particular theme of complex needs and co-morbidities (including with mental health), especially to inform the developing multispecialty community provider (MCP) model and the Local Health and Care Plan. The new Merton Data online data resource launched in early 2018 also

provides the potential for enrichment of insight included in the Merton Story in the future.

2.8. A visual two page infographic summary of the Merton Story was produced for the previous version, and a new summary infographic and/or easy read version will be produced once this March 2018 update has been presented to the HWBB.

2.9. The report -*The Merton Story: health and wellbeing in Merton* - is attached.

3 DISCUSSION

3.1. Board members may wish to consider the following questions:

- *Are there any other areas which should be highlighted in the Merton Story, in particular through the 'emerging issues and hidden harms' section?*
- *How might members actively use the Merton Story as a tool to promote the key messages relating to our health and wellbeing ambitions?*

4 ALTERNATIVE OPTIONS

None for the purpose of this report

5 CONSULTATION UNDERTAKEN OR PROPOSED

Community Voice is part of the JSNA process

6 TIMETABLE

The Merton Story will be refreshed as a minimum on an annual basis, as part of the rolling JSNA process, although it is an evolving piece of work rather than fixed, and so updates may be made during the year if required.

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

The Merton Story presents a summary narrative of population needs, to support our health and wellbeing partnership working and commissioning agendas, so may impact on commissioning (financial/resource) decisions.

8 LEGAL AND STATUTORY IMPLICATIONS

Local authorities and CCGs have equal and joint statutory duties to prepare and publish a joint strategic needs assessment (JSNA) for their area, through the Health and Wellbeing Board. This Merton Story is a part of the broader JSNA.

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The JSNA gives an overview of the health and wellbeing of Merton residents, including health inequalities.

10 CRIME AND DISORDER IMPLICATIONS

None for the purpose of this report

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None for the purpose of this report

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

- The Merton Story – health and wellbeing in Merton

13 BACKGROUND PAPERS

None

The Merton Story – health and wellbeing in Merton in 2018

Introduction

The Joint Strategic Needs Assessment (JSNA) is a statutory assessment of population health and wellbeing needs for the Health and Wellbeing Board. It focuses on a description of the risk and resilience factors that influence health and wellbeing in a defined locality, and the distribution of diseases, looking at both the current pattern and the trend. Its purpose is to provide common evidence for relevant partners and decision makers to help inform policy, strategy, commissioning and service delivery.

Merton's JSNA consists of a number of user-friendly products, including *Ward Health Profiles* for each of Merton's electoral wards, and a range of more in depth *Topic Health Profiles* and *Health Needs Assessments* on priority topic areas. The *Merton Story* is part of the JSNA, forming a snapshot of what Merton is like as a place to live, the key risk factors for health and wellbeing through the life course, and important health outcomes and health inequalities that exist between different population groups, as identified through the ongoing JSNA process. See the '*Further Resources'* section for the range of other complementary JSNA products.

The Merton Story

Demographics of our local population

Merton has a diverse and growing population. In 2018, Merton has an estimated resident population of 210,250 which is projected to increase by about 3.5% to 217,550 by 2025. The age profile is predicted to shift over this time, with notable growth in the proportions of young people between the ages of 11 and 15 years (17%), [1] ***and those over 50 years old (10%).*** [3]

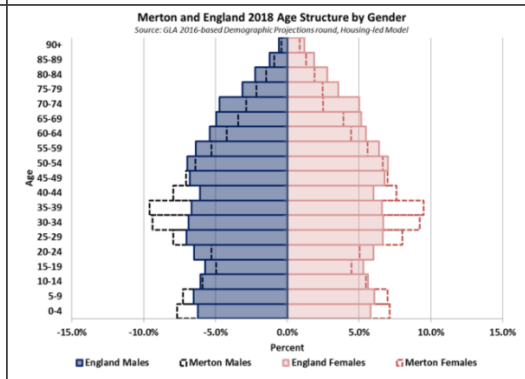
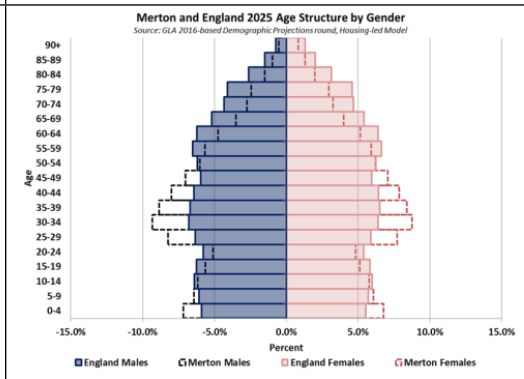
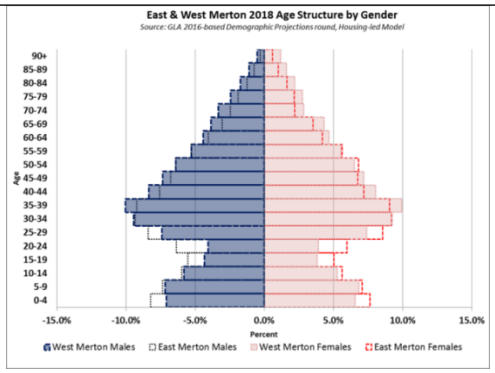
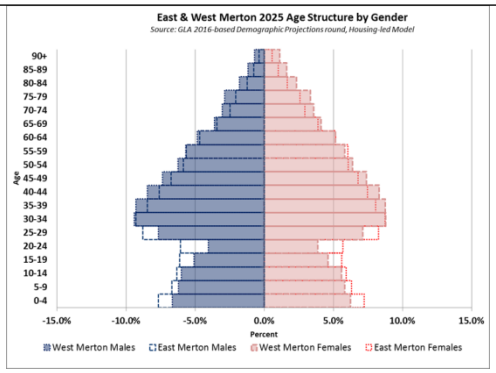
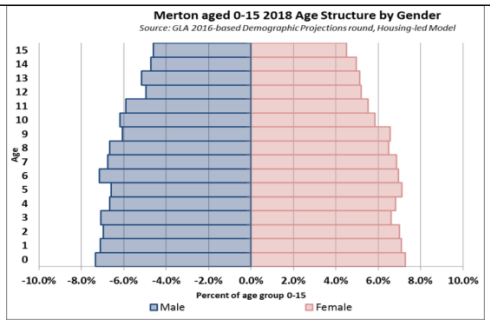
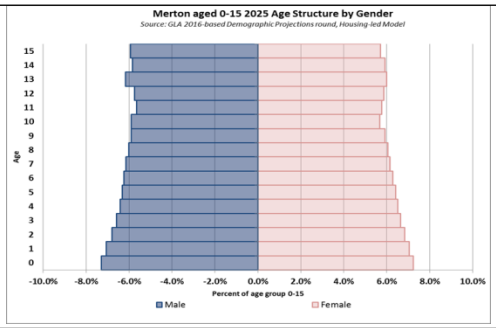
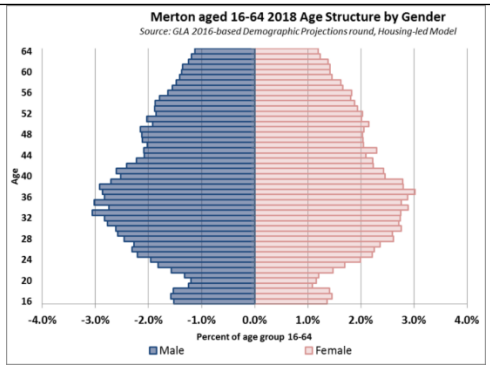
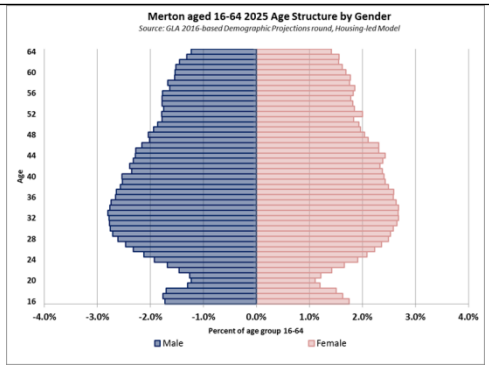
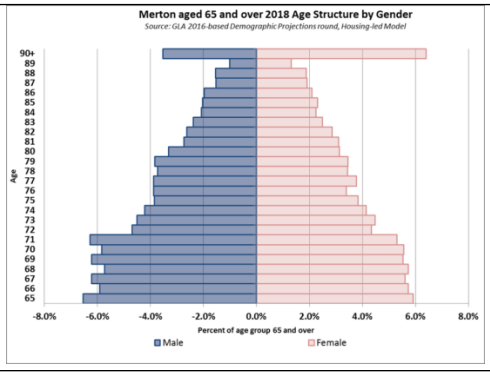
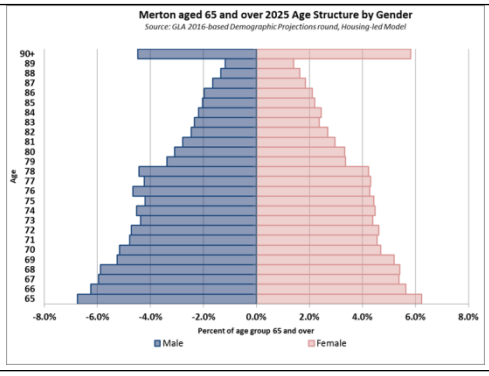
Although resident population is most often used, it is important to note that Merton's population will be defined differently by different partners for different uses. For instance, the figure above gives the population who are recorded as living in the borough, but partners such as the NHS often use Merton GP-registered population (246,735 in 2018[2]), Council education teams may use the school registered population, those dealing with skills and employment may use the population who work in the borough (a proportion of whom will also live in the borough), and so on. *For more information on different population estimates for the borough, see Merton Data (link in the Further Resources section below).*

The population pyramids below show Merton's current population patterns, and how the population of Merton is projected to change between 2018 and 2025.

- The number of births in Merton in 2016 was 3,246. There is a general downward trend. By 2025 it is projected that there will be an estimated 2856 births.8
- In 2018 there are currently 15,450 0-4 year olds in Merton, which make up 7.4% of the population. By 2025 this is predicted to decrease by 1.6% to 15,200. The decrease is more evident in east Merton.3

[1] GLA ethnic group projections 2015 Round published November 2016

[2] Health & Social Care Information Centre (HSCIC), GP population as at January 2018

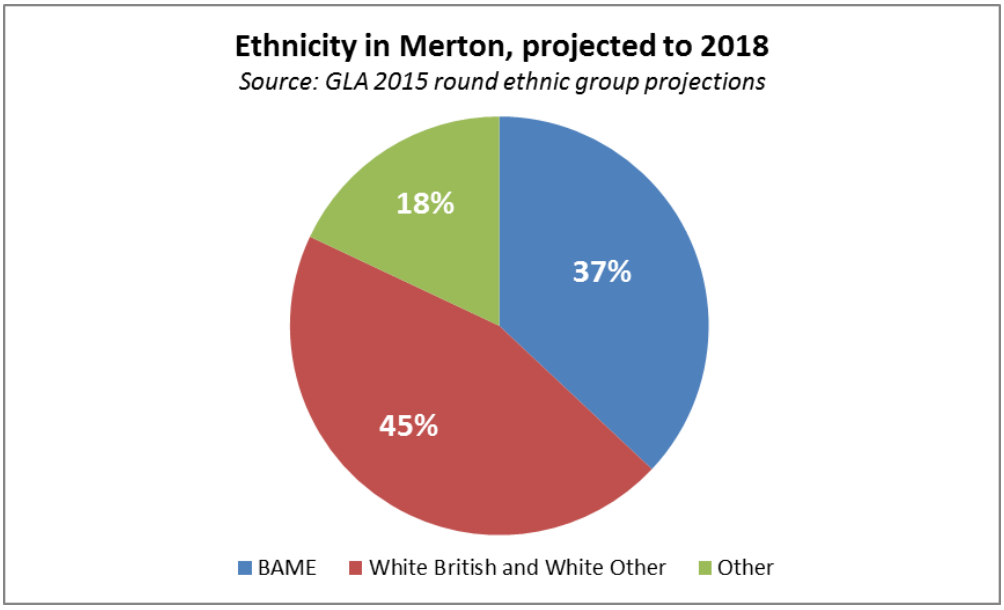
Age structure	Merton's changing demographics	
	2018	2025
Merton compared to England		
East v West Merton		
Aged 0-15		
Aged 16-64)		
Aged 65+		

- By 2025 it is predicted that there will be a 17% increase in the population group between the ages of 11-15 years to about 13,000. East Merton currently has a higher proportion of younger people (0-15 years) compared to west Merton (54.5% compared to 45.5%) however, it is forecast that the number of younger people (0-15 years old) will decline in east Merton by 2030 by 1,400 children.[3]

- 75,000 people of working age population (16-64 years) live in the east of the borough compared to almost 66,000 in west Merton. Forecasts show by 2025 there will be a 3.1% increase in the working population in Merton overall.[3]

- There is a higher proportion of people aged 65 and over in west Merton compared to east Merton. However, by 2030, the numbers of people aged 65 and over will be similar in east and west Merton. Overall growth in people 65 and over shows a 10.3% increase of around 2,650 people between 2018 and 2025.[3]

Currently, 37% of Merton's population are from a Black, Asian, or Minority Ethnic (BAME) group; by 2025 this is predicted to increase slightly to 38%.[1] English, Polish and Tamil are the most commonly spoken languages in Merton. Children and young people from BAME backgrounds make up 67.9% of those attending a Merton school which is lower than London average (72.2%) but higher than England (30%).[4]



Population density currently in east Merton is 69 people per hectare compared to only 46 people per hectare in west Merton and 55.7 per hectare in Merton overall, compared to London's 57.3 per hectare. By 2025 it is predicted there will be over 73.6 people per hectare in the east compared to 48.5 people per hectare in the west and 59.2 per hectare in Merton overall compared to 61.4 per hectare in London.[3]

For more demographic detail, see Merton Data (link in the Further Resources section below)

[3] Ward Projections - Interim 2015-based population projections published February 2017
[4] Merton Child Health Profile 2017. Public Health England (PHE)

Overall Merton is healthy, safe and has strong public and community assets

The health of people in Merton is generally better than the London and England average. Life expectancy is higher than average and rates of death considered preventable are low. This is largely linked to the lower than average levels of deprivation in Merton.

We have a range of public and community assets that are important to health; there are many green spaces, vibrant libraries, educational attainment is high, we have a wealth of small businesses and a strong Chamber of Commerce, as well as an active Voluntary and Community Sector and high levels of volunteering. We have good transport hubs, and a significant proportion of people who live in Merton also work in the borough (over 82% of people in 2016).[12]

Merton's assets are important as these, together with other protective factors such as the skills and capacities of individuals, formal and informal networks and associations, the institutions, the land and other physical assets within a community can enhance the ability of individuals, communities, and populations, to maintain and sustain health and wellbeing and to help to reduce health inequities.

However, despite this positive picture, there are areas of concern.

Inequalities and the health divide

Significant social inequalities exist within Merton. The eastern half has a younger, poorer and more ethnically mixed population. The western half is whiter, older and richer. Largely as a result, people in East Merton have worse health and shorter lives.[5]

Life Expectancy at birth in Merton is 80.4 years for males and 84.2 years for females.[6] In East Merton, life expectancy in men is 78.9 years compared to 82.1 years in West Merton. Women's life expectancy is 83.3 years in the East compared to 85.0 years in West Merton.[7] There is a gap of 6.2 years in life expectancy for men between the most deprived and least deprived areas in Merton, and the gap is 3.4 years for women.[6]

Healthy life expectancy at birth in males is 63.2 years and 66.7 years in females, therefore many residents are living a considerable proportion of their lives with ill health. The gap between the most/least deprived areas is also significant: 9.4 years for men, 9.3 for women.[8]

Premature mortality (deaths under 75 years) is strongly associated with deprivation. All wards in east Merton are more deprived and have higher rates of premature mortality than those in west Merton. Of all deaths in Merton between 2013-2017, 31.8% were premature (just under 1 in 3). In the 30% *least* deprived wards, 25.9% of deaths were premature (1 in 4), compared to 38.4% of deaths in the 30% *most* deprived wards (about 2 in 5). Comparing this data to previous years (2011-2015), the percentages of premature deaths have actually dropped in both the least deprived and most deprived areas.[9]

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[5] East Merton Health Needs Assessment, January 2014
http://www.merton.gov.uk/east_merton_health_needs_assessment.pdf
[6] Public Health Outcomes Framework (PHOF), Public Health England
[7] Local Health, Public Health England
[8] Office for National Statistics (ONS)
[9] Primary Care Mortality Database, 2013-2017

Health is determined by complex interactions between individual genetics and other characteristics such as age and sex, lifestyle factors, and most importantly, the physical, social and economic environment. These 'broader determinants of health' are the key drivers of healthy life expectancy and a healthy population.[10] Marked social inequalities are important drivers of the health divide in Merton, and some key local social determinants of health are highlighted below.

- Economic factors are highly correlated with health outcomes, and socio-economic status is a major determinant of both life expectancy and healthy life expectancy. The 2015 IMD (Index of Multiple Deprivation) score shows that Merton as a whole is less deprived (14.9) compared to London (23.9) and England (21.8). However, East Merton has an IMD score of 21.1 compared to West Merton which is 8.2.[11]

- Lower incomes and lower employment are bad for health. Being in work is generally good for health, although good working environments are important. In 2017, 3.4% of the working age population (16-64) claimed out of work benefits in Merton; however rates are significantly higher in the East of the borough (4.7%), compared to West Merton (1.9%), and although the Merton average is lower than London (4%) and England (3.7%), these East Merton rates are higher.[12]

- Merton's social housing stock is the fifth lowest in London at 14%. The London average is 20% with social housing stock as high as over 44% in Hackney and Southwark. The profile of stock differs between owner occupied and social housing in Merton, with 58% of social housing and 63% of private rented homes being flats, compared with only 24% in the owner-occupied sector.[13] Poor and overcrowded housing causes or contributes to many preventable diseases and injuries, including respiratory disease and poor mental health and wellbeing. 15.8% of households are overcrowded in Merton. This is higher in the East (20.4%) than West of Merton (11.1%).[7] Low income combined with high energy costs is strongly linked to living in homes that are not heated sufficiently (fuel poverty). An estimated 10.2% of household (8,151) are fuel poor in Merton, which is similar to London and England (2015). Fuel poverty is more prevalent in inner London boroughs and lessens in outer London.[14] Between 2012 and 2014 levels of fuel poverty in Merton increased, although 2015 shows a slight fall. A similar trend is evident across London.

- Merton's crime rate overall in 2017 (12 months) was 65.1 per 1000 population. The east of the borough showed a higher rate at 68.0 compared to the west at 61.9. The rates are much lower than London (92.4 per 1000). The figures show a rise from 2016, where rates for Merton were 63.7 and London 87.1 per 1000. Part of this rise is likely to be due to increased reporting and/or improved recording of data.

[10] Kings Fund 2012/13 - Broader determinants of health: Future trends
https://www.kingsfund.org.uk/projects/time-think-differently/trends-broader-determinants-health
[11] English indices of deprivation, HMG
[12] ONS via NOMIS 2017
[13] 2011 Census data
[14] Estimates of sub regional fuel poverty in England, 2014 data, Department of Energy & Climate Change, published 2016.

Healthy lifestyles and emotional wellbeing

The main causes of ill health and premature deaths in Merton are cancer and circulatory disease (including coronary heart disease and stroke). Known risk factors (unhealthy diet, smoking, lack of physical activity, and alcohol) account for around 40% of total ill health. Consequently, changing patterns of unhealthy behaviour must be an important focus for prevention efforts. Furthermore, most risk factors are inversely associated with socio-economic conditions.

The numbers of people in Merton with unhealthy behaviours are substantial. This is despite some positive rankings against London and England for these primary risk factors.

- Around 18.2% of adults aged 19+ are doing less than 30 minutes of moderate intensity physical activity a week (2015/16). This is a lower proportion than London (22.2%) and England (22.3%), but still equates to around 28,000 people. The latest figures include adults from 19 whereas previous data included those from 16, therefore it is not possible to compare the two to identify trend.**Error! Bookmark not defined.** A worrying proportion (56.9%) of adults in Merton aged 18 and over are overweight or obese (2015/16) with a general increasing trend since 2012-14. This equates to over 90,000 people, and is a higher proportion of the population than London (55.2%) but lower than England (61.3%).**Error! Bookmark not defined.**

- The percentage of adults in Merton aged 18 and over who smoke is 12.7% (2016). This level of smoking is lower than London (15.2%) and England (15.5%), but still equates to over 20,000 people.**Error! Bookmark not defined.** Of the Routine and Manual workers group (aged 18-64, 2016), 16.6% of adults in Merton (an estimated 23,130 people) smoke compared to 23.9% in London and 26.5% in England.**Error! Bookmark not defined.**

Based on modelled data, there is marked variation in patterns of healthy behaviours between East and West Merton. For example 55% of adults (over 16 years) in Merton are estimated to consume 5 or more portions of fruit and vegetables every day[6] but supplementary modelled data suggests that there is an estimated 10% difference between east and west Merton.[15]

An estimated 16.5% of the population (only about 34,000 people) use outdoor space for exercise/health reasons in Merton (2015/16) which is lower than London (18%) and England (17.9%).[6] This is despite Merton being one of the greenest boroughs in London with 677ha of public open spaces, including more than 65 parks. Green spaces make up 18% of the borough, compared to the London average of 10%.[16] A new Public Health Outcomes Framework indicator on people's access to woodland (within 500 metres of where they live) shows Merton's rates to be high at 25.1% (5th best of London boroughs). This is also high compared to England at 16.8%.

The scale of alcohol related harm in Merton is significant. Approximately 38,000 people are estimated to be drinking at harmful levels.[17] In 2015/16 there were 2,980 admission episodes to hospital for alcohol related conditions (broad definition). While the number is substantial, this represents a lower rate of admissions (1,870 per 100,000 population) compared to

[15] Local Health, Public Health England

[16] Future Merton, The London Borough of Merton

[17] Substance Misuse Profile, January 2018

London (2,235) and for England (2,179).[18] There is a significant variation between the east and west of the borough, with a higher rate of alcohol-related admissions in the east compared to the west. 7

Although drug and alcohol treatment outcomes are generally better than the London and national averages, and with consistently lower rates of drug related deaths, Merton has a significant population of people with a substance misuse problem who are not accessing treatment: an estimated 60% unmet need in the population of opiate and crack users (compared to 62% nationally), and 83% unmet need in the alcohol dependent population (compared to 81.7% nationally).[19] There are also challenges with continuity of care for those exiting prison with a substance misuse issue. Around 22% of substance misuse clients were treated concurrently for mental illness, highlighting the importance of joined up treatment pathways with mental health.

The number of new Sexually Transmitted Infection (STI) diagnoses (excluding Chlamydia aged <25) per 100,000 of the population aged 15-64 years was 1,234 in 2016. The prevalence of STIs is lower than London (1,527 per 100,000) but higher than England (795 per 100,000).28

The percentage of repeat abortions in women under 25 living in Merton is 29.9% in 2016. This number is higher than in England (26.7%) but lower than London (30.8%).28

In 2016, 553 people in Merton were known to be living with HIV, this equates to a prevalence rate of 4.24 per 1000 population amongst those aged 15-59 years, which is lower than the London rate (5.78 per 1,000) but significantly higher than the rate for England (2.3 per 1,000). Late diagnosis (2014-16) in Merton was high at 41.5% compared to London at 33.7% and slightly higher than England (40.1%)[28.]. Late diagnosis is linked with a much higher risk of mortality than those diagnosed early. In 2016 the number of taking up HIV testing was 8,786. HIV testing uptake was higher than both London and England. Merton was the 8th highest of all 32 London boroughs.[28]

In 2016/17, across all ages, 1.9% or 4,200 Merton residents have a cancer diagnosis (as recorded on GP practice disease registers). This is a slightly higher rate than London (1.8%) but lower than England (2.6%).[20] In general, cancer prevention screening levels in Merton appear similar or slightly higher than London but lower than England, with most recent data showing 52.2% (bowel), 67.9% (cervical) and 70% (breast) of the eligible populations were screened.

In terms of self-reported wellbeing and emotional resilience, 8% of the Merton population aged 16 and over reported a low happiness score compared to 8.3% in London and 8.8% in England (2015/16) and 22.2% of people aged 16 and over reported a high anxiety score compared to 20% in London and 19.4% in England.[21]

There are an estimated 24,000 adults (16-74 years) with common mental health disorders such as depression and anxiety (2014/15), representing 16.1% of the adult population in Merton. This compares with London at 16.4% and England at 15.6%. However, in 2016/17,

[18] Local Alcohol Profiles for England (LAPE)
[19] PHE Drug and Alcohol team, Feb 2018
[20] Cancer services profile, PHE
[21] Annual Population Survey (ONS)

only 12,154 adults (16-74) were identified with depression by Merton GPs (6.9% of patients – a lower proportion than England 9.1%, but slightly higher than the London average of 6.4%).[22] This suggests that a substantial proportion of adults in Merton experiencing common mental health conditions remain undetected, and this lack of primary care identification against expected prevalence is likely to make managing diabetes, and other long-term conditions, not to mention depression itself, much more challenging, with poorer overall health outcomes for the individual.

Latest data (June 2017), for access to psychological 'talking' therapies (IAPT) shows, each month, in the region of 300 people are referred for treatment, of which just over half completed, and that of those patients completing treatment, 46.7% are moving to recovery. The Merton recovery rate is lower than London (50.8%) and England (50.9%), but the difference is not statistically significant. Since 2013, the overall trend has been an increase in proportion of patients moving to recovery,**Error! Bookmark not defined.**

Child and family vulnerability and resilience

Most children and young people living in Merton are healthy and have a good start in life. Most experience better health and related outcomes than the London and England average. However not all children enjoy similar positive outcomes. The health divide is evident right from the start of life.

'School readiness' is a key measure of a child's development - the percentage of children achieving a good level of development at the age of reception. In 2016/17, 73.94% of children living in Merton achieved this standard, which is 1,883 Reception year children. This is similar to London (73.0%) but higher than England (70.7%).This was an improvement against the previous 3 years.**Error! Bookmark not defined.** Children with free school meal (FSM) status do less well, but the position is improving. In 2016/17 63.9% of children with FSM status achieved a good level of development, representing a trend of significant and continuous improvement over the past four years from 32.9% in 2012/13. The most recent 2016/17 figure is similar to London (63.6%) but higher than England (56%). The gap in school readiness between children with FSM status and their peers has reduced to 13% (nationally the gap is 18%).

The number of 2 year olds benefiting from funded early years education is 55% in 2017, which is lower than outer London (59%) and England (71%).[23] This has decreased slightly from 2016 (57%), however, local analysis of 2018 data (not yet published) indicates an overall increase to approximately 65% take up, and targeted outreach work is taking place to facilitate take up. For 3 and 4 year olds, the percentage benefiting from funded early years places increased to 86% of those eligible which is the same as London but lower than England (95%) in 2017.[23] Ofsted has rated 92% of early education settings in Merton as 'Good' or 'Outstanding' which is in-line with England (93%) but slightly lower than other outer London boroughs (95%).

[22] Common Mental Health Profiles, PHE, June 2016.

[23] Statistics: childcare and early years: https://www.gov.uk/government/collections/statistics-childcare-and-early-years

Overall 91% of Merton schools are judged by Ofsted to be 'good' or 'better' as at January 2018; this is the strongest performance by Merton schools with regard to Ofsted inspections and is a strong improvement from 81% in 2014. This is in line with the national average and just below the London average. All secondary schools are now judged at least 'good' with 50% as outstanding. The 2016 data for GCSE outcomes (the most recent data available) shows a gap of 10.3 between disadvantaged pupils (45.1) achieving Attainment 8 average score at GCSE and all other pupils groups (55.4). This is higher than the London gap (9.0), but lower than national (12.3).

Merton has a low rate of 16-17 year olds Not in Education, Employment or Training (NEET) or whose activity is unknown at 3.5%, which is lower than London (5.3%) and England (6%) – the 7th lowest in London.

Family context has profound influence on a child's healthy development and life chances. Children living in poor social circumstances are most at risk of poor health outcomes.

A person's experiences during childhood lays down a foundation for the whole of their life, including physical and mental wellbeing. While Merton has generally lower rates of children living in deprived circumstances and generally better health and well-being outcomes, numbers with poor outcomes remain substantial.

- Around 6,500 children under 16 years in Merton are living in poverty (2014). This equates to 16.2% of children under 16 in Merton living in low income families, compared to 23.4% in London and 20.1% in England.**Error! Bookmark not defined.**

- At 31 March 2017, there were 152 children in care. This continues the trend of gradual increase since 2012, although the number typically lies within the range of around 150-160 at any given time. The rate of children in care (36 per 10,000 children) is significantly lower compared with London (50 per 10,000 children) and England (62 per 10,000 children).[24]

- Parental mental health problems, parental misuse of alcohol and drugs and domestic violence are the most significant risk factors that impact on a child's health and wellbeing (referred to as the 'trigger trio'). Of the 2,690 children in receipt of services as a 'Child in Need' in 2015/16, around 1,000 of these children were in need due to abuse, neglect or family dysfunction.[24] In 2016, the rate of children under 18 who started to be looked after due to family stress, dysfunction or absent parenting was 14.1 per 10,000. This was higher than London at 11.6 and England at 10.1.

- In 2016/17, 10 females presented with female genital mutilation in Merton. Data from the previous year 2015/16 shows the same figure.[25]

There were 1,078 Merton resident children with an Education Health and Care Plan (EHCP) or Statement of special education needs (SEN) as of January 2016. This is a 16% increase between 2012 and 2016 and is a faster rate of growth than London (15%) and England (11%).[26] The increase in EHCPs is largely driven by the increase in diagnosis of autism as their primary need, but also through an increase in social, emotional and mental health

[24] Children looked after in England 2015-2016, Department for Education September 2016
[25] NHS Digital, data 2016/17
[26] Merton SEND Needs Analysis 2017

(SEMH) needs. There were 1,148 pupils attending Merton schools (regardless of area of residence) with an EHCP of Statement of SEN (including Independent Schools) as of January 2016, this is an increase of 19% between 2012-2016. There were a further 3,726 pupils in Merton schools in 2016 with Special Educational Needs receiving support, which is a reduction of 13% since 2012, this reduction mainly relates to the Secondary phase.

Uptake of childhood immunisations has increased in Merton however, as with most boroughs in London we are below the national target of 95%. The Health and Well-being indicator is 2 doses of MMR at age 5 years in Merton and uptake stands at 80.4% which is higher than London 79.5% but lower than England 87.6% (2016/17).[6] However, uptake in MMR dose 1 given by the age of 2 is 88.1% (2016/17) which has been maintained over the past 3 years and is higher than London (85.1) but again lower than England (91.6%).[6]

4,500 primary school children (aged 4-11) are estimated to be overweight or obese (excess weight). One in 5 children entering reception are overweight or obese and this increases to 1 in 3 children leaving primary school in Year 6 who are overweight or obese. The gap in levels of obesity between the east and the west of the borough is currently 10% (2013/14-2015/16), and increasing. This significant health inequality impacts children's health and potentially their life chances. There are also ethnic variations in obesity prevalence; nationally, evidence indicates that a child is more likely to have excess weight if they are from a BAME background. However, there is no straightforward relationship between obesity and ethnicity, with a complex interplay of factors.[27]

Despite an increasing gap in childhood obesity in 10-11 year olds between the east and the west (due to levels reducing in the west and increasing in the east), there are some signs from the most recent data that the overall trend in excess weight may be beginning to decrease in 10-11 year olds, currently at 34% (2016/17). There has also been a general decline in the proportion of 4-5 year olds that have excess weight, however the most recent 2016/17 data has shown a 2% increase to 21.2% which is in line with national trends. The overall gain in excess weight amongst children between reception and Year 6 has reduced from 15.9% in 2015/16 to 12.8% in 2016/17.[27]

Since 2006 there has been a decline in under 18s conceptions from 41.1 per 1000 to 14.1 per 1000 in 2015.**Error! Bookmark not defined.** This is lower than London (19.2) and England (20.8). Merton has the 7th lowest numbers of under 18 conceptions in London with 43 teenage pregnancies – over half of these pregnancies resulted in abortion in 2015.[28] Wards in east Merton have the highest rates of teenage pregnancies compared to the west of Merton (2013-2015 – average of 21.9 in the east and 6.7 in the west, per 1000 women aged 15-17).[7]

Alcohol and drug misuse are markers of risky behaviours and vulnerability among young people. Locally in 2016/17, 97 young people (under 18s) accessed specialist substance misuse services (the main substances for which young people were receiving treatment were cannabis, followed by alcohol). This is an increase from previous years, and is in contrast to the national trend of decline in young people entering specialist substance misuse services.[29] This reduction may be due to a drop in referrals from Youth Justice

[27] Annual Public Health Report 2016 – Childhood Obesity
[28] Sexual & Reproductive Health Profiles
[29] The National Drugs Treatment Monitoring System (NDTMS)

Services in the previous year, and an increase in referrals from schools and education settings more recently.

In 2015/16 the Merton rate of child admissions (under 17 year olds) for mental health conditions (108.2 per 100,000 children 0-17 years) was one of the highest against local authority nearest neighbours and compared to England (85.9). This equated to 50 young people being admitted to hospital. This represents a 'stable' trend of mental health admissions assessed over the last 5 years period, and is similar to the national trend.[30] In 2016/17 Merton had a rate of emergency hospital admission for self-harm among 10-24 year olds of 258.2 per 100,000 population (approximately 78 children and young people) which is the 5th highest rate in London (average of 197 per 100,000), but lower than England (404.6 per 100,000). There has been a trend of increasing self-harm admissions since 2013/14, which may in part be linked to a change in hospital admission policy.

Hospital admissions caused by unintentional and deliberate injuries in children and young people were higher in Merton compared to other London boroughs (2016/17). For 0-4 year olds it was 129.4 per 10,000 equal to 207 admissions, 0-14 years it was 107 per 10,000 equal to 434 admissions and 15-24 years it was 130 per 10,000 equal to 265 admissions. In 2016/17 there were 423 per 1,000 A&E attendances in children under 18 years of age. This is lower than London (459 per 1,000) but higher than England (405 per 1,000).[31]

For Road Traffic Accidents, rates for children in Merton aged 0-15 years killed or seriously injured were the highest in London. This corresponds to a rate of 14.3 per 100,000 (18 children) (2014-16), and within this group 6-10 year olds had the highest rate (15.7 per 100,000 (6 children). Rates for emergency admissions for road accidents involving pedestrians 0-24 were also high (25.4 per 100,000, 2011/12-2015/16, equating to 69 individuals) which is higher than London (17.3 per 100,000) and England (15.9 per 100,000) [32]. Parents cite vehicle speed and volume as reasons why they do not allow their children to walk or cycle, thereby reducing opportunities for physical activity.

Increasing complex need and multi-morbidity

The population is ageing and increasing numbers are living into older age with multiple long-term conditions such as heart disease, diabetes, cancer, mental health conditions, and dementia.

10,934 people have been recorded with Type I or II diabetes (Quality Outcomes Framework practice disease register) in 2016/17. This equates to 6.1% of the population and is fairly similar to London (6.5%) and England overall (6.7%). There has been a steady increase in diabetes prevalence from 5.4% since 2012/13 to the current 6.1%, an additional 1,500 people in Merton with diabetes. Type II diabetes is more than six times more common in people of South Asian descent and up to three times more common among those of African and African-Caribbean origin, and affects people from BAME backgrounds at a younger age. In 2016/17 45.7% of people with Type II diabetes were from a black and minority ethnic group, and 42.2% from a white ethnic background. In 2016/17, 79% of Type I diabetes

[30] Children & Young People's Mental Health & Wellbeing Profile, PHE
[31] Child & Maternal health profiles
[32] Public Health Outcomes Framework

patients achieved good blood pressure control (London 79%, England 76%) and 73.4% in Type II diabetics (London 75.1%, England 74.4%). [33]

In addition to the numbers suffering common mental health disorders such as depression and anxiety (see previous section on healthy lifestyles and emotional wellbeing), there are around 2,750 adults (aged 18 years and over) in contact with specialist mental health services (2017/18 Q2). This represents a rate of 1,737 per 100,000 population, and is significantly lower than the London average (2,092) and England (2,335).[34]

Residents in Merton in contact with secondary mental health services are much less likely to be in employment compared to other working age residents. The gap in employment rate for those in contact with secondary mental health services compared to the overall employment rate in Merton is estimated to be 62.8% (2016/17) which is lower than London (67.8%) and England (67.4%).

As highlighted previously, a proportion of those accessing treatment for substance misuse are also known to mental health services. In Merton in 2016/17, a quarter (25.1%) of patients using mental health services were also recorded to have substance misuse issues, which is lower than London (28.5%) but higher than England (24.3%).[35] National data shows approximately 68% of women and 57% of men with mental health problems are parents, highlighting the importance of taking a 'Think Family' approach across partners to mental health and other issues within the borough.[36]

In 2016/17 Merton had a rate of emergency hospital admission for self-harm of 97.6 per 100,000 population (approximately 194 people) which is lower than England (185.3 per 100,000) but higher than London (84.1 per 100,000). There were 9.0 per 100,000 population suicides in Merton in 2014/16, an average of almost 15 suicides per year. Suicide rates are lower than England (9.9 per 100,000) and similar to London (8.7 per 100,000).[37]

An estimated 1,686 older people (65 years and over) have dementia in Merton; and 74.4% have received a formal diagnosis. This represents a higher diagnostic rate compared to London (71.1%), and England (66.4%).[38] Recent evidence is emerging that healthy lifestyles such as avoidance of tobacco, alcohol, poor diet and physical inactivity can reduce the risk of dementia.[39]

Merton currently supports around 4,000 adults aged 18 and over with social care needs.[40] Merton performs well for providing social care support to people in the community. In 2015/16, 1,496 people accessing long-term community support received self-directed support – a rate of almost 100% of users, and higher than local authority compactors and England (87%). In 2015/16, 34.3% of service users and 94.1% of carers received a direct payment, against 30.4% and 73.3% (respectively) in the comparator group of local authorities.

[33] Diabetes Profile, PHE February 2018
[34] Severe Mental Illness Profile, PHE February 2017
[35] Mental Health & Wellbeing JSNA, PHE March 2018
[36] Fundamental Facts About Mental Health 2016 – Mental Health Foundation
[37] Suicide prevention profile, PHE March 2018
[38] NHS England April 2016
[39] Health Matters: midlife approach to reduce dementia risk. PHE, 2016
[40] Merton Council Adult social care local account

Delayed transfer of care (DToC) from hospital to home is an important measure of the interface between health and social care. In 2016-17, Merton performed well above our CIPFA comparator group on both delayed transfers of care from hospital, per 100,000 population, and delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population. The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital following reablement in Merton was 76.5% in 2016/17. The current figure for Merton is lower than both London (85.5%) and England (82.5%).[25]

In terms of Merton residents living with a disability, an estimated 10.8% of people in Merton were diagnosed with a long term illness, disability or medical condition in 2014/15. This is lower than London (12.6%) and England (14.1%).[41] In 2015,13.5% of Merton 16-64 year olds were recorded as Equalities Act core disabled or work limiting disabled, which is lower than England (19.2%) but more similar to London (16.1%) and comparators.[42] It is estimated that 10.1% of Merton's working age population (16-64 years) population have a physical disability (14,000 people) which is slightly higher than London (9.9%) but lower than England (11.1%).[43] There are just over 400 adults in Merton recorded with a learning disability in 2016/17, 313 of whom live in stable and appropriate accommodation. This is three quarters (75.2%) of Merton's population with a learning disability and is higher than London (71.3%) but slightly lower than England (76.2%).[6] There are a variety of factors that affect people's ability to live independently with a disability, such as access to education, employment and community; including planning, accessibility and transport.

In Merton there are thought to be approximately 17,000 carers and it has been estimated that they have an economic contribution of £285.7 million. However, we know that caring can have a negative impact on the carer's physical and mental health, and that caring responsibilities can adversely affect education and employment. Assessments and services were provided to 1,016 carers in Merton during 2016-17, and the 2016/17 carers' survey showed that Merton is performing better than our comparator group on "Overall satisfaction of carers with social services". There are nearly 600 known young carers in Merton, with the actual number likely to be a good deal higher.

Feeling isolated and lonely has a profound negative effect on physical and mental health and wellbeing, and at the same time, those with a significant mental or physical health condition or disability may themselves be more likely to be isolated due to their condition. 15% of the older population in the UK are reported to experience loneliness.[44] This is particularly important given we have an estimated 5,900 people aged over 75 living alone. Many people who use social care services would like more social contact, with around 39.5% of users reporting that they had as much social contact as they would like (2016/17). This is significantly lower than the average for England (45.4%), although similar to the average for London (41%).[45]

In 2015/16 were 757 emergency admissions for injuries due to falls among people of aged 65 years & over. Falls are the leading cause of older people being admitted to hospital as an

[41] Long term Conditions & Complex Needs Profile, PHE 2017
[42] Annual Population Survey, 2015
[43] Common Mental Health Disorders Profile, PHE February 2017
[44] Age UK
[45] Adult Social Care Outcomes Framework (ASCOF), 2018

emergency. Having a fall can have a significant negative impact on long terms outcomes for older people. The Merton rate of emergency admissions for injuries due to falls for 65 year olds and over (2,960 per 100,000 population) is significantly higher than for London (2,253) and England (2,169). [6]

Hidden harms and emerging issues

There are some issues that impact health and wellbeing that are less visible, or that disproportionately affect certain population groups at certain times in Merton, including:

- There are likely to be significant number of children in Merton living with parents who misuse drugs or alcohol, and as we know from data presented earlier on unmet need, a substantial proportion of those parents will not be accessing treatment. Parental substance misuse can cause serious harm to children at every age from conception through to adulthood. The same is true for other issues such as parental mental health, and reducing this 'hidden harm' to children in Merton requires better understanding of these cohorts, and a 'Think Family' approach to partnership data and intelligence sharing, and action, to protect and improve the health and wellbeing of affected children, as well as their wider families.

- Across London there has been a increase in Child Protection cases being seen over the past year. This growth has also been seen in Merton, which appears to bring our rate of young people on child protection plans more in line with London rates. The rate tends to vary in a cyclical nature and whilst further analysis of the factors contributing to this growth is underway, it is envisaged that the number will drop over the next year, but will probably remain higher than the Merton's previous low rates.

- Merton along with most London Boroughs is currently failing its annual legal air quality targets for both NO2 and Particulates (PMs), this problem is most severe around the major transport routes. There is emerging evidence that schools in London which are worst affected by air pollution are in the most deprived areas, meaning that poor children and their families are exposed to multiple health risks.

- Mortality is seasonal, and more people die in the winter than the summer. Although the level of 'excess' winter deaths (as shown by the Excess Winter Mortality Index[46]) is significantly lower in Merton than both the London and England average (8.4% in 2015/16, compared to 13.7% and 14.7% respectively), as elsewhere, the majority of these excess deaths occur in people aged 75 and over, and tend to be from causes such as respiratory diseases, exacerbated by inefficient heating, insulation and substandard housing.

- Cases of TB continue to decline in London overall, although the rate has slowed since 2015. TB notification (new cases) rates per 100,000 population for Merton have fallen from 24.9 per 100,000 (2015) and 22.9 (2016) to 18.0 in 2017- this is about 38 people. The 2017 figure is higher compared to SW London (12.8) but lower than London (22.2). Merton was 14th lowest out of 33 boroughs in 2017 for new TB cases, and joint highest

[46] The EWM index is calculated as the number of excess winter deaths divided by the average non-winter deaths x 100. The EWM index shows the *percentage of extra deaths* that occurred in the winter.

(with Bromley) out of the London boroughs for treatment completed within a year. Social risk factors for TB include drug use, homelessness, imprisonment, alcohol consumption affecting self-administering of treatment and mental health concerns. The proportion of residents aged over 15 years in Merton with one or more risk factors had fallen from 15.9% in 2016 to 9.1% in 2017 (compared to 13.8% in South West London in 2017, and 14.7% in London).[47] However, 2014-2016 data suggests that there are significant inequalities within the borough, with over 3.5 times higher number of cases in East Merton than West Merton.[48]

- Two people with the same health conditions and/or disabilities can have very different levels of support needs, depending on a whole range of factors including access to support networks, mental health, and levels of patient activation,[49] which impact loss of independence. The local data and evidence to support a truly person-centred approach to health and care that acknowledges that someone's condition is only one part of a holistic picture of their circumstances needs to be looked at in more depth.

Merton as a place to live also changes over time, and there are some emerging concerns which need to be explored further, including:

- Driven in part by increases in quality and safety of maternity and early years care, more children are surviving into childhood and adolescence with complex health, care and education needs. As this is likely to manifest in an increasing number of complex packages that need to be supported by health, social care, and education, the local picture in Merton needs to be quantified and explored further.

- The demographic trends of an aging and growing population will lead to increased demand for both older people's health services and for social care, at the same time as there is increasing pressure on budgets especially in local government. As social care packages are increasingly targeted to higher need, more work needs to be done to fully understand the impact of both demographic trends and constrained finances across the whole health and care system, and ensure prevention of ill health, ability to self care and promotion of independence, and early intervention remain priorities, looking at cost effective interventions, best use of public finances across the system, and the important role of the Voluntary and Community Sector.

- Merton is one of the safest boroughs in London, but there is a disproportionate fear of crime amongst residents, as well as concerns about street drinking and Anti-Social Behaviour. There are also concerns amongst partners around potentially rising levels of hate crime. Unlike some neighbouring and central London boroughs, Merton does not have a significant issue with gangs, but there is an emerging and increasing risk around serious youth violence which is affecting our young people's lives. Our young people and vulnerable adults are also victims of serious organised crime when they are caught up in County Lines issues.

- There is no evident open drugs market in Merton, but we need to understand better where residents who have problems with substance misuse are buying their drugs, and

[47] Field Epidemiology Service Quarterly Report (2018/02) - data from London TB Register (as of 23/02/2018)
[48] Public Health England, Merton TB profile 2016
[49] https://www.england.nhs.uk/ourwork/patient-participation/self-care/patient-activation/

make better use of data (e.g. 'last drink') to inform alcohol licensing and regulation. There is an emerging problem of 'cuckooing' where the homes of vulnerable residents are taken over for drug dealing, and recently an increasing number of brothels opening in Merton, in short term lets provided by AirBnB and less regulated letting providers.

- Domestic Violence is often a hidden issue, and there is an emerging understanding of coercion, control and violence across the life span including physical, emotional, financial or sexual abuse in young people, and elder abuse, especially of those with a chronic illness or disability or who are otherwise vulnerable.

- Trafficking is an increasing are of concern. Young people and adults are being trafficked into the borough or within it. Forced to work within domestic servitude, to provide sexual gratification, provide forced labour or exploited as children this work is a focus for central and regional government and will become more so over the coming years.

Further resources

Merton Joint Strategic Needs Assessment

The Merton Story is part of the Merton Joint Strategic Needs Assessment (JSNA). Other JSNA products include:

Merton Data – https://data.merton.gov.uk/

Ward Health Profiles for each of Merton's electoral wards – https://www2.merton.gov.uk/health-social-care/publichealth/jsna/ward-health-profiles.htm

Topic Health Profiles and *Health Needs Assessments* – a range of more in-depth assessments on priority topic areas – https://www2.merton.gov.uk/health-social-care/publichealth/health-needs-assessments.htm

Wider resources

There are a vast amount of data sources and information located on the web relating to the content of this report and similar related information. Some of this information can be located by anyone with an interest by accessing the following websites:

PHE Public Health Profiles https://fingertips.phe.org.uk/

PHE Data and Analysis Tools hub https://www.gov.uk/guidance/phe-data-and-analysis-tools

PHE Local Health http://www.localhealth.org.uk/

Other commonly used Public Health data sources: https://www2.merton.gov.uk/data_sources_commonly_used_in_public_health_intelligence.pdf

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