

# Annual Public Health Report 2018: Health inequalities in Merton

## SUPPLEMENTARY DATA REPORT

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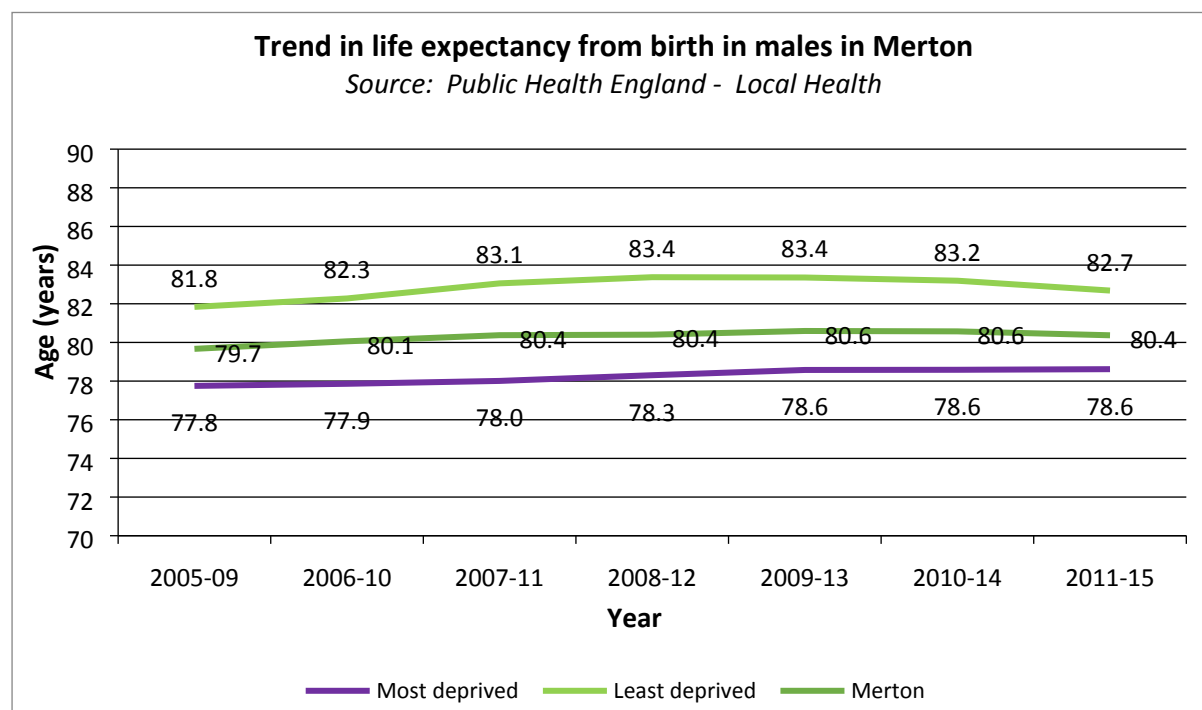
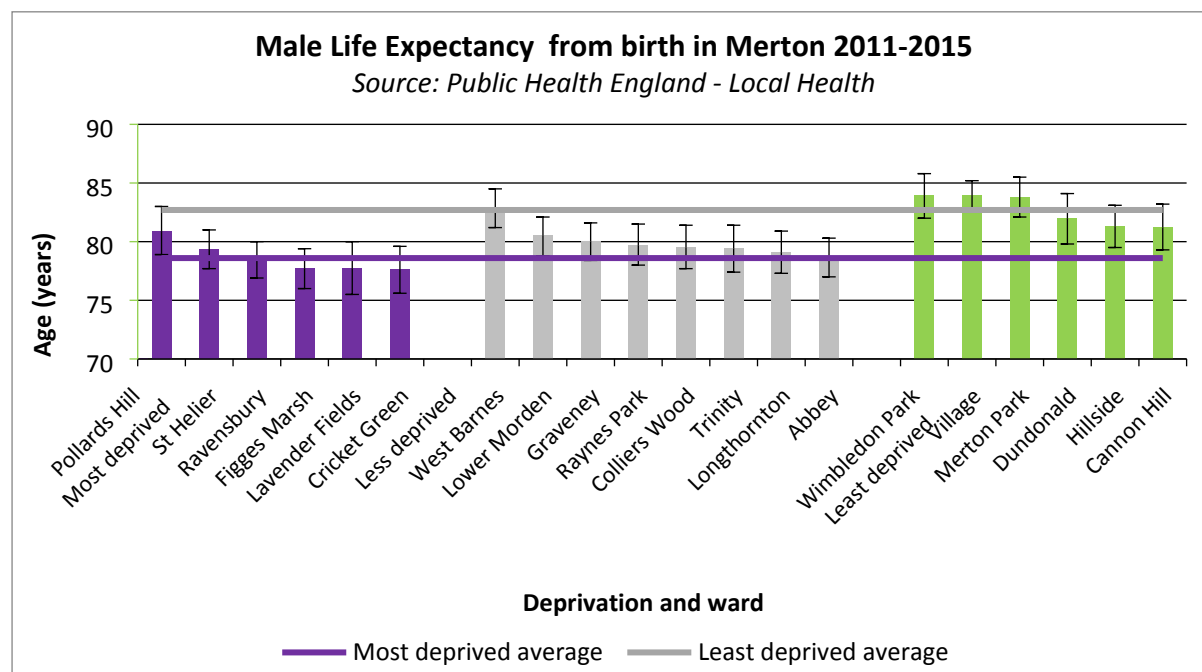
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## Supplementary data: graphs to support text

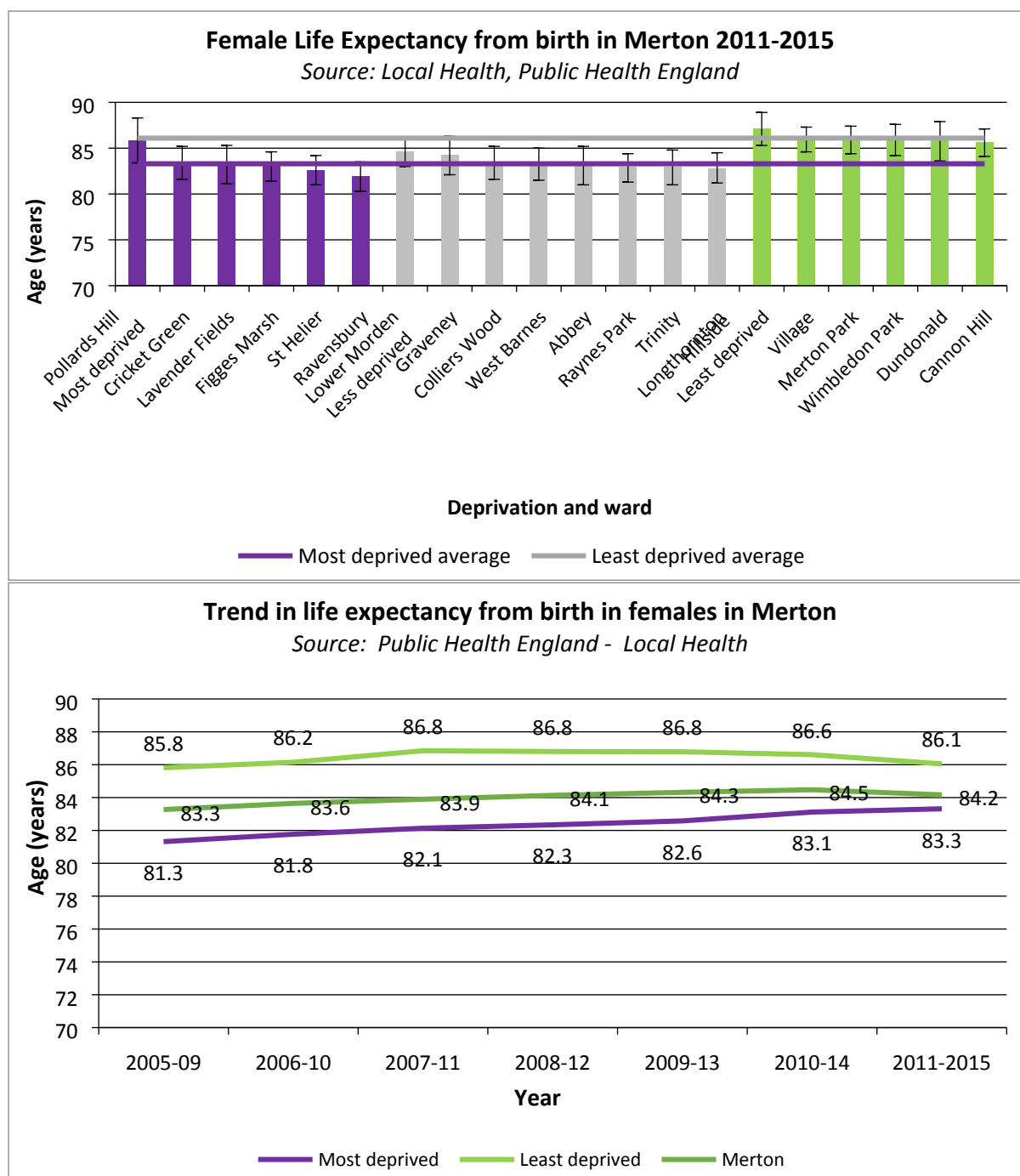
### 1. CHAPTER 1: Overarching indicators

#### 1.1.1. Life expectancy from birth in males, 2005 to 2015



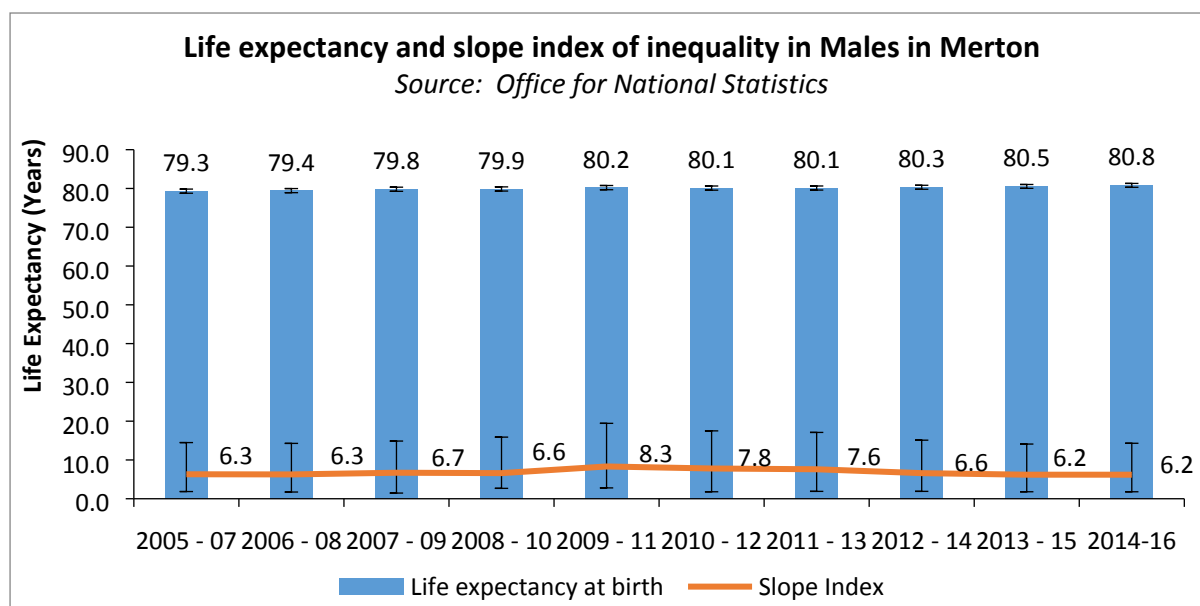
<b>INEQUALITY GAP</b>	Current gap between 30% most and 30% least deprived: 4.1 years (2011-2015 data)
<b>TREND IN INEQUALITY GAP</b>	Between 2005 and 2015, the difference in male life expectancy between the most and least deprived wards remained the same

### 1.1.2. Life expectancy from birth in females, 2005 to 2015



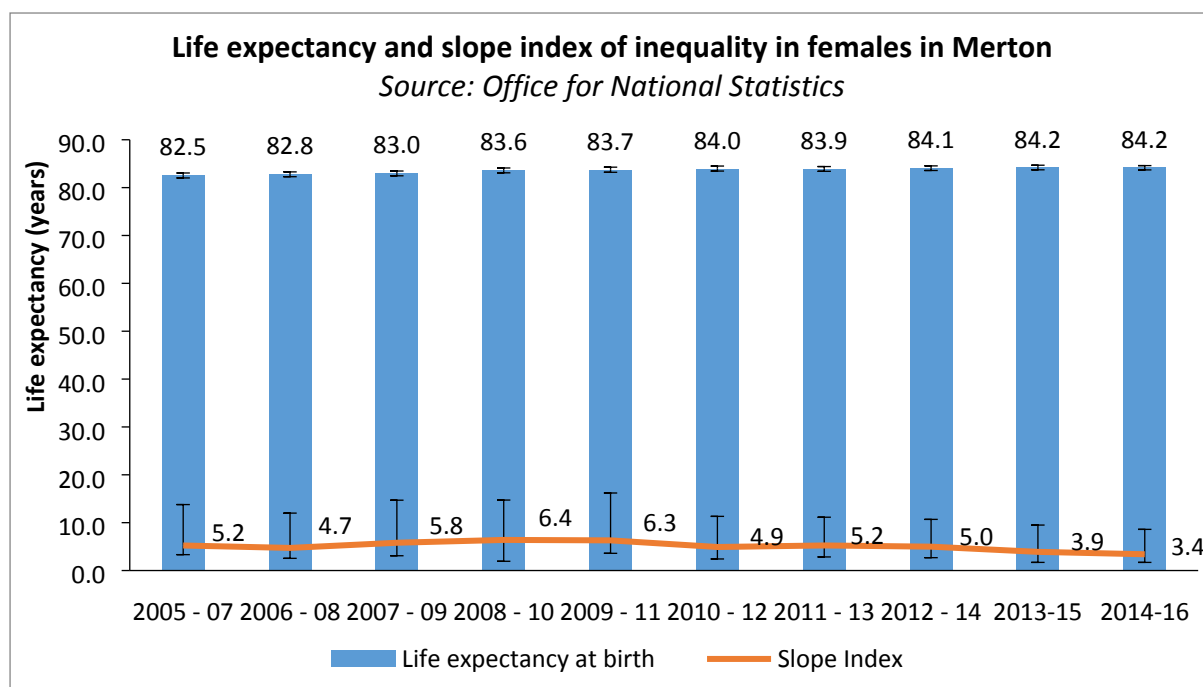
<b>INEQUALITY GAP</b>	Current gap between 30% most and 30% least deprived: 2.7 years (2011-2015 data)
<b>TREND IN INEQUALITY GAP</b>	Between 2005 and 2015, the difference in female life expectancy between the most deprived and least deprived wards reduced (from 4.5 to 2.7).

### 1.1.3.Slope index of inequality in males, 2005-07 to 2014-16



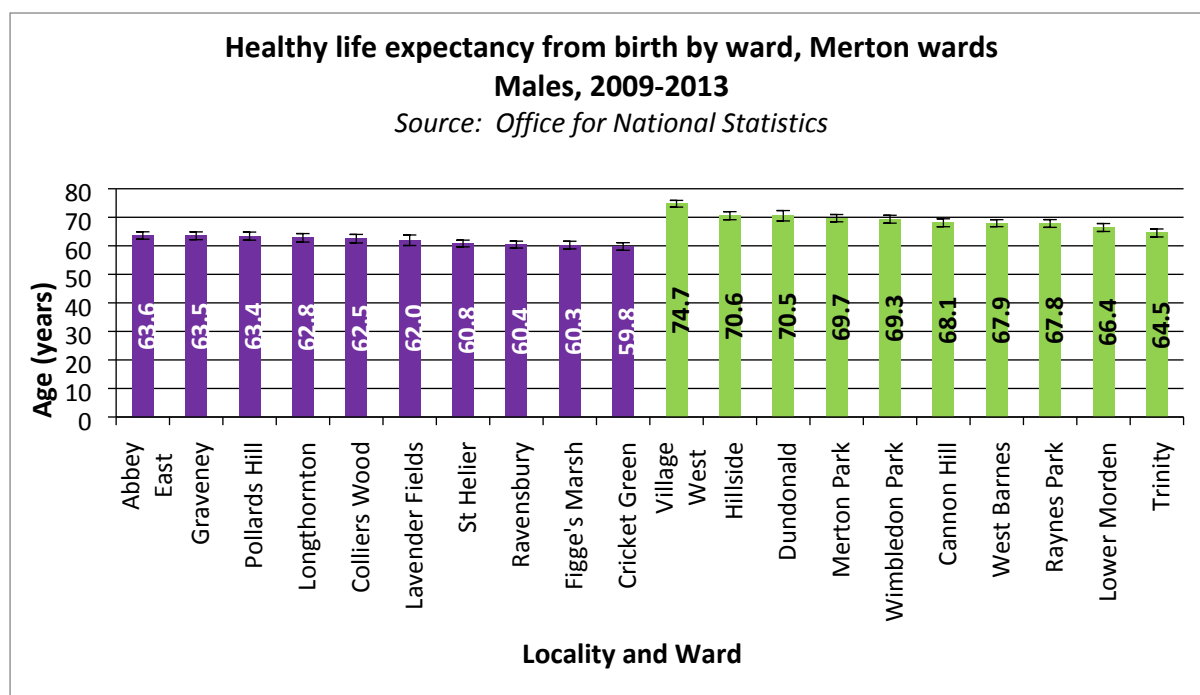
<b>INEQUALITY GAP</b>	Current gap between 10% most and 10% least deprived: 6.2 years (2014-16 data)
<b>TREND IN INEQUALITY GAP</b>	Between 2005-07 and 2014-16, the difference in male life expectancy between the most and least deprived wards remained the same

### 1.1.4.Slope Index of inequality in females, 2005-07 to 2014-16



<b>INEQUALITY GAP</b>	Current gap between 10% most and 10% least deprived: 3.4 years (2014-16 data)
<b>TREND IN INEQUALITY GAP</b>	Between 2005-07 and 2014-16, the difference in female life expectancy between the most deprived and least deprived wards reduced (from 5.2 to 3.4). However, it is not yet a statistically significant reduction.

### 1.1.5. Healthy Life Expectancy (males), 2009-2013

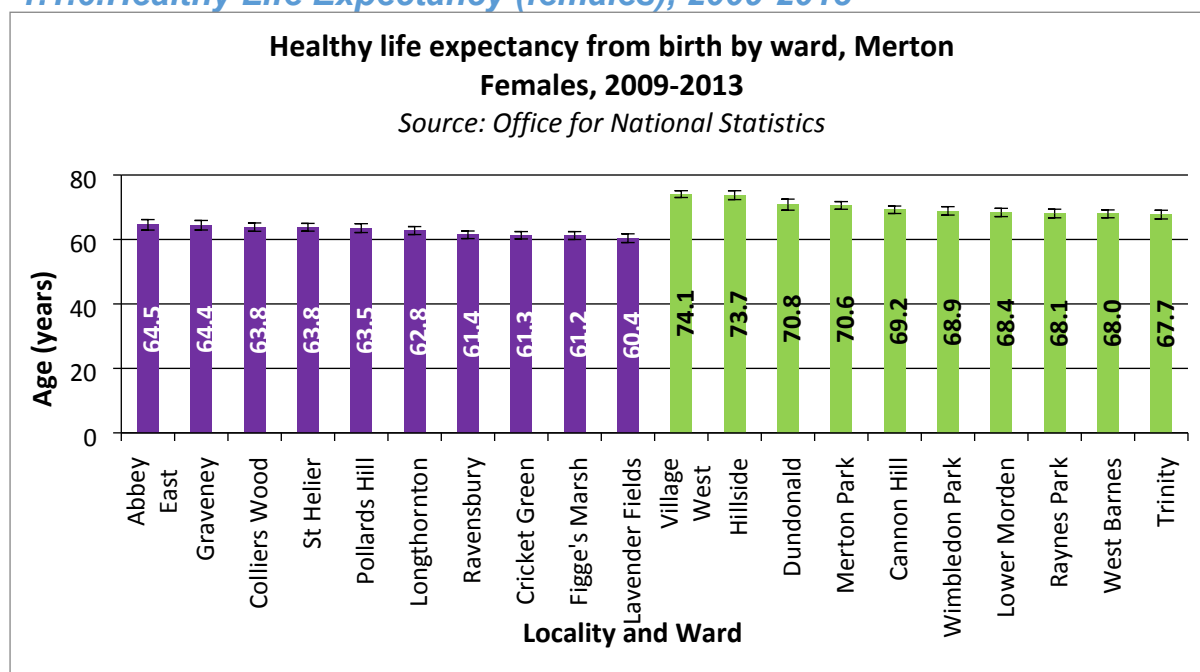


Males Healthy LE from birth 2009-2013	Years
Average for East of borough	61.9
Average for West of borough	69
Merton	65.3

Males Healthy LE from birth 2009-2013	Years
Least deprived	70.5
Most deprived	61.1
Merton	65.4

<b>INEQUALITY GAP</b>	Difference in healthy life expectancy between the 30% most and least deprived is 9.4 years (61.1 years in the 30% most deprived compared to 70.5 in the 30% least deprived wards).
<b>TREND IN INEQUALITY GAP</b>	TREND DATA NOT AVAILABLE

### 1.1.6. Healthy Life Expectancy (females), 2009-2013



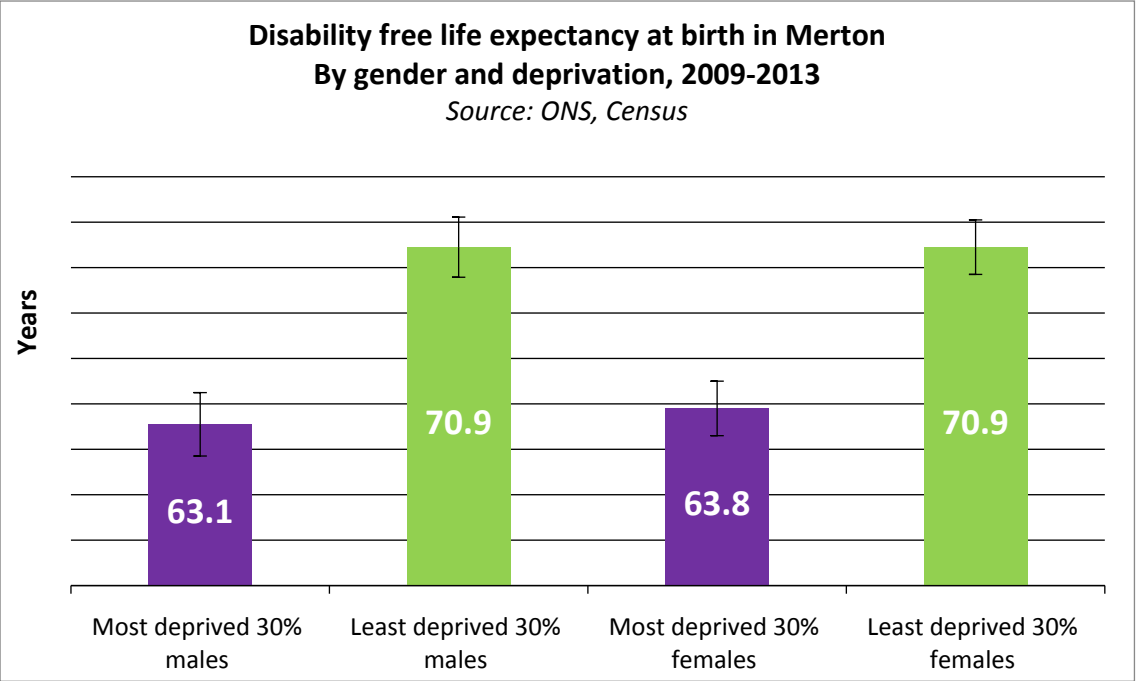
Females Healthy LE from birth 2009-2013	Years
Average for East of borough	62.7
Average for West of borough	69.9
Merton	66.3

Females Healthy LE from birth 2009-2013	Years
Least deprived	71.2
Most deprived	61.9
Merton	66.3

<b>INEQUALITY GAP</b>	Difference in healthy life expectancy (females) between the 30% most and least deprived is 9.3 years (61.9 years in the 30% most deprived compared to 71.2 in the 30% least deprived wards).
<b>TREND IN INEQUALITY GAP</b>	TREND DATA NOT AVAILABLE

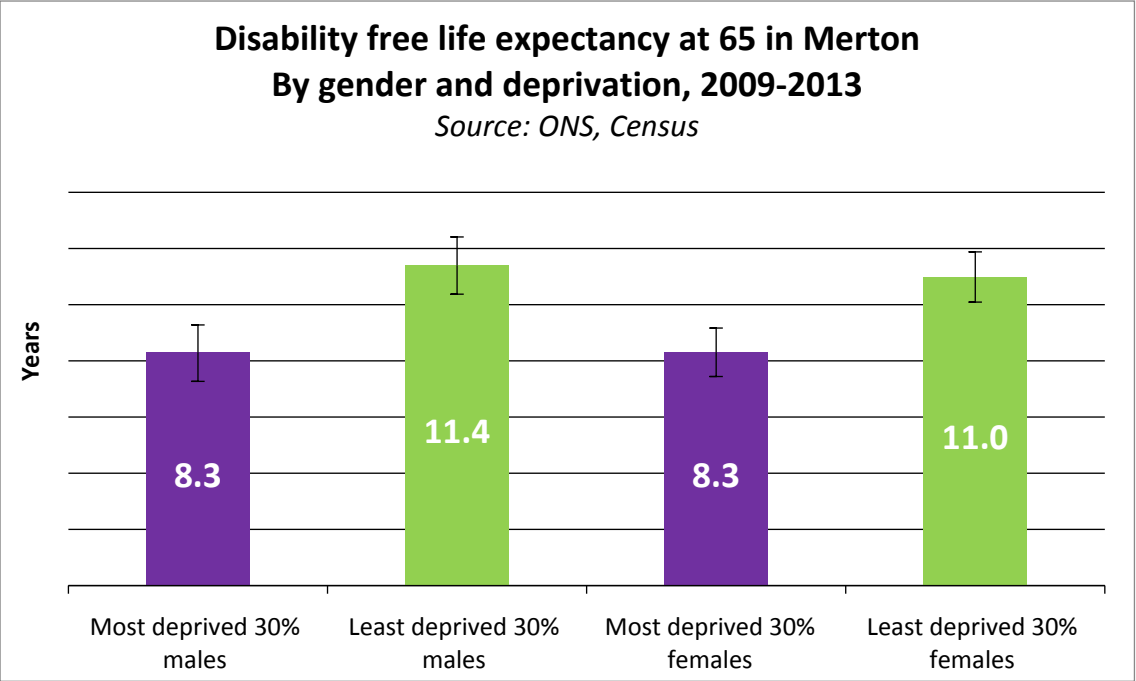


1.1.7.Disability Free Life Expectancy at birth, 2009-2013



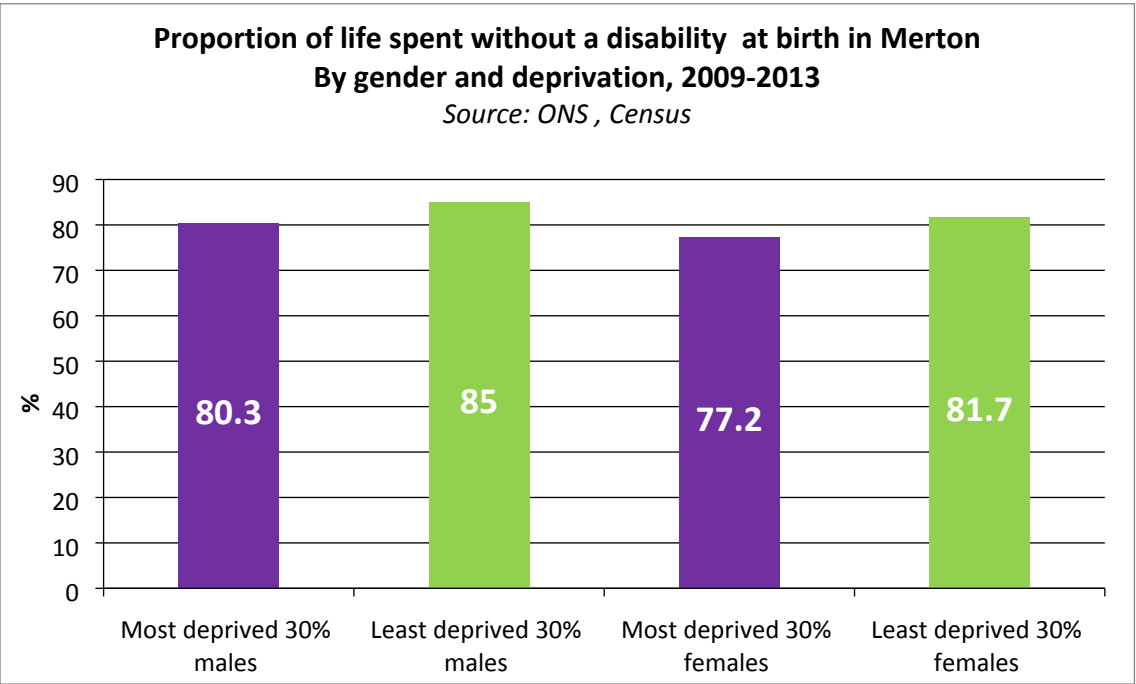
INEQUALITY GAP	Difference in disability free life expectancy at birth between the 30% most and least deprived is 7.8 years in males and 7.1 years in females (2009-2013 data). Confidence intervals show that these differences are statistically significant.
TREND IN INEQUALITY GAP	TREND DATA NOT AVAILABLE

1.1.8.Disability Free Life Expectancy at age 65, 2009-2013



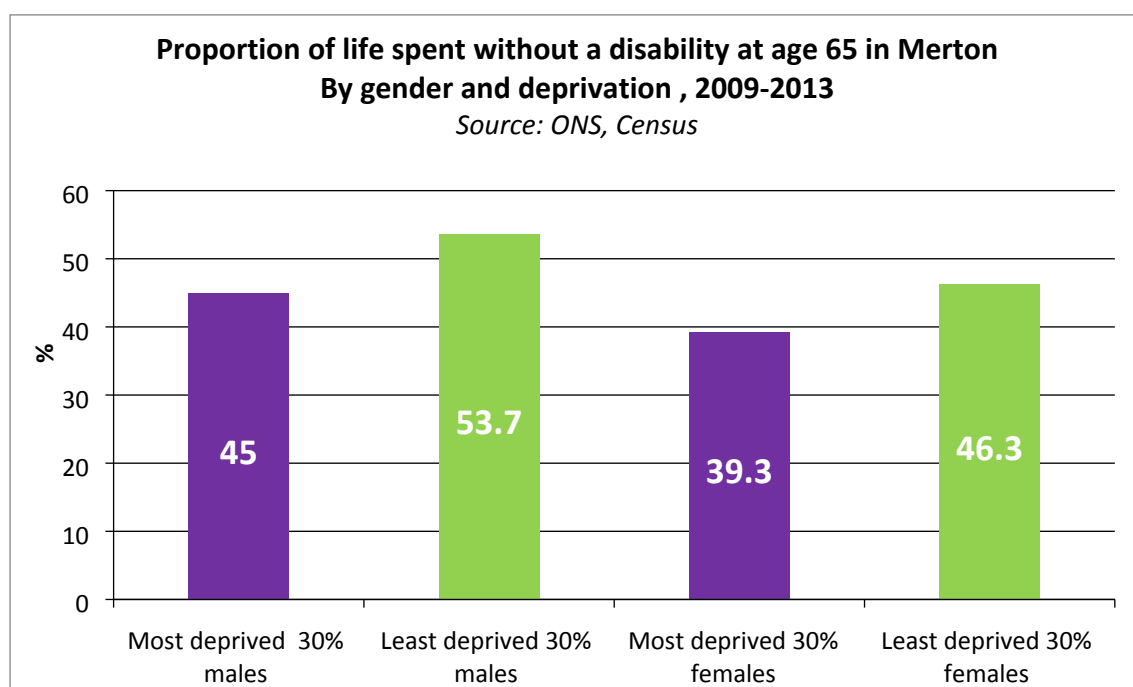
INEQUALITY GAP	Difference in disability free life expectancy at age 65 between the 30% most and least deprived is 3.1 years in males and 2.7 years in females (2009-2013 data). Confidence intervals show that these differences are statistically significant.
TREND IN INEQUALITY GAP	TREND DATA NOT AVAILABLE

1.1.9.Proportion of life spent without a disability at birth, 2009-2013



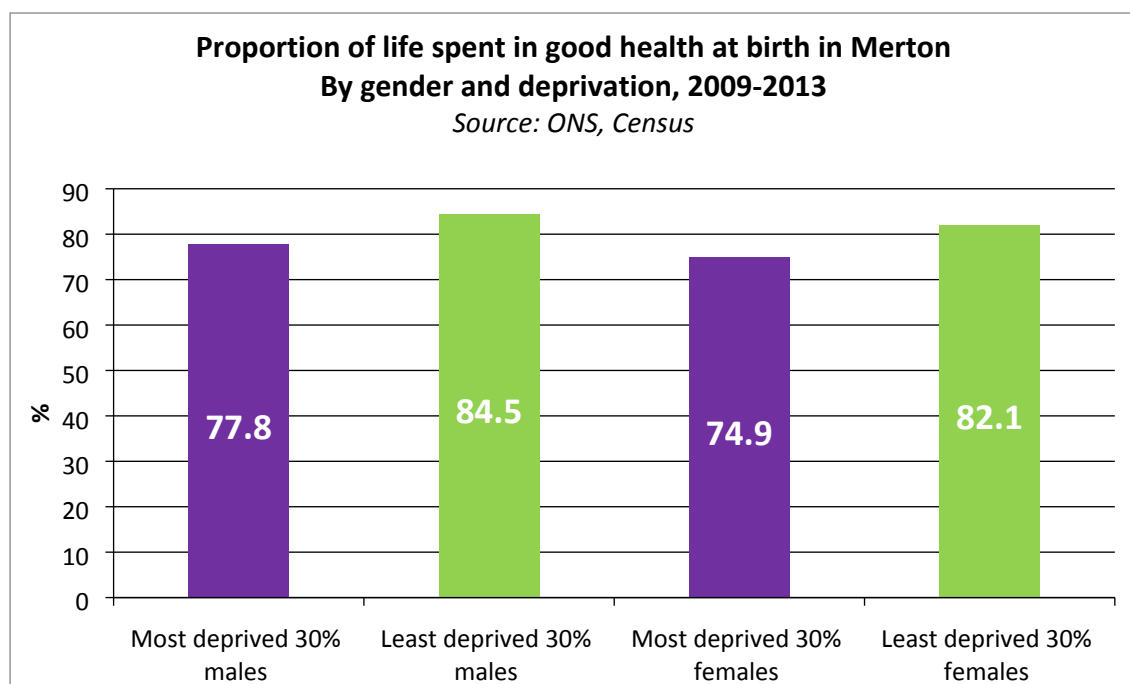
INEQUALITY GAP	Difference in proportion of life spent without a disability at birth between the 30% most and least deprived is 4.7 percentage points in males and 4.5 percentage points in females (2009-2013 data).  Confidence intervals cannot be calculated to look at statistical significance, as the metric provided is 'percentage' (numerator and denominator not available)
TREND IN INEQUALITY GAP	TREND DATA NOT AVAILABLE

### 1.1.10. Proportion of life spent without a disability at age 65, 2009-2013



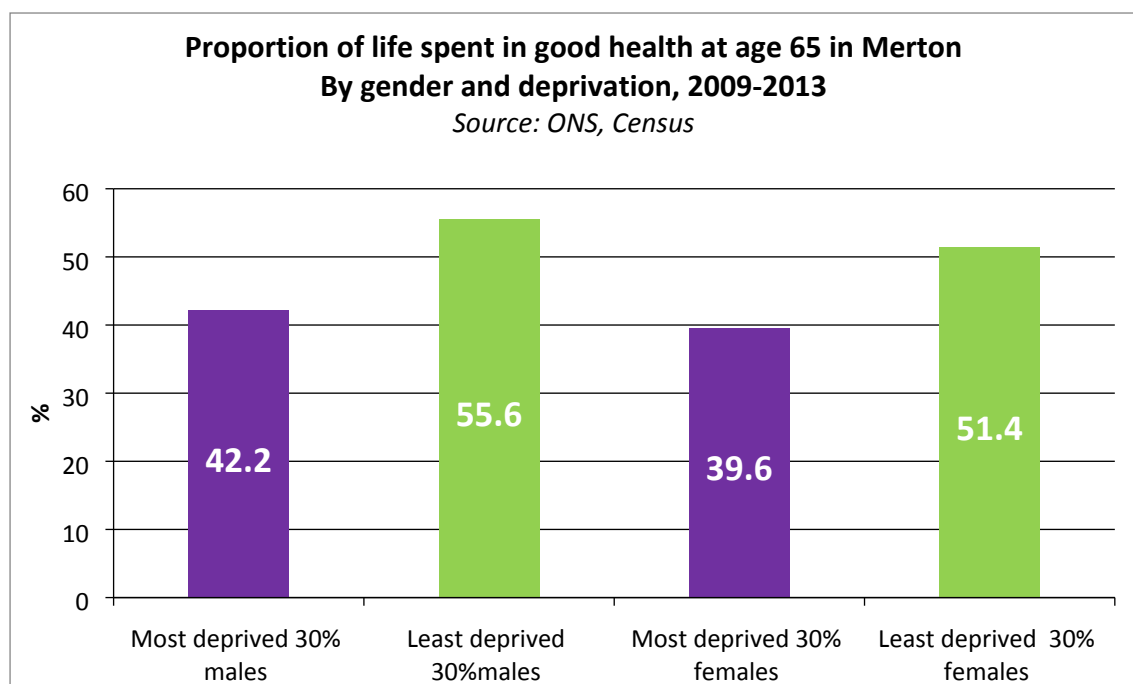
<b>INEQUALITY GAP</b>	<p>Difference in proportion of life spent without a disability at age 65 between the 30% most and least deprived is 8.7 percentage points in males and 7.0 percentage points in females (2009-2013 data).</p> <p><i>Confidence intervals cannot be calculated to look at statistical significance, as the metric provided is 'percentage' (numerator and denominator not available)</i></p>
<b>TREND IN INEQUALITY GAP</b>	TREND DATA NOT AVAILABLE

### 1.1.11. Proportion of life spent in good health at birth, 2009-2013



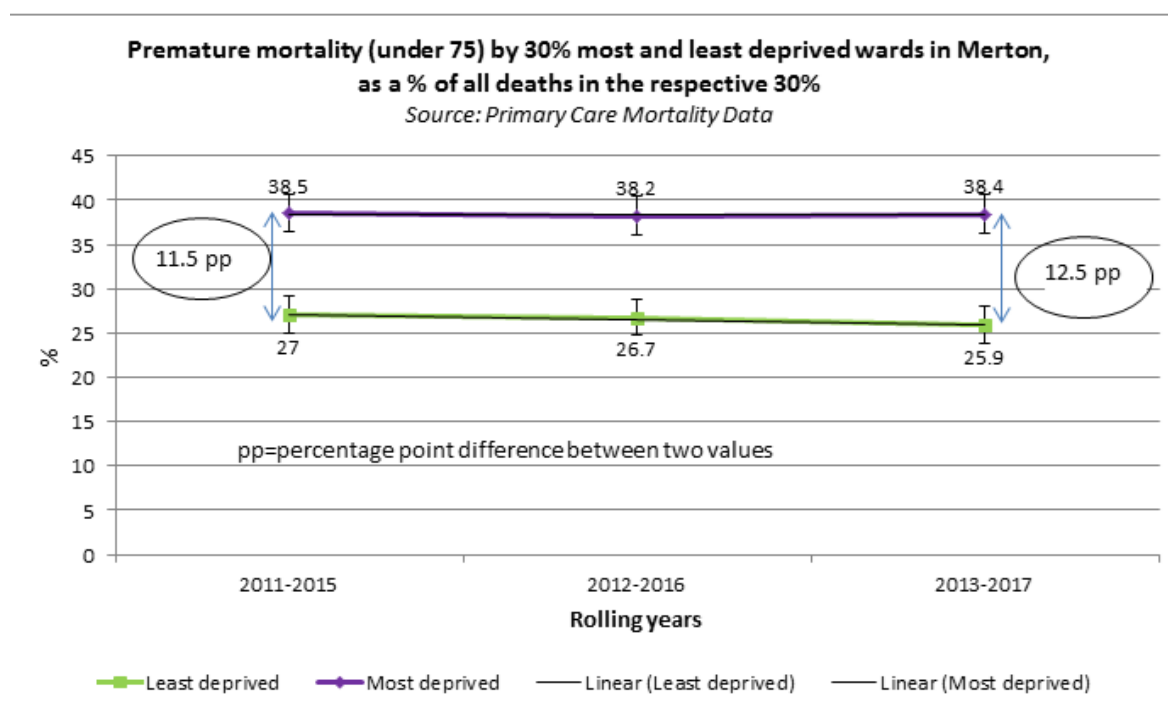
<b>INEQUALITY GAP</b>	<p>Difference in proportion of life spent in good health between the 30% most and least deprived is 6.7 percentage points in males and 7.2 percentage points in females (2009-2013 data).</p> <p><i>Confidence intervals cannot be calculated to look at statistical significance, as the metric provided is 'percentage' (numerator and denominator not available)</i></p>
<b>TREND IN INEQUALITY GAP</b>	TREND DATA NOT AVAILABLE

### 1.1.12. Proportion of life spent in good health at age 65, 2009-2013



<b>INEQUALITY GAP</b>	<p>Difference in proportion of life spent in good health at age 65 between the 30% most and least deprived is 13.4 percentage points in males and 11.8 percentage points in females (2009-2013 data).</p> <p><i>Confidence intervals cannot be calculated to look at statistical significance, as the metric provided is 'percentage' (numerator and denominator not available)</i></p>
<b>TREND IN INEQUALITY GAP</b>	TREND DATA NOT AVAILABLE

### 1.1.13. Premature mortality (under 75), 2011-2015 to 2013-2017

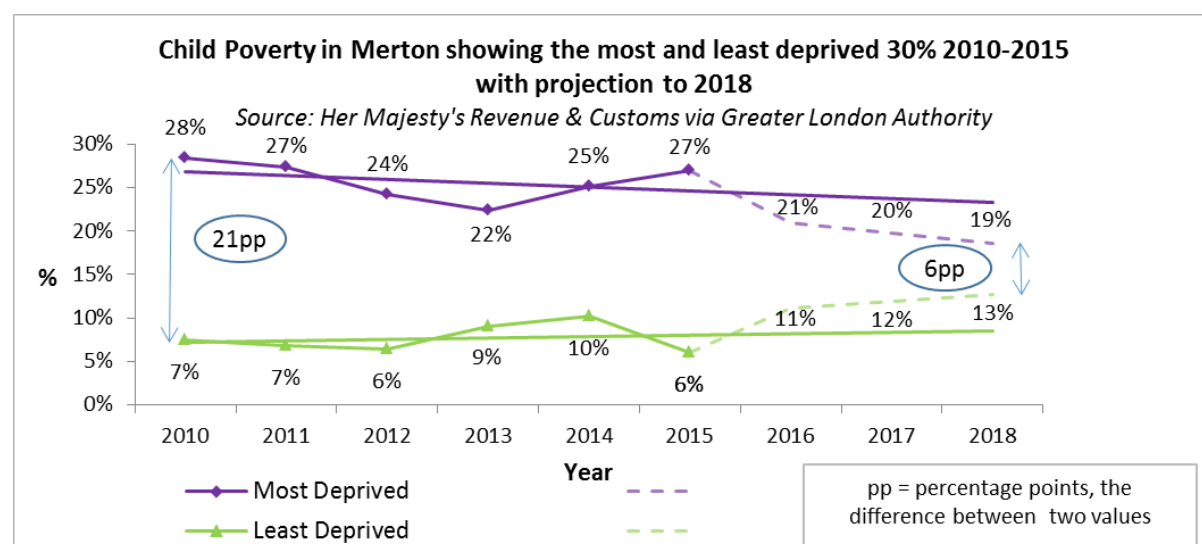
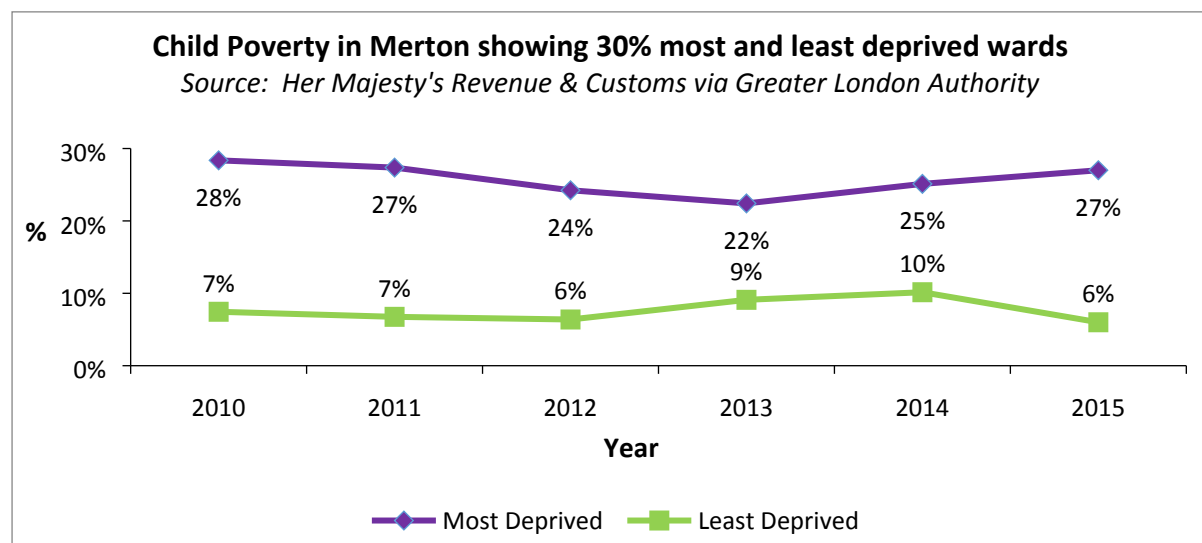


<b>INEQUALITY GAP</b>	Current gap between 30% most and 30% least deprived: 12.5 percentage points (2013-17 data)
<b>TREND IN INEQUALITY GAP</b>	There appears to be a widening gap between the most and least deprived 30% in Merton, increasing from 11.5 percentage points in the 2011-2015 data to 12.5 percentage points in the 2013-2017 data. The percentage of premature deaths in the most deprived 30% have remained relatively stable, however premature deaths in the least deprived 30% show a drop in percentages from 27% in 2011-2015 to 25.9% in 2013-2017. However, there are only 3 data points, and it is unlikely that this is statistically significant.

## 2. CHAPTER 2: Best start in life

### 2.1.1. Child poverty, 2010 to 2015

Child Poverty indicator definition: "Proportion of children aged 0–15 years living in income deprived households as a proportion of all children aged 0–15 years"

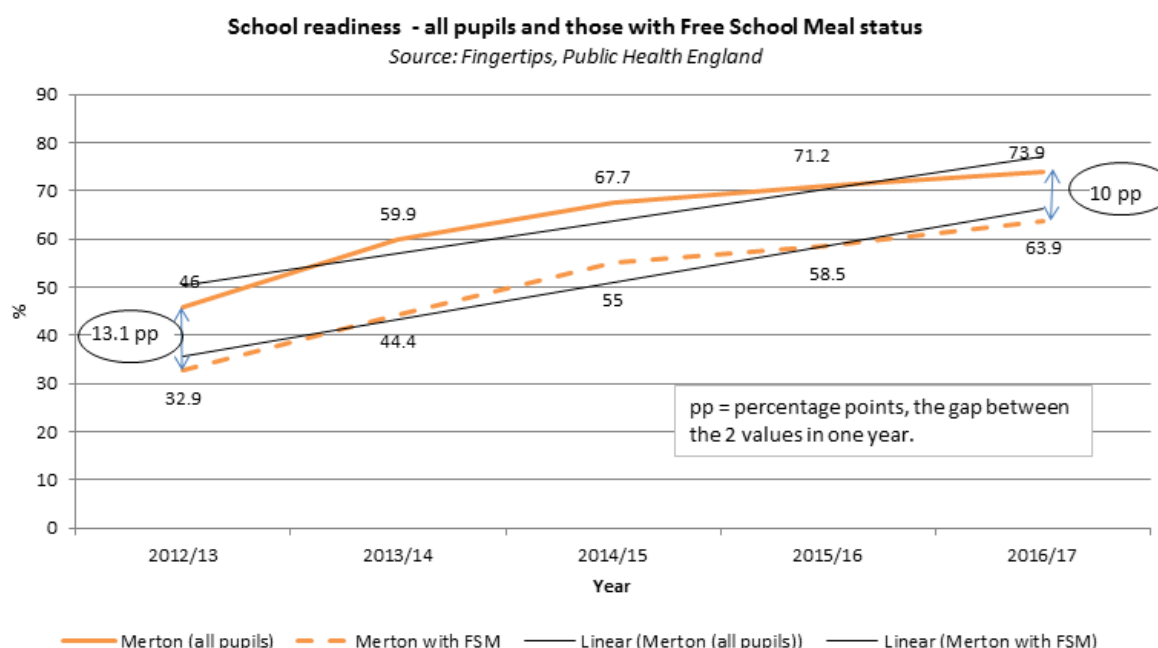


<b>INEQUALITY GAP</b>	Current gap between 30% most and 30% least deprived: 21 percentage points (27% of children living in low income households in the most deprived 30% of wards compared to 6% of children in the least deprived, 2015 data) Statistically extrapolated data suggests that the current 2018 gap is likely to be smaller than this, at 6 percentage points (19% v 13%).
<b>TREND IN INEQUALITY GAP</b>	Although most recent 2015 data appears to show that gap has remained the same as 2010, extrapolated regression analysis suggests the gap is reducing, from 21 % points in 2010 to 6 % points in 2018. However, the underlying picture is mixed: the trend in child poverty in the most deprived areas appears to be downwards (27% in 2015 to an estimated 19% in 2018) which is positive, where as child poverty in least deprived areas appears to be increasing (from 6% to an estimated 13% in 2018) which is worrying, and accounts for some of the narrowing inequality gap. This needs to be monitored over time.



## 2.1.2. Child development at age 5: school readiness, 2012/13 to 2016/17

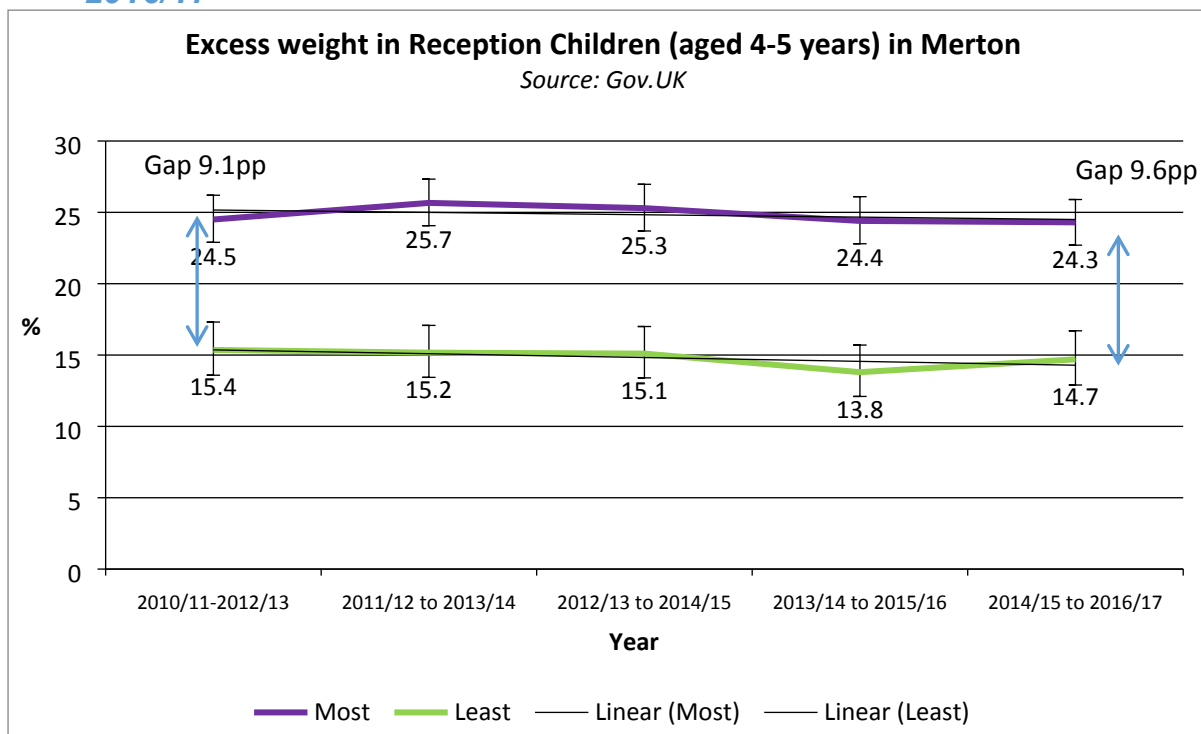
There is a lack of ward level data over a number of years that would enable us to show trend, but we can make some comparisons between the total data set, and the subset of those who have Free School Meal status.



The gap between all children and those with free school meal status for school readiness in **London** between 2012/13 and 2016/17 **rises from 9.7 pp to 10.3 pp** whereas Merton values reduce from 13.1 pp to 10 pp.

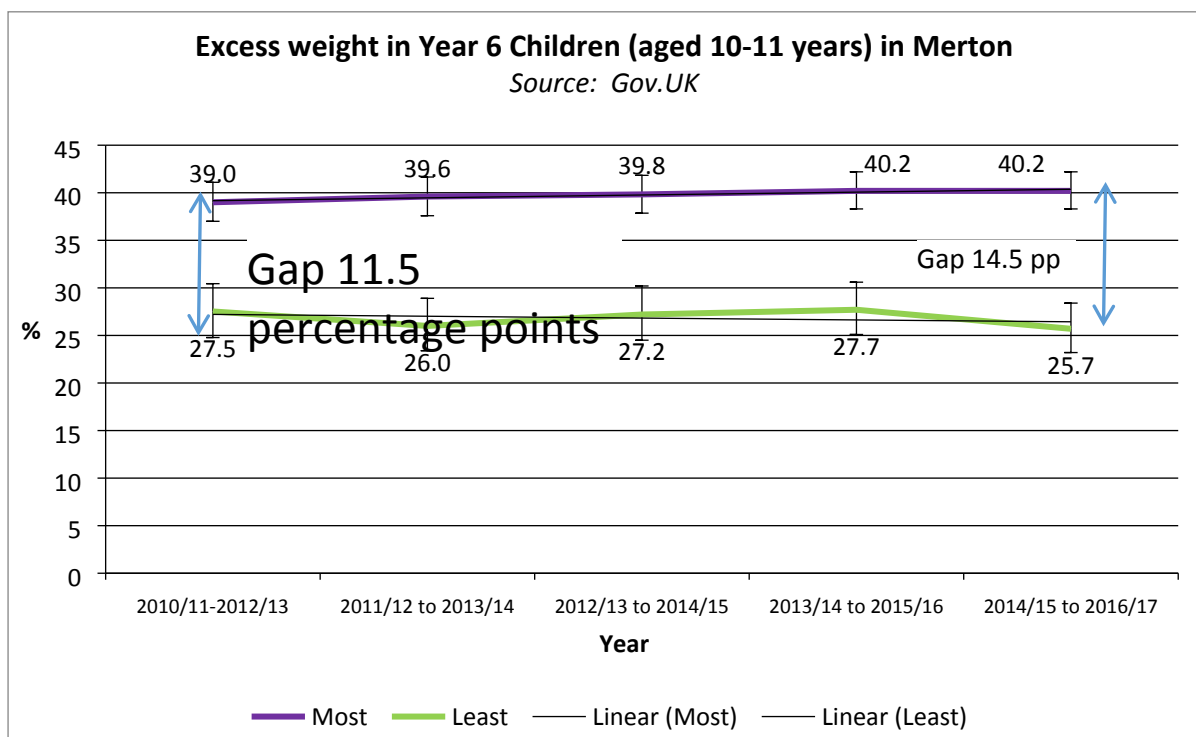
<b>INEQUALITY GAP</b>	Current gap between all children and those with FSM status: 10.0 percentage points (73.9% of all children in Merton achieve a good level of development, where as only 63.9% of children with FSM status achieve a good level of development) (2016/17 data)
<b>TREND IN INEQUALITY GAP</b>	Between 2012/13 and 2016/17, the difference in school readiness between all children and those with FSM status reduced (from 13.1 percentage points to 10.0 percentage points).

### 2.1.3. Child excess weight: Reception age, 2010/11-2012/13 to 2014/15-2016/17



<b>INEQUALITY GAP</b>	Current gap between 30% most and 30% least deprived: 9.6 percentage points (24.3% compared to 14.7%), 14/15 – 16/17 data. The difference is statistically significant.
<b>TREND IN INEQUALITY GAP</b>	Between 10/11-12/13 and 14/15-16/17, the difference between the most deprived and least deprived wards increased (from 9.1 to 9.6 percentage points).

### 2.1.4. Child excess weight: Year 6 (age 10-11), 2010/11-2012/13 to 2014/15-2016/17

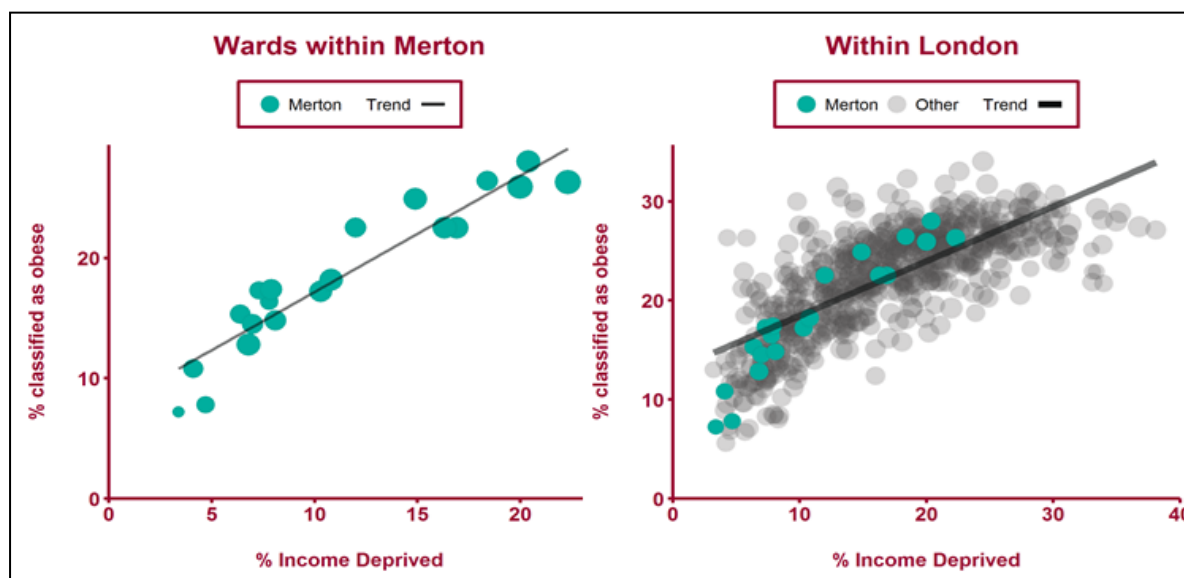


<b>INEQUALITY GAP</b>	Current gap between 30% most and 30% least deprived: 14.5 percentage points (40.2% compared to 25.7%), 14/15 – 16/17 data. The difference is statistically significant.
<b>TREND IN INEQUALITY GAP</b>	Between 10/11-12/13 and 14/15-16/17, the difference between the most deprived and least deprived wards increased (from 11.5 to 14.5 percentage points).

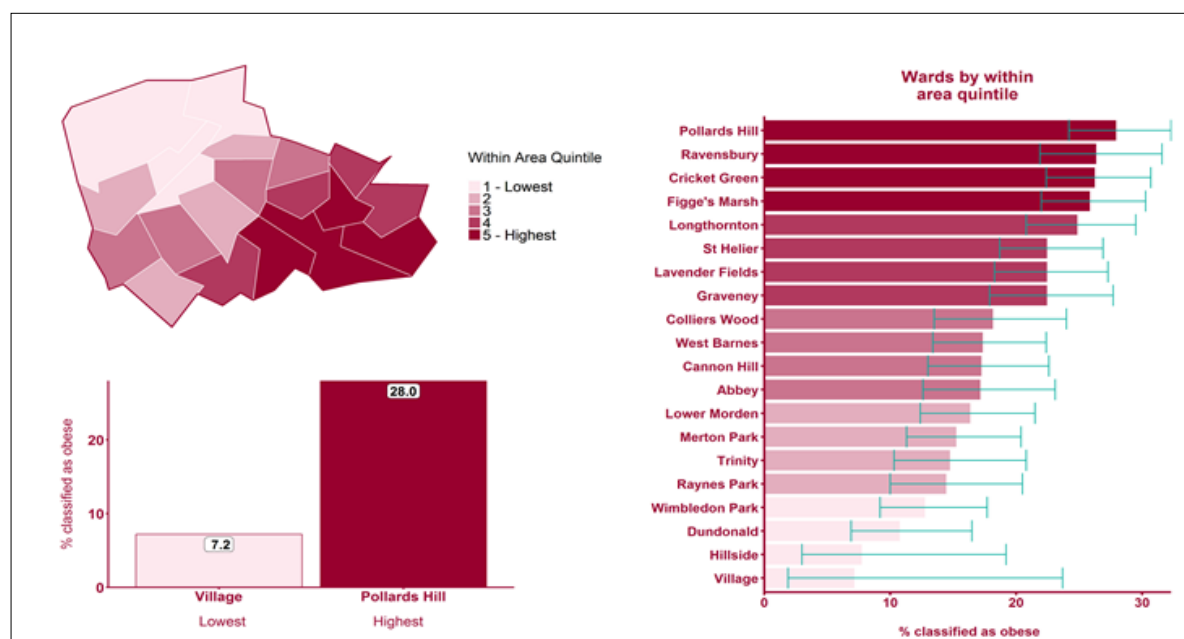
### 2.1.5. Childhood obesity, 2013/14 – 2015/16

PHE's recent Health Inequalities Briefing, based on the Global Burden of Disease study, highlights the social gradient in childhood obesity in Merton (N.B. this shows obese children, not those with excess weight (=‘overweight + obese’) as the previous graphs):

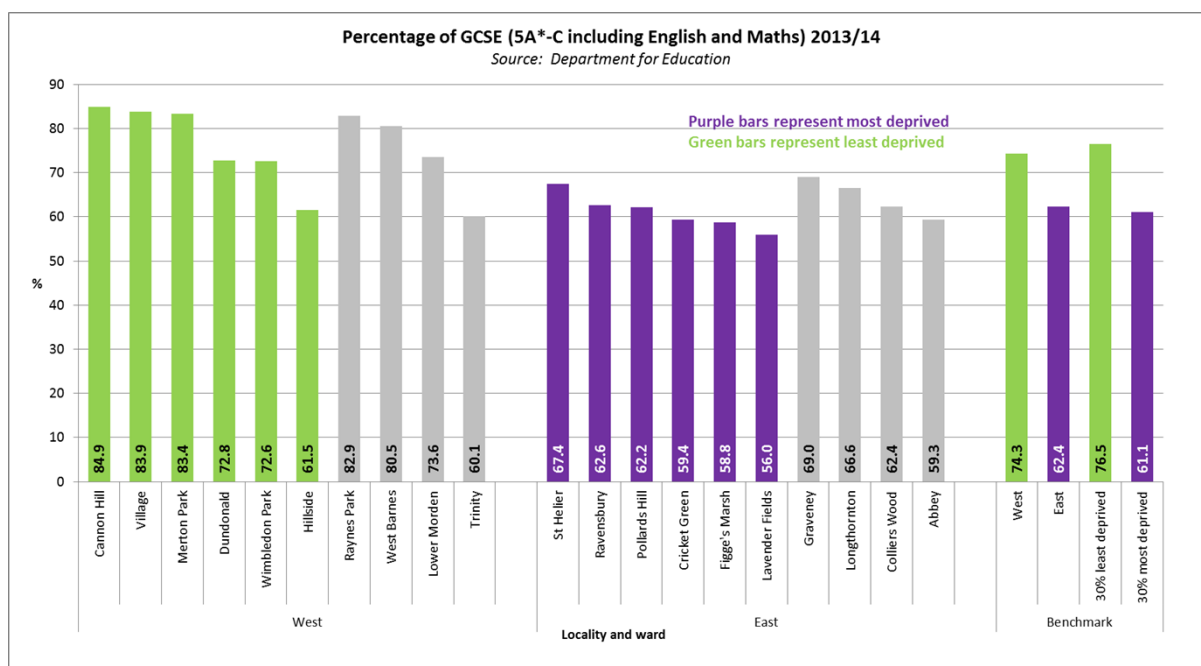
**Percentage of children classified as obese (Year 6) for Merton wards by percentage income deprived (2013/14 – 2015/16) (Source: PHE Health Inequalities Briefing Merton, 2018)**



**Percentage of children classified as obese (Year 6) for Merton (2013/14 – 2015/16) (Source: PHE Health Inequalities Briefing Merton, 2018)**



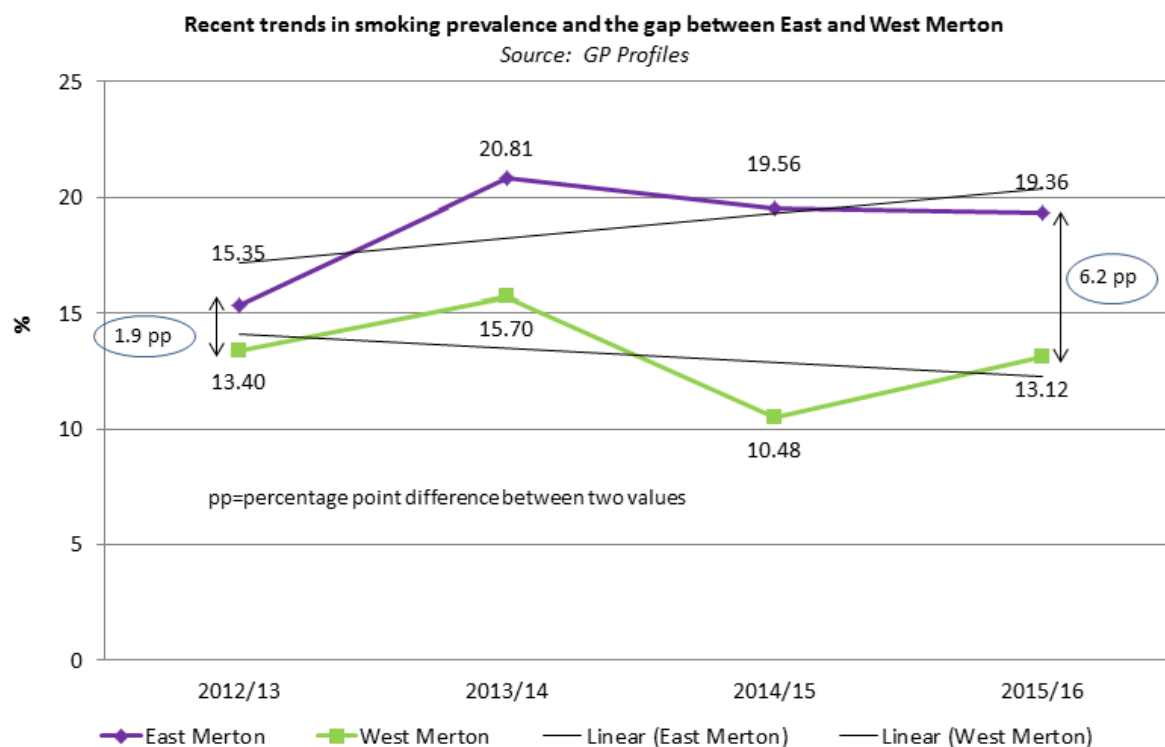
## 2.1.6.GCSE attainment, 2013/14



<b>INEQUALITY GAP</b>	<p>Difference in GCSE attainment (% young people achieving 5A*-C including English &amp; Maths) between the 30% most and least deprived is 15.4 percentage points (2013/14 data). 30% most deprived wards: 61.1%; 30% least deprived wards: 76.5%.</p> <p><i>Confidence intervals cannot be calculated to look at statistical significance, as the metric provided is 'percentage' (numerator and denominator not available)</i></p>
<b>TREND IN INEQUALITY GAP</b>	<p>Trend data not available due to change in indicator definition, but future trend should be possible to track.</p>

### 3. CHAPTER 3: Prevention of ill health

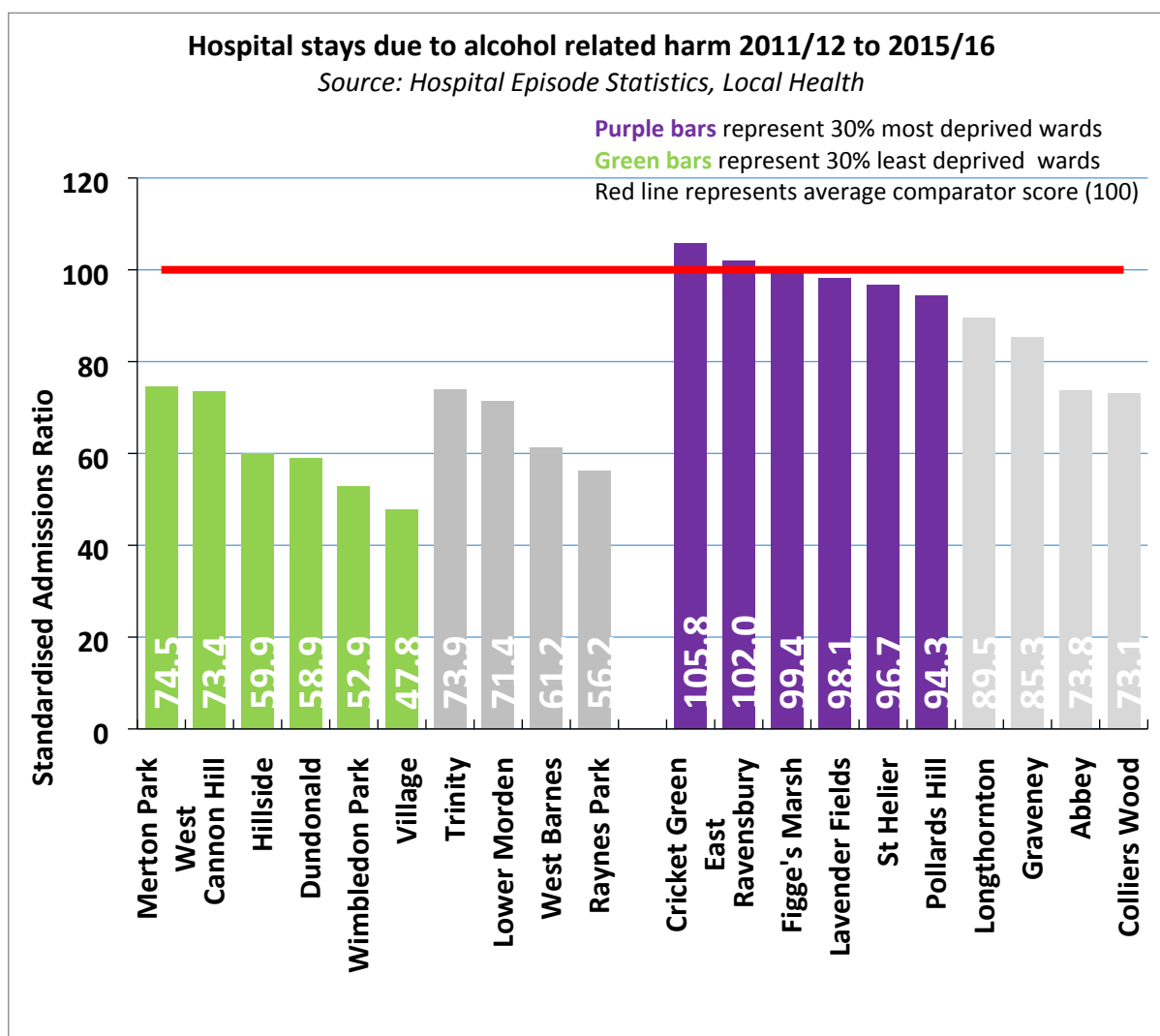
#### 3.1.1. Smoking prevalence from GP QOF, 2012/13 to 2015-16



<b>INEQUALITY GAP</b>	Current gap between East Merton and West Merton: 6.2 percentage points (2015/16 data).
<b>TREND IN INEQUALITY GAP</b>	Between 2012/13 and 2015/16, the difference between the most deprived and least deprived wards increased (from 1.9 percentage points to 6.2 percentage points).

### 3.1.2. Alcohol-related harm (hospital admissions), 2011/12-2015/16

The PHE Marmot indicator for alcohol related harm is directly standardised rate per 100,000 (e.g. the 2016/17 figure for Merton is 495); however, this is only available at borough level whereas PHE Local Health shows standardised admission ratios at ward level, enabling us to look at the difference between the 30% most and 30% least deprived wards.

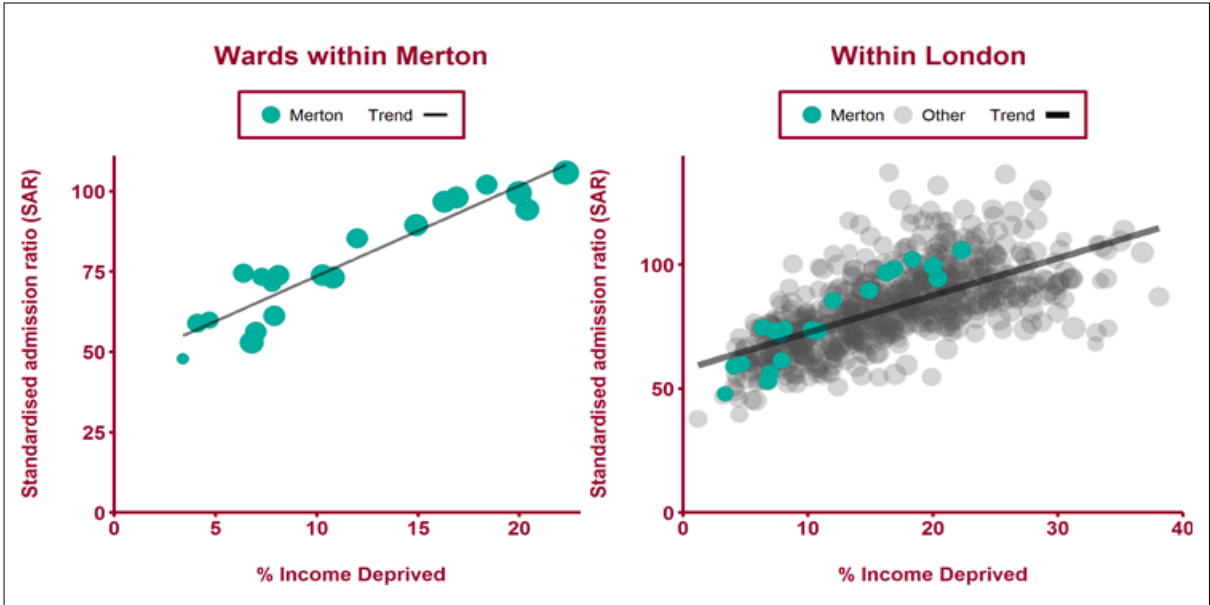


N.B. These are standardised admission ratios SAR and cannot be compared to each other, only the comparator, in this case England. Therefore benchmark data not included in the chart.

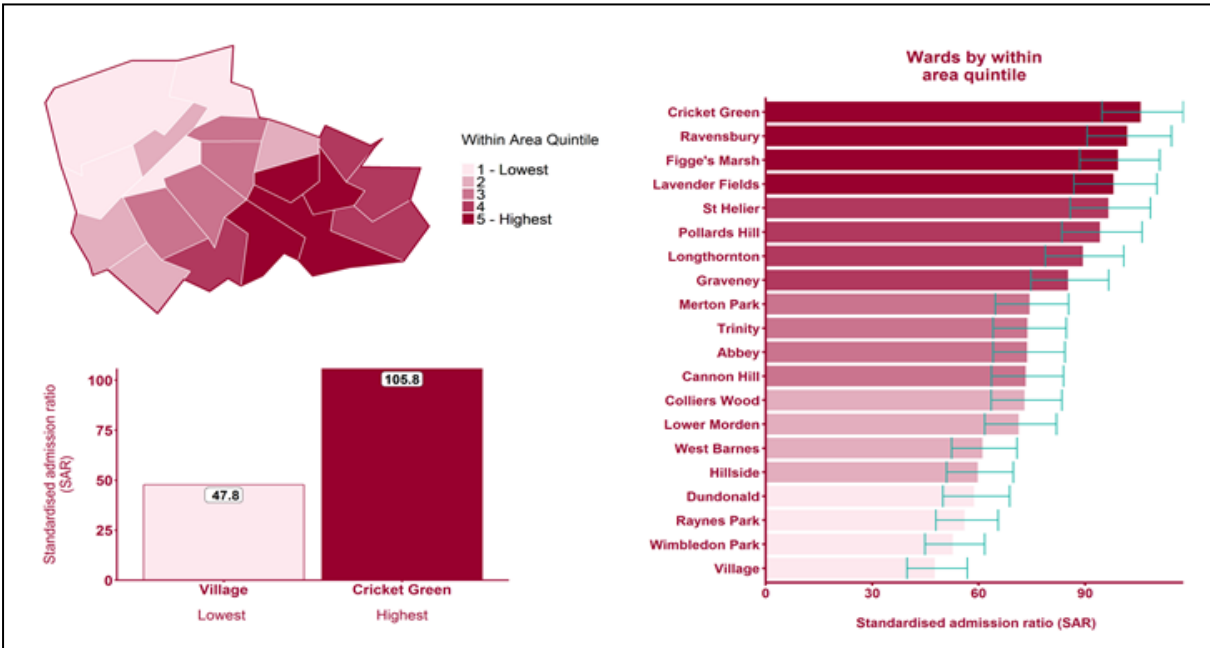
<b>INEQUALITY GAP</b>	Difference in ward scores for Standardised Admission Ratios (SAR) between the 30% most and least deprived is 38.2 SAR points (2011/12 to 2015/16) – 99.4 SAR in the 30% most deprived and 61.2 SAR in the 30% least deprived). An SAR of 100 is the average for England (the comparator).
<b>TREND IN INEQUALITY GAP</b>	TREND DATA NOT ROBUST (For indicators such as this, PHE Local Health amalgamate years together to provide robust figures when data is at ward level, therefore no yearly trend data available, only two data points: 2010/11-2014/15 and 2011/12-2015/16)

PHE’s recent Health Inequalities Briefing, based on the Global Burden of Disease study, demonstrates this social gradient in alcohol related harm in Merton further:

**Hospital stays for alcohol related harm for Merton wards by percentage income deprived (2011/12-2015/16) (Source: PHE Health Inequalities Briefing Merton, 2018)**

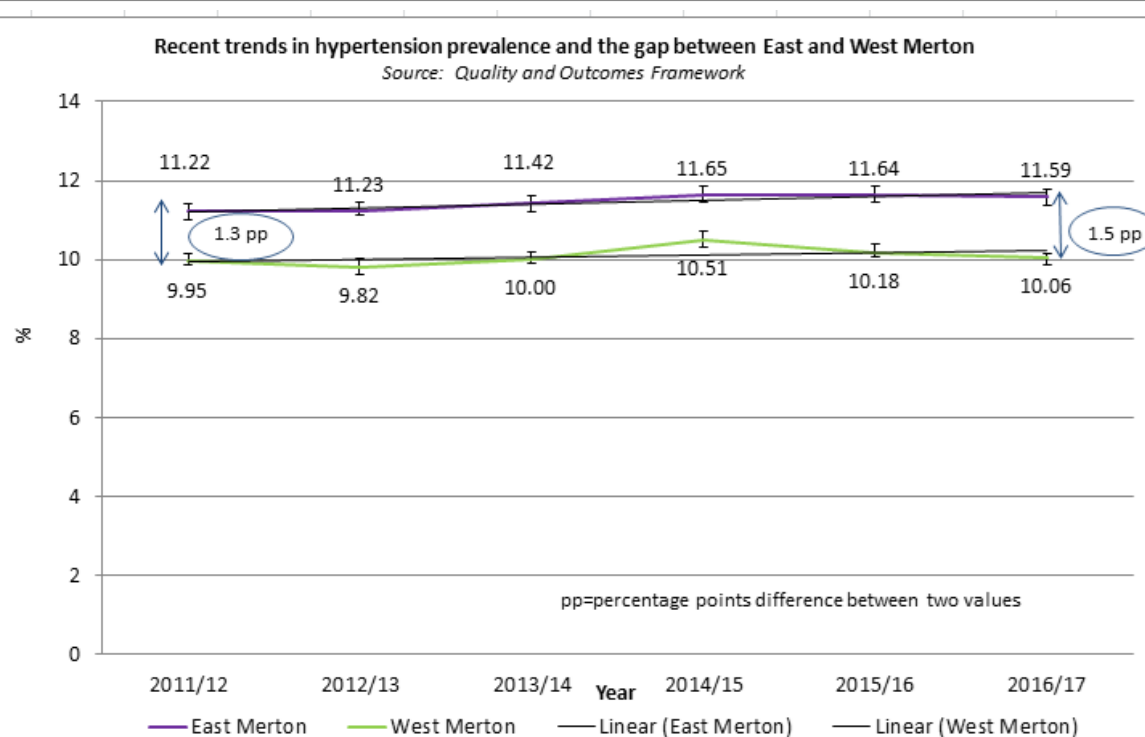
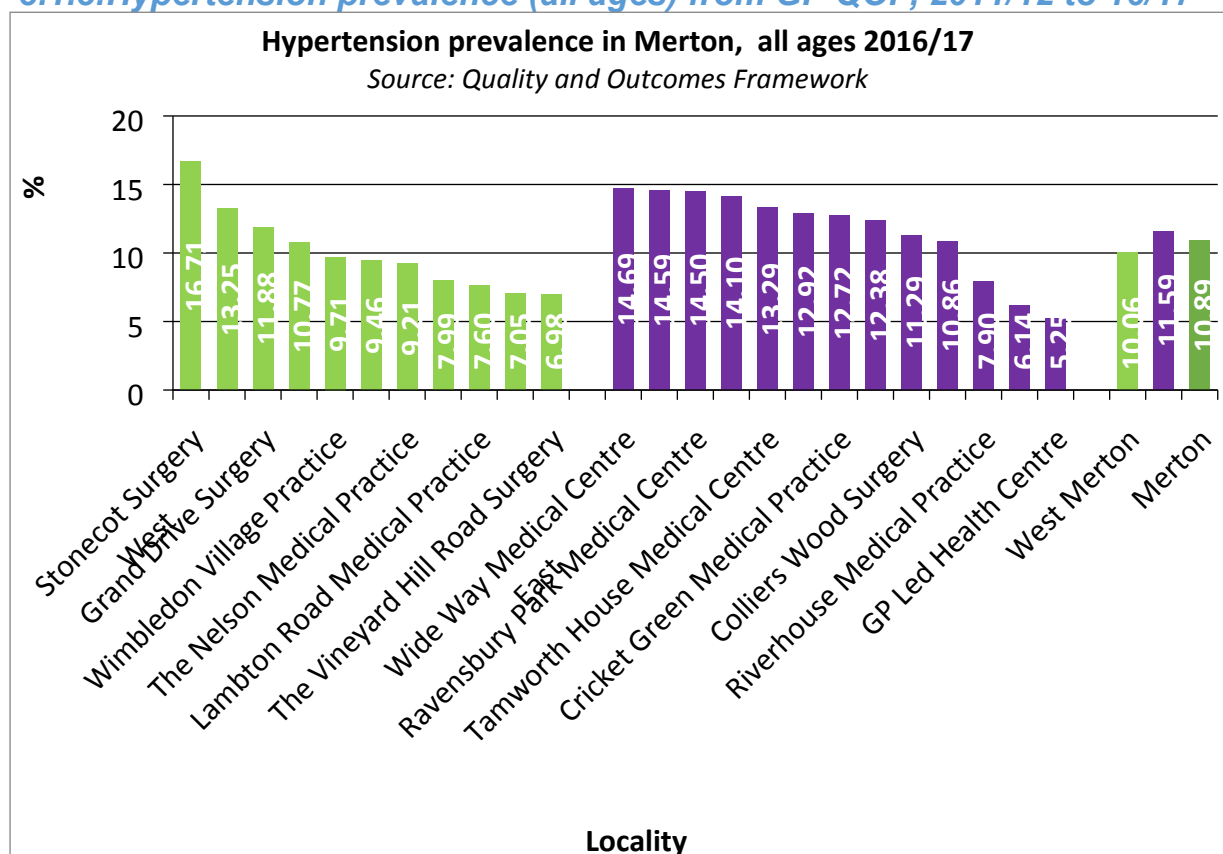


**Hospital stays for alcohol related harm for Merton wards (2011/12-2015/16) (Source: PHE Health Inequalities Briefing Merton, 2018)**



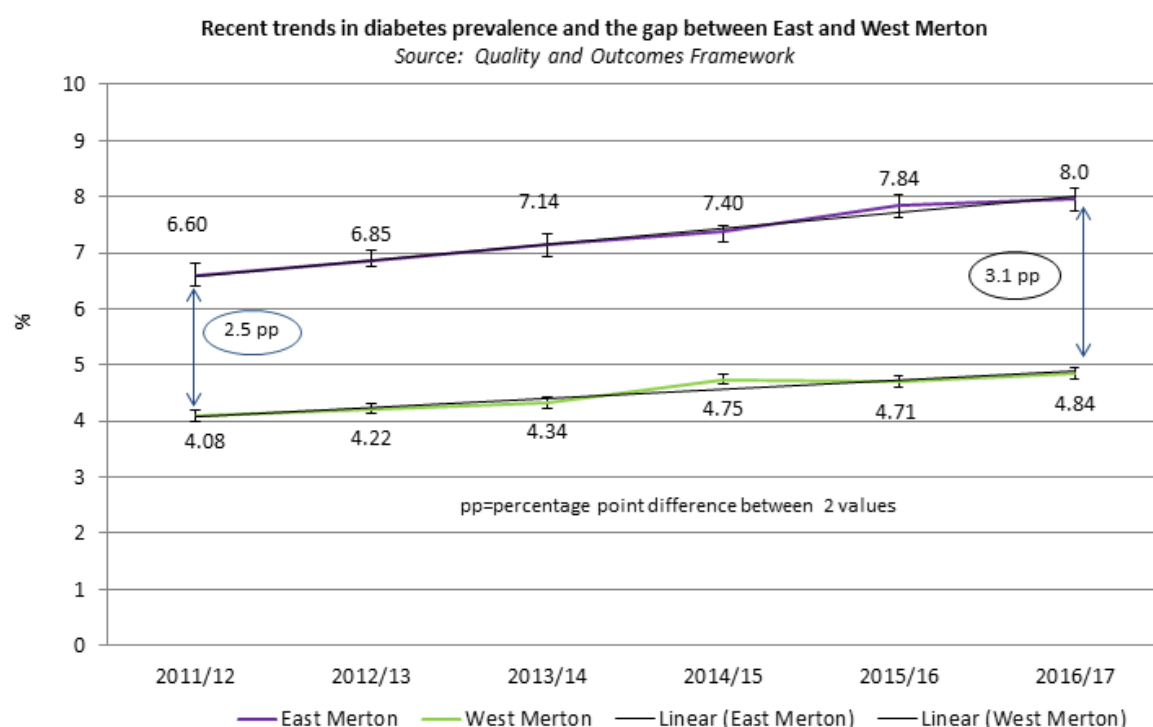
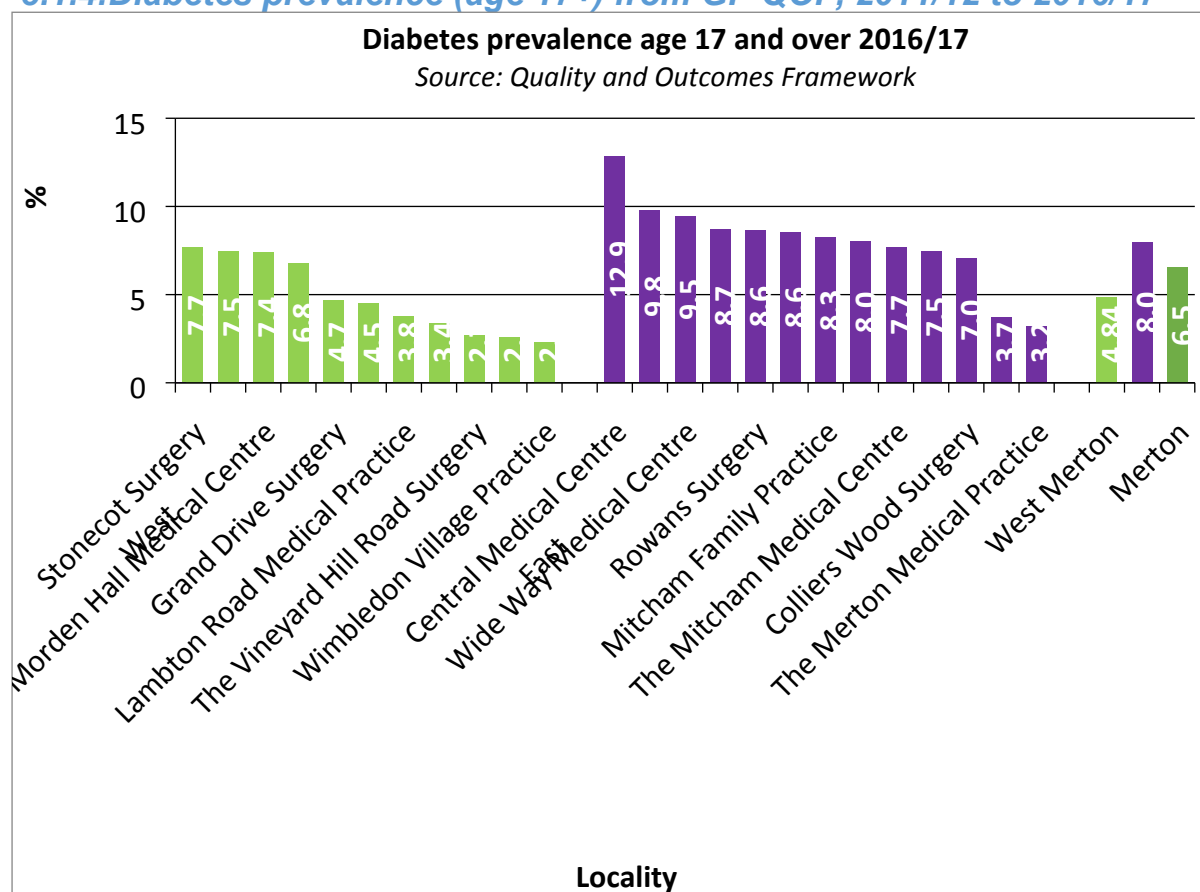


### 3.1.3.Hypertension prevalence (all ages) from GP QOF, 2011/12 to 16/17



<b>INEQUALITY GAP</b>	Current gap between East and West: 1.5 percentage points (11.59 compared to 10.06) in 2016/17. This difference appears statistically significant.
<b>TREND IN INEQUALITY GAP</b>	Between 2011/12 and 2016/17 there was a slight increase in the gap (1.3 to 1.5). However, the increase is not likely to be statistically significant.

### 3.1.4. Diabetes prevalence (age 17+) from GP QOF, 2011/12 to 2016/17



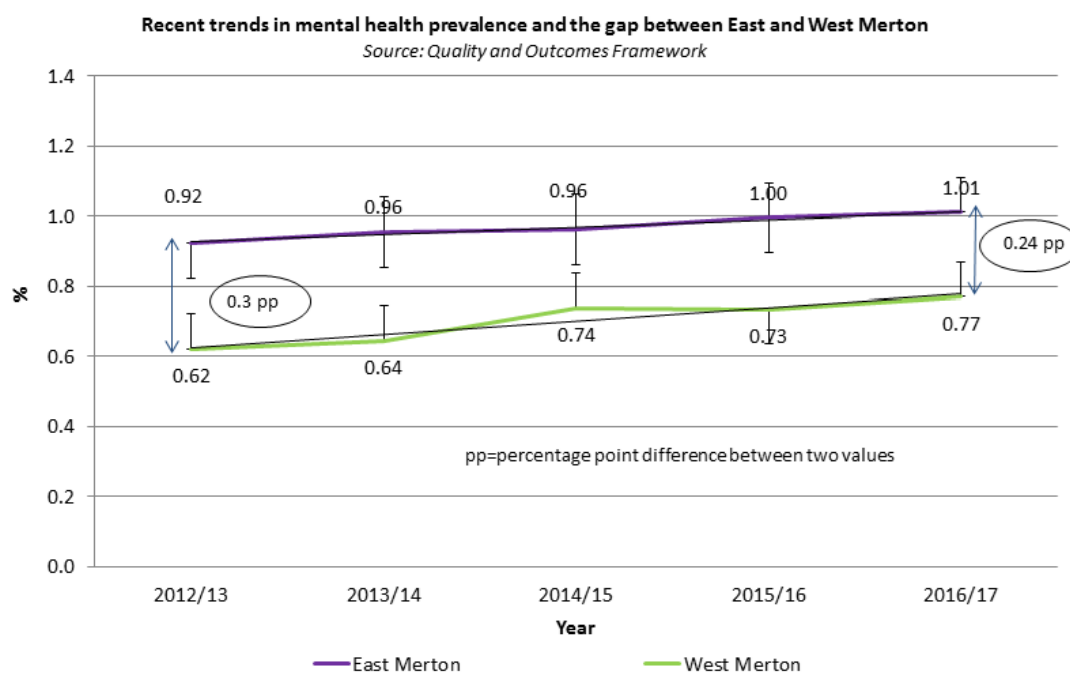
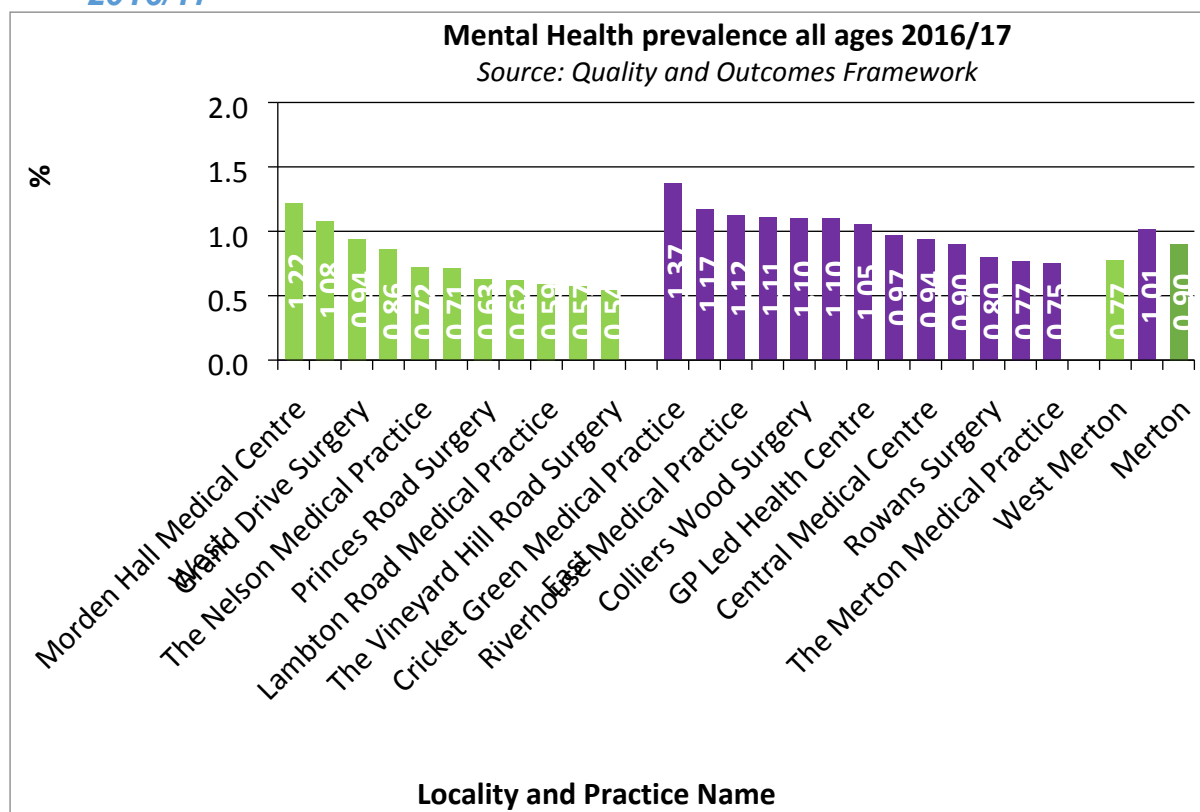
<b>INEQUALITY GAP</b>	Current gap between East and West: 3.1 percentage points (8.0 compared to 4.85) in 2016/17. This difference is statistically significant.
<b>TREND IN INEQUALITY GAP</b>	Between 2011/12 and 2016/17, the difference between East and West increased (from 2.5 to 3.1); this increase appears statistically significant.

### 3.1.5. Tuberculosis (TB) incidence, 2011-13 to 2014/16

Gap =  
25.6

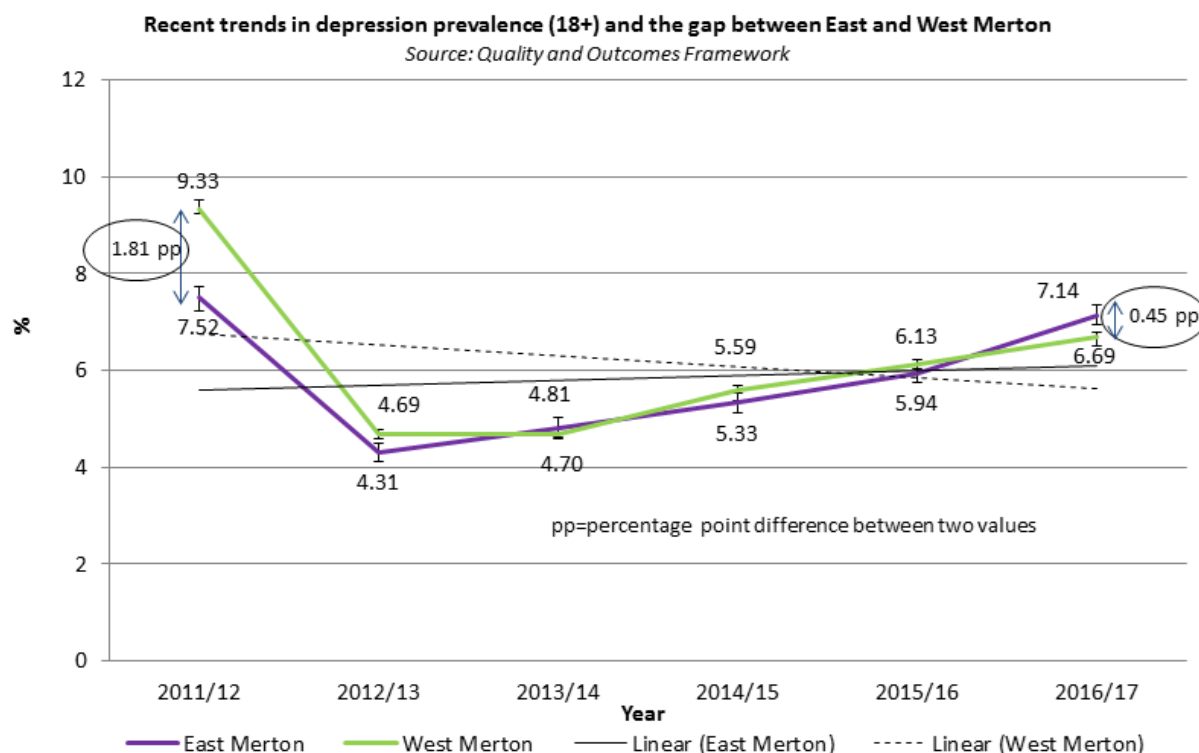
<b>INEQUALITY GAP</b>	Current gap between 30% most and 30% least deprived: 25.6 (35.0 per 100,000 in the 30% most deprived compared to 9.4 per 100,000 in the 30% least deprived) (2014-16 data)
<b>TREND IN INEQUALITY GAP</b>	Between 2011-13 and 2014-16, the difference between the most deprived and least deprived wards increased (from 23.7 to 25.6). This is unlikely to be a statistically significant increase at this point as numbers are small and confidence intervals are wide.

### 3.1.6.Mental health prevalence (all ages) from GP QOF, 2012/13 to 2016/17



<b>INEQUALITY GAP</b>	Current gap between East and West: 0.24 percentage points (1.01% compared to 0.77%) in 2016/7). This difference is statistically significant.
<b>TREND IN INEQUALITY GAP</b>	Between 2012/13 and 2016/17 there was a slight decrease in the gap (from 0.30 to 0.24), driven by a faster increasing prevalence in west Merton compared to east).

### 3.1.7. Depression prevalence (age 18+), from GP QOF, 2011/12 to 2016/17



	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Gap between east and west localities	-1.81	-0.38	0.12	-0.25	-0.19	0.45

<b>INEQUALITY GAP</b>	Current gap between East and West Merton: 0.45 percentage points (7.14 in East Merton compared to 6.69 in West Merton, 2016/17 data). The difference is statistically significant.
<b>TREND IN INEQUALITY GAP</b>	Between 2011/12 and 2016/17 the inequality gap appears to have flipped, from higher rates of depression in West Merton (difference of -1.81 percentage points) to higher rates in East Merton in 2016/17 (0.45 percentage points).  This is one of the only indicators we looked at where the rate of a disease or risk factor was higher in less deprived areas than more deprived areas at any point in the historical trend data.

### 3.1.8. Self reported wellbeing scores (low life satisfaction), 2009 to 2013



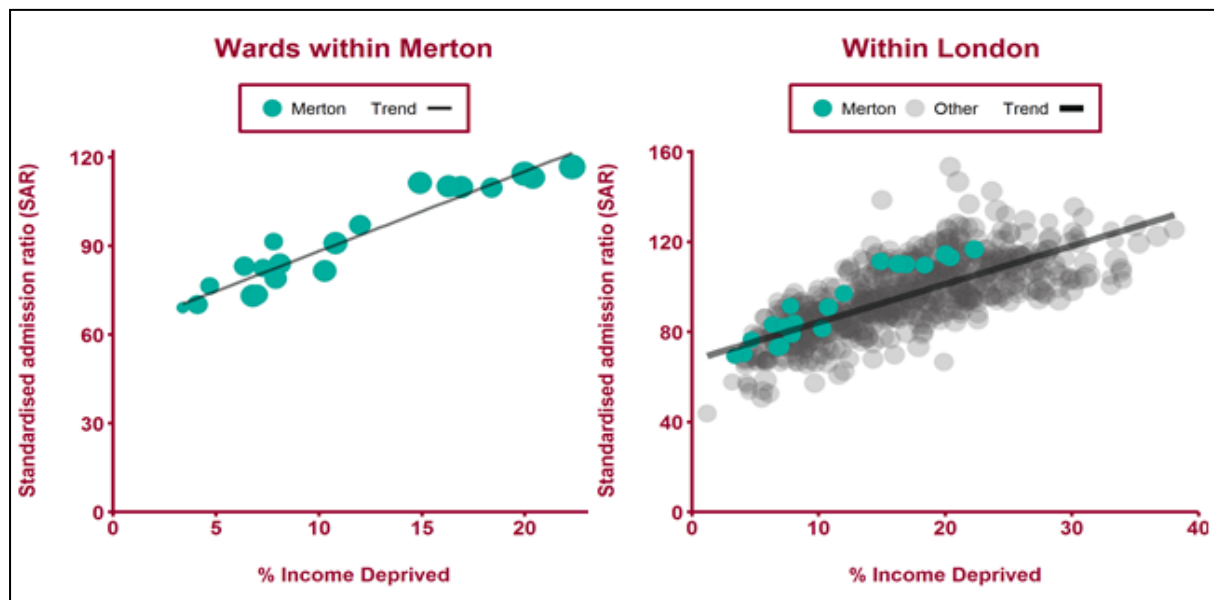
These ward level well-being scores present a combined measure of well-being indicators based on 12 different measures. Where possible each indicator score is compared with the England and Wales average, which is zero. Scores over 0 indicate a higher probability that the population on average experiences positive well-being according to these measures.

<b>INEQUALITY GAP</b>	Current gap between 30% most and 30% least deprived: 11.7 points (a score of -2.3 in the 30% most deprived wards compared to a score of 9.4 in the 30% least deprived), 2013 data
<b>TREND IN INEQUALITY GAP</b>	Between 2009 and 2013, the difference between the most deprived and least deprived wards reduced (from 12.3 to 11.7). However, the wellbeing scores got worse in both the most and least deprived areas, but with a steeper gradient in the least deprived areas, so this does not represent a positive direction of travel.

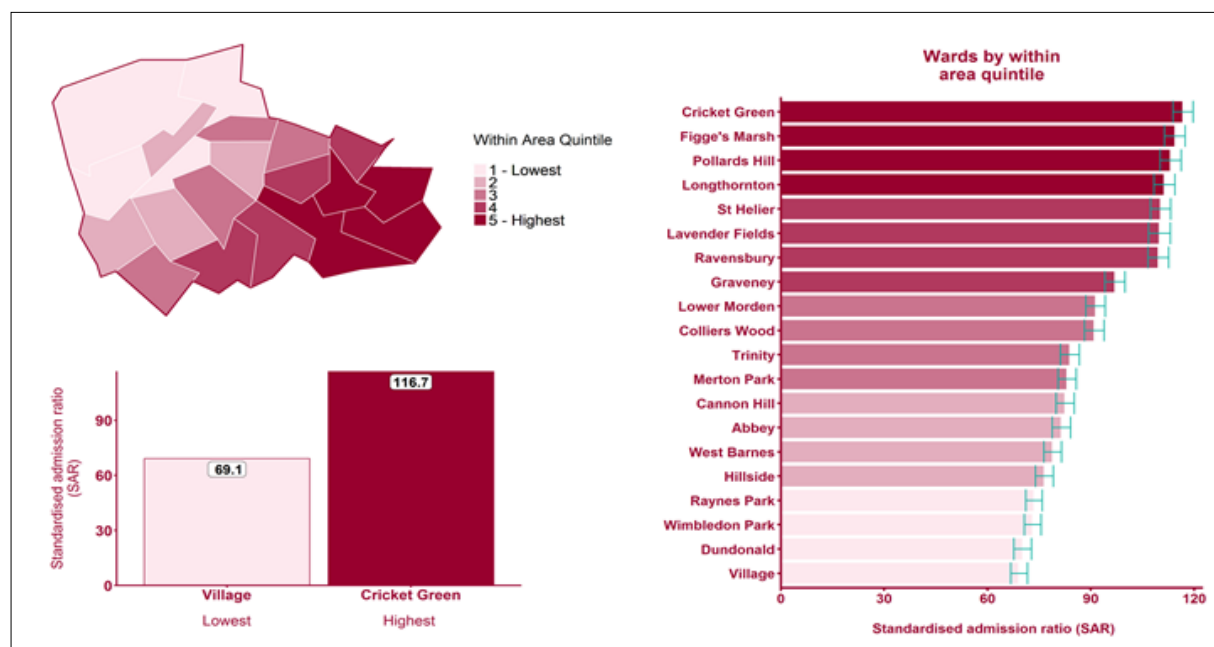
### 3.1.9. Emergency hospital admissions, 2011/12-2015/16

PHE's recent Health Inequalities Briefing, based on the Global Burden of Disease study, highlights the social gradient in emergency hospital admissions in Merton:

**Emergency hospital admissions for all causes for Merton wards by percentage income deprived (2011/12-2015/16) (Source: PHE Health Inequalities Briefing Merton, 2018)**

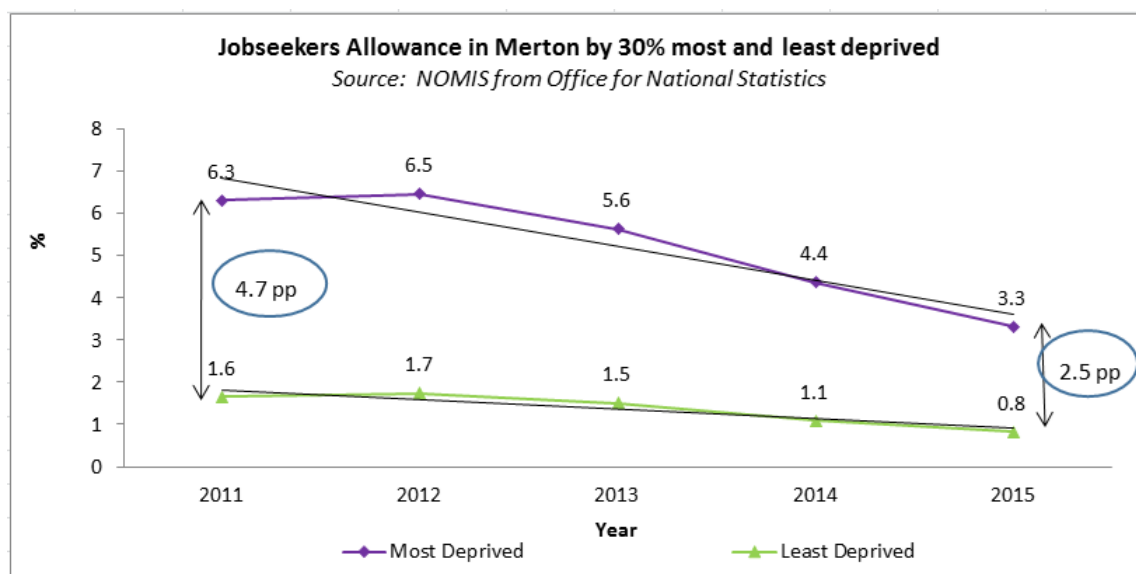


**Emergency hospital admissions for all causes for Merton wards (2011/12-2015/16) (Source: PHE Health Inequalities Briefing Merton, 2018)**



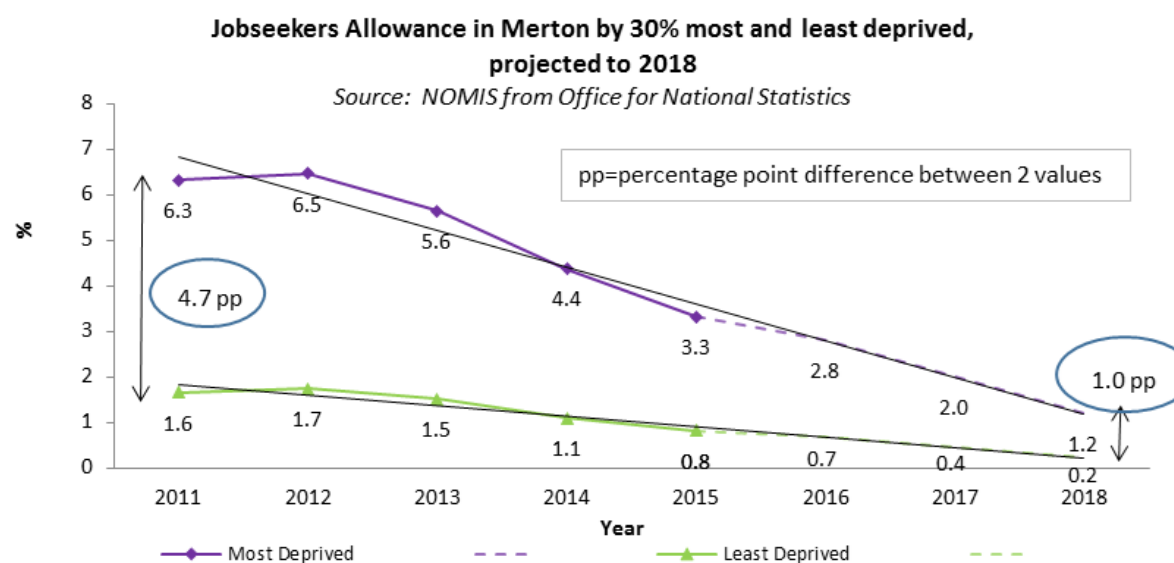
## 4. CHAPTER 4: Fair employment, good work

### 4.1.1. Economically active population claiming Job Seekers Allowance, 2011 to 2015



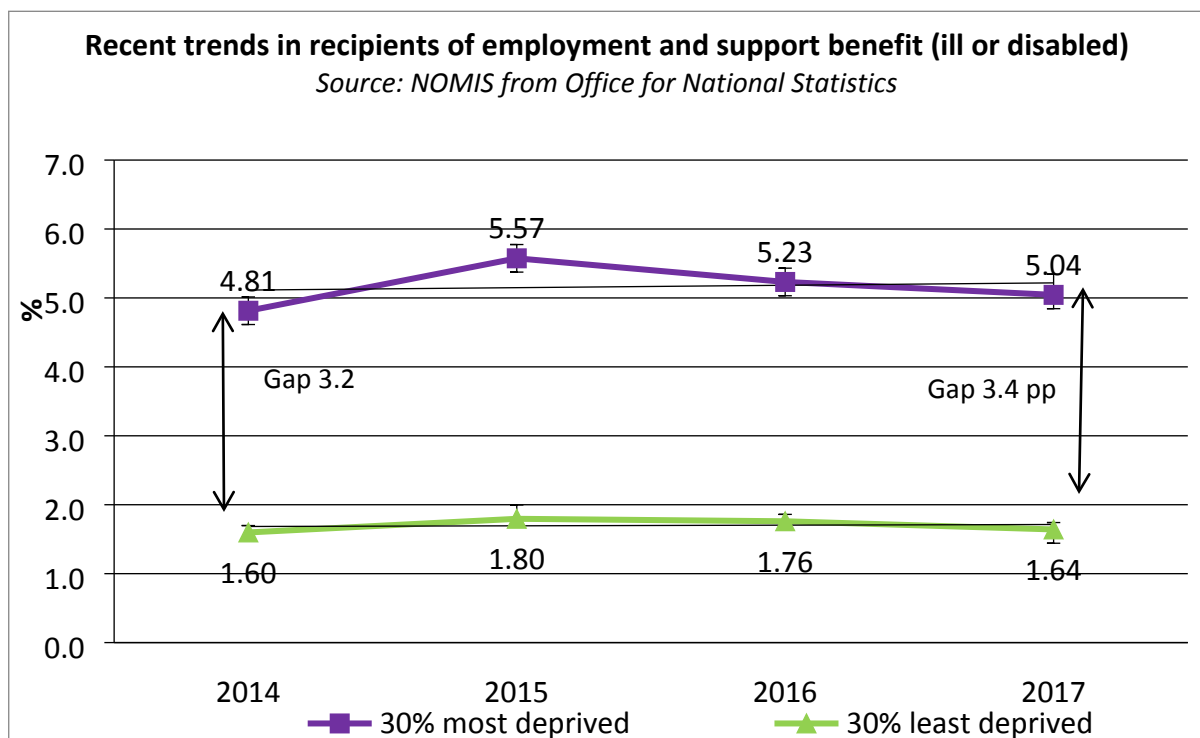
<b>INEQUALITY GAP</b>	Current gap between 30% most and 30% least deprived: 2.5 percentage points (2015 data)
<b>TREND IN INEQUALITY GAP</b>	Between 2011 and 2015, the difference in those claiming JSA between the most deprived and least deprived wards reduced (from 4.7 to 2.5), driven by general decrease across the borough and faster decrease in the most deprived wards

Regression analysis appears to show that gap in 2018 likely to be just under 1 percentage point difference between the most deprived wards (1.2%) compared to the least deprived (0.2%):





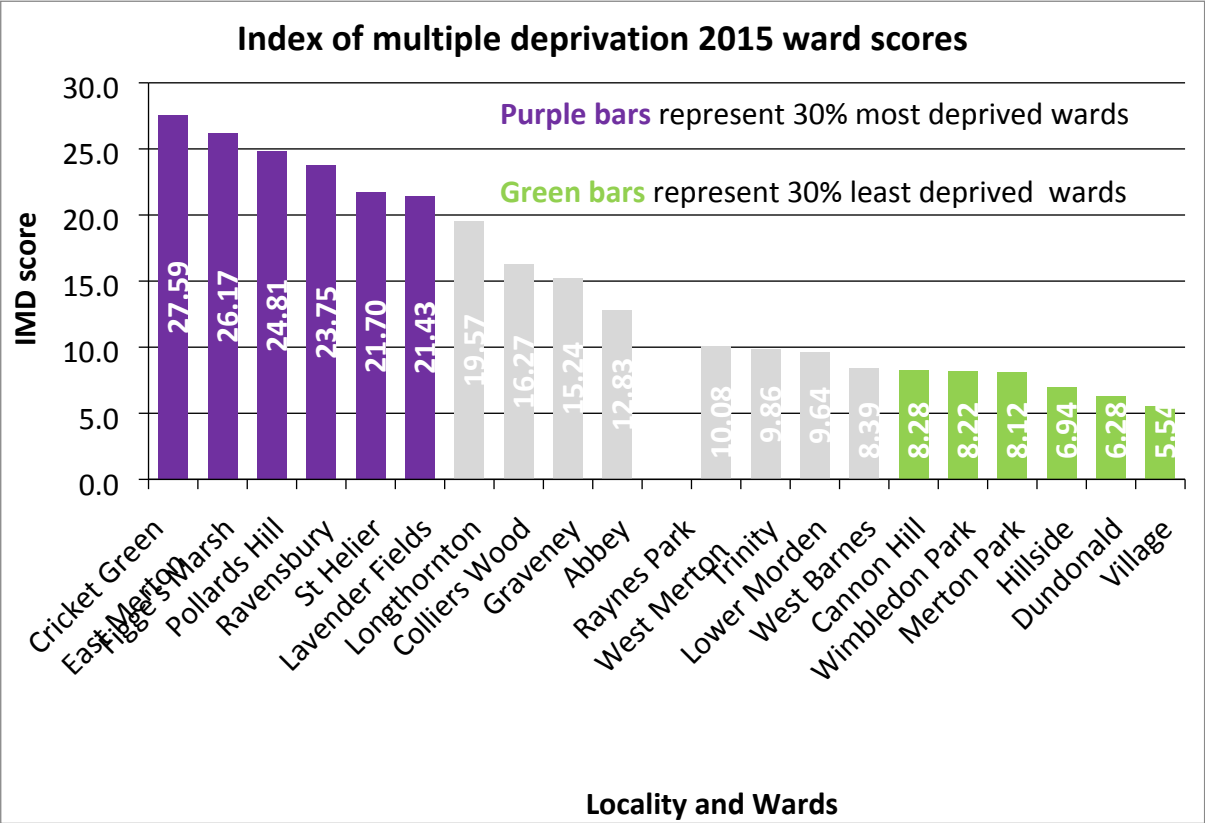
#### 4.1.2. Benefit claimants - employment and support allowance (ESA), 2014 to 2017



<b>INEQUALITY GAP</b>	Current gap between 30% most and 30% least deprived: 3.4 percentage points (2017). This gap is statistically significant.
<b>TREND IN INEQUALITY GAP</b>	Between 2014 and 2017, the difference in ESA claimants between the most and least deprived wards remained similar.

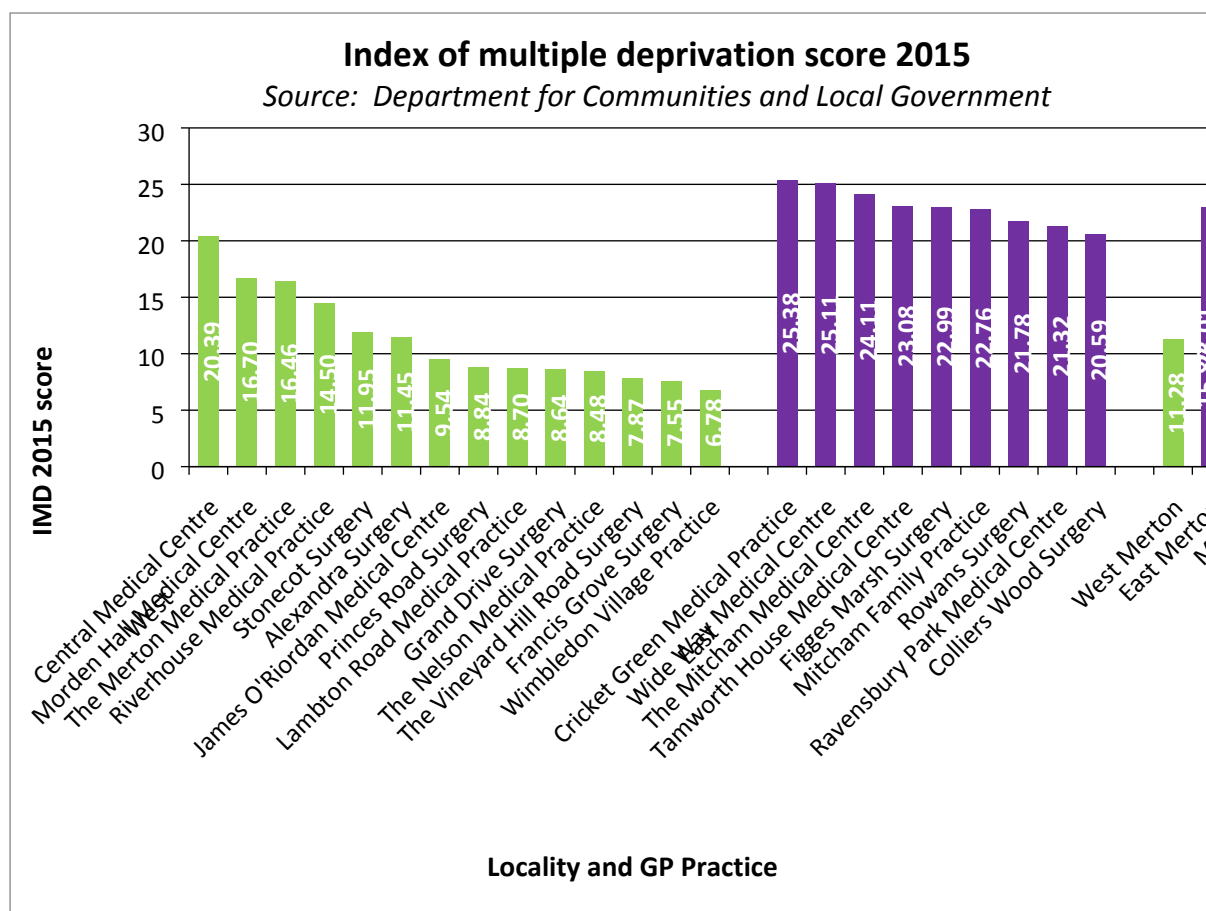
5. CHAPTER 5: Ensure healthy standard of living for all

5.1.1.Index of Deprivation 2015: ward scores



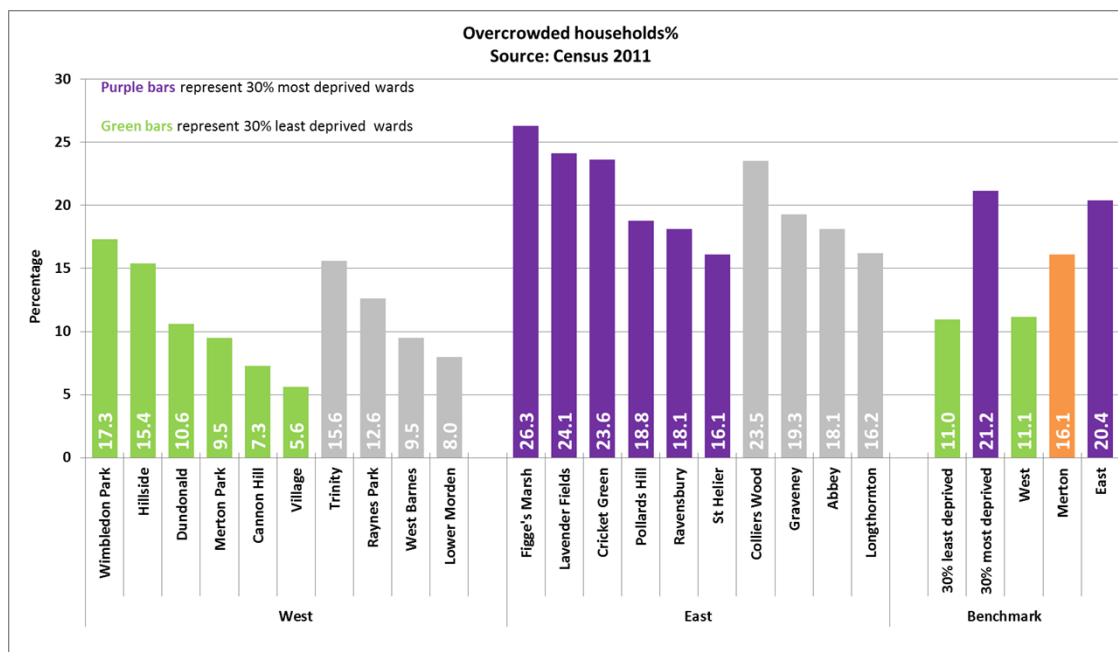
INEQUALITY GAP	Difference in ward scores between the 30% most and least deprived is 17.01 (24.24 in the 30% most deprived compared to 7.23 in the 30% least deprived wards). The higher the score the more deprived the area
TREND IN INEQUALITY GAP	TREND DATA NOT AVAILABLE (Year on year comparisons not possible as the weighting of indicators has been changed over time)

### 5.1.2.Index of Deprivation 2015: GP practice scores



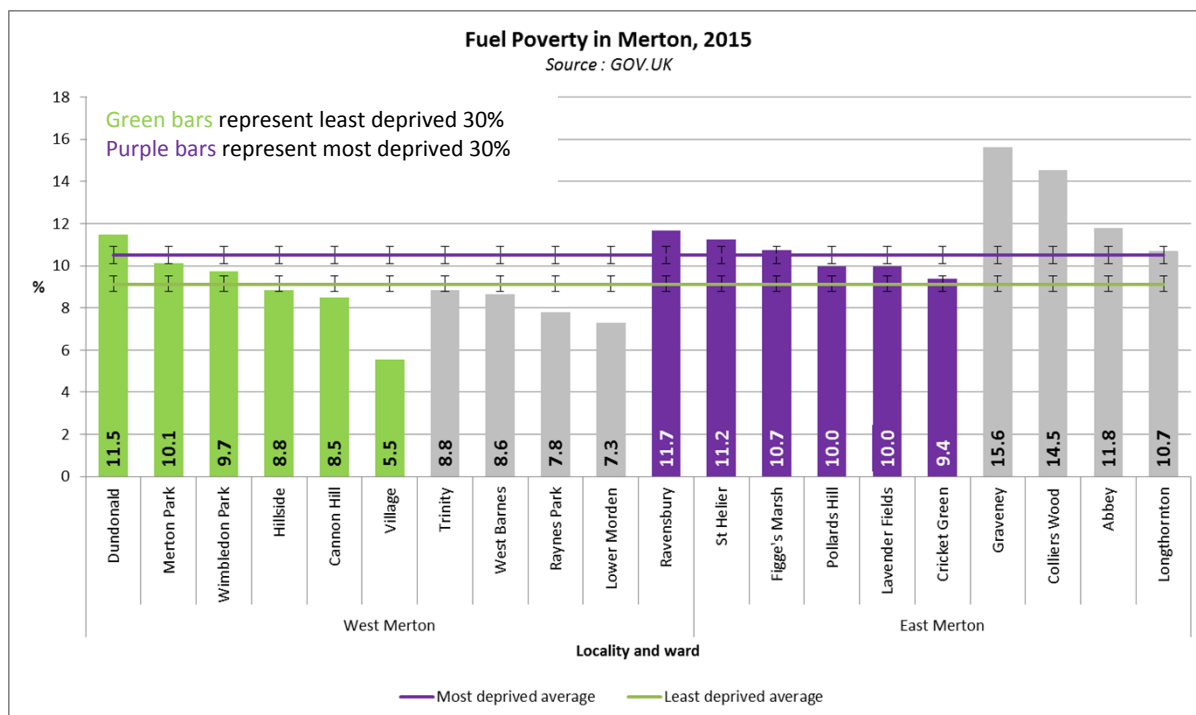
<b>INEQUALITY GAP</b>	Difference between the average score of GP practices in east and those in west Merton is 11.74 (23.01 compared to 11.28). The higher the score the more deprived the area.
<b>TREND IN INEQUALITY GAP</b>	<i>TREND DATA NOT AVAILABLE (Year on year comparisons not possible as the weighting of indicators has been changed over time)</i>

### 5.1.3. Overcrowded households, 2011



<b>INEQUALITY GAP</b>	Current gap in proportion of overcrowded households between 30% most and 30% least deprived: 10.2 percentage points (21.2% compared to 11.0%, with a borough average of 16.1%)
<b>TREND IN INEQUALITY GAP</b>	<i>TREND DATA NOT AVAILABLE (Census data)</i>

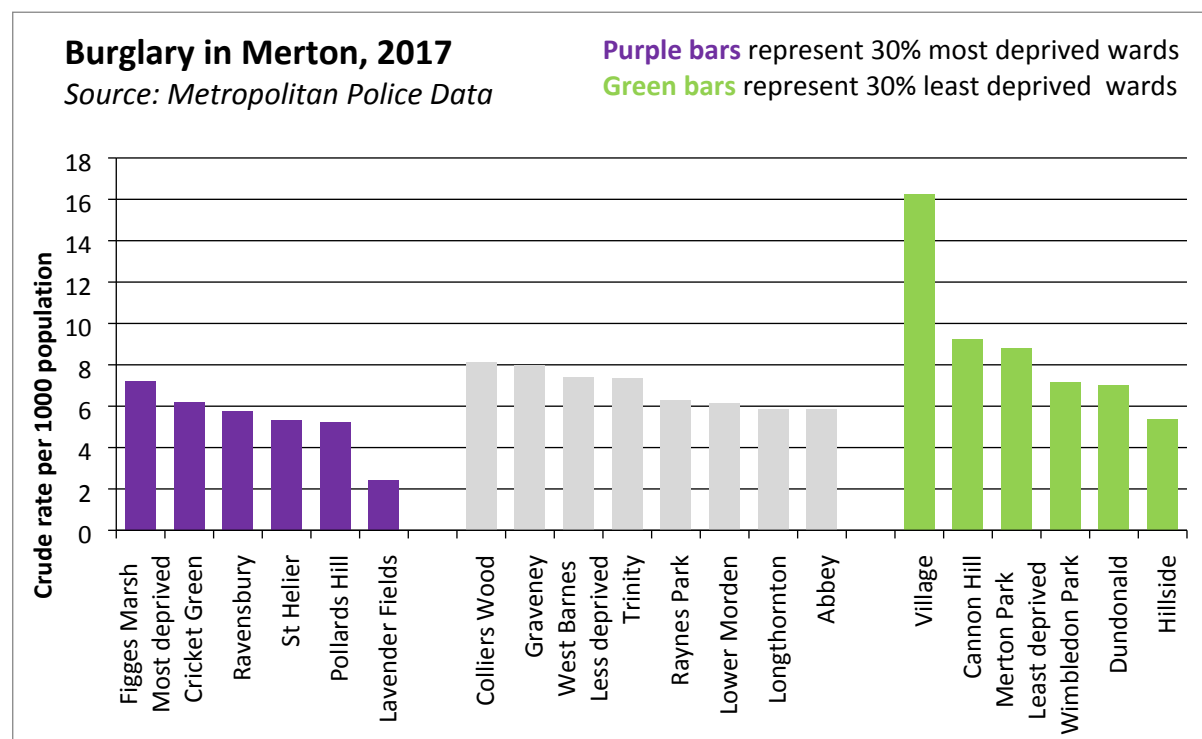
### 5.1.4. Fuel poverty, 2015



<b>INEQUALITY GAP</b>	Difference between the 30% most deprived and 30% least deprived wards is 1.4 percentage points (10.5% compared to 9.1%). This difference appears to be statistically significant
<b>TREND IN INEQUALITY GAP</b>	HISTORIC TREND DATA NOT AVAILABLE AT WARD LEVEL. This is a new indicator on PHE Local Health, and trend data may be available going forward in future years.

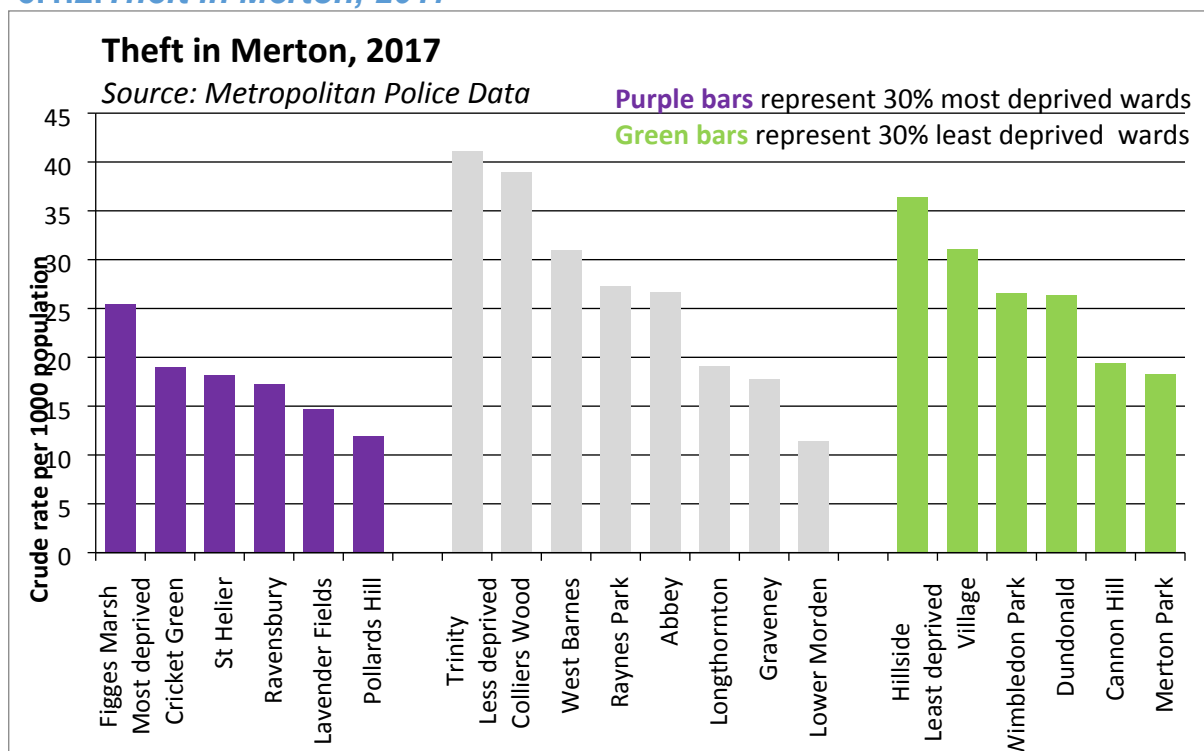
## 6. CHAPTER 6: Healthy, sustainable communities

### 6.1.1. Burglary in Merton, 2017



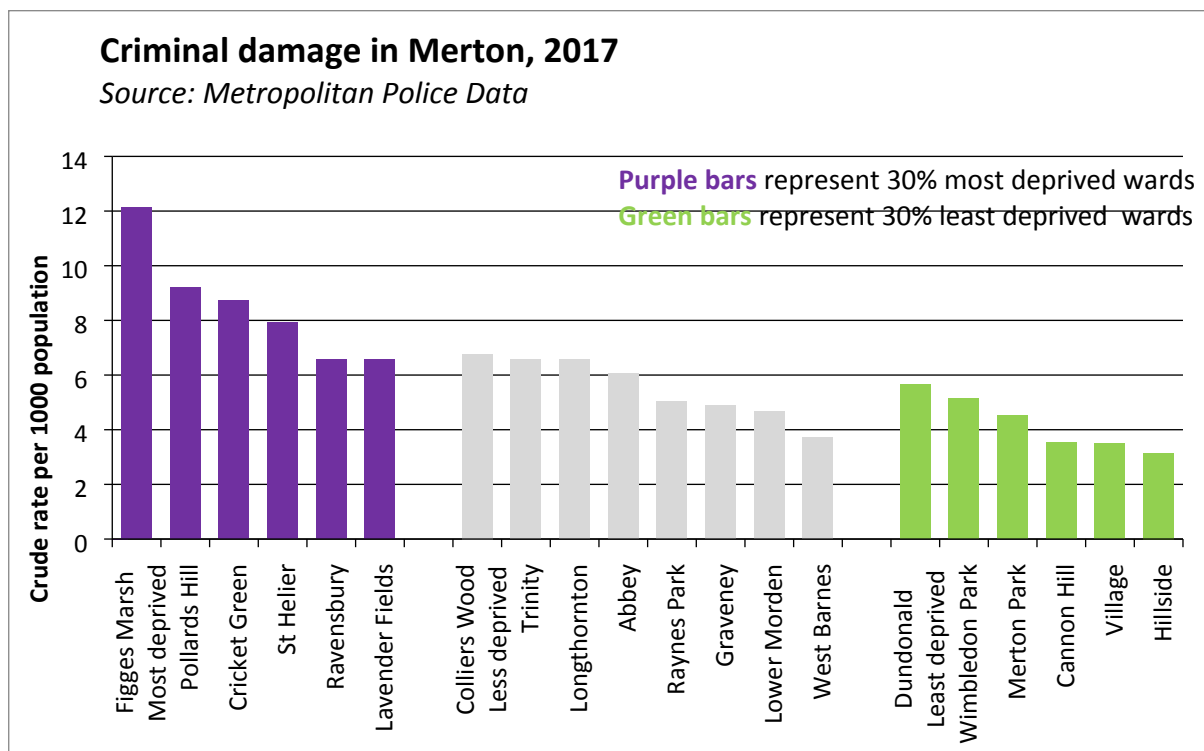
<b>INEQUALITY GAP</b>	Difference in ward scores for burglary between the 30% most and least deprived is -3.4 per 1000 population rate difference (5.3 per 1000 in the 30% most deprived compared to 8.7 in the 30% least deprived wards).
<b>TREND IN INEQUALITY GAP</b>	Both historic and future trend data is available, but has not been calculated for this report as it is available by month and so amalgamating the data is time consuming but possible.

### 6.1.2. Theft in Merton, 2017



<b>INEQUALITY GAP</b>	Difference in ward scores for theft between the 30% most and least deprived is -8.5 per 1000 population rate difference (18.0 per 100,000 in the 30% most deprived compared to 26.5 in the 30% least deprived wards).
<b>TREND IN INEQUALITY GAP</b>	Both historic and future trend data is available, but has not been calculated for this report as it is available by month and so amalgamating the data is time consuming but possible.

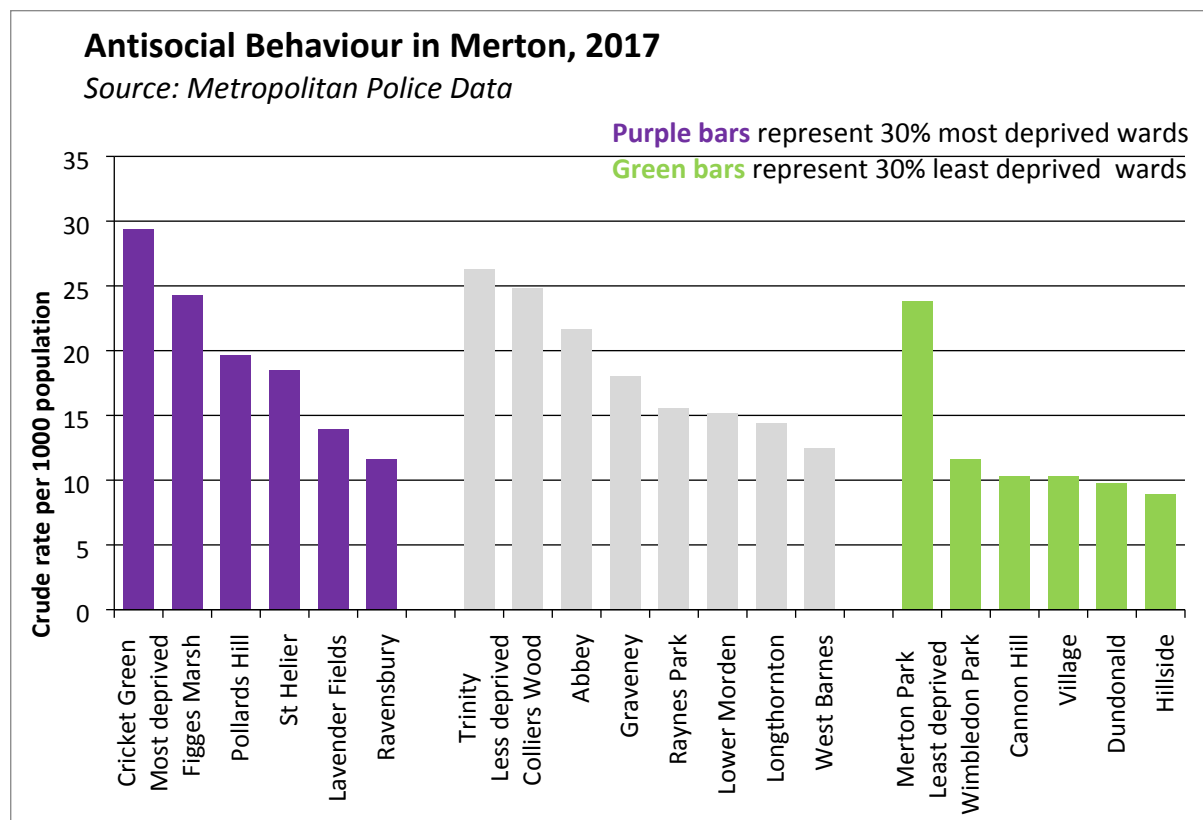
### 6.1.3.Criminal damage in Merton, 2017



<b>INEQUALITY GAP</b>	Difference in ward scores for criminal damage between the 30% most and least deprived is 4.2 per 1000 population rate difference (8.5 per 100,000 in the 30% most deprived compared to 4.3 in the 30% least deprived wards).
<b>TREND IN INEQUALITY GAP</b>	<i>Both historic and future trend data is available, but has not been calculated for this report as it is available by month and so amalgamating the data is time consuming but possible.</i>

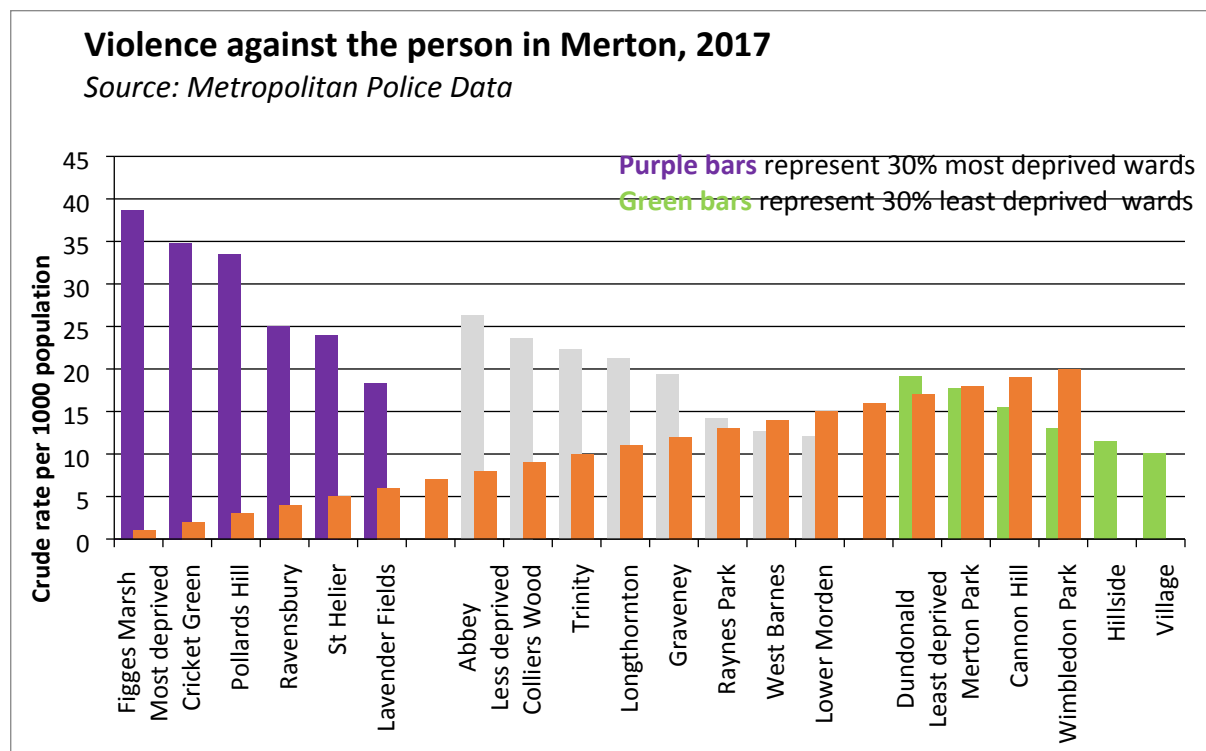


#### 6.1.4. Antisocial behaviour in Merton, 2017



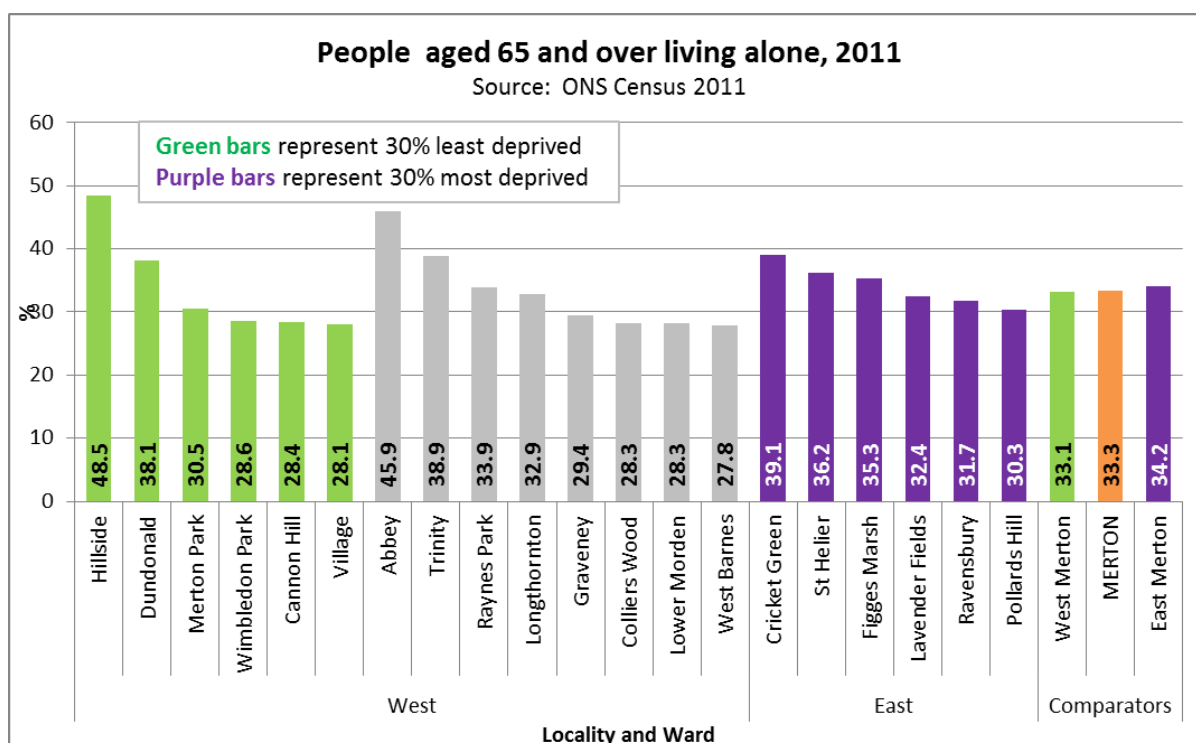
<b>INEQUALITY GAP</b>	Difference in ward scores for antisocial behaviour between the 30% most and least deprived is 7.0 per 1000 population rate difference (19.5 per 100,000 in the 30% most deprived compared to 12.5 in the 30% least deprived wards).
<b>TREND IN INEQUALITY GAP</b>	<i>Both historic and future trend data is available, but has not been calculated for this report as it is available by month and so amalgamating the data is time consuming but possible.</i>

### 6.1.5. Violence against the person in Merton, 2017



<b>INEQUALITY GAP</b>	Difference in ward scores for violence against the person between the 30% most and least deprived is 14.5 per 1000 population rate difference (28.9 per 100,000 in the 30% most deprived compared to 14.5 in the 30% least deprived wards).
<b>TREND IN INEQUALITY GAP</b>	Both historic and future trend data is available, but has not been calculated for this report as it is available by month and so amalgamating the data is time consuming but possible.

### 6.1.6.Older people (65+) living alone, 2011

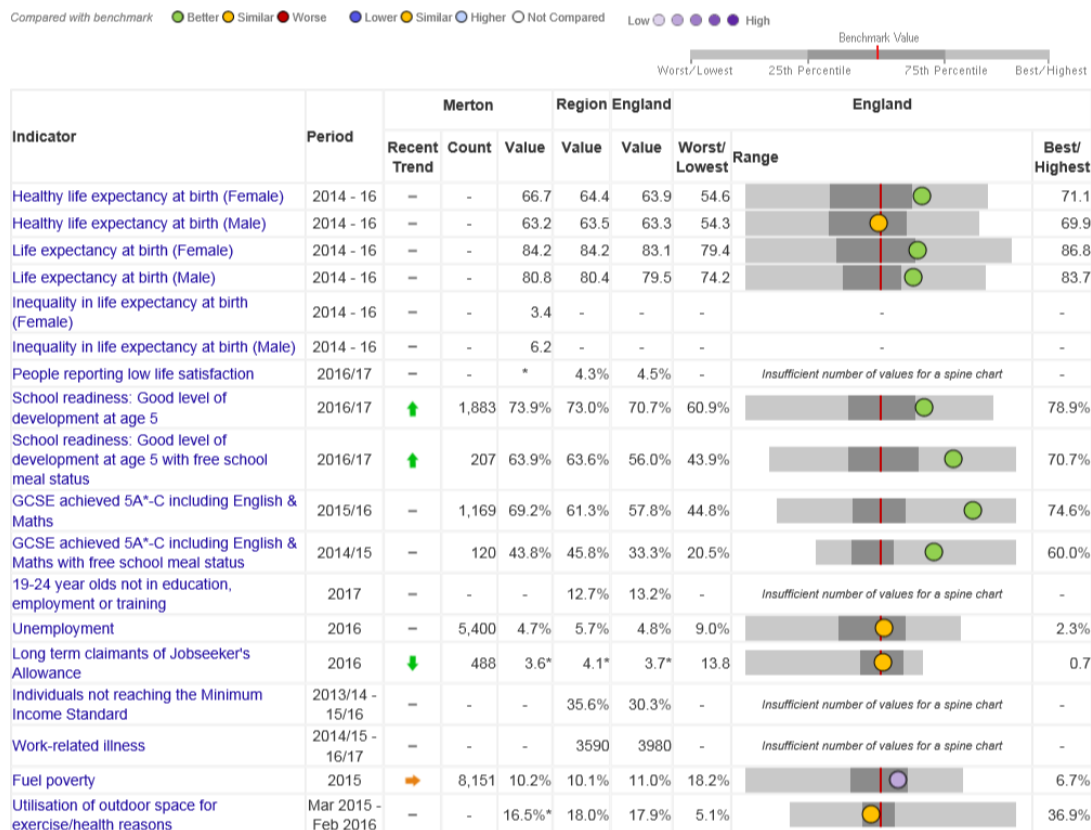


<b>INEQUALITY GAP</b>	Current gap in proportion of older people living alone, between 30% most and 30% least deprived: 0.5 percentage points (34.2% compared to 33.7%)
<b>TREND IN INEQUALITY GAP</b>	<i>TREND DATA NOT AVAILABLE (Census data)</i>

## Overview of PHE Marmot indicators for Merton

NB these are at borough level not looking at inequality gap.

### Compared to England



### Compared to London

