



# **Merton 2017**

**An analysis of key demographic trends and their likely impact on service delivery**

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**Report prepared by the Policy Network**

London Borough of Merton

November 2013

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## 1. Executive Summary

### 1.1 Introduction

This report considers what Merton might look like in 2017, how demographic changes could impact on the services the Council provides and how the Council is planning ahead for changes in demand for its services. Demographic pressures also need to be considered alongside the resources available to deliver services. There have already been significant reductions in public sector resources and further reductions are inevitable. As well as demographic and financial factors, there are significant legislative changes in the pipeline, in particular the government's welfare reform changes and changes to health and social care.

### 1.2 Merton in 2017

The GLA forecasts that Merton's population will increase between 6,000 and 16,000 people by 2017. This is a growth of between 3% and 8%. Whilst slightly lower than the rest of London this increase will put further pressure on public services and infrastructure in the borough.

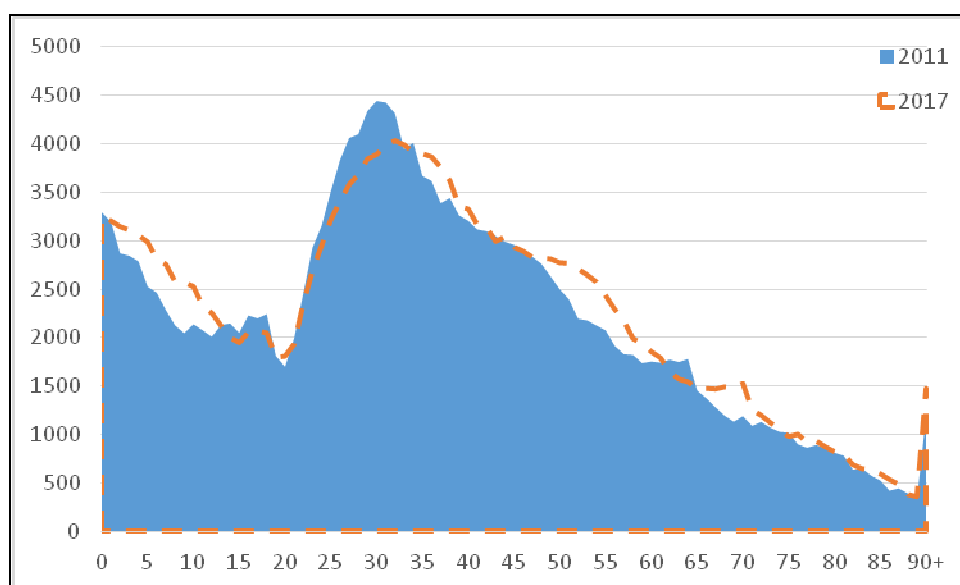


Figure 1.1: Age profile for Merton 2011 and 2017

A significant feature of Merton's population in 2017 is the changing age profile of the borough's residents with an increase in the proportion of older and younger age groups. The number of children and young people aged 0-19 is forecast to increase by around 3,180 (7%) over this period. In particular, there is forecast to be an increase of 2,270 (20%) in the number of children aged 5 to 9. It is notable that the 20 to 35 age group is forecast to fall by 2017, perhaps reflecting the lack of affordable housing in the borough. There is also forecast to be an increase of around 2,900 people (11%) in the over 65 age group with an increase of around 1,500 (25%) in the over 90 age group. These changes are likely to result in demand pressures in three key areas of service provision – education, children's social care and adult social care.

The ethnic composition of the borough is also forecast to change significantly, with the proportion of people from a BAME background increasing from 35% in 2011 to 39% in 2017. The largest increases are in the Other Asian, Black African and Pakistani ethnic groups. The ethnic composition of the

borough's residents also differs across age groups with a forecast increase in the proportion of BAME people in the 0-19 age group from 44% in 2011 to 47% in 2017.

Population growth is fastest in the east of the borough which already has a higher population density, higher levels of deprivation, higher levels of population churn and a more diverse population than the west of the borough. The proportion of the population of non working age is forecast to increase in wards to the west and south of the borough. These changes have implications for community cohesion and a range of services including social care, education and health.

### **1.3 Implications for children, families and young people**

The key implications for children, families and young people include:

- the high birth rate and increase in children under 5 will place additional demands on health services in particular new born and child screening, immunisations and 6 week checks
- the increase in the 0-4 age group will increase demand for affordable childcare and nursery provision
- the rapid increase in the primary school age group will increase demand for primary places and subsequently for secondary places, also the demand for SEN provision will also increase
- the increase in the number of children living in areas of deprivation to the east of Merton will increase the number of pupils experiencing factors that could affect educational attainment e.g. low income, poor housing etc.
- this increase in the 0-19 age group is likely to increase demand for children's social care services.

*Further detail on the implications of these demographic changes and how the Council is responding to them is set out in chapter 5.*

### **1.4 Implications for adult social care and public health**

The key implications for adult social care and public health include:

- the increase in the older population coupled with people living longer will increase demand for adult social care and health services
- the increase in the BAME population has implications for public health where risks for specific diseases, lifestyle risks and lower awareness of prevention services result in higher prevalence of disease amongst the BAME population
- without changes in lifestyle the increase in the number of people aged over 45 suggests disease prevalence in Merton will also increase, with implications for both health and social care services.

*Further detail on the implications of these demographic changes and how the Council is responding to them is set out in chapter 6.*

## 1.5 Implications for housing, environment, libraries, transport and economic development

The key implications for housing, environment, libraries, transport and economic development include:

- the increase in the number of households combined with rising house prices and growth in the private rented sector is likely to result in lower income households living in poorer quality accommodation and rising homelessness
- the increase in the number of households and the number of larger households could result in more waste going to the South London Waste Partnership's 'energy from waste' plant unless recycling levels increase
- the increase in households with children and population growth focused in wards to the east with poorer public transport links could increase the number of cars on the road and congestion
- an increasing number of school leavers and an increase in the number of jobs in Merton requires a co-ordinated approach to improving pathways into work.

*Further detail on the implications of these demographic changes and how the Council is responding to them is set out in chapter 7.*

## 1.6 Financial implications

If future expenditure on social care services and education were to increase in line with demand then all other Council services, with the exception of waste management, would have to cease – an impossible scenario. Given the resources available to the Council this means that any increase in demand caused by demographic changes must be contained within existing budgets though either efficiency savings or ceasing to deliver some services.

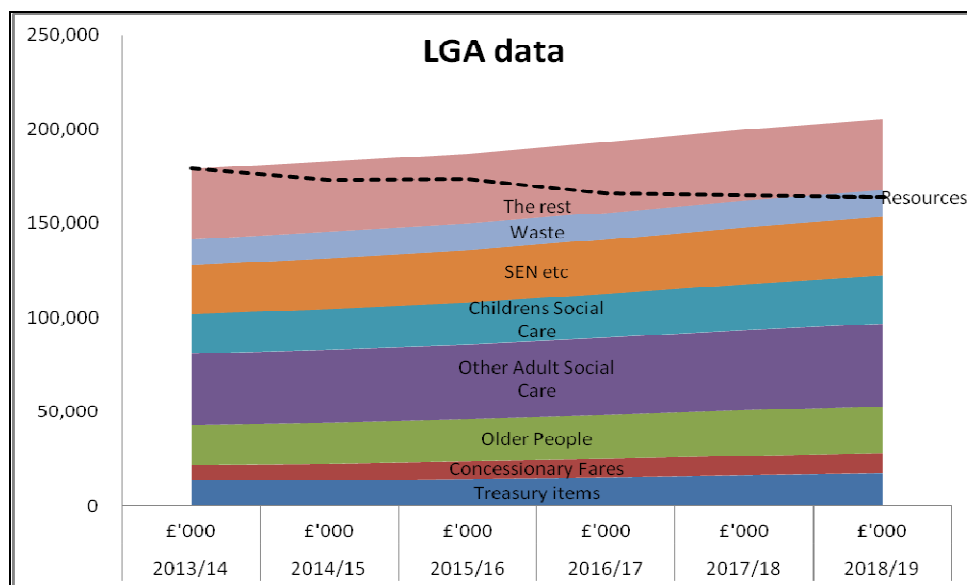


Figure 1.2: LGA modelling of service demand, expenditure requirements and likely resources 2013/14 - 2018/19

## **2. Introduction**

### **2.1 Purpose**

This report models what Merton's demography could look like in 2017 and considers the potential implications for services, set alongside the Council's financial strategy and future legislative changes that will impact on local government in the coming years. The report also looks at how the Council is planning to respond to these changes.

### **2.2 Methodology**

This report has been prepared by the Council's Policy Network. This is a group of policy experts within the Council drawn together to model and analyse how demographic changes will impact on Council services. This project was sponsored by the Chief Executive and the project was led by the Director of Children, Schools and Families.

### **2.3 Data**

The basis of the demographic forecast of what Merton will look like in 2017 is the Greater London Authority (GLA) population projections. These are based on births, deaths and migration and use population data from the Office for National Statistics (ONS) which is largely based on the Census 2011.

The GLA publish two projections models (SHLAA and Trend-based) based on 2011 Census data. The SHLAA forecast is the GLA population projection model which is linked to development trajectories from the Strategic Housing Land Availability Assessment (SHLAA). The Trend-based projection does not take dwellings into account but considers births, population (by single year of age), migration (outflows and inflows), total fertility rates and life expectancy at birth. In general, forecasts in this report refer to the SHLAA based projection but the Trend based forecast is also referred to from time to time and this is made clear in the relevant section.

Where possible we have sought to use internal data sources alongside the GLA forecasts in order to provide a secondary source for modelling. In many cases forecasts are based on regression analysis – examining trends and forecasting them forward. Where other data sources have been used these are referenced in the report.

In most cases the starting point for comparison will be 2011 (the date of the last Census). Where this is not the case e.g. if 2013 data has been used, this is stated in the report.

In most cases we have rounded numbers to the nearest 100 and percentages to the nearest whole number.

### 3. Key policy and legislative drivers

#### 3.1 Introduction

The main purpose of this report is to consider the impact of demographic change on the demand for Council services. However, demographic change is only one of a number of factors that the Council must consider when planning future service provision. The impact of the latest Comprehensive Spending Review on the resources that the Council has available to provide services is profound. In addition there are some significant legislative changes at a national level that will impact on what and how services are provided by local government. The main changes are set out below.

Policy/legislative driver	Possible impact on council/partners
<p><b>Comprehensive Spending Review</b> - the latest Office for Budget Responsibility (OBR) fiscal outlook predicts the total amount of discretionary spending allocated to government departments will fall by 11% between 2011/12 and 2016/17.</p>	<ul style="list-style-type: none"> <li>• Funding available to local authorities through the Local Government Finance Settlement is expected to continue to decrease in line with the overall reduction in departmental allocations placing further pressures on council services.</li> </ul>
<p><b>Welfare Reform</b> – a suite of changes to the current welfare benefits system which will see the streamlining of core benefits with the roll out of Universal Credit (UC) from late 2013 and the introduction of the Benefits Cap which will limit the total amount of benefit working-age claimants can receive to £500 per week. New claimants applying for Disability Living Allowance (DLA) will be moved to the Personalised Independence Payment (PIP) system with tighter eligibility criteria and more frequent assessments.</p>	<ul style="list-style-type: none"> <li>• Benefit cap likely to result in increased pressure on services from low-income and unemployed households moving into the borough from high-rent areas in neighbouring boroughs.</li> <li>• Move to direct payments likely to have a negative impact on collection of rents.</li> <li>• Increased pressure on Housing Needs and assessment teams to provide suitable accommodation for residents deemed to be under-occupying.</li> <li>• 20% budget cut in DLA budget will mean that a large number of new claimants applying for PIP will be turned down. Likely to have an impact on Council support and assessment services.</li> <li>•</li> </ul>
<p><b>Care and Support Bill</b> - due to become law by 2016, the Care Bill addresses three key areas of health and social care: Part 1: the major reform of adult social care law; Part 2: health reforms in response to the Francis Inquiry; Part 3: arrangements for Health Education and Health Research. Changes under Part 1 of the Bill are likely to have the greatest impact on how the Council and local partners develop and deliver services.</p>	<ul style="list-style-type: none"> <li>▪ Wellbeing, prevention and information and advice - current “signposting services” will not be enough and it is likely that the council will need to commission a range of services from basic online information to advocacy services for all customers.</li> <li>▪ Self funding individuals will also become the responsibility of the council. This could potentially double the adult social care customer base.</li> <li>▪ Charging – the council will be able to charge for services, but a financial cap of £72,000 on an individual’s liability for care costs will be introduced.</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Needs assessment and eligibility - duty on the council to carry out a needs assessment where it appears that there is a need for care and support for all individuals. Where the threshold for eligibility for services will lie is a matter for debate but is currently placed at “significant” in the Bill. A lower threshold could have significant resource implications for the Council and local health partners.</li> <li>▪ Integration – the Council will have a duty to promote integration with the NHS and other health-related services but the Bill does not specify how other services, such as housing, should support integration.</li> <li>▪ Diversity of provider – the council must also promote diversity by promoting and building an effective market by shaping services which people use. This will include not just care and support but shaping services to enable individuals to undertake work, training and education.</li> </ul>
<p><b>Children and Families Bill</b> – due to become law by 2016, the Children and Families Bill seeks to reform the systems for adoption, looked after children, family justice and special educational needs (SEN). It will reform childcare provision and introduce a new system of shared parental leave.</p>	<ul style="list-style-type: none"> <li>▪ Adoption – provision to allow the Secretary of State to enforce a local authority to outsource adoption services could cause significant disruption to services and damage relationships with families, parents and children engaged in the adoption process.</li> <li>▪ SEN – likely to have a financial impact on the council as the Bill extends the current definitions of special educational needs and special educational provision to include young persons in education or training under the age of 25. The Bill also places greater demand on the Council to engage parents and children in the design and delivery of SEN services.</li> </ul>
<p><b>Planning reforms</b> - Since the Coalition Agreement, major reforms to the planning system have taken place with the introduction of the Localism Act 2011 and the National Planning Policy Framework.</p>	<ul style="list-style-type: none"> <li>• New legislation could allow planning applications to be decided by the Planning Inspectorate, if it is decided that a council has a track record of consistently poor performance. Such loss of control could impact on a council’s ability to place-shape in the future.</li> <li>• Existing permitted development rights have also been increased to allow shops to be converted into homes. More households will mean a greater pressure on infrastructure and services.</li> <li>• New flexibilities and restrictions on how funding raised via the Community Infrastructure Levy can be used will bring opportunities and challenges.</li> </ul>



## 4. Merton 2017 population forecast

### 4.1 Introduction

This chapter sets out the main demographic changes forecast for Merton by 2017 in terms of the overall population, age and ethnicity. It also sets out how these changes are reflected at individual ward level. The chapters that follow look at what we think are the main service implications for the Council arising from these demographic shifts and how the Council is responding to these changes.

### 4.2 Population

Based on current trends Merton's population would increase by 16,000 people between 2011 and 2017. If we look at the GLA's SHLAA forecast that factors in housing availability this suggests an increase of 6000 additional people living in Merton. Therefore Merton's population is likely to grow by between 3% and 8% over this period. Looking at the SHLAA forecast the projected growth is less than Outer London (6%) and Greater London (7%).

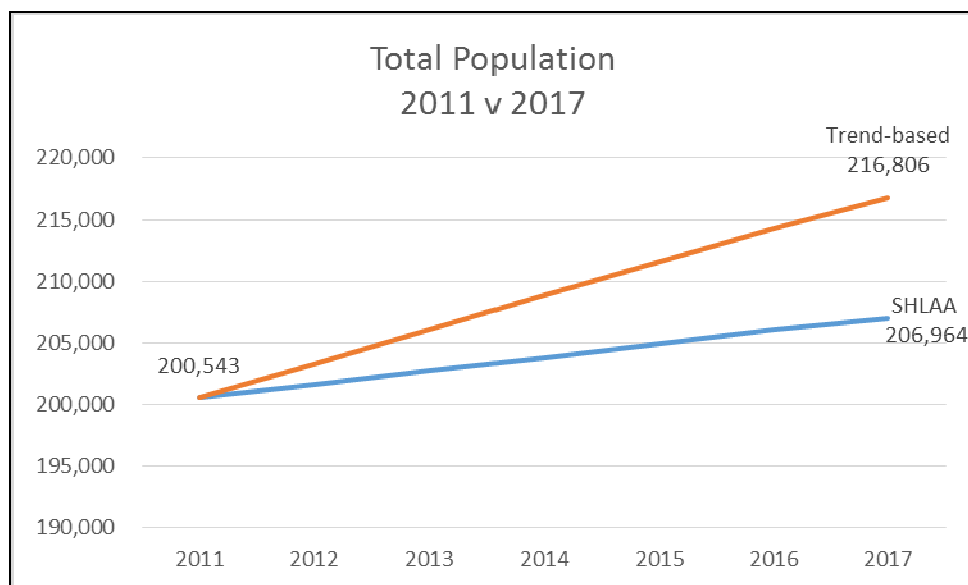


Figure 4.1: population in Merton 2011 to 2017

### 4.3 Age structure

The number of children and young people aged 0-19 is forecast to increase by 3,180 (7%) between 2011 and 2017. The number of people aged over 65 is also forecast to increase significantly over this period, rising by 2,900 people (11%). The number of people aged between 20 and 35 is forecast to decrease. These trends are significant in terms of service implications, in particular for education and social care, which are explored further in the next chapters. These demographic shifts are similar to what is happening in London as a whole, except for the decrease in the 20 to 35 age group.

Looking at the ratio between the working age and non-working age populations (the age dependency ratio) we see a decrease in the proportion of the working age population from 69% to 67%. This reflects the fall in the number of people aged between 20 and 35, and the increase in the younger and older cohorts. The reason for the fall in the 20 to 35 age group is not clear. It could reflect people moving away from Merton to seek work or because of the cost of housing in the borough.

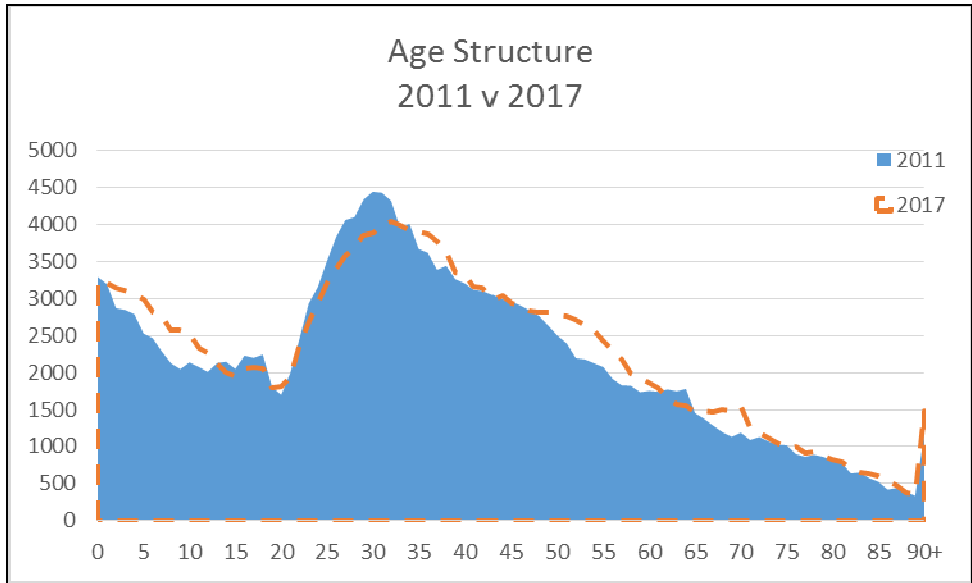


Figure 4.2: age profile for Merton 2011 and 2017

The forecast increase in the overall population is the product of the number of births forecast to be significantly higher than deaths: around 3,500 births a year over this period.

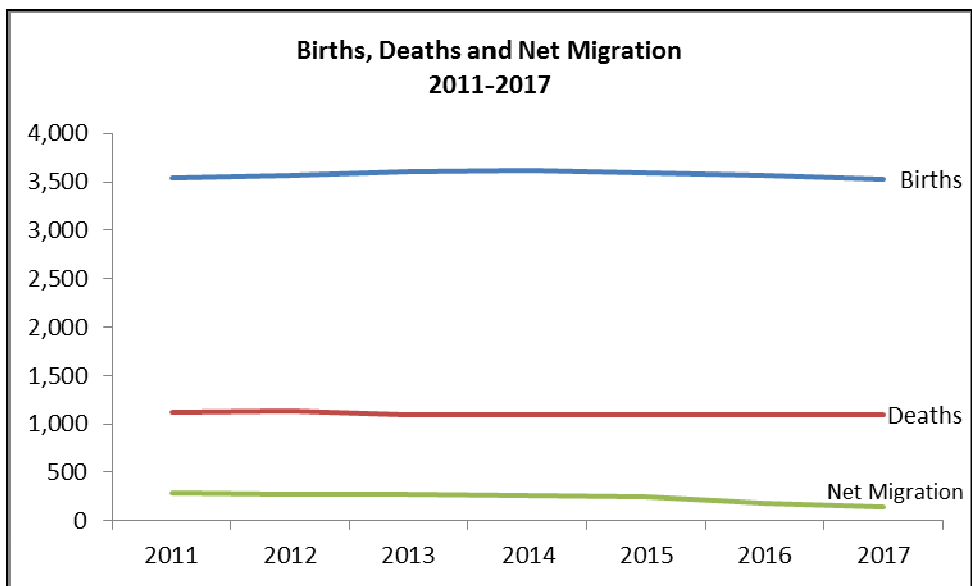


Figure 4.3 Births, deaths and net migration 2011 to 2017

#### 4.4 Ethnicity

Merton’s ethnic profile is forecast to change significantly by 2017. The proportion of Merton’s Black and Minority Ethnic (BAME) population is expected to increase from 35% in 2011 to 39% in 2017. However, this is still lower than the forecast BAME population in 2017 for London as a whole (45%) and Outer London (44%).

Looking at the breakdown of the BAME population, the largest increases are in Other Asian (notably Sri Lankan), Black African and Pakistani groups. In Outer London, the largest growth groups are forecasted to be Other Asian, Black African and Black Other. In Greater London, the BAME population is forecast to increase by 19%, with Other Asian (30%), Black Other (28%) and Other (28%) ethnic groups the biggest increases.

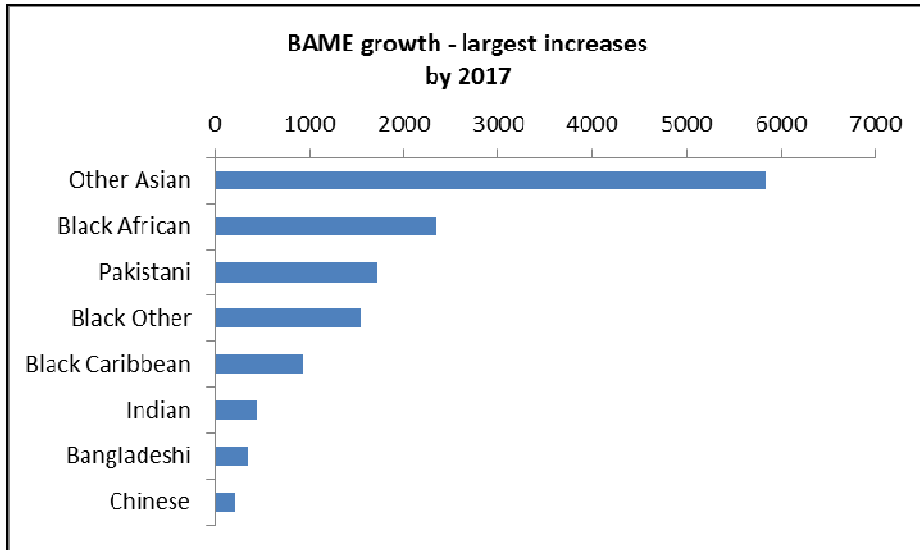


Fig.re 4.4: BAME population growth by 2017

The increase in the proportion of people from BAME groups is across all age groups. However, the proportion of younger BAME people is considerably higher than for older people.

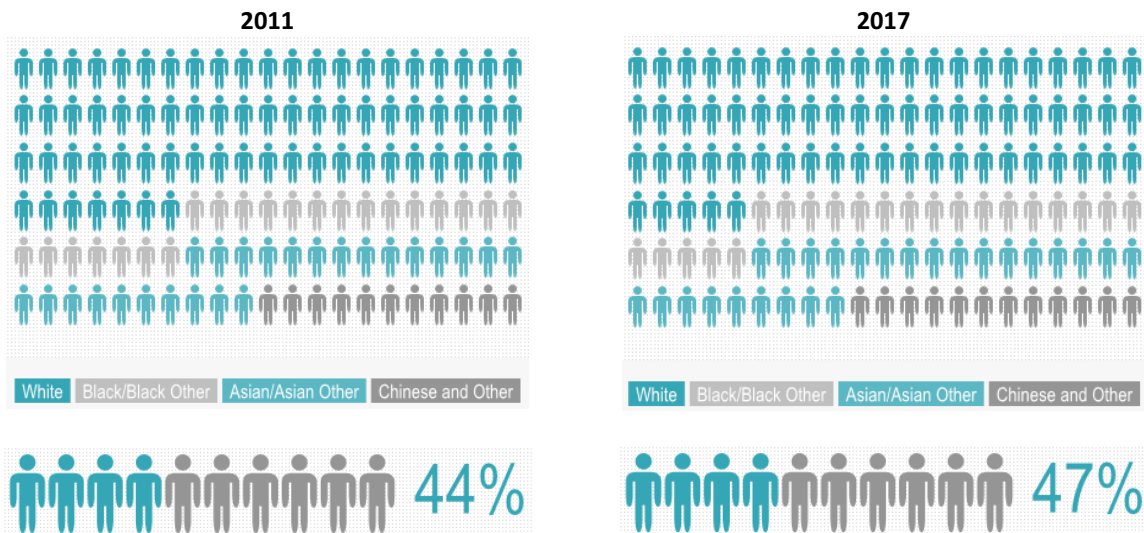


Figure 4.5: Ethnic profile 0 to 19 age group 2011 and 2017

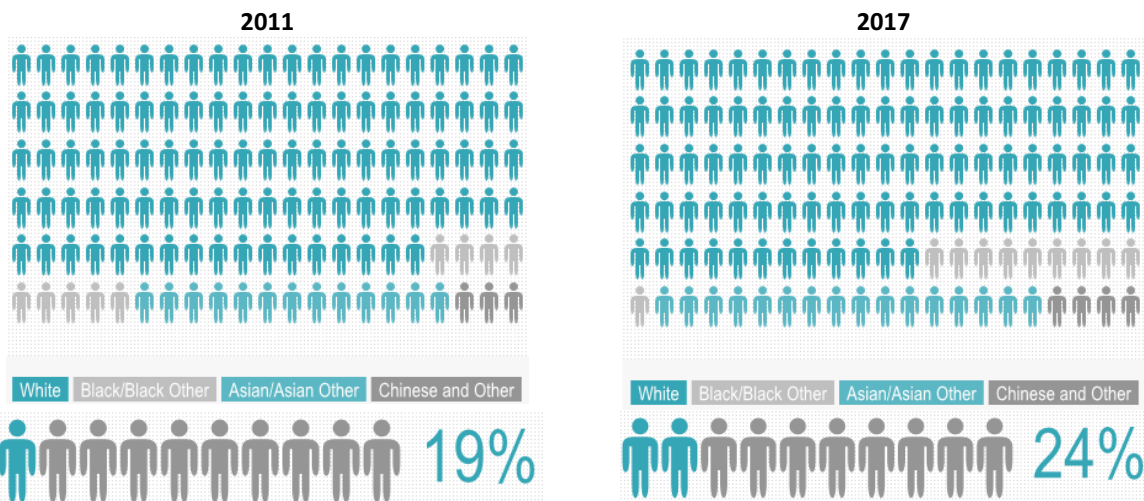


Figure 4.6: ethnic profile over 65s 2011 and 2017

## 4.5 Migration

As detailed in figure 4.3 above, the overall levels of net migration in Merton are low. However, this masks a significant population churn. The GLA forecast suggests that in the region of 20,000 people a year will move in and out of Merton each year. Data from the 2011 Census shows that 43% of residents were born outside the UK with the largest proportion born in Poland. This profile may change in future as EU working restrictions for residents of Romania and Bulgaria are lifted at the end of 2013.

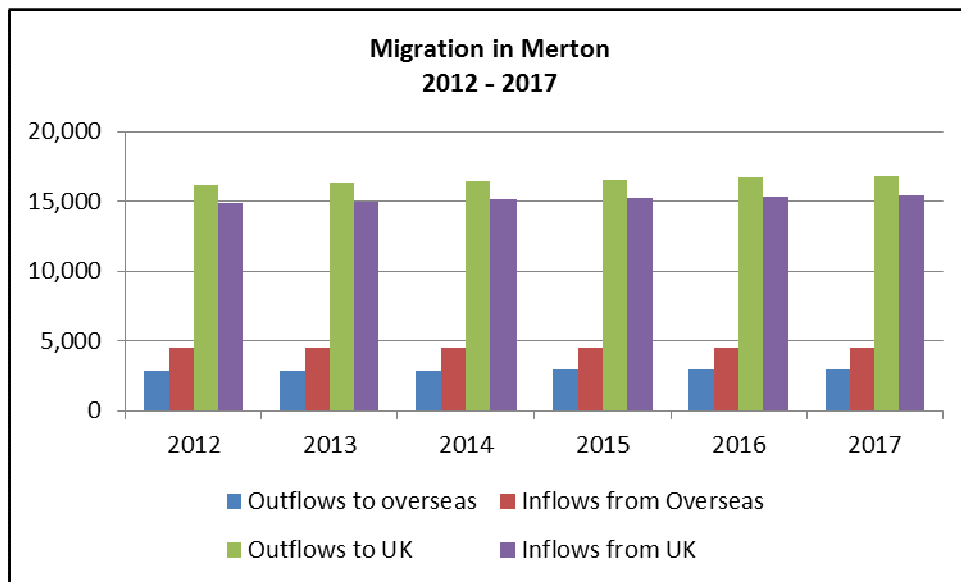


Figure 4.7 Migration 2012 to 2017

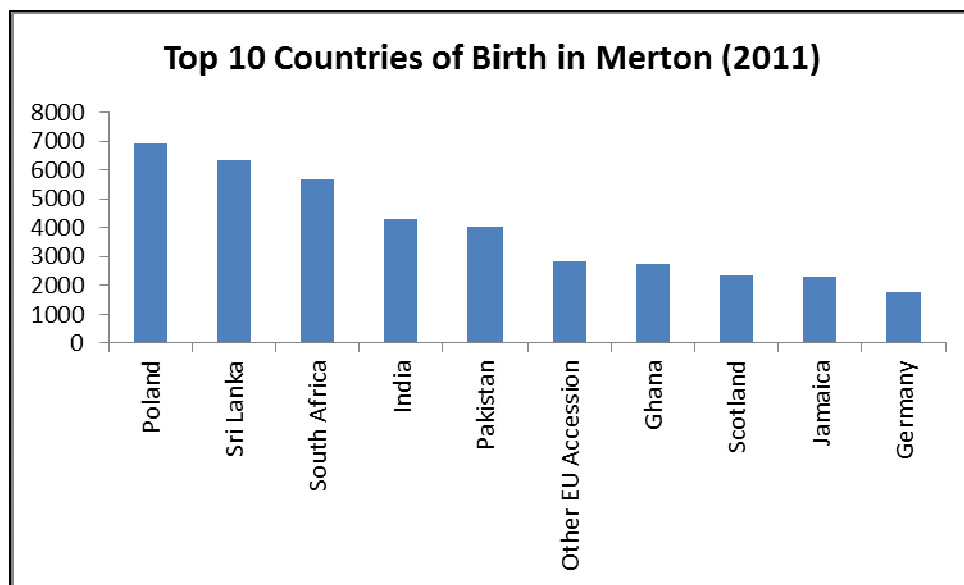


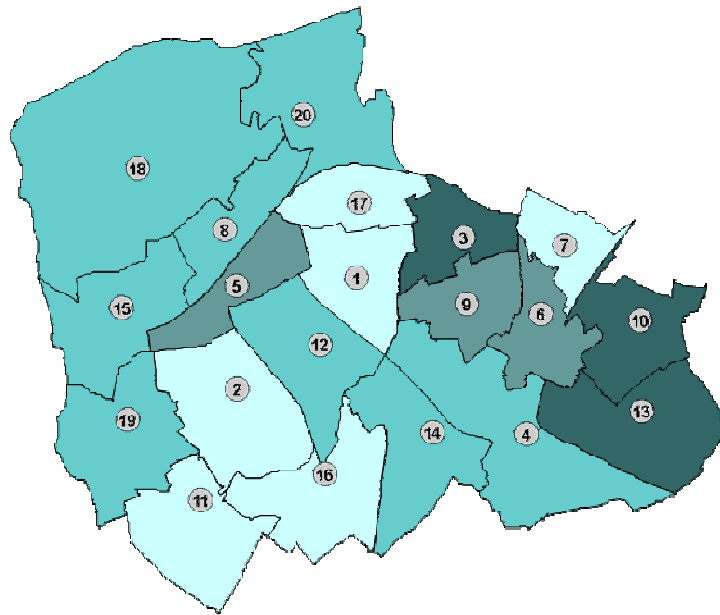
Figure 4.8: Merton residents born overseas

## 4.6 Ward level forecasts

### 4.6.1 Population

Wards to the east, in particular, Longthornton, Pollards Hill and Colliers Wood, are forecast to see the largest increases in population between 2011 and 2017. The populations in these wards are expected to increase by over 4% (460+ people).

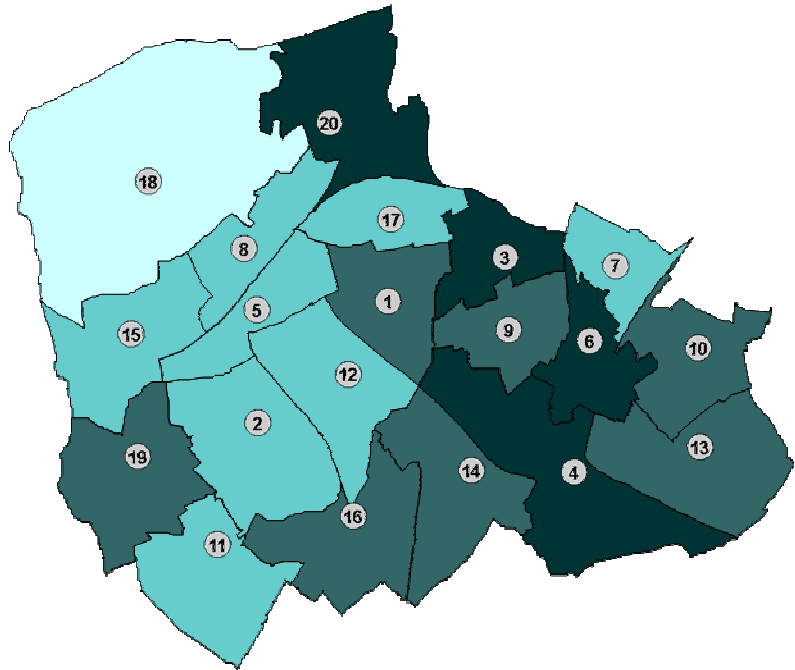
- 1 Abbey
- 2 Cannon Hill
- 3 Colliers Wood
- 4 Cricket Green
- 5 Dundonald
- 6 Figge's Marsh
- 7 Graveney
- 8 Hillside
- 9 Lavender Fields
- 10 Longthornton
- 11 Lower Morden
- 12 Merton Park
- 13 Pollards Hill
- 14 Ravensbury
- 15 Raynes Park
- 16 St. Helier
- 17 Trinity
- 18 Village
- 19 West Barnes
- 20 Wimbledon Park



**Figure 4.9: Population growth (darkest is highest growth and lightest is lowest)**

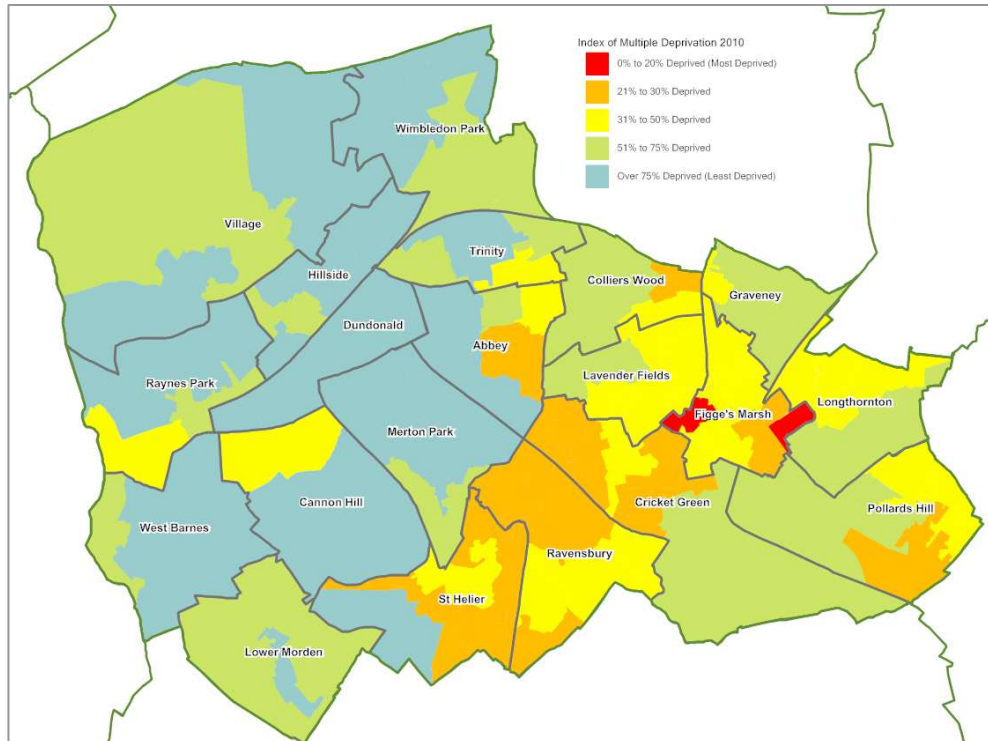
In terms of population density overall, Cricket Green, Figges Marsh, Wimbledon Park and Colliers Wood are forecast to remain the most populous wards in Merton in 2017. However, the forecast 4.6% population growth in Pollards Hill, the second largest growth, will see it become the fifth most populous ward (from seventh).

- 1 Abbey
- 2 Cannon Hill
- 3 Colliers Wood
- 4 Cricket Green
- 5 Dundonald
- 6 Figges Marsh
- 7 Graveney
- 8 Hillside
- 9 Lavender Fields
- 10 Longthornton
- 11 Lower Morden
- 12 Merton Park
- 13 Pollards Hill
- 14 Ravensbury
- 15 Raynes Park
- 16 St. Helier
- 17 Trinity
- 18 Village
- 19 West Barnes
- 20 Wimbledon Park



**Figure 4.10: Population density (darker equates to highest population and lightest, lowest)**

If we overlay deprivation data from the Index of Multiple Deprivation<sup>1</sup> we can see that population growth and highest density is in wards toward the east of the borough which currently have higher levels of deprivation compared to the east of the borough.



**Figure 4.11: Index of Multiple Deprivation 2010**

<sup>1</sup> It should be noted that the IMD has not been updated since 2010

#### 4.6.2 Age structure

Population growth in Pollards Hill ward is forecast to be driven by the population aged over-20, in particular those aged 65 and over, with a growth of around 205 people in this age group.

Similarly, in Longthornton ward, population growth will be driven by the over-20 age group. The 45-64 age range in particular is forecast to grow by 209 people. Both wards will see decreases in the children and young people population, driven mainly by a decrease in the 10-19 age range.

Colliers Wood is forecast to have large increases in the 0-19 age group and the 45-64 age group, 327 and 256 people respectively. The 20-44 population is projected to see a fall of 257 people. This suggests that population growth in Colliers Wood will be driven by an increase in families with children.

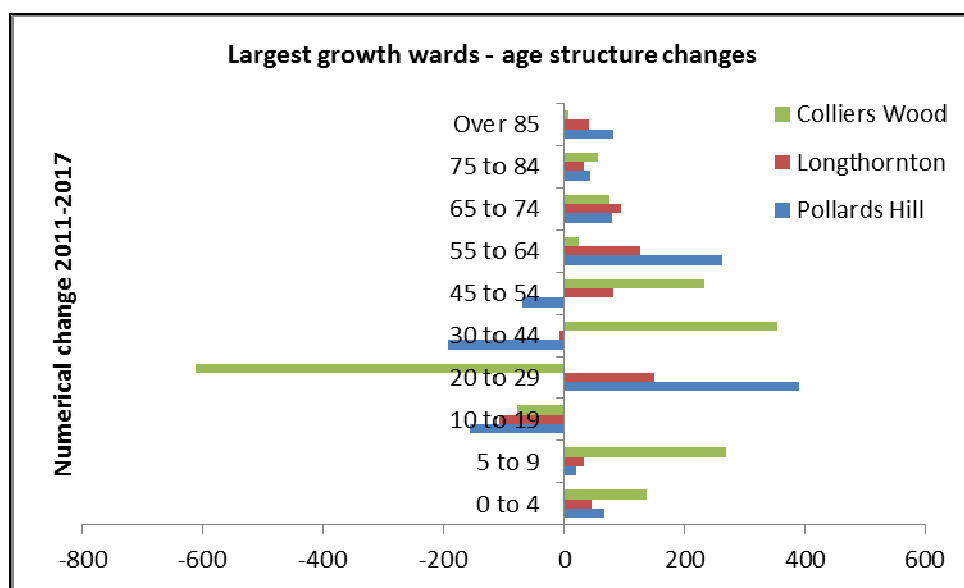


Figure 4.12: Age structure changes in Merton's three fastest growing wards

We have also looked at the forecast age dependency ratio for 2017 (the proportion of the working age population compared to the non working age population). The lighter shading in the diagram below indicates a higher proportion of working age residents. There is an overall increase in the non-working (dependent) population between 2011 and 2017 in a number of wards.

- 1 Abbey
- 2 Cannon Hill
- 3 Colliers Wood
- 4 Cricket Green
- 5 Dundonald
- 6 Figges Marsh
- 7 Graveney
- 8 Hillside
- 9 Lavender Fields
- 10 Longthornton
- 11 Lower Morden
- 12 Merton Park
- 13 Pollards Hill
- 14 Ravensbury
- 15 Raynes Park
- 16 St. Helier
- 17 Trinity
- 18 Village
- 19 West Barnes
- 20 Wimbledon Park

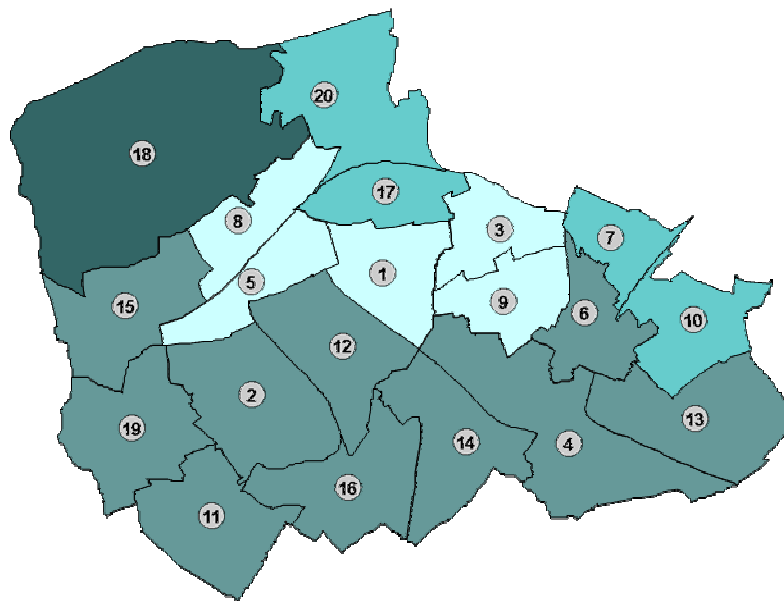


Figure 4.13: the age dependency ratio in 2017

#### 4.6.3 Ethnicity

The proportion of people from BAME groups also varies significantly by ward with those wards to the east of Merton having a higher proportion of people from BAME groups. Data is not available to forecast ethnicity in 2017.

- 1 Abbey
- 2 Cannon Hill
- 3 Colliers Wood
- 4 Cricket Green
- 5 Dundonald
- 6 Figges Marsh
- 7 Graveney
- 8 Hillside
- 9 Lavender Fields
- 10 Longthornton
- 11 Lower Morden
- 12 Merton Park
- 13 Pollards Hill
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- 19 West Barnes
- 20 Wimbledon Park

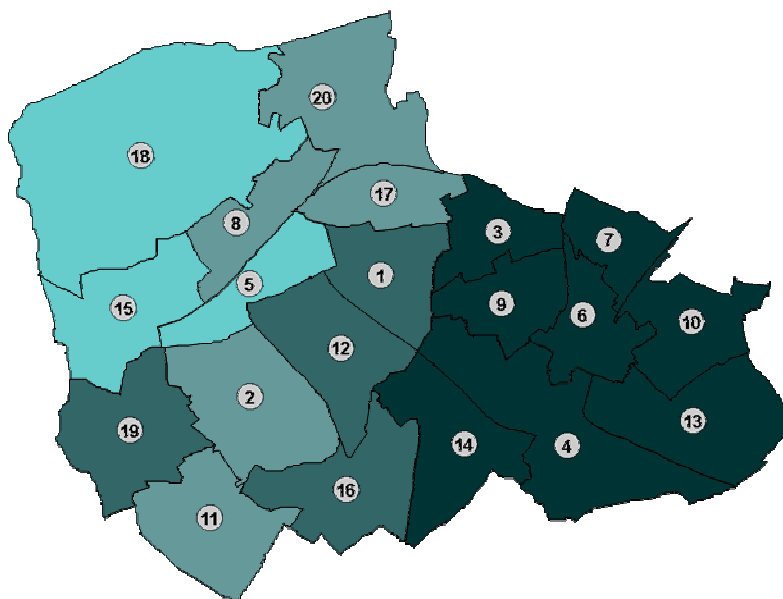


Figure 4.14: White to BAME ratio 2011 (darkest is highest proportion of BAME residents)



## 5. Service implications for children, young people and families, health, education and care

### Summary

Potential impact of demographic change	Examples of how the Council is responding
<ul style="list-style-type: none"> <li>• Increase of 780 children aged 0-4</li> <li>• Population growth in Merton's most deprived wards</li> </ul> <p>Increase in demand for childcare and nursery places.</p> <p>Additional pressure on the Healthy Child programme (new born and child screening, immunisations, 6-week checks) delivered by midwives, health visitors and GPs.</p>	<ul style="list-style-type: none"> <li>• Deliver free education and childcare statutory entitlement in most economic and cost effective way.</li> <li>• Continue to work with private, voluntary and independent childcare providers to stimulate the market including through provision of 2 year old places.</li> <li>• Continuing to invest in early child development through children's centres</li> <li>• Working with primary care to integrate childhood immunisations with school entry</li> <li>• Continue the Healthy Schools programme to help children develop healthy habits for later in life</li> </ul>
<ul style="list-style-type: none"> <li>• Increase of 2,270 children aged 5-9</li> <li>• Population growth in Merton's most deprived wards</li> </ul> <p>Increase in demand for school places including those with SEN and educational welfare needs.</p>	<ul style="list-style-type: none"> <li>• Continue to implement school expansion programme through primarily expanding existing schools and maximising use of existing council assets.</li> <li>• Develop options for additional forms of entry at secondary level including SEN provision.</li> <li>• Develop special and specialist provision for children with complex needs in locality to maximise use of existing outstanding and good local provision and to keep children with their families and communities</li> </ul>
<ul style="list-style-type: none"> <li>• Increase in the proportion of young people from BAME groups</li> <li>• 45% of children living in an area of deprivation</li> <li>• Population growth in Merton's most deprived wards</li> </ul> <p>Increase in the number of pupils with factors that could detrimentally affect educational attainment.</p>	<ul style="list-style-type: none"> <li>• School improvement strategy will maintain focus on underperforming groups and on narrowing outcome gaps: free school meals, ethnicity and gender.</li> <li>• Focus on keeping SEN provision local to Merton.</li> <li>• Merton Education Partnership to support sharing of good practice and evidence bases programmes to narrow gaps.</li> </ul>
<ul style="list-style-type: none"> <li>• Increase of 3,180 children and young people aged 0-19</li> <li>• Increase in the number of children living in an area of deprivation</li> </ul> <p>Additional pressure on children's social care and SEN services due to demographic and national policy changes i.e. C&amp; F Bill 0-25 services for</p>	<ul style="list-style-type: none"> <li>• Children in Need aged under 5 targeted through the early years offer.</li> <li>• Enhanced Supporting Families and Vulnerable Children's team now in place.</li> <li>• Merton's Transforming Families programme.</li> <li>• Commissioned services focused on higher needs delivered through appropriate agencies.</li> </ul>

<p>children with complex needs, transfer of responsibilities to local authorities for remand costs, Zambrano and Clue case law in relation to accommodating families with no recourse to public funds and case law on UASC university fees and costs.</p>	<ul style="list-style-type: none"> <li>• Introduction of Multi-Agency Safeguarding Hub to identify families at highest risk and co-ordinate services from different agencies.</li> <li>• Early Intervention Services designed to prevent problems escalating requiring costlier forms of intervention.</li> </ul>
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### 5.1 Introduction

Social and demographic changes in Merton continue to increase pressure on universal, enhanced and specialist services. The significant increase in the younger population will increase demand for a range of services including early years provision, schools, health services, specialist services and children’s social care services.

### 5.2 Projections and implications

The variability of forecasting is particularly relevant due specifically to the exacting implications of school places. As mentioned in the Introduction to this report the GLA publish two projections models (SHLAA and Trend-based) based on 2011 Census data.

The GLA previously only provided the SHLAA model, but found in recent years that it severely underestimated the growth in child population as it did not take account of the rising child per dwelling ratio. The Trend-based is an alternative model produced by the GLA for the first time (2012); the GLA feel it may be more accurate for councils without significant new builds.

The SHLAA model projects a minimum of a 7% increase in Merton’s child population (0 to 19) whilst the trend based model predicts a 12% increase by 2017. These two forecast models alone provide a range of growth which makes planning for universal or specialist services more complex. The Council therefore reviews GLA data alongside local data and intelligence such as the School Census.

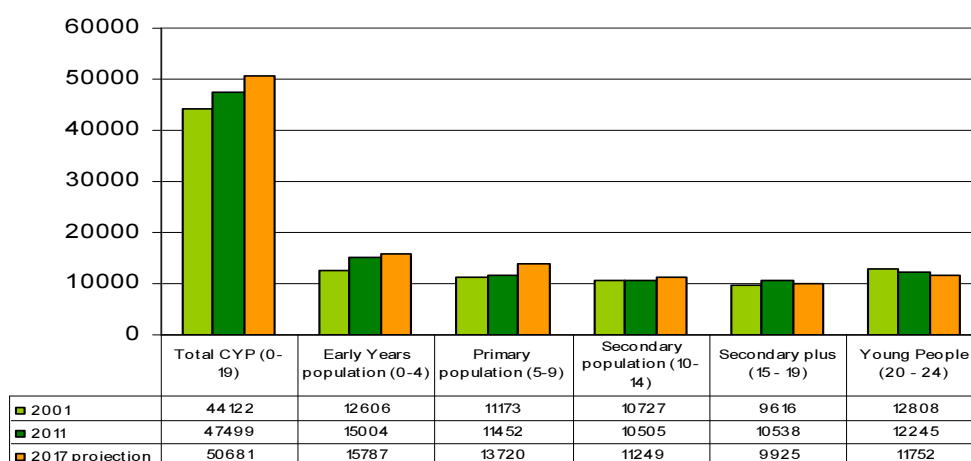


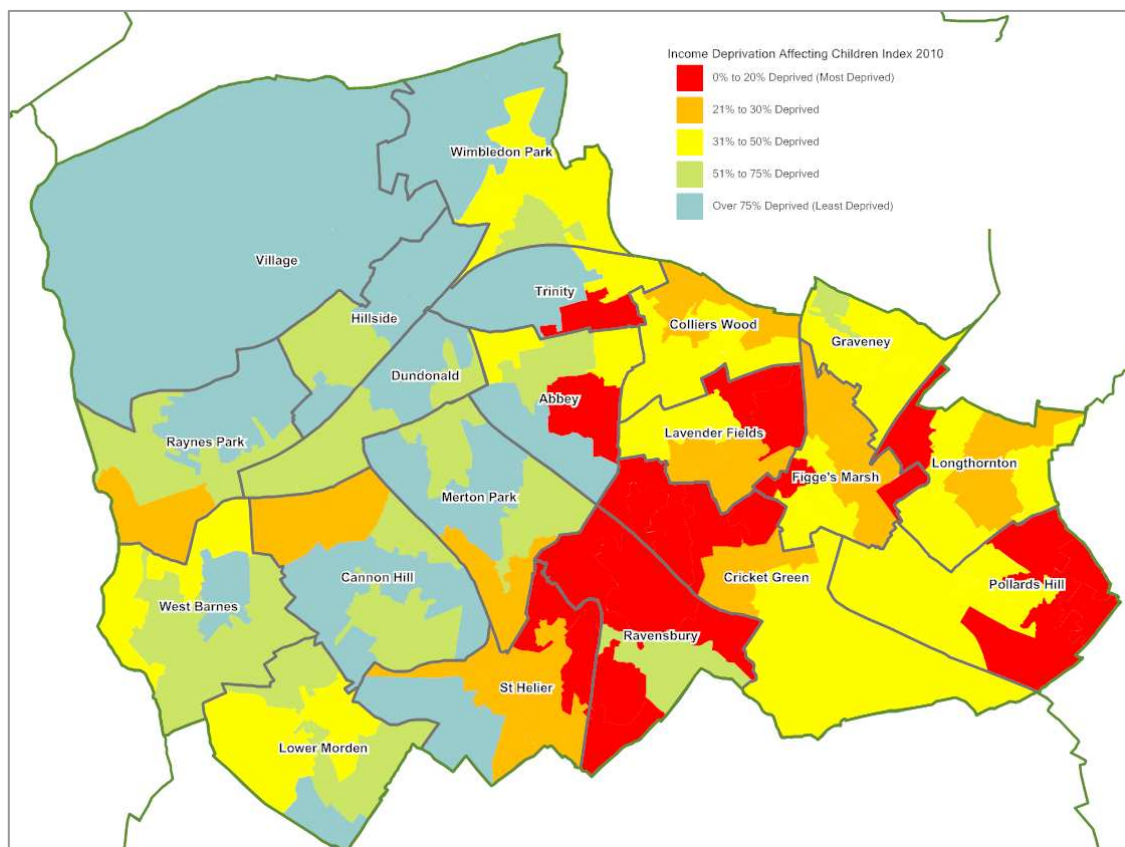
Figure 5.1: 2017 GLA 2012 Round SHLAA Borough Population Projections incorporating DCLG 2011 household formation rates, (June 2013).

As noted previously the proportion of residents from a BAME background has increased significantly since 2001 and is forecast to increase further by 2017. The east of the borough is more diverse than

the west. In addition, pupils in Merton schools also come from a more diverse background, with 63% from BAME groups, and over 120 languages spoken. The borough has concentrations of Urdu speaking communities, Sri Lankan, South African and Polish residents. The proportion of pupils with a first language other than English is 40%.

A characteristic of the borough is the difference between the poorer, more deprived east (Mitcham), and the wealthier, more prosperous west (Wimbledon). There are a number of pockets of deprivation within the borough mainly in the eastern wards and some smaller pockets in the western wards. These wards have multiple deprivation having high scores on income deprivation, unemployment and lack of educational attainment. Merton is less deprived than the national average, but 39 Super Output Areas (out of 124) are amongst the 30% most deprived Super Output Areas across England for children<sup>2</sup>.

The Income Deprivation Affecting Children Index (IDACI) comprises the percentage of children aged under 16 in each Super Output Area living in families who are in receipt of certain means tested benefits. 45% of Merton school pupils are living in an area of deprivation (30% most deprived, IDACI 2010). The proportion of children and young people entitled to free school meals is 17.4%. This is an increase of 21% of children and young people eligible for free school meals in Merton schools since 2010.



Figures 5.2 IDACI 2010

<sup>2</sup> (Source: Income Deprivation Affecting Children Index 2010).

According to the Indices of Multiple Deprivation (IMD) 2010 which combines the IDACI and Income Deprivation Affecting Older People Index (IDAOPI), a wide range of measures not specifically related to children, Merton is ranked 208<sup>th</sup> most deprived local authority district in the country (out of 326) local authorities, 4<sup>th</sup> least deprived authority in London (out of 33). In terms of income deprivation, it is the 17<sup>th</sup> most income deprived outer London borough (out of 20). However, this masks the widespread disadvantages and pockets of deprivation within the borough, and polarisation between the most deprived wards.

### **5.3 Education and Early years**

The Council is responsible for maintaining schools including primary, secondary and special education school and services for schools such as school meals, education welfare and support for those with special educational needs. Local Authority education functions are funded by both the Dedicated School Grant (DSG) based on the number of pupils across maintained schools and General Fund. The DSG will grow if pupil numbers rise, however, the ability to top slice funding for support services is limited due to the range of service pressures including Special Educational Needs (SEN). The Council's ability to fund these services would be further limited should a significant numbers of schools convert to academies due to decreasing economies of scale and grant loss.

The council also has a statutory duty to ensure that there are sufficient school places in the borough. Various school places reports have been considered by the Council over the past three years. A report in February 2012 outlined in detail the likely demand for primary, secondary and special school places over the next 5 to 10 years. The Council uses GLA population projections and their school roll projection service, in addition to other information such as school admissions preferences, to plan school places.

In 2013 the GLA provided updated population and school projection forecasts. The GLA projections in 2013 strengthened the case that increased demand for primary school places will continue from 2014/15, and a substantial rise in demand for secondary school places will commence from 2015/16. The long range forecasts from the GLA are subject to a number of variables. The Council is currently undertaking its annual review of supply and demand for the school places strategy which will be published later in 2013. High level figures based on GLA SHLAA are provided below.

#### **5.3.1 Early Years and Children Centres**

The GLA forecast that by 2017 there will be a 5% increase in the overall number of children aged between 0 and 4. The number of children in this age range will increase by 780 to 15,790.

The council has a statutory duty to work in partnership with childcare providers to influence the market place, in as far as is reasonably practicable, to ensure that there is sufficient childcare to enable parents to work, study or seek employment. A Childcare Sufficiency Assessment is published annually to review Merton's childcare market.

Sufficient, high quality childcare is a vital component of the local economy and can support regeneration and employment. In addition, a market that can offer high quality, accessible and affordable childcare has the potential to contribute to the reduction of child poverty. There is a large body of research that supports the impact on children's outcomes when they attend high quality childcare, especially those from vulnerable backgrounds.

Wimbledon's children are relatively younger than elsewhere in Merton and the proportion of children aged under 5 in Wimbledon is higher than the rest of the borough. Morden has an older child demographic, with the percentage of Morden's children who are over 8 being higher than in other areas of the borough.

The pressure on Merton's early years offer to 2 year olds from vulnerable and disadvantaged families is likely to increase in-line with our predicted demographic changes. There are higher levels of worklessness and deprivation among families with dependent children in Mitcham than elsewhere in Merton. This suggests that this area is where the largest proportion of two-year-olds could be eligible for free childcare places. The lowest level of availability is in the Morden area. Take-up of available free places for 3 and 4-year-olds in maintained school nursery classes is highest in Wimbledon, but proportionately fewer families choose maintained school nursery classes for their children in this area and more take-up free places with private nurseries than elsewhere. There is also a vibrant independent school sector in Wimbledon which wealthier local families can tap into. Childcare costs vary across the borough and by type of provision, but are much higher in Wimbledon, particularly in comparison to Mitcham. For example, an average childcare place for 8 hours a day for 5 days a week would cost £87 more per week in Wimbledon than in Mitcham.

### **Attainment current and risks**

Within the Early Years Foundation Stage (EYFS) a child who achieves a scale score of 6 points or more is working securely within the early learning goals. Children, who achieve a score of 78 points or more across the 13 assessment scales, score an average of 6 points per scale. When a child who achieves this overall score also achieves a score of 6 or more in each of the Personal, Social and Emotional development (PSE) and Communication, Language and Literacy (CLL) areas of learning, that child is deemed to be reaching a good level of development.

Merton's performance at EYFSP is above the national average for all key measures. Children achieving 6 or more in all PSE development scales, and 6 or more in all CLL scales, and a total 78 points or more, increased 4% from 2009/2010 and at 66% is 2% above the national average.

79% of childcare provision in Merton is good or outstanding. Mitcham has the lowest level of average childcare quality, with 76% of providers being graded Good or Outstanding by Ofsted. Quality is lowest in Mitcham among child-minders, with only two thirds being graded Good or Outstanding.

### **5.3.2 Primary phase**

An increase is forecast in the number of children aged 5 to 9 living in Merton. Forecasts indicate an increase of 20% in this age group which is an increase of 2,270 children by 2017 to 13,720.

The Council has a statutory duty to ensure that there are sufficient school places in the borough. The cost of school expansion is met from the Council's capital programme and therefore the predicted growth in child population is likely to have a significant impact on the Council's capital expenditure.

The two forecasting models supplied by the GLA suggest an increase on 2013 levels 176 to 207 additional children aged 4 years in 2014, rising to an additional 315 to 441 children by 2017. The

school roll projections that are based on this shows similar increases - the standard and trend models show 138 to 207 extra reception children on roll in 2014, and 248 to 428 by 2017.

### **Attainment current and risks**

Key Stage 2 is completed for most pupils between year 3 and 6 of the primary phase. National Curriculum standards have been designed so that most pupils will progress by approximately one level every two years. Pupils are expected to achieve level 4 by the end of Key Stage 2 and to make two levels of progress between Key Stage 1 and Key Stage 2.

Merton's performance is in line with the national average for the level 4 and above attainment indicators. The percentile rankings for value added ranks Merton 10, therefore Merton primary pupils have made more progress than pupils in 90% of other local authorities nationally. In English value added ranks Merton 9 and Maths a rank of 14.

84% of Merton's primary schools are rated good or outstanding by Ofsted. However some of our weaker primary schools are towards the east of the borough these schools also tend to have higher levels of Free School Meal children registered.

### **5.3.3 Secondary school years**

It is forecast there will be a slight increase in this age group by 2017. However, demand for secondary school places is likely to increase further post 2017 as the increase in the 5 to 9 primary population reaches secondary school age.

### **Attainment current and risks**

At Key Stage 4 GCSEs are the main qualifications studied by pupils in years 10 and 11. GCSEs are studied in a wide range of academic and 'applied' (work related) subjects. At 5+ GCSEs A\*-C Merton has made a 36% improvement over 5 years. For 5+ GCSEs A\*-C including English and maths a 19% improvement.

Percentile rankings for value added ranks Merton 14, therefore Merton secondary pupils have made more progress than pupils in 86% of other local authorities nationally. In English value added ranks Merton 18 and maths a rank of 5. Expected progress in English and maths from key stage 2 to key stage 4 is significantly above the national averages. Expected progress in maths is 10% above national progress.

For pupils in Merton eligible for Free School Meals for the key attainment measures, 5+A\*-C including English and maths GCSE's, and the capped average point score are significantly above that of the national groups. Expected progress for this cohort in English and maths is also significantly above the national average. The gap between those eligible for free school meals and their peers is narrower than both London and national averages.

The increases in secondary school age should also be considered in the context of the national Raising the Participation Age strategy which has increased the statutory school leaving age to 17 and which will increase to 18 in 2015. The additional statutory duty on local authorities will be to ensure a sufficiency of places, eventually up to aged 18. The market for post 16 is increasingly flexible and not local authority led although we are required to take a partnership co-ordination role.

#### **5.3.4 Special Educational Needs (SEN) school places**

The need for a range of local provision for pupils with Special Educational Needs (SEN) is likely to increase as a minimum proportionately in line with the overall population growth. No specific forecasting models exist to predict changes in SEN cohorts. In the last 2 years the overall number of statemented children has increased by 19% from 668 in 2011 to 796 in 2013. If this trend continues this will mean that additional school places will be needed in our existing special schools and in our additionally resourced provision in our main-stream schools. These factors will need to be carefully considered whether schools are expanded or new provision created.

We would wish to maintain as many places as possible locally for pupils with additional needs but recognise that it will not be possible to meet all needs in local schools. Detailed work based on current predictions of the range of provision likely to be needed in the future is underway. Keeping pupils close to home wherever possible is desirable both in terms of pupil outcomes and value for money

National policy changes in the Children and Families Bill will have significant implications for SEN children and young people. The Bill includes creating a single system for children and young people identified with SEN from birth to age 25. Extension of duties for Children with Disabilities/SEN to age 25 and requirement for integrate education, health and care plan. These new requirements may be unfunded, officers are reviewing implications and developing proposals and plans as appropriate.

#### **5.4 Infant mortality and higher risk births**

The increase in the number of children aged 0 to 5 will put pressure on our Healthy Child programme (newborn and child screening, child immunisations, 6-week checks) delivered by midwives, health visitors and GPs. Budgets for maternity and midwives sit with the Clinical Commissioning Group, while immunisations sit with NHS England. Health visiting is to move from NHS England responsibility to Public Health in local government in 2015.

Deprivation is a significant driver of infant mortality. A higher percentage of BAME groups live in deprived areas; for example Pakistani and Caribbean groups have particularly high infant mortality rates, 8.9 and 8.1 deaths per 1,000 live births respectively. This is more than double the rate of babies born in the White British group which is 3.7 deaths per 1,000 live births (ONS, 2010). This is of particular significance in Merton, where some wards in the east of the borough have ethnic minority populations exceeding 30% of the ward population. Other risk factors for infant mortality include lack of childhood immunisations, smoking during pregnancy, lack of breastfeeding, low or very low birth weight babies, for example.

In general BME female populations have lower levels of smoking and higher levels of breastfeeding. Low or very low weight babies is a predictor of future health; these babies are at higher risk of poorer health and poorer life chances, which may call on specialist health and social care services.

In addition, some ethnic groups have higher risks for specific diseases; with increasing numbers of these groups, we can expect increased demand for specialist health care services. For example Black Africans are at risk of Sickle cell disease and the Other Asian and Pakistani groups are at higher risk of children born with disabilities and ill health resulting from the practice of consanguineous (close

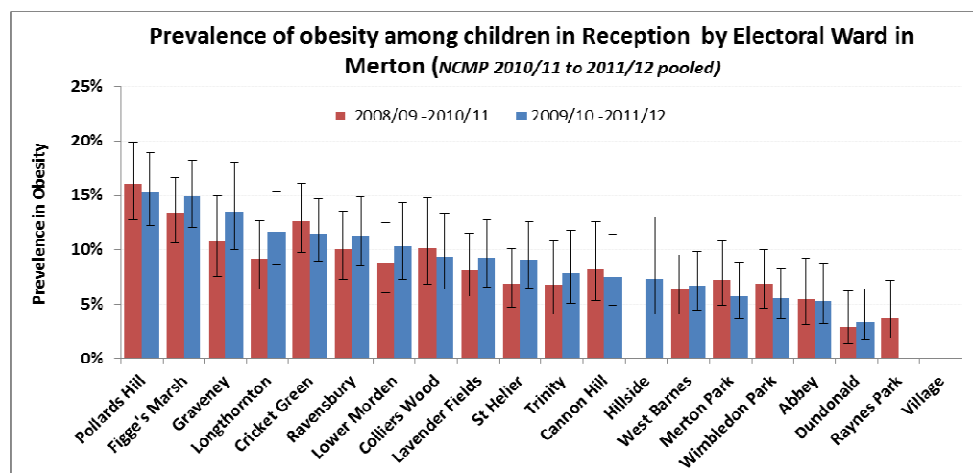
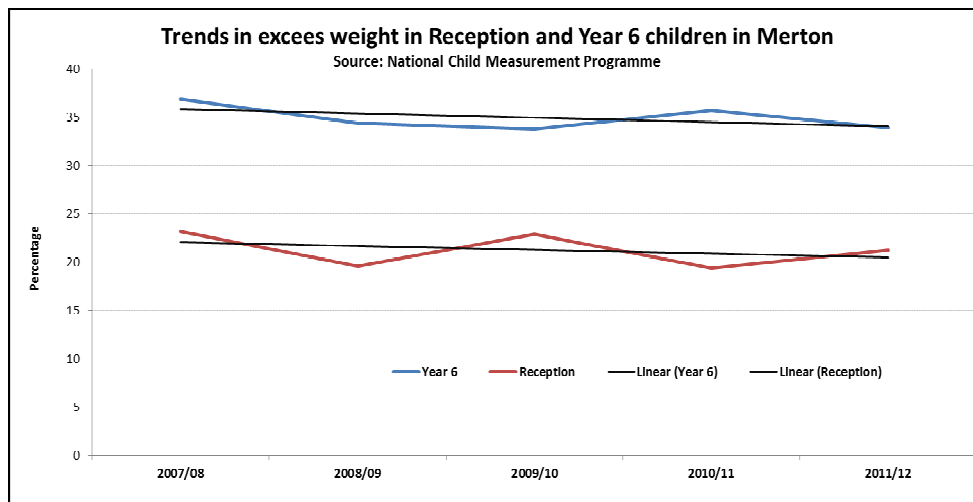
relative) marriages. Both of these health conditions can mean that children live with life threatening illness and disability.

Early childhood development is a marker for future success in life and better health outcomes. Merton achieves significantly better results on children achieving a good level of development at age 5. This masks variations between the east and west of Merton, which may worsen if the BAME population continues to increase.

In response to these challenges we are looking to increase prevention by investing in early child development through children’s centres. We are examining the potential for child public health nurses (midwives, health visitors, school nurses) to work in a more integrated manner to detect problems early when they can be managed. Also, we are looking to integrate work in primary care around childhood immunisations with school entry to ensure children are fully immunised

### 5.5 Health and well-being for children and young people

Although the trend is declining, overweight and obese children represent a significant proportion of our children (21% and 34%, Reception and Year 6 respectively). There is a strong relationship between childhood obesity, deprivation and minority ethnic groups making childhood obesity both a health and inequality issue as illustrated by the ward level chart below. An increase in BAME groups living in the deprived east of Merton is likely to lead to an increase in prevalence of childhood obesity.





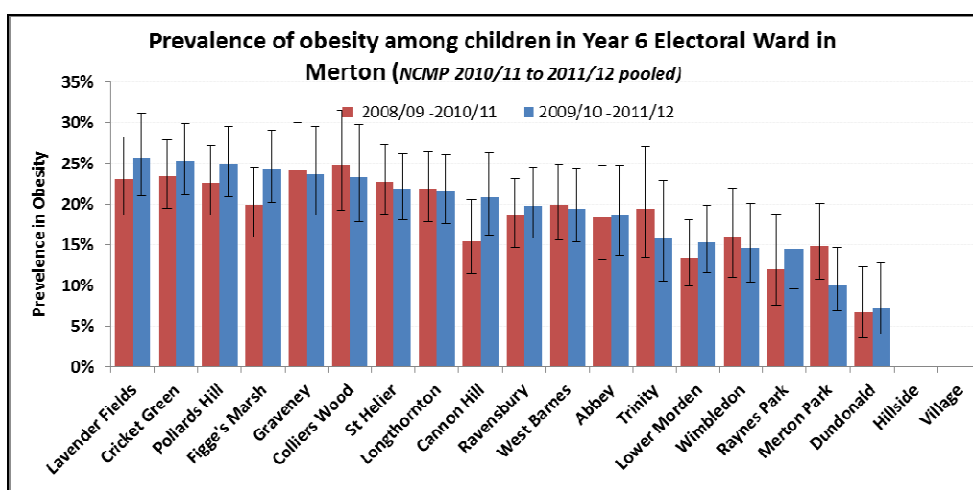


Figure 5.3, 5.4 and 5.5: levels of childhood obesity

This will require increased effort on two fronts: individual and family diet and exercise sessions and concerted effort on the part of the Council to ensure availability of healthy choices in our built environment. We are looking to build on the success of the Healthy Schools programme to help children develop healthy habits for later in life. We are also looking to target services for diet, exercise and cooking to overweight and obese children and their families.

Overall, an increase in the secondary school population is likely to impact on demand for sexual health and contraception services.

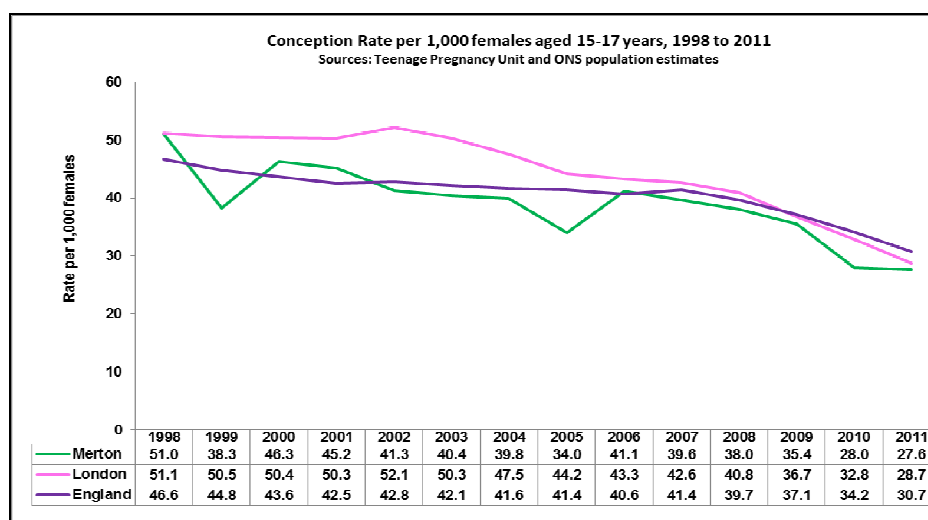


Figure 5.6: Conception rate per 1,000 females aged 15-17 1998 to 2011

## 5.6 Children’s social care and early intervention prevention

The social and demographic pressure on Children Social Care (CSC) and our Early Intervention Services remain. A proportion of the borough’s children will need specialist support and in some cases safeguarding services from children’s social care. Merton’s Child and Young Person Well Being

Model (MWBM) 2013 has been revised as a 3-band spectrum, 'universal, enhanced and specialist' services, replacing the former 5-band spectrum.

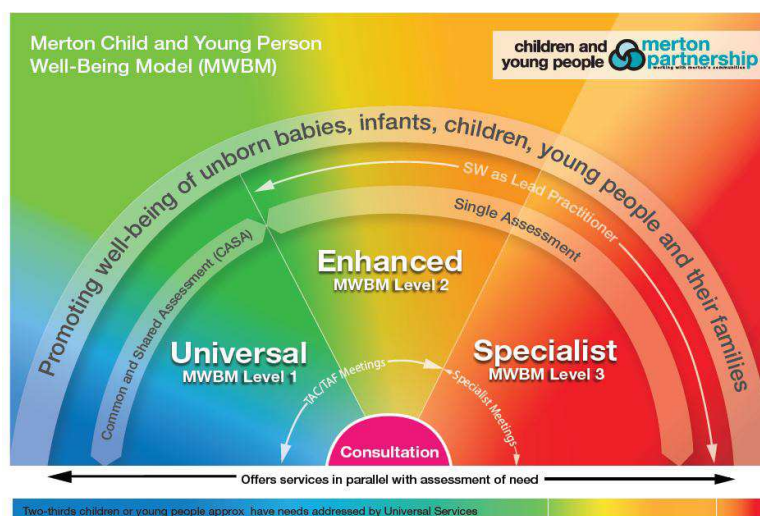


Figure 5.7: Merton Child and Young Person Well Being Model

There are no specific forecast models that allow us to predict the likely changes to the cohorts of children supported by our universal, enhanced or specialist services. Nor are there forecasting models which predict the likely numbers of children on a child protection plan or to be taken into care. We do have past data that we analyse and an understanding of the range of factors which influence changes in these cohorts. For example nationally and locally numbers of children in care and on a child protection plan have risen. This has been attributed to an increased general awareness of child protection and safeguarding issues, as well as pressures on families due to the financial context of the country, combined this is resulting in higher numbers of children coming to the attention of CSC services.

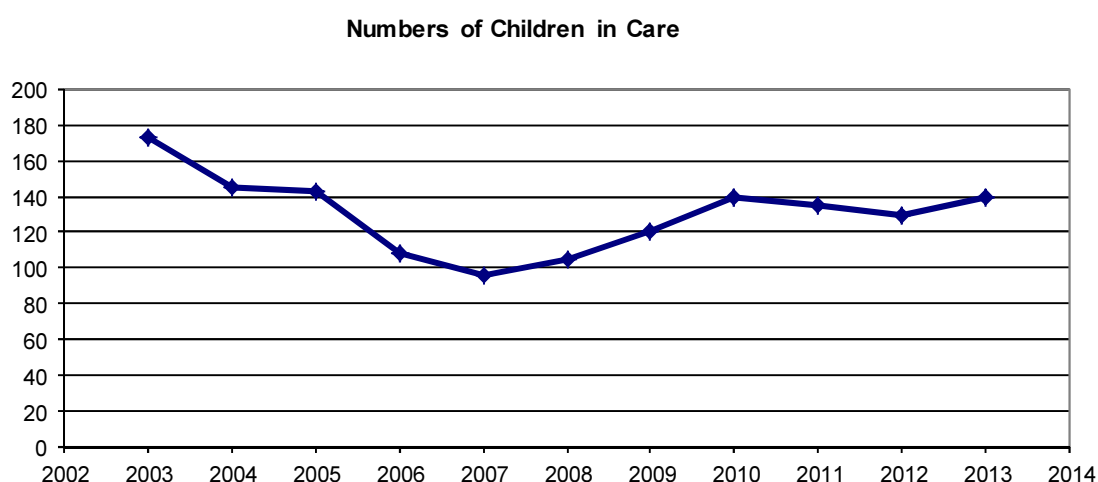


Figure 5.8: Numbers of children in care in Merton between 2003 and 2013

In addition a range of public policy initiatives from the government have expressly impacted on the CSF services these include: introduction of a Multi-Agency Safeguarding Hub (MASH); The Family

Justice Review with a particular focus on speeding up care proceedings; Children and Families Bill with implications for SEN children and young people aged 0 - 25, as well as a new Safeguarding and Looked After Children's inspection regimes which include a very strong focus on early intervention services as well enhanced and specialist children social care services.

Another key public policy initiative is the Troubled Families programme (known as Transforming Families in Merton). The Government used previous Family and Children Survey data to identify the numbers of troubled families per local authority. That survey estimated that in England there are 120,000 families facing multiple problems. These estimates have been calculated using population data and indices of deprivation and child well-being. Using this methodology, Merton has a total of 370 of the families identified. Our forecasting suggests that the number of 'troubled families' may increase post 2015.

A third key influencer has been the financial context and the Council's Medium Term Financial Strategy (MTFS), resulting in the need to create capacity to deal with the larger volume of activity in a nil growth situation and to deliver our MTFS savings. This has resulted in the need to make larger savings over and above the MTFS targets in universal and open access services to ensure sufficient resources to carer, enhanced and specialised functions.

Key volume factors over and above the mentioned national factors include our 40% increase in the child birth since 2002 working its way through the system as well as changes in the composition of the local community. As an example we also are seeing increasing numbers of families with 3, 4, 5 or more children on a child protection plan. The increase in demand for services as a result of past demographic and legislative changes is reflected in a number of key performance measures including:

- initial contacts have risen from 3,594 in 2006-7 to 4,912 in 2012-13 (increase of 36%)
- initial assessments have risen from c.500 in 2010 to c.900 per annum in 2012-13
- Section 47 (urgent child protection investigations) have increased from 192 in 2006-7 to 361 in 2012-13 (88% increase)
- the number of children on a child protection plan has continued to rise from an average of 120 in 2008-9 to a peak of 180 in 2012 and ending March 2013 at 162
- in the last 2 years the overall number of statemented children has increased by 19% from 668 in 2011 to 796 in 2013.

To continue to deliver effectively to these sustained volume changes we will need to imbed Munro recommendations, changes relating to the Children and Families Bill, the Family Justice Review and new statutory requirements for adoption and permanency. We must also take responsibility of new statutory ex-Youth Justice Board historic functions and support children in custody as looked after young people and imbed the Transforming Families programme and MASH working practices.

Recognising the need to manage and deliver these changes in a highly constrained financial context CSC has been restructured to:

- redesign our entry point to incorporate the MASH and its wider responsibilities
- configure a range of services into our Transforming Families service which will operate at both a statutory and preventative level for older children and young people

- redesign our looked after children and permanency services to deliver permanency more quickly and accommodate the Family Justice Review and Children and Families Bill requirements
- strengthen our quality assurance and develop systems to ensure purposeful, timely and appropriate intervention following the move away from initial and core assessments to a single assessment process
- as part of the restructure the Youth Inclusion portfolio transferred to the Education division to deliver the new requirements for commissioning and quality assuring alternative education as well as the education inclusion aspects of the role.

### **5.6.1 Early intervention prevention services reducing escalation of need**

Alongside this restructure to effectively address the pressure on CSC we have continued to strengthen our Early Intervention Services (EIS) services to prevent more families escalating up the hierarchy of risk and need and to work purposely with them to secure sustainable change. EIS services also act as a “step down service” to children exiting a child protection plan so that we can test the effectiveness and resilience of changes.

Currently we have a range of services working with families just below the Child Protection Plan (CPP) threshold - the most significant being the Vulnerable Children’s Team based in CSC and the Supporting Families Team based in Early Years. We have also been commissioning what we have broadly called EIS services from the voluntary sector. A revised EIS Strategy was developed in January 2012 and subsequently endorsed by the Children’s Trust Board. For 2012/13 services were commissioned on a short term basis on the understanding future commissioning was likely to be reduced and refocused on a higher level of risk/need interventions. Work has continued since then to develop the strategy into operational structures and revised commissioning plans.

We have refined our existing common assessment to achieve a stronger “whole family focus” and accommodate requirements from Munro. We are enabling services that provide an age appropriate response to children in different age groups through the Supporting Families team (aged 0-5), Vulnerable Children’s team (aged 5-16) and Transforming Families team.

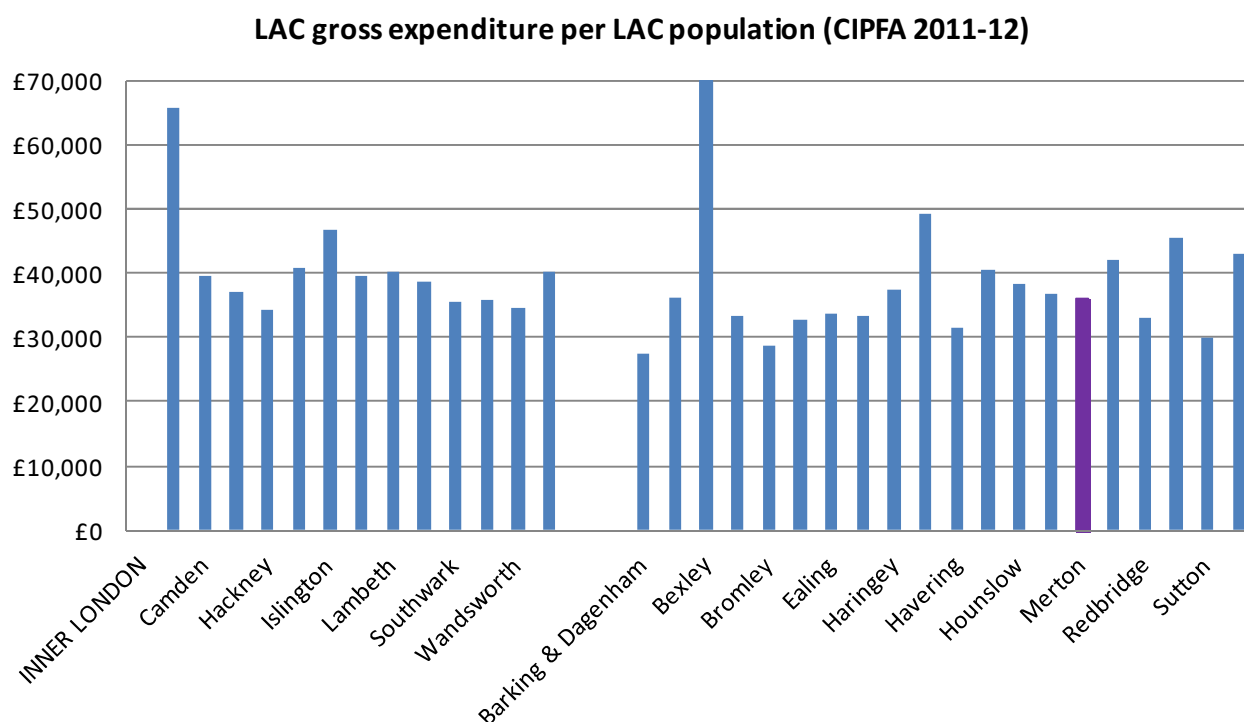
We have refocused resources from lower level needs – closer to universal – to an enhanced offer at Children In Need level and just below this threshold. We are improving the co-ordination of our multi-agency response including allocating lead practitioners. We have adopted a more robust approach to assessments and case management. We are providing advice and support to practitioners working at the universal level who often provide step down services and support to families leaving specialist services but still requiring intervention. In order to fund the enhanced prevention services, all service and commissioning budgets have been reviewed and aligned to the appropriate service needs.

Nationally there is recognition that threshold decisions about whether to look after children are influenced by a range of factors: the prevailing culture and direction from the government of the day; the local political context; the differing population make-up and local cultures, including differences in family and extended family patterns; and the shared value base adopted within the department (London Councils LAC in London analysis, 2012). Merton has had a longstanding approach to preventing children becoming looked after involving purposeful work with families to build capacity and resilience. Our Child and Young People Well Being Model is well used and

understood by partners and our recent SLAC inspection endorsed our preventative model and our self-awareness and drive for continuous improvement. Our services have improved significantly and our positive impact is reflected in our continued low rates of looked after children. However overall our services are under severe volume pressures and this has, at peak times, impacted on timeliness and caseloads.

### 5.6.2 Funding implications children social care

Inner London budgets tend to be larger than those in Outer London, while this is justified in relation to levels of deprivation, arguably larger totals enable more flexibility in prioritising spend on additional services. The complexity of Merton’s demographic makeup means that part of our Borough is comparable to Outer London whereas the other half is similar to Inner London. In Inner London larger budgets translate to a higher rate of spend per child. For example according to CIPFA figures 2011-12, Outer London gross expenditure on Looked After Children (LAC) ranged from £65,783 per LAC head to £34,244. By comparison, in Inner London the range was £49,328 to £27,480 (excluding Bexley as an outlier). Merton’s gross looked after children expenditure per LAC population in 2011-12 was £36,036.



**Figure 5.9: Looked after Children gross expenditure per LAC population**

To further highlight this spending differential, there is some evidence that social workers’ caseloads in Inner London are smaller than those in Outer London. Routine comparative data is not collated about caseloads nationally, but a snapshot, from data gathered in 2009, shows that indicative caseloads in Outer London were close to 21 children per social worker, while those in Inner London were closer to 17 children per social worker. Merton’s average caseload as at the end of July 2013 was 21.1. Undoubtedly, a smaller number of allocated children will contribute to social workers being more effective, both in preventing children becoming looked after and also in ensuring those

that could return home safely, can do so with social work support. Secondly, Outer London boroughs have historically had more difficulty in filling social work vacancies. Merton's vacancy rate this year has ranged between 8% and 15%; the department has been supported by equivalent agency workers. A more stable workforce and continuity of social worker for families will be more likely to help children return home speedily. As the population grows and thus impacts on the numbers of children needing specialist social care support, capacity will become a greater problem.

Looking at the overall budget for children's social care, there is a clear connection between a well-resourced, stable children's social care department and effective management of the number of children supported by the authority. Within the context of the austerity measures currently facing Merton, it is worth highlighting that a reduction in social work capacity risks producing a rise in the number of looked after children which may in fact cost more in the long run. It is not simply about having more money to spend, but spending it in a focused way on services that will benefit children, which may or may not include being in care.

## 6. Service implications for public health and adult social care

### Summary

Potential impact of demographic change	Examples of how the Council is responding
<ul style="list-style-type: none"> <li>An increase of 2,900 people aged over 65</li> <li>An increase of 1,500 people aged over 90</li> </ul> <p>The increase in the number of people over 65 and living longer will increase the demand for Adult Social Care and health services.</p>	<ul style="list-style-type: none"> <li>The Council's new 'Aging Well' programme in partnership with the voluntary sector aims to support older people to live in their own homes and reduce the need for costly residential care.</li> <li>The Merton-i online portal offers easy access to a comprehensive database of support and advice.</li> <li>Established a pilot with health partners offering integrated care for older people with long term conditions.</li> <li>Developing a Market Position Statement as a mechanism to facilitate the social care market.</li> </ul>
<ul style="list-style-type: none"> <li>The proportion of BAME residents increases from 35% to 39%</li> <li>A higher proportion of BAME residents live in the east of Merton where there are higher levels of deprivation</li> </ul> <p>Some BAME groups have higher risks for specific diseases e.g. sickle cell, are more likely to have life style risks e.g. smoking, obesity and have lower awareness of prevention services e.g. breast screening.</p>	<ul style="list-style-type: none"> <li>Established a community health and wellbeing fund to deliver sustainable health improvement activity to reduce health inequalities in the east.</li> <li>Working with the voluntary sector to raise awareness of healthy living and prevention services for BAME communities.</li> </ul>
<ul style="list-style-type: none"> <li>An increase of 2,295 in people aged 45 to 54</li> </ul> <p>There is a wide variation in prevalence of disease identified in primary care and disease prevalence is projected to increase.</p>	<ul style="list-style-type: none"> <li>The Live Well programme offers free health improvement advice.</li> <li>Joint work between public health and regulatory services to reduce the number of fast food outlets, alcohol and betting shops.</li> <li>As a major employer the Council is leading by example by establishing a Healthy Workplace scheme.</li> </ul>

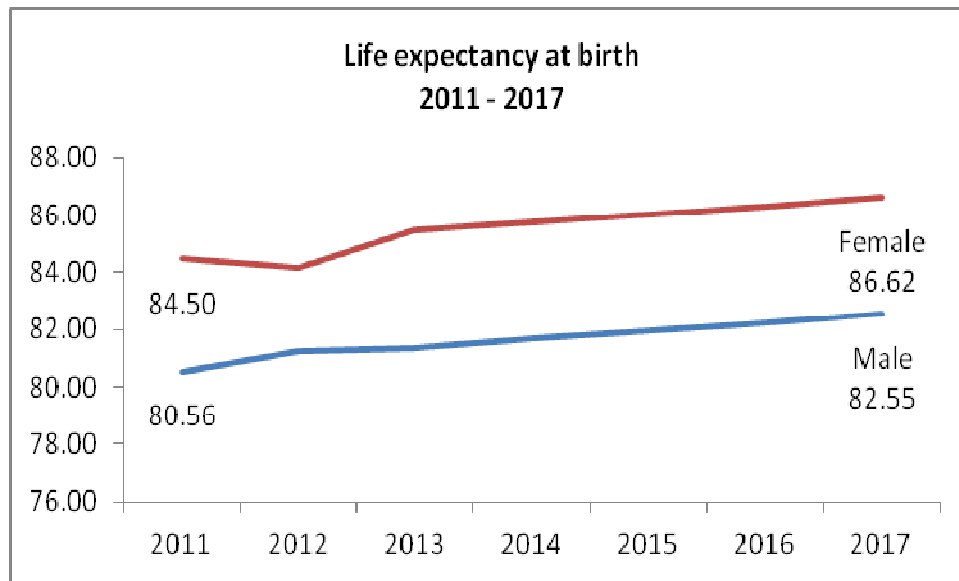
### 6.1 Introduction

This chapter considers the implications of Merton's changing demographic profile for public health and adult social care services. It also sets out how the Council and its partners are working together to plan ahead for the likely increase in demand for health and adult social care services.

### 6.2 Health inequalities

Whilst life expectancy at birth is expected to increase by 2017, the gap in life expectancy between males and females is forecast to widen by around 4%, from 3.94 years to 4.07 years. The charts

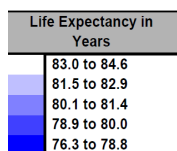
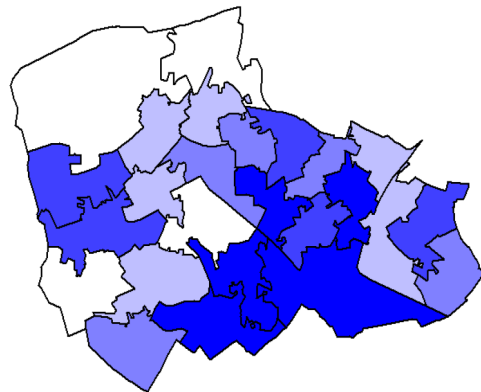
below show gender variations between wards in Merton, showing the clear inequalities in life expectancy between the east and west of the borough.



Source: 2012 Round of Demographic Projections – TREND, © Greater London Authority, 2012

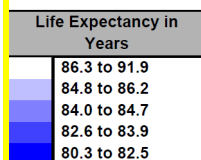
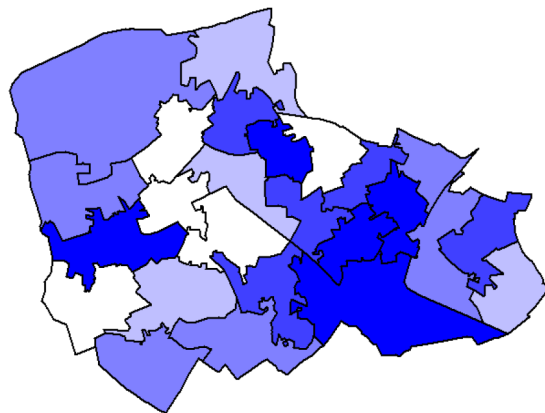
Figure 6.1: Life expectancy at birth 2011 to 2017

Male Life expectancy at birth, 2006 to 2010 inclusive, by MSOA  
Source: PHOs JSNAs Datasets, March 2012



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Female Life expectancy at birth, 2006 to 2010 inclusive, Merton, by MSOA  
Source: PHOs JSNAs Datasets, March 2012



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Figure 6.2 & 6.3: Life expectancy for men and women

### 6.3 Health and well-being for adults aged 20 to 64

There is wide variation in prevalence of disease identified in primary care and disease prevalence is projected to increase according to modelled estimates. Without significant improvements, this,



coupled with increases in those aged 45-54 years is likely to impact on demand for prevention and life style interventions through programmes such as Live Well. Primary care will experience increasing demand for NHS health check services (a public health service), early diagnosis and management of conditions.

There is evidence that an increasing number of young people with multiple and profound disabilities and with autistic spectrum disorders are living longer and are therefore making the transition into Adult Social Care from Children’s Services. This group of young people can often require very specialist services to support their independence and reduce risks.

Women from Black and other minority groups are more likely to present with more advanced breast cancers and have poorer survival rates than white women which may be explained by late presentation. This is particularly the case for Indian, Pakistani, Black Caribbean and Black African. The increase in BAME groups is likely to lead to increased poor screening rates and cancer survival rates if no intervention is tailored to the needs of this population.

Pakistani and Black Afro- Caribbean women are more likely to be obese than women from the general population. Obesity is a risk factor for cardiovascular diseases as well as Type 2 diabetes. A projected increase in this population is likely to lead to an increased prevalence of obesity and the diseases associated with obesity.

Smoking in Black and other minority groups is highest among the 16-34 year olds, except in the Black-Caribbean and South Asian men where prevalence is highest in those aged 35-54.

Merton is categorised as a high HIV prevalence area (3.8/1000 where 2.0 and higher is considered high). Late diagnosis of HIV affects Black African women disproportionately. With increasing numbers of Black African residents, this rate is likely to increase, placing pressure on sexual health and HIV services.

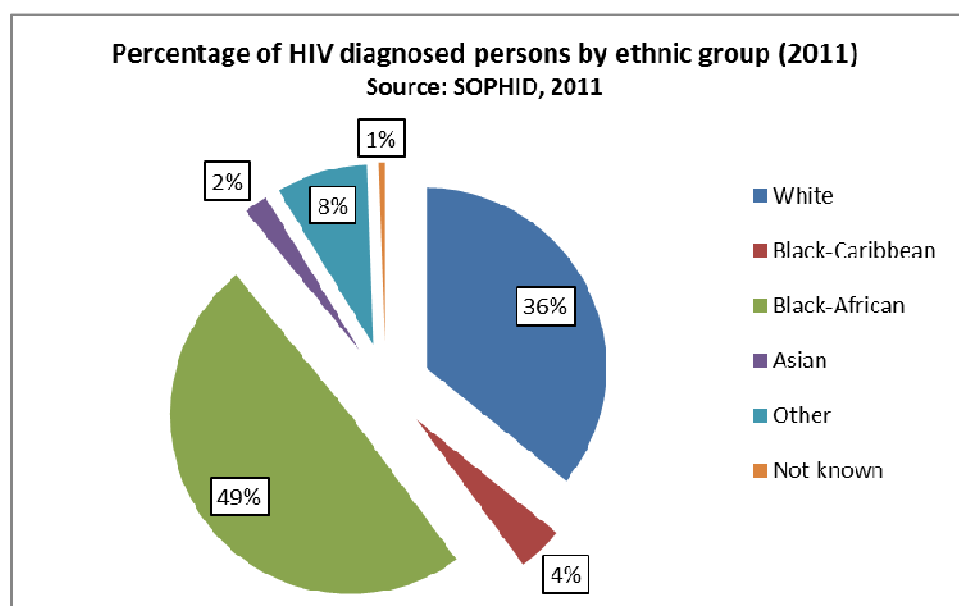


Figure 6.4: Percentage of HIV diagnosed persons by ethnic group 2011

Our priorities for the adult age group are around prevention and early identification of ill health. The Council’s Live Well programme offers free health improvement advice and support to adults in Merton looking to adopt a healthier lifestyle. Merton’s Public Health team is working with regulatory services in the borough to reduce the number of fast food outlets, alcohol and betting shops. The Public Health team is also working closely with environmental health and fast food outlets to improve the food on offer. As a major employer in Merton the Council is implementing a Healthy Workplace scheme to improve the long term health of its own employees.

We are working with primary care providers to embed prevention and increase early detection of disease and management. We are also looking to integrate services (e.g. sexual health) where possible to make access easier and reduce costs.

We are increasing our work with the voluntary sector to reach into BAME communities through respected groups to increase awareness of healthy living and prevention services.

#### 6.4 People with learning disabilities

The overall increase in population levels in Merton will also lead to a corresponding increase in the number of adults with a learning disability. Other factors will also contribute to an increase, including increased survival rates among young people with severe and complex disabilities and reduced mortality amongst older adults with a learning disability. This is born out in terms of service data with the number of adults with learning disabilities known to services is increasing year on year.

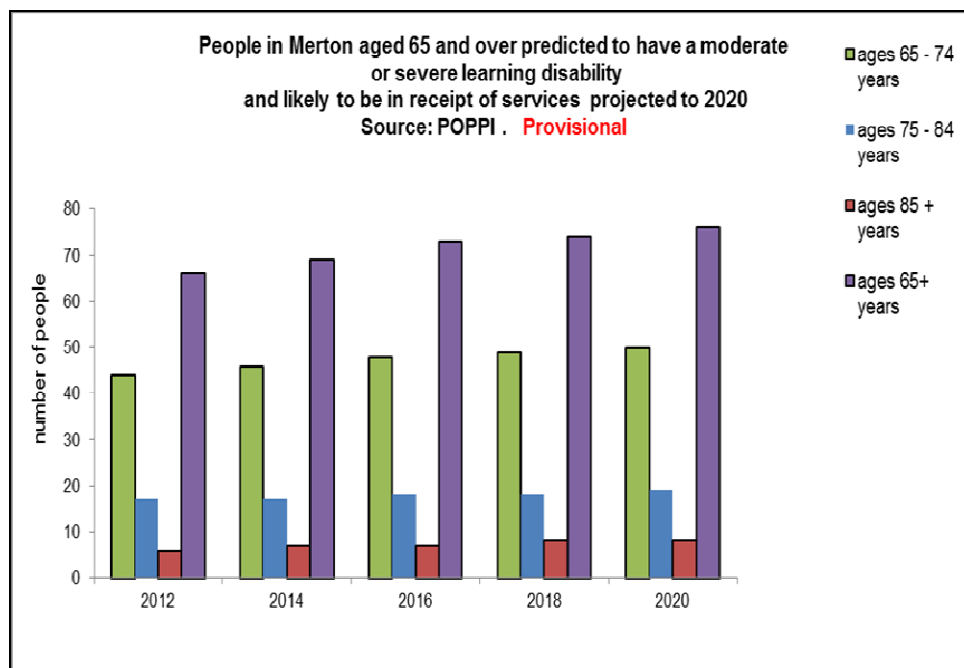


Figure 6.5: People aged 65 and over predicted to have a learning disability 2012-2020

This greater number of people with learning disabilities, particularly of people with complex needs, will place great demand on services, whether from health or the social care sector, in meeting these increased needs.

People with learning disabilities face challenges and discrimination in all areas of their lives. These challenges include access to vital services such as education, health, transport and leisure. At least

half of all adults with a learning disability live in the family home – meaning that many do not get the same chances as other people to gain independence, learn key skills and make choices about their own lives.

‘Health Inequalities and People with Learning Disabilities in the UK: 2011’ identifies key areas where the health of people with learning disabilities is worse than their non-disabled peers. These include the prevalence rate of conditions such as epilepsy, diabetes, respiratory disease, dementia, mental health conditions and many other areas. Mencap report that people with a learning disability are 58 times more likely to die aged 50 and under compared to other people and that four times as many people with a learning disability die of preventable causes as people in the general population.

### **6.5 People with a disability**

The increase in the overall population will also lead to an increase in the number of people with a physical disability and people with sensory impairment. Adults with physical disabilities are likely to have higher day to day living costs (for basics like mobility aids, care and transport) which are 25% higher than those of non-disabled people. Disabled adults aged from 25 to retirement age are twice as likely to live in low income households as their non-disabled adult counterparts (31% compared with 16%<sup>3</sup>).

It is estimated by Action on Hearing Loss that one in seven older people in the UK has a degree of hearing loss. The R.N.I.B has estimated that one in five people in the UK has a significant level of sight loss. People with a sensory impairment experience social isolation, difficulty in communication (written or verbal) and problems in accessing information/services.

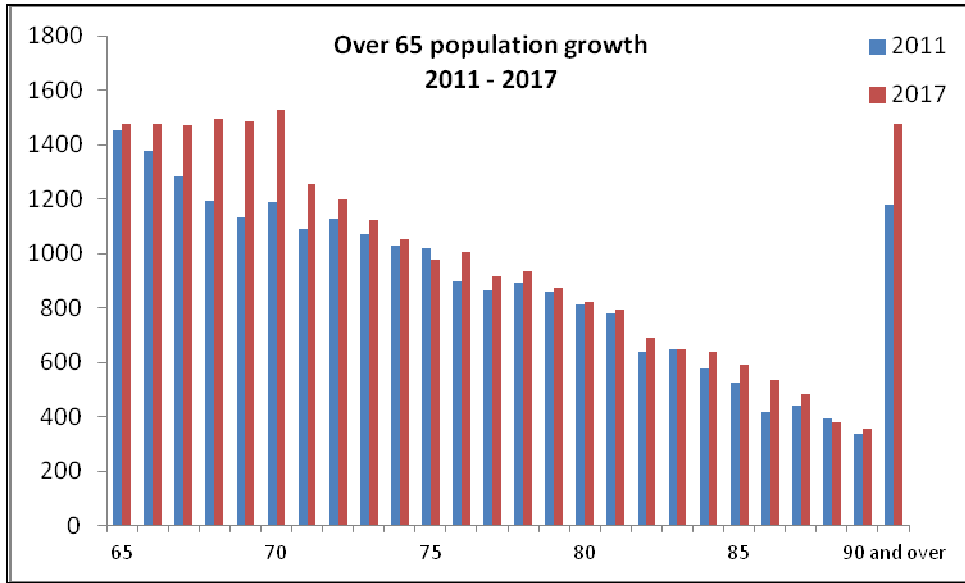
On a local level, it is estimated by the Dual Sensory Loss Development Worker that we have about 230 adults with a dual sensory loss in Merton. The combined impact of sight and hearing loss is significant on many aspects in life.

### **6.6 Older people**

Between 2011 and 2017, the over-65 population is expected to grow by 2,900 people to 25,700, an increase of 11%. The over-90 population in particular is forecast to grow by 25% to 1,500. The population aged 65 and over as a proportion of the total population will increase from 11.6% in 2011 to 12.4% in 2017.

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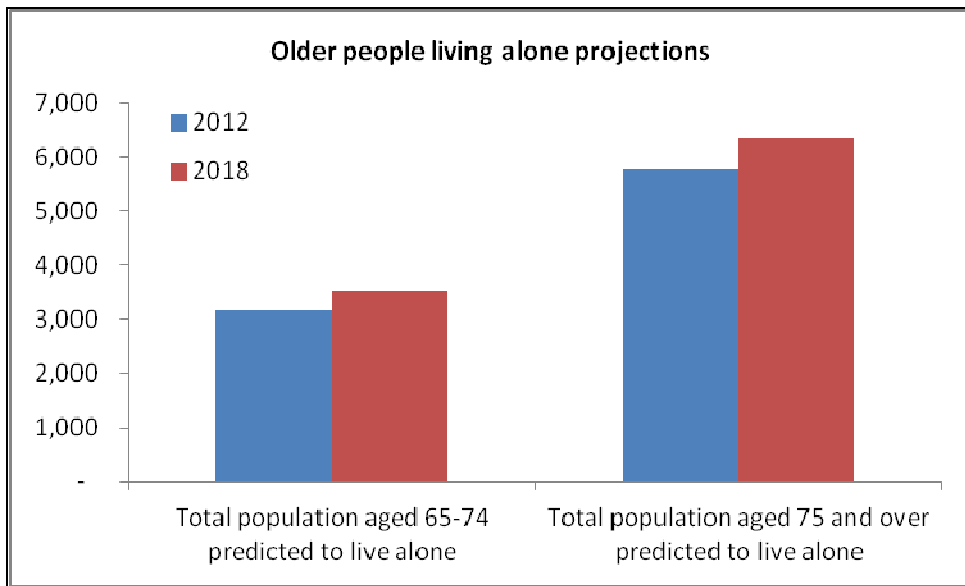
<sup>3</sup> Papworth Trust - Disability in the United Kingdom 2012 - Facts and Figures



Source: GLA Population Projections, SHLAA-based (2012), 2013

**Figure 6.6: Over 65 population growth 2011 to 2017**

The older population aged 65-74 living alone is projected to increase by 12% to 3,500, whilst the population aged 75 and over living alone is projected to increase by 10% to 6,300.



Source: Projecting Older People Population Information System (POPPI), [www.poppi.org.uk](http://www.poppi.org.uk), 2012

**Figure 6.7: Older people forecast to be living alone 2012 and 2018**

Evidence suggests 8% of 65-74 year olds, and 24% of men and women aged 75 and over are unable to manage on their own for at least one of the mobility activities listed<sup>4</sup> below:

- going out of doors and walking down the road

<sup>4</sup> The data is taken from Bridgwood, A. (1998) People Aged 65 and Over: Results of an Independent Study Carried Out on Behalf of the DoH as part of the 1998 General Household Survey, page 43

- getting up and down stairs
- getting around the house on the level
- getting to the toilet
- getting in and out of bed.

Sight loss and physical disability increases with age and has a profound effect on overall health and access to services, of those aged over 75, approximately half have cataracts or refractive error. Increase in this population is likely to contribute to an increase in number of people with physical disability (vision and mobility).

Crude rate per 10,000 of blind people registered with councils by age group				
	50-64	65-74	75+	Persons
Merton	22.1	46.3	346.9	30.3
London	23.9	48.8	306.6	27.6
England	16.8	30.5	230.0	27.9
Crude rate per 10,000 of partially sighted people registered with councils by age group				
	50-64	65-74	75+	Persons
Merton	15.3	46.3	48.9	25.8
London	18.2	38.9	251.7	2.6
England	15.2	32.4	241.2	28.5

Source: NHS Information Centre, 2012

**Table 6.1: Blind and partially sighted people by age group**

Applying the prevalence rates to the projected population shows that the numbers are expected to rise by 42% for physical disability and by about 41% for visual disabilities by 2030, suggesting that around an additional 3,000 people aged over 65 years will have either a physical or visual disability if no action is taken to try to prevent avoidable impairment. Projections suggest that there will be an increase of about 1,800 people with physical and visual impairment by 2025, and a steeper increase in numbers from 2025 onwards. Preventative action needs to be taken to combat the forecasted increase in blind and partially sighted people, thus having capacity implications for diabetic eye screening services, falls prevention, and general older people health services.

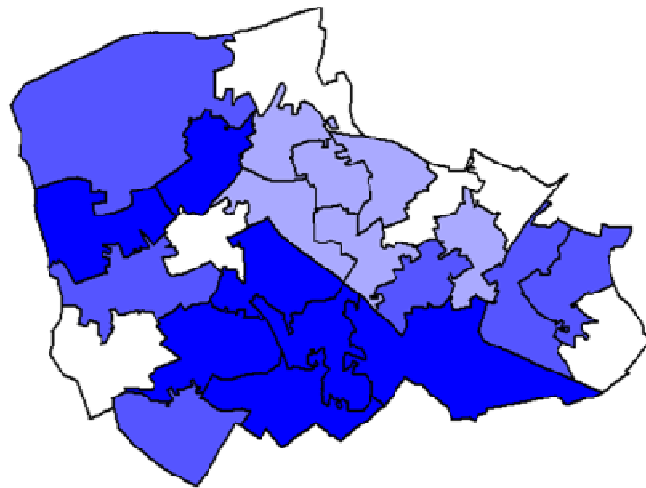
The increase in the older population especially those living alone is likely to lead to increased falls, hospital admissions and poor access to services, poor medicines management, dementia, social isolation, depression and general mental ill health. There is also an increased risk of physical and mental health difficulties interacting that compromise the ability to live independently. Older people on long term medication are likely to suffer co-morbidities due to medicines causing adverse effects in addition to intended benefits.

Social isolation and falls, as well as incontinence and carer stress all increase the likelihood of a loss of independence and risk of the need for institutional care. As the numbers of older people increase, so will the numbers of carers increase. Therefore carer's needs must be assessed and considered as they promote the independence and quality of life of older people, and reduce the pressure on statutory services.

In terms of service demands the increase in the older population is likely to impact on falls and hip fractures prevention services, mental health-dementia detection and management, End of Life Care services and Accident and Emergency services and medicines management services. Merton has the 4<sup>th</sup> lowest rate of hip fractures in those aged 65 and over in London. This may increase as our residents age.

**Number of hospital admissions due to falls for those aged 65 and over, 2011-12, by MSOA**

Source: Sutton and Merton PCT



Key	Number of falls
(Lightest Blue)	0 to 20
(Light Blue)	22 to 26
(Medium Blue)	27 to 36
(Darkest Blue)	37 to 59

Map: © Crown copyright 2013. All rights reserved. © 1994-2013 ACTIVE SOLUTIONS Europe Ltd.

**Figure 6.8: hospital admissions due to falls for those aged 65 and over in 2011-12**

The table below sets out the actual number of people diagnosed with dementia in Merton, compared to neighbouring boroughs and statistical neighbours. It compares actual numbers with expected numbers, showing that in 2011-12 only 43% of cases were diagnosed. In 2013-14, the gap in detection of cases is estimated to be 1100 cases.

Dementia numbers and forecasts by Local Authority using Adjusted National Dementia Prevalence	Merton	Croydon	Kingston on Thames	Richmond upon Thames	Sutton	Wandsworth	Barnet	Ealing	Harrow	Hounslow	Redbridge
Living in Community 2011-2012	1,307	2,511	1,230	1,563	1,551	1,317	2,914	2,034	1,616	1,324	1,830
Living in Residential care 2011-2012	492	1,179	456	425	567	628	1,389	650	461	384	665
Dementia register 2011-2012	769	1,539	666	993	833	730	2,287	1,327	747	745	1,106
Diagnosis rate 2011-2012 (%)	42.7	41.7	39.5	50.2	39.3	37.5	53.1	49.4	36	43.6	44.3
Forecast number of cases 2013-2014	820	3,948	1,803	2,114	2,262	2,085	4,605	2,870	1,419	1,822	2,666
Dementia gap 2013-2014	1,100	2,302	1,091	1,503	1,373	1,303	2,158	1,452	2,216	1,028	1,485
Forecast number of cases 2014-2015	837	4,028	1,840	2,157	2,308	2,127	4,699	2,928	2,261	1,859	2,720

Table 6.2: dementia numbers and forecasts

In terms of end of life care, it is important that people make their wishes for place of death known to the GPs. Most people nationally express a preference for dying at home. The percentage of deaths that take place at home in Merton has been increasing since 2010. This change in place of death will require different health and social care services than for those who die in hospital.

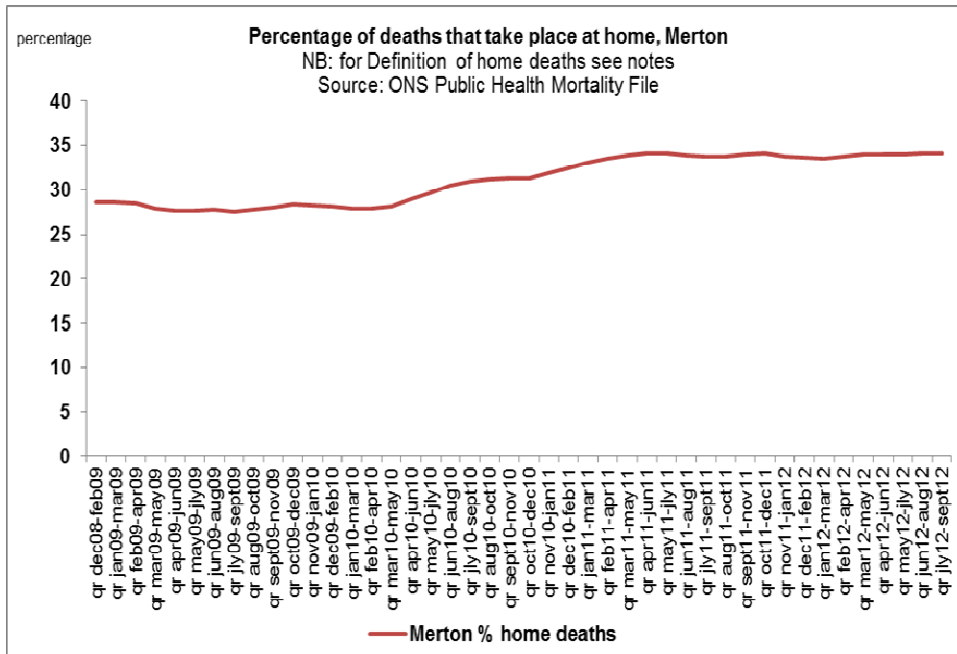


Figure 6.9: percentage of deaths that take place at home

As well as the implications of an aging population, the changes proposed in the Care Bill set out in chapter 3 will also have major implications for adult social care services. In order to reduce the demand for expensive residential care the Council is investing in services that enable people to remain in their own homes for longer, enjoying a good quality of life. The Council has recently

launched the Ageing Well programme in partnership with the voluntary sector to provide a range of advice and support to older people in the borough. Last year the Council in partnership with the voluntary sector and primary care providers introduced Merton-i, an online health and well-being portal.

Earlier this year a pilot project was established with local health partners to trial integrated care pathways for older people with long term conditions. Already this has resulted in a shared approach to assessment and planning for individual patients. The Council, CCG and community services have agreed to form three geographically based locality teams, with each locality broadly reflecting the catchment area of the three acute Trusts. Locality teams will include GPs, primary care staff, community health staff such as district nurses and therapists, as well as Council staff (mainly social workers and occupational therapists).

Planning ahead for the Care Bill the Council is participating in a national project to develop a financial model that will assist in establishing the cost of implementing the Bill and associated funding reforms. The Council is also in the process of developing a Market Position Statement as a tool to ensure the market evolves to meet current and projected future need.



## 7. Service implications for housing, libraries, transport and economic development.

### Summary

Potential impact of demographic change	Examples of how the Council is responding
<ul style="list-style-type: none"> <li>Up to 12,200 additional households</li> </ul> <p>The increase in the number of households together with rising house prices and welfare reform changes will increase the gap between the supply and demand for affordable housing.</p>	<ul style="list-style-type: none"> <li>Utilising planning powers and working with housing providers to increase the number of affordable homes.</li> <li>Working with housing providers to increase the supply of private sector homes available to households in housing need.</li> <li>Working with housing providers to bring empty homes back into use.</li> </ul>
<ul style="list-style-type: none"> <li>An increase of 2,900 people aged over 65</li> <li>67% increase in the private rented sector between 2001-11</li> <li>Proportion of BAME population aged over 65 increase from 19% to 24%</li> </ul> <p>An increase in the number of older people living in unsuitable private rented accommodation has implications for health and well-being. Also, could impact on ability to adapt own home or raise funds for funding future care needs.</p>	<ul style="list-style-type: none"> <li>Working with housing providers to develop more designated housing for older people including options that can be funded by HB.</li> <li>Review of Allocations Strategy to consider more social lettings to older people.</li> <li>Working with BAME housing providers to increase supply for BAME elders including options for community funding of new developments.</li> </ul>
<ul style="list-style-type: none"> <li>Increase in the number of households in the private rented sector (PRS)</li> <li>Cost of housing rising faster than household income</li> </ul> <p>Likely to result in an increased number of households with children concentrated in the poorer quality end of the PRS. Likely to see the number of evictions from ASTs continue to rise resulting in homeless applications and increase in TA numbers.</p>	<ul style="list-style-type: none"> <li>Reviewing Homelessness Strategy to improve prevention measures and make best use of our Homelessness Grant.</li> <li>Welfare Reform project to provide assistance to households affected by changes to benefits.</li> <li>Engage landlords to increase lettings through the Rent Deposit Scheme</li> <li>Work with landlords through the Private Landlord Forum to increase awareness of and adherence to the Mayor's London Rental Standard.</li> </ul>
<ul style="list-style-type: none"> <li>Up to 12,200 additional households</li> <li>Increase of 1,700 households with 2 or more children</li> </ul> <p>Increase in household waste which could lead to more waste going to the SWLP 'energy from waste plant.</p>	<ul style="list-style-type: none"> <li>Encourage developers to build apartments with scope for more communal waste storage, collection and recycling.</li> <li>Media campaigns to encourage recycling.</li> </ul>
<ul style="list-style-type: none"> <li>Up to 12,200 additional households</li> <li>Population growth highest in Pollards Hill, Longthornton, Colliers Wood and Dundonald wards</li> <li>12% increase in households with dependent children</li> </ul>	<ul style="list-style-type: none"> <li>Restricted car parking provision in new developments coupled with new housing growth targeted to areas with good public transport.</li> <li>Consider the need for increasing parking controls in areas where car ownership is</li> </ul>

<p>Potential for increase in car ownership, particularly households with children in certain parts of the borough.</p>	<p>increasing.</p> <ul style="list-style-type: none"> <li>Shortlisted for the Mayor’s mini-Holland bid with the aim of increasing cycling journeys by 10%</li> </ul>
<ul style="list-style-type: none"> <li>7% increase in young people aged 0-19</li> <li>Increase in employment sectors requiring a skilled work force</li> <li>Higher proportion of unemployed people aged 19 to 25</li> </ul> <p>There will be an increase in the number of school leavers and there will be a need to match skills of young people to the future jobs market.</p>	<ul style="list-style-type: none"> <li>Merton’s Economic Development Strategy prioritises support for new business start-ups, inward investment, town centre initiatives and supporting residents into work.</li> <li>Merton Business Support Service, delivered in partnership with Merton Chamber of Commerce seeks to create 300 new businesses and 700 additional jobs by 2017.</li> <li>Merton Partnership’s Employment and Skills Strategy to provide joined up support from Job Centre, colleges and training providers</li> <li>Support younger people to find work in identified growth sectors creating 100 apprentices and 100 in full employment.</li> <li>The 'Take-one' initiative encourages Merton businesses to take on apprentices, mentor young people or provide positions for younger people, with a target of 100 people by 2014.</li> </ul>

**7.1 Introduction**

This section considers the growth in the number of households in Merton and implications in terms of housing, transport, libraries and the wider economy.

**7.2 Households**

The number of households in Merton is forecast to increase by between 2,500 and 12,200 (GLA/SHLAA and ONS) between 2011 and 2017, an increase of between 3% and 15%. According to the DCLG ONS based projections Merton is expected to see the fourth highest percentage increase in households in England, with an average annual household growth of 2%<sup>5</sup>.

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<sup>5</sup> Household Interim Projections, 2011 to 2021, England. DCLG April 2013.

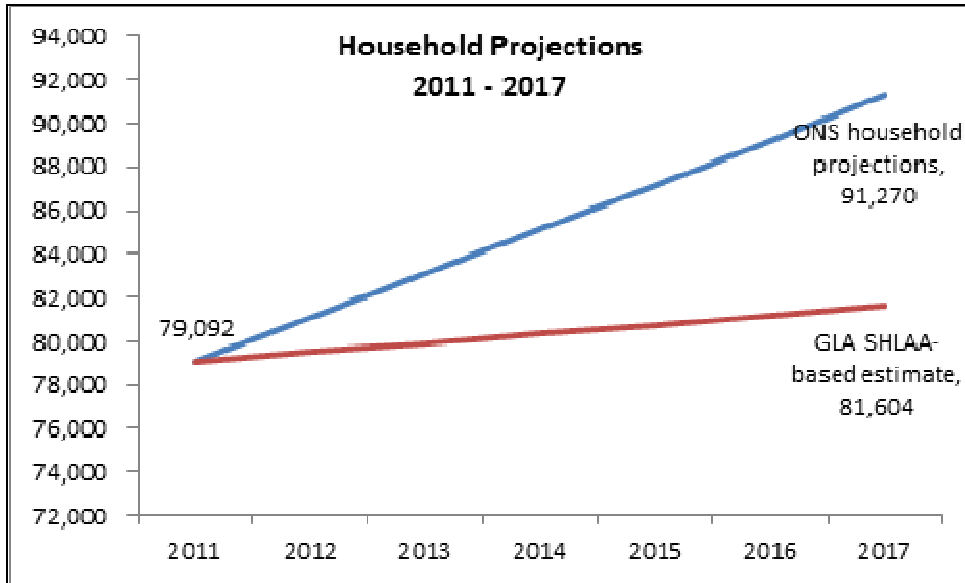


Figure 7.1: household growth

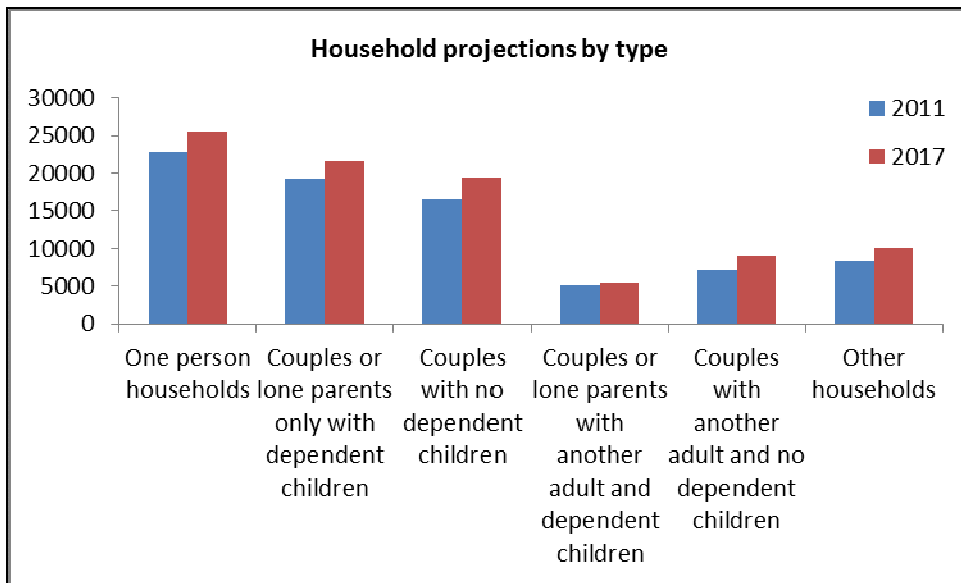


Figure 7.2: household type

## 7.3 Housing

### 7.3.1 Housing stock and tenure

The private rental sector now accounts for around a quarter of the housing stock, an increase of 67% since the 2001 census. Over this period the number of homes owned outright has fallen by 16%. The proportion of properties owned with a mortgage is considerably higher than the London average and the proportion of socially rented is lower.

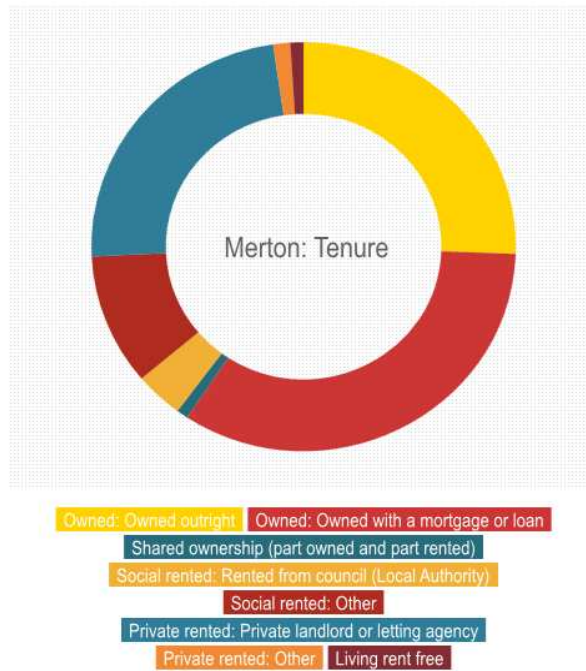


Figure 7.3: housing tenure in 2011

Between 2001 and 2011 there was an 8% increase in the number of flats, maisonettes and apartments and correspondingly a 6% fall in the number semi detached houses.

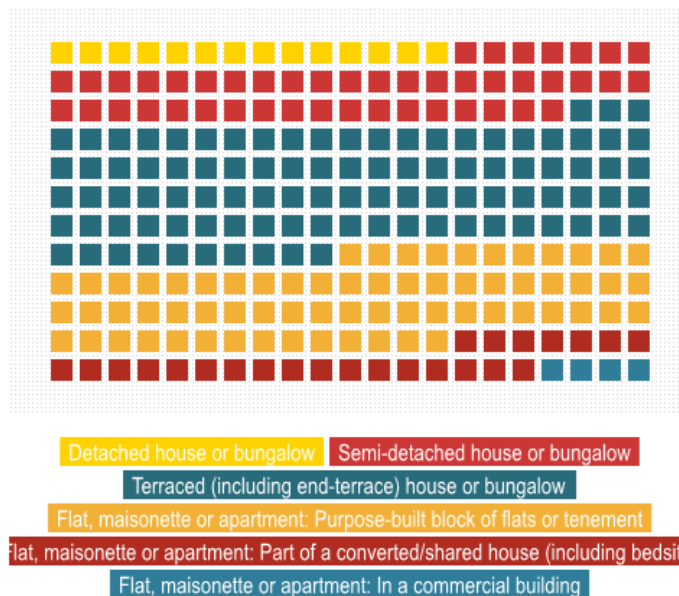


Figure 7.4: dwelling type in 2011

### 7.3.2 Occupancy levels

Figures from the 2011 Census indicate there are in the region of 7,400 households that are experiencing overcrowding and that overcrowding is worst in the private rented sector.

Since the last Census in 2001 there has also been an increase in the number of households where there is a couple with one or more other adults and no dependent children. This may be new

households unable to afford their own accommodation and having to live with parents or friends. The forecast is for the number of these households to increase by 26% to 9,000 by 2017.

In contrast, there are in the region of 45,800 households who appear to be under occupying accommodation.

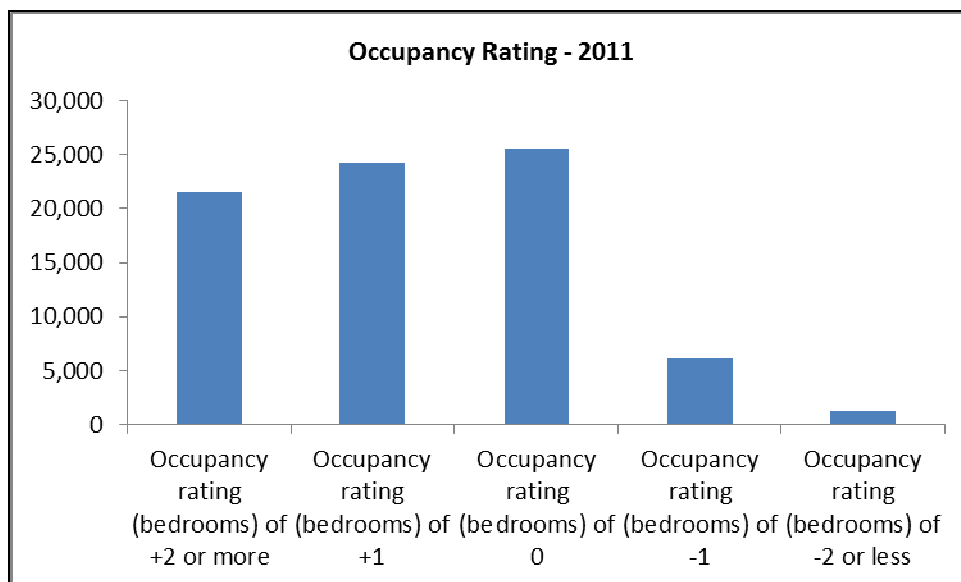


Figure 7.5: occupancy levels

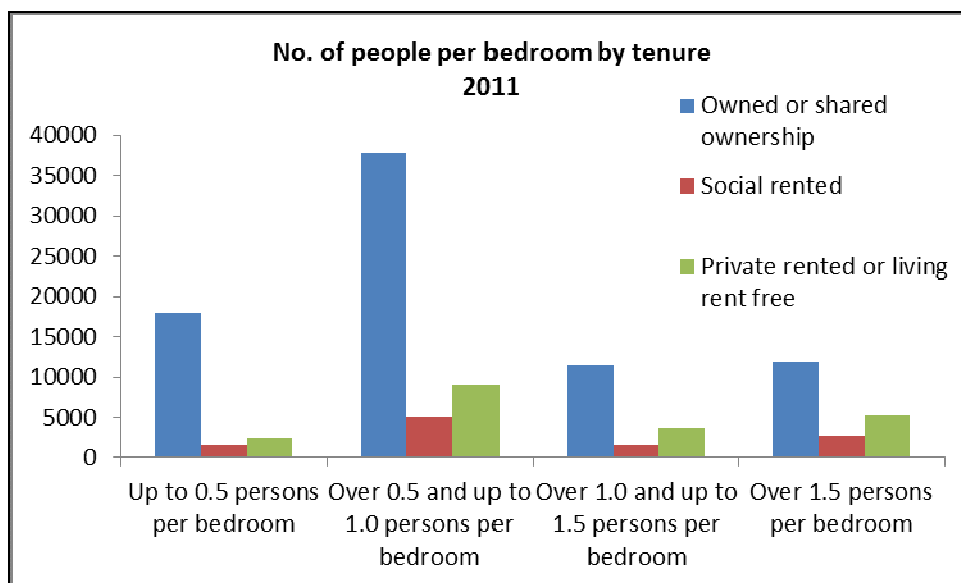


Figure 7.6: number of people per bedroom

### 7.3.3 The cost of housing

Whilst it is difficult to predict future house prices and the cost of private renting, there has been a general upward trend in recent times. Between 2001 and 2011, the average house price in Merton has increased by 114% - the largest increase among its neighbours.

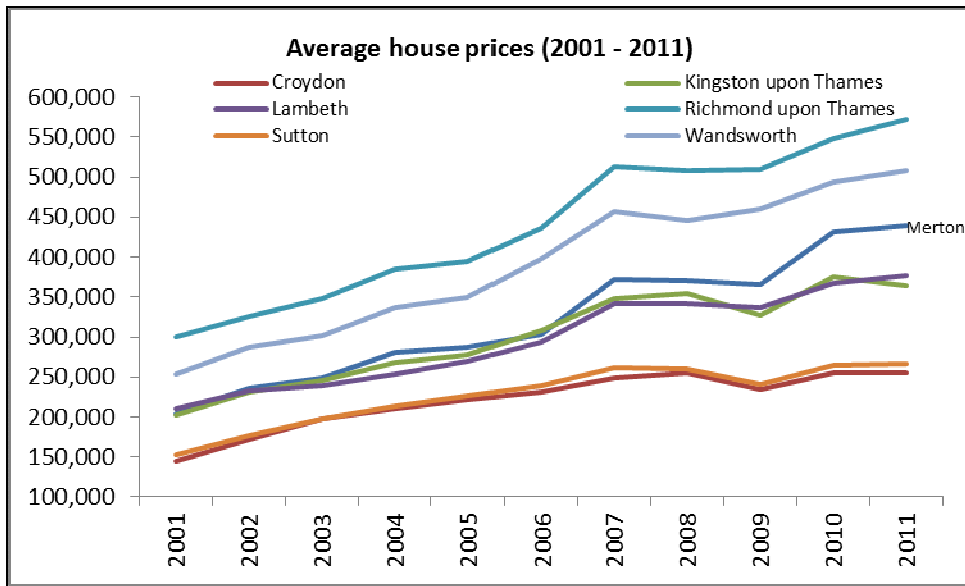


Figure 7.7: Average house prices 2001 to 2011

	Room	Studio	1-bed	2-bed	3-bed	4-bed+
2002-03	£86	£128	£181	£272	£246	£326
2012-13	£89	£179	£219	£288	£347	£485

Table 7.1: average rental costs 2002 to 2012

### 7.3.4 The supply of new housing

If all developments in the pipeline were approved and developed there could be potentially 1,200 new dwellings in Merton accommodating between 2,500 and 3,500 residents. Data from unimplemented planning permissions and site allocations indicate growth in Colliers Wood, South Wimbledon, Morden and Mitcham.

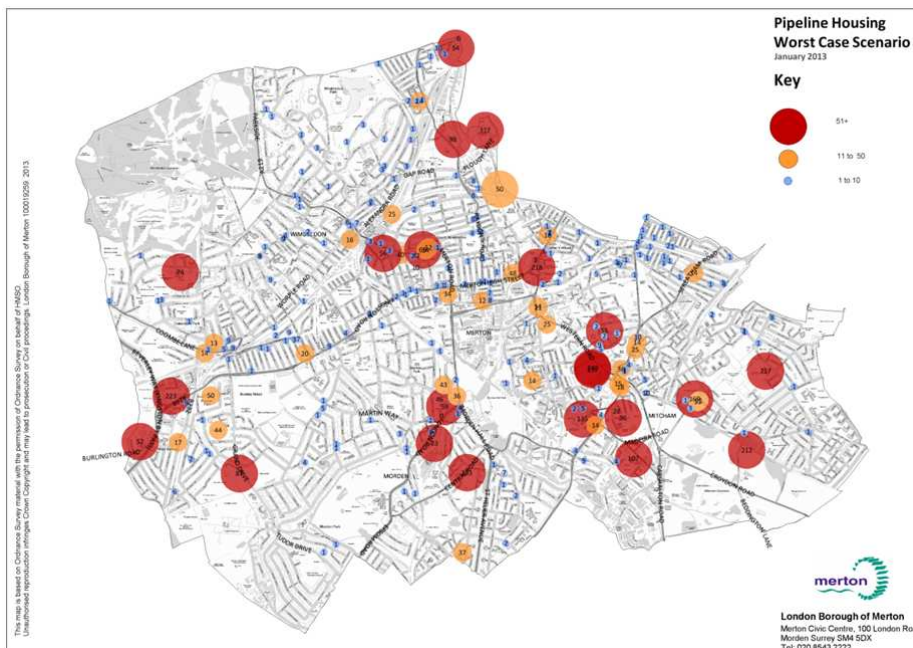


Figure 7.8: new housing development

### 7.3.5 The backlog of housing need in Merton

While population projections provide useful information on household growth and inform the planning of additional housing in Merton, it is necessary to look at service statistics alongside demographic trend data in order to understand the need for affordable housing.

The number of households on Merton's Housing Register has increased by 33% between April 2009 and April 2013, although the number of households with 'reasonable preference' remains fairly stable. In April 2013 around 2,500 households on Merton's Housing Register were assessed as having 'reasonable preference' under the Allocations Policy. These include those who are homeless, in need of housing due to medical or welfare grounds and those occupying insanitary; overcrowded or unsatisfactory accommodation.

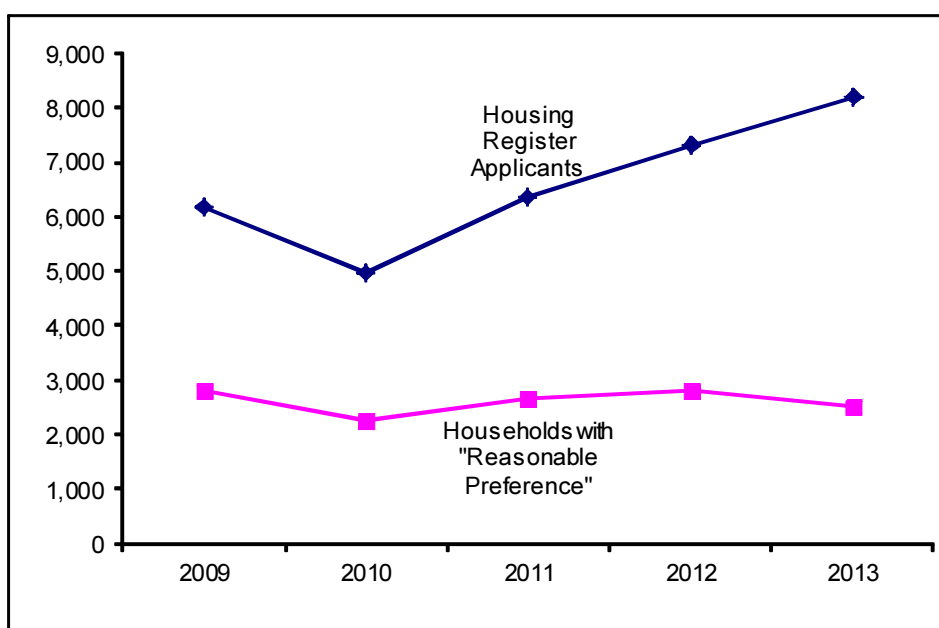


Figure 7.9: Merton's Housing Register

### 7.3.6 The need for affordable housing

As households with 'reasonable preference' are more likely to be housed under the council's Allocations Policy, the backlog of need relating to these households had decreased by 290 from 2,824 households in 2009 to 2,534 in 2013. Although the council had placed nearly 3,000 households in either social housing or the private rented sector over this 5-year period, more households deemed to have 'reasonable preference' joined the Housing Register during this time hence the backlog of need currently remains at about 2,500. With less supply of affordable housing projected to come on stream over the next 5 years, the number of households with 'reasonable preference' on the Housing Register is predicted to increase.

The findings of the last Strategic Housing Market Assessment (SHMA) for Merton, which covers the period 2007-2021, similarly shows a need for around 2,250 additional affordable homes in Merton between 2013 and 2017 (assuming the need for affordable housing is evenly spread across the 14-year period). These findings were based on calculations using the GLA's 2007 population projection

data. With the availability of 2011 Census data and more up-to-date projections, Merton’s SHMA will be updated later this year.

The backlog of need along with newly arising need means more people are likely to be living in overcrowded housing, which can lead to poor health & affect children’s educational attainments. There is also a potential for an increase in family conflict caused by lack of space.

The Council is maximising opportunities to increase new-build affordable homes by working with registered providers. It is also working with housing providers on initiatives to increase the supply of private sector homes available to households in housing need. We are also working with housing providers to bring empty homes back into use for households in housing need.

### 7.3.7 Affordable housing supply

Social housing stock in Merton is not likely to see any notable increase between 2013 and 2017, with projected new build currently estimated to be an additional 300 homes but off-set by social housing tenants purchasing their homes under Right to Buy.

With a negligible increase in social housing stock, the council will increasingly rely on the private rented sector to meet the backlog of housing need, and to discharge its statutory duty to homeless households by assisting them in accessing suitable private rented accommodation. Although the private rented sector has grown from 17% of total stock to 25% in Merton, the chart below shows that the number of homes available to people in housing need has been decreasing since 2010/11, as landlords can get higher returns from professional tenants in a buoyant private rental market with steadily increasing rent levels.

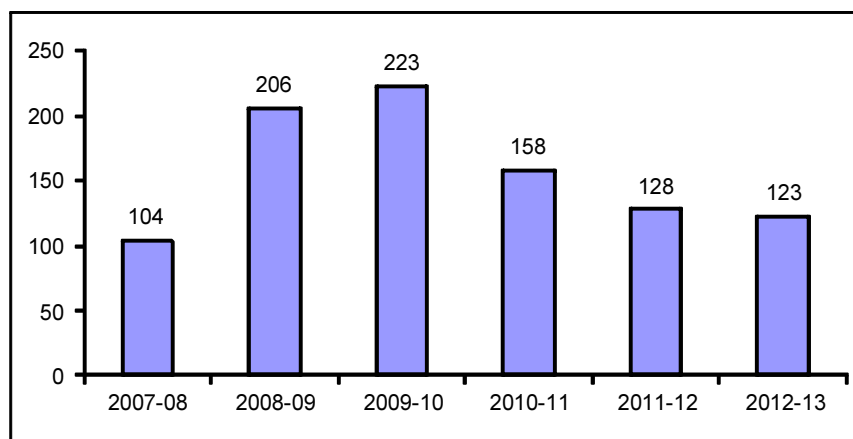


Figure 7.10: private rented lettings achieved through the Rent Deposit Scheme

More and more households will need to rely on the private rented sector to meet their housing needs, but will only be able to access the lower end of the private rented market. Such housing is likely to be in poorer condition and will exacerbate housing needs.

The Council is increasing engagement and improving negotiations with private landlords through the Rent Deposits Scheme to help increase private sector housing solutions for homeless households. It is also working with private landlords through Merton’s Private Landlord Forum to increase awareness of, and adherence to, the Mayor’s new London Rental Standard.



### 7.3.8 Homelessness

The chart below shows that homelessness applications are increasing, although acceptance levels have remained relatively static over the last few years.

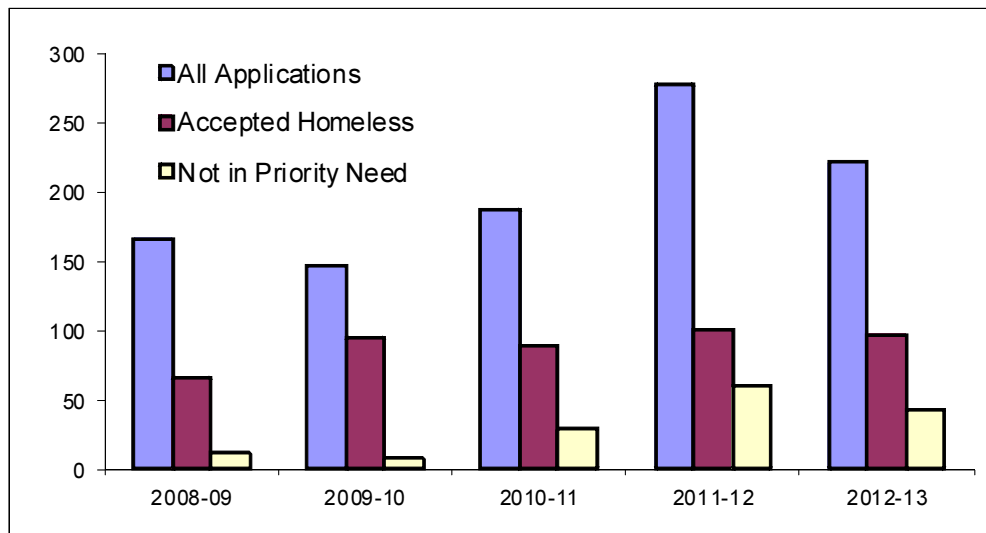


Figure 7.11: statutory homelessness trends

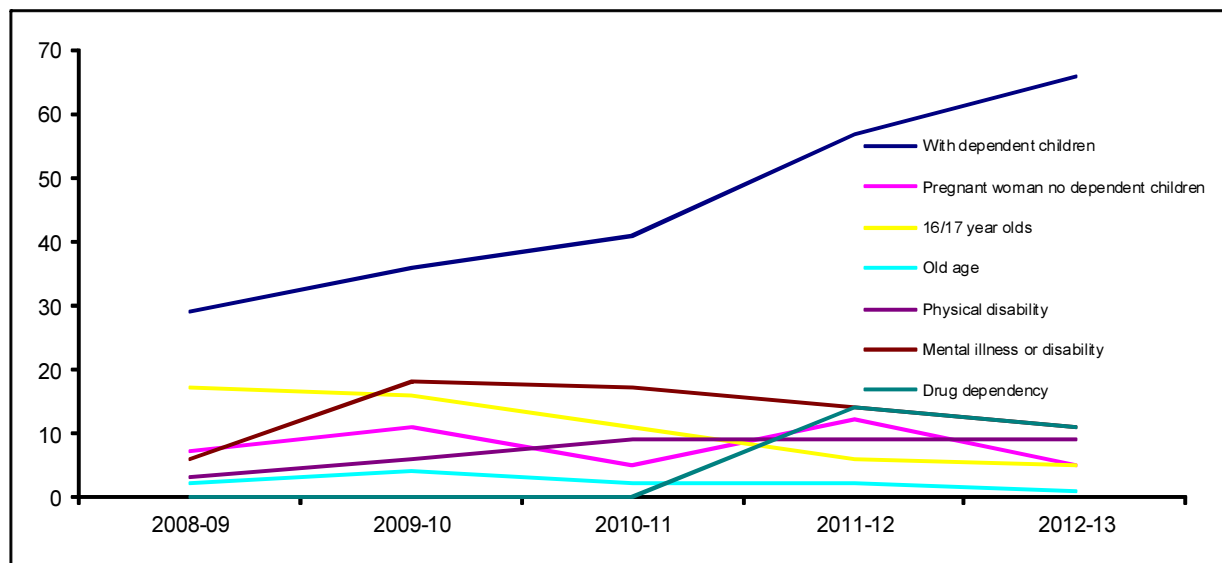
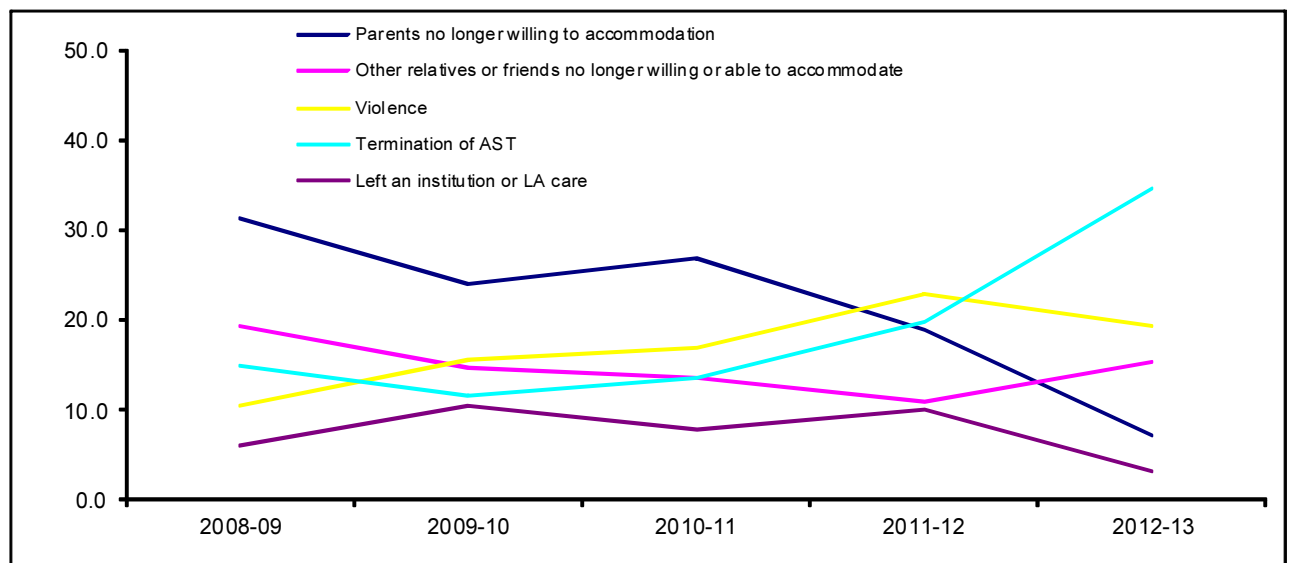


Figure 7.12: homelessness acceptance categories

Although the chart above shows the proportion Homelessness approaches by young people has decreased, the net demand for assistance from this client group has not reduced, as many of them have opted to approach Children’s Services for assistance following the ‘Southwark Judgement’.

The chart below shows that termination of Assured Shorthold Tenancies (ASTs) has become the main cause of homelessness, replacing evictions by families and friends. The increasing reliance on the private rented sector with its insecure tenure is likely to lead to further increase in

homelessness. Welfare Reform will further reduce affordability of housing to households relying on benefits, thus increasing child poverty and the likelihood of families having to keep moving to seek cheaper accommodation, or face eviction and homelessness.



**Figure 7.13: reason for homelessness**

Ethnic minority households are over-represented amongst homeless applicants. An increasing number of ethnic minority households will be affected by homelessness, given their increase in the wider population and they are more likely to be affected by unemployment and other socio-economic deprivation.

It is likely that the increase in households living in the private rented sector coupled with an increase in the cost of rents and welfare reform changes is likely to result in further increases in homelessness applications due to termination of Assured Shorthold Tenancies (AST). The number of homeless households with dependent children is predicted to increase, which will result in an increased in the use of more costly self-contained temporary accommodation to place these households. This will have financial implications for the council.

As a result the Council will review its Homelessness Strategy involving working with key stakeholders to improve the effectiveness of prevention measures and make best use of Merton’s Homelessness Grant. Also, we will implement the Welfare Reform Project which provides assistance to households affected by the benefits changes.

It is worth noting that the number of single homeless households deemed ‘not in priority need’ has been increasing and this trend is likely to continue to 2017. Although the number of people involved is relatively small, many single homeless people have complex support needs and require supported housing as well as education and training to help them gain full independence. An increase in this client group approaching the council for assistance will have cost implications.

The Council is increasing initiatives that support ‘non-priority’ homeless people to full independence, and make best use of Merton’s Homelessness Grant. The Housing Needs team is working with public health and social care services to help prevent homelessness amongst this client group, and to

help them achieve independence. We are also working with housing providers to develop supported housing projects that utilise private sector housing stock, including HMOs.

### 7.3.9 Housing needs of older people

The number of Housing Register applicants aged 65 plus has increased by 77% between 2010 and 2013, now making up of 7.8% of all applicants on the Housing Register, compared to 5.9% in 2010. Owner-occupation as a share of total tenure has been falling, which means that there are now more older people who are non-owners. In 2001, owner occupation made up 69% of all tenures, but this had decreased to 59% by 2011 and this trend is likely to continue.

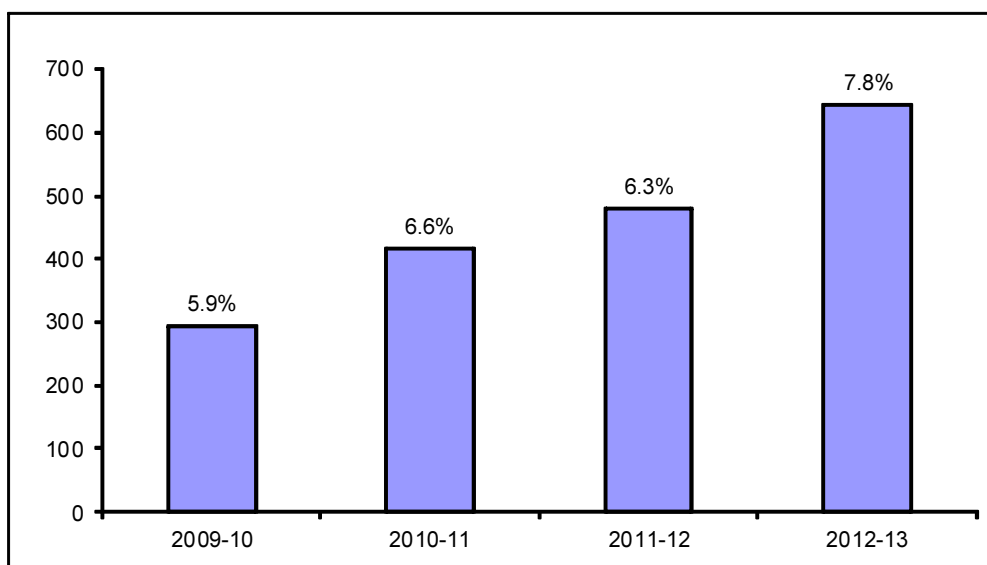


Figure 7.14: applications to the Housing Register from people aged 65 and over

The further decrease in owner occupation, along with the projected increase of the older people population in Merton, is likely to see more and more older people joining the Housing Register. In 2012-13, only 45 of the 592 social homes available for letting went to older people households, representing 7.6% of all lettings, which is comparable to older households' share on the register. An increasing proportion of older people will be from BAME communities, and it is therefore likely that we will see more BAME elders in housing need.

The Council will however need to consider the likely impact of more older people living in insecure and/or unsuitable accommodation, which can lead to an increase in demand for health and social care services, as living in poor accommodation or the need to move regularly is likely to increase the likelihood as well as speeding up their need for support and care.

This is likely to have financial implications for social care services. A recent national study on care home costs commissioned by an Insurance Group shows that nearly 50% of older people paid for their care from savings and 28% had to sell their home to meet costs. Those with no property of their own and assets below a certain threshold are eligible to get financial help to pay their care costs. An increase in the number of older people who are non-owners needing social care services could increase the council's costs in providing care.

The 2011 Census shows that 45,800 households are under-occupying their homes, mostly in the owner-occupied sector and the social housing sector. Older people in Merton are more likely to be under-occupiers when compared to the overall population. Although owner-occupation as a share of total tenure is projected to decrease further, the number of under-occupied homes will remain high over the next few years. With more older people predicted to live alone, those who under-occupy in the owner-occupied sector often have difficulties maintaining and heating their large homes, as many are 'property rich but cash poor'. This has service implications for housing, health, as well as social care services. More actions are also needed to address under-occupation in the social sector in order to make best use of existing social housing stock to meet housing need, and there are concerns over the impact of the so called 'bedroom tax' on tenants who are under-occupiers.

In relation to this older client group the Council is working with registered providers to identify opportunities for developing more designated housing for older people, including options that can be funded via housing benefit. In the annual review of the council's Allocations Strategy we will look at options to increase the number of social housing lettings to older people. We will also look at working with BAME housing providers to develop new-build housing projects for older people that are partly funded by the community

#### **7.4 Household waste and recycling**

It is reasonable to assume that larger family households generate more waste than smaller households and apartment dwellers. At present this would add to landfill and the cost of landfill. In future such waste will be treated at the South London Waste Partnership's 'energy from waste' (EFW) plant for which there will also be a cost. Projected household need and demand for 1-2 bed units, and the current housing supply line providing the majority of new homes as apartments suggests that there could be savings to the Council both by reducing waste sent to the EFW plant and increasing recycling and efficiencies in waste collection from communal apartment developments with more communal collection of waste and recycling (as opposed to kerbside pick-up). The Council will also focus on media campaigns with partners to increase the borough's recycling rates, in line with the South London Waste Plan.

#### **7.5 Libraries**

As the population continues to grow and with resident expectations changing, it is anticipated that library services will continue to see an increase in demand, although not solely through traditional interactions (e.g. borrowing a book). Whilst nationally there is a picture of declining usage of libraries, in Merton visits to libraries and borrowing of stock has remained steady, whilst the percentage population of Merton residents using libraries has increased dramatically.

With a greater emphasis on literacy levels at schools and with better integration work, every school child in Merton will shortly be a library member and this is anticipated to increase demand on library services by approximately 5% per year. Libraries are increasingly becoming hubs to their local community and deliver a range of added value activities linking in with key strategic issues such as health, employment and life skills. Through these activities it is also anticipated that usage of libraries will increase.

In a modern 24/7 environment libraries have in place systems so that residents no longer need to visit their library by making a number of resources available online such as e-books and online

reference resources. As online resources continue to develop this may lead to an increased channel shift towards online services but there is also a challenge around continuing to invest and improve these online resources as there are good commercial alternatives.

## 7.6 Transport

The 2011 Census showed that car ownership in Merton is falling with 40% of households not owning a car. Reduction in car ownership can be due to a number of factors in particular good access to public transport, the growth in 'car clubs' and generational factors with young people either choosing not to have a car or priced out of car ownership. However, as the borough's population increases, particularly as the number of young families increase, we could expect a rise in car ownership.

Data from Mosaic suggests that in areas of good public transport, with good local amenities within walking distance, there is trend towards more 'car free' lifestyles. Mosaic suggests that there are higher concentrations of young 'urbanites' living in Wimbledon and Colliers Wood who have a tendency towards not owning a car on environmental grounds. By contrast, in areas such as Canon Hill, Lower Morden and parts of Mitcham, car ownership is seen as both aspirational and a necessity. This could indicate that more parking controls could be needed in these areas.

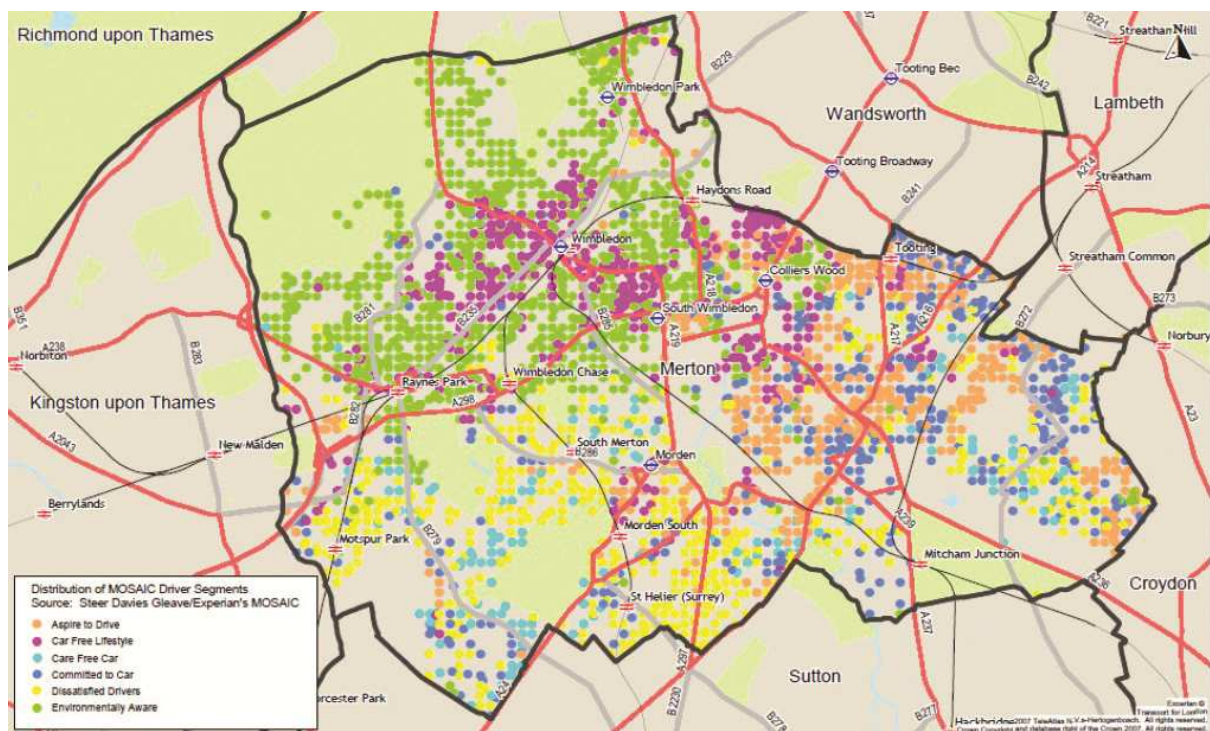


Figure 7.15: Distribution of MOSAIC driver segments

Restricted car parking provision in new developments can go some way to reducing car ownership; especially as the Council's Core Planning Strategy targets new housing growth into areas with good public transport (Morden, South Wimbledon and Colliers Wood). Other areas of population growth such as Mitcham and Pollards Hill may experience pressure for increased parking controls which would be rolled out in response to resident's requests.

The borough's modal share for cycling is currently low at 1-4% of all local trips being made by bike. The Council is one of the shortlisted bidders for the Mayor's cycling Mini-Hollands fund to provide cycle infrastructure and an increase to 10% of local journeys being made by bike.

Linked to the Mosaic data, two key demographics and localities are targeted to increase cycling.

- urbanites and environmentally aware people in Wimbledon and Colliers Wood who already choose a car free lifestyle have the potential to increase cycling as a choice, given infrastructure upgrades
- people currently priced out of, or aspiring to own a car, particularly in the more urban areas of North Mitcham have potential to take up cycling as the mode of choice for local trips or commuting to rail stations. This demographic also correlates to the number of 15-35 year olds and singles who are more likely to cycle (families tend to be more car dependent).

### **7.7 Business growth and employment**

Merton currently has 7,400 businesses employing 57,000 people. Employment in financial services, IT, business and professional services are expected to be a key source of growth over the next two decades. The refreshed Economic Development Strategy (2012) highlights that the Council will provide support to this sector through business support programmes and inward investment. We also recognise the potential for growth in the retail sector, in the context of town centre activities and we will also focus on creative and cultural activity in the borough. Likewise, the green technology sector is considered to have significant prospects for growth over the next decade.

The Merton Business Support Service, delivered in partnership with Merton Chamber of Commerce seeks to create 300 new businesses and 700 additional jobs by 2017.

The number of young unemployed people and NEET's (Not in employment Education and Training) has risen over the past few years and there is a likely correlation between the number of people working past the age of 65 and the lack of employment for under 24 year olds. Youth unemployment has been recognised as a major priority for the government and locally we have set up initiatives to support employment of young people through our Employment and Training Action Plan.

The Merton Partnership Economic and Wellbeing Sub-group has developed an Employment and Skills Strategy to provide joined up support from Job Centre, colleges and training providers. The Employment and Skills Action plan identifies skills gaps and training to enable younger people to find work in identified growth sectors creating 100 apprentices and 100 in full employment. The 'Take-one' initiative encourages Merton businesses to take on apprentices, mentor young people or provide positions for younger people, with a target of 100 people by 2014.

### **7.8 Adult learning and skills**

NEETS and young people seeking employment is likely to remain high in the medium term. Those young people who do not fare well in the school system tend to thrive in the adult learning environment. There may be a need for increased project and outreach activity to engage further with these client groups. Also, the demand from lone parents wanting to come off benefits and gain employment is likely to rise with the increase in the number of lone parent families.

Widening participation in the east of the borough remains a high priority for the Council and we will continue to engage with those furthest removed from learning. Projects with Job Centre Plus will continue to focus on supporting people back into work.

In recent times Merton Adult Education (MAE) has seen an increase in individuals seeking vocational qualifications in early years, adult social care, business administration and customer services in order to secure employment. This is likely to increase given the borough profile. In addition to the qualification programme there is a need for more courses focusing on soft skills – communication, confidence building and job search.

It is likely that the number of adults with learning difficulties will increase. MAE has already seen a considerable increase in students in this area already this academic year.

The number of individuals requiring English has increased over the years and MAE are unable to meet the full demand due to limitations in funding. New citizenship requirements will increase demand further.

The increase in the number of older people is likely to result in additional demand for adult learning services from this cohort.

## 8. Financial implications

Between 2010/11 and 2013/14 budgeted expenditure on areas under the Council's direct control i.e. excluding schools and housing benefit, has reduced by 2.5%. In addition to this the Council has also contained spending pressures over this period (pay, prices, growth and the impact of the capital programme) that amount to around 25% of the 2010/11 budget. Overall, expenditure on frontline services has increased slightly with the bulk of savings made in corporate items such as capital charges.

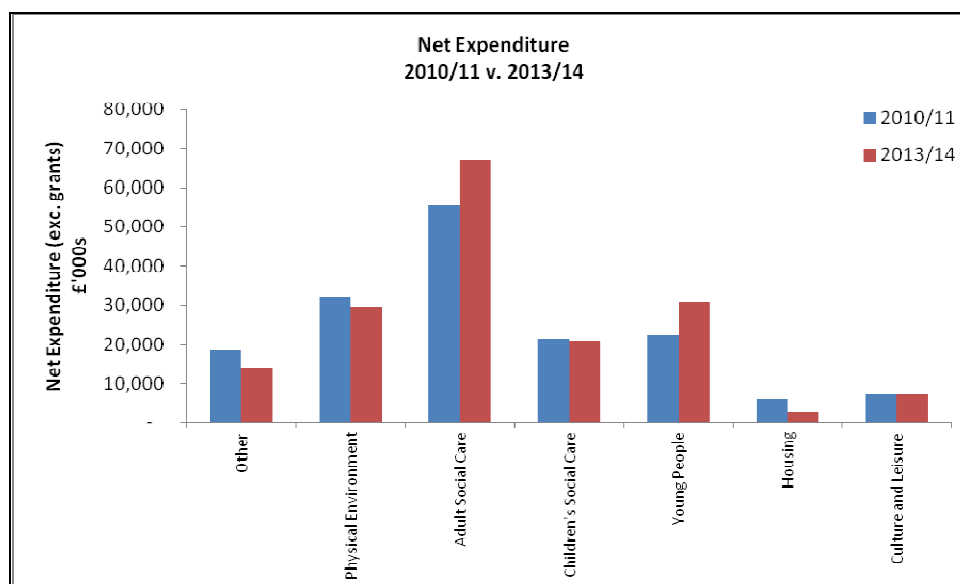


Figure 8.1: Budget breakdown 2010/11 and 2013/14

There has, however, been a marked change in the pattern of spending over this period. In 2010/11 social care for adults and children, non schools education, traffic and highways and waste management services comprised less than 75% of Council spending. By 2013/14 this proportion has risen to 83.5% with increases in particular for Adult Social Care. Expenditure on the remainder of Council services such as leisure, street cleansing, youth services and libraries has reduced by around 33%.

	2010/11	2013/14
Other	24.5%	16.5%
Traffic and Highway Services	5.9%	5.4%
Waste Management	9.3%	8.4%
Children's Social Care	13.3%	12.8%
Education (excluding schools)	12.7%	15.9%
Adult Social Care	34.3%	41.0%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>

Table 8.1: Expenditure by type of service



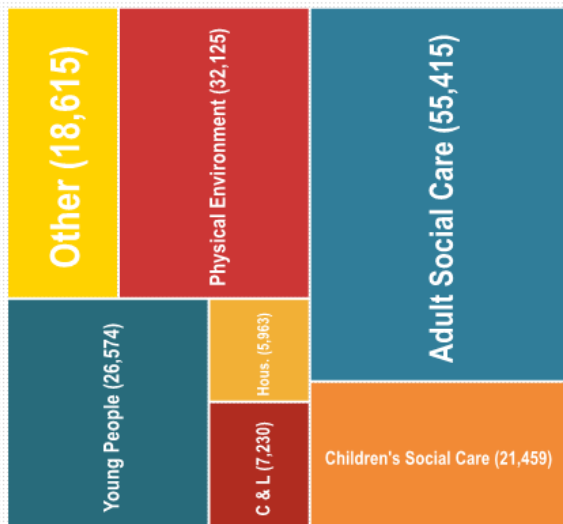


Figure 8.2: Expenditure by service area 2010/11

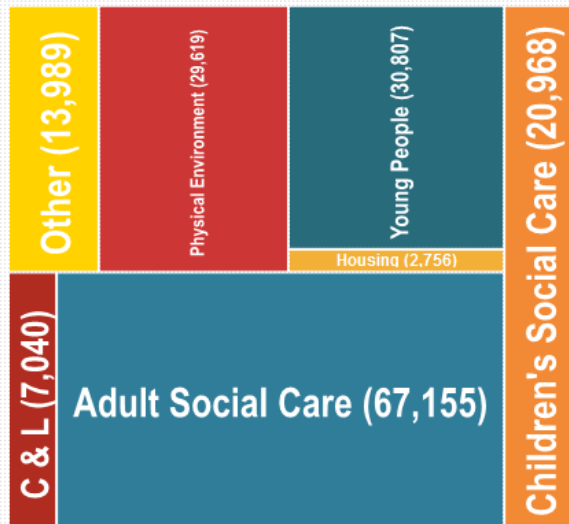


Figure 8.3: Expenditure by service area 2013/14

The two charts below show the forecast demand for services and expenditure requirements set against the likely resources available over this period. The first chart is based on the Council's Medium Term Financial Strategy (MTFS) and departmental estimates of potential growth pressures. The second is based on LGA modelling of demographic trends set out in this report. There is a marked similarity between the two forecasts. It should be noted that the estimate of available resources is taken from the MTFS which takes a positive view of likely resources.

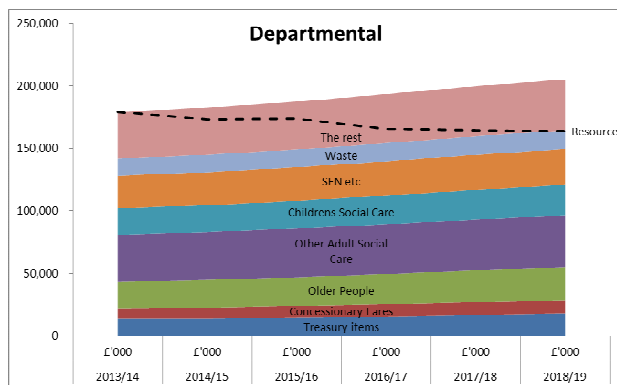


Figure 8.4: Merton's departmental modelling 2013/14 – 18/19

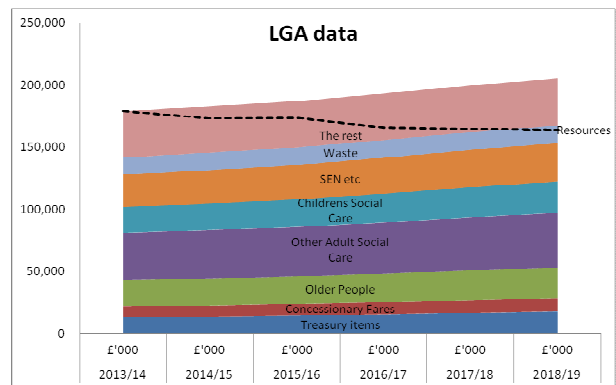


Figure 8.5: LGA modelling 2013/14 – 18/19

If future expenditure were to be based on demand then all other Council services ('the rest' in the charts above), with the exception of waste management, would have to cease. Under this scenario even waste management would see a reduction of around 15% of its current budget. However, this scenario is unachievable, even supposing the Council wanted it, due to the statutory nature of some of the other Council services e.g. libraries, homelessness etc.

The modelling above does not include some £15 million of savings already agreed. It is clear, however, that the MTFS cannot include growth along the lines set out above and that current strategies to contain demand within existing budgets must continue i.e. through greater efficiencies or ceasing to deliver some services. Even so, there is likely to have to be further reductions in areas such as social care and education.

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