

Committee: Health and Wellbeing Board

Date: 28 January 2020

Subject: Merton Story 2019/20

Lead officer: Dr Dagmar Zeuner, Director of Public Health

Lead member: Cllr Tobin Byers, Cabinet Member for Adult Social Care, Health and the Environment

Contact officers: Mike Robinson, Consultant in Public Health; Samina Sheikh,

Principle Public Health Intelligence Specialist; Clarissa Larsen, Health and Wellbeing Board Partnership Manager

Recommendations:

- A. To approve the refreshed *Merton Story 2019/20*, and note its Key Messages, as part of the Joint Strategic Needs Assessment.
 - B. To actively use the Merton Story as a tool to disseminate the key messages relating to the health and wellbeing of our local population, to inform strategic commissioning and partnership working
 - C. To consider and comment on proposed direction of travel for Merton Story 2020/21
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1 PURPOSE OF THE REPORT AND EXECUTIVE SUMMARY

- 1.1 The *Merton Story* provides an overview of local needs identified through the Joint Strategic Needs Assessment (JSNA) process.
- 1.2 This paper presents the refreshed *Merton Story 2019/20* and infographic (see attached documents), and asks the Health and Wellbeing Board to support its dissemination and active use, to ensure key messages about the health and wellbeing of our local population inform strategic commissioning and partnership working.
- 1.3 The paper also outlines some proposed areas for development for the next Merton Story, The Board is asked to consider and comment on these proposals.

2 BACKGROUND

- 1.4 The Merton Story is the main component of a suite of products which together constitute the Merton Joint Strategic Needs Assessment (JSNA), which itself is a key part of Merton Data.
- 1.5 Production of the JSNA is a duty of the Health and Wellbeing Board. It is led by public health with contributions where appropriate from other council departments, the CCG and other partners.

3 DETAILS

- 1.6 The Joint Strategic Needs Assessment (JSNA) is a statutory assessment of population health and wellbeing needs for the Health and Wellbeing Board. In Merton we have re-named its main annual publication “The Merton Story” as a more accessible term.
- 1.7 The JSNA is more than the Merton Story alone. It also includes a number of other user-friendly products, e.g. Ward Health Profiles, Bulletins and in-depth Health Needs Assessments. These are issued periodically throughout the year, when relevant new data is published or more detailed analyses on particular topics have been completed. For some examples, please see Appendix
- 1.8 The Merton Story is intended to provide an overall summary. It consists of two main parts:
- The main document, in thematic sections, each headed by a number of Key Messages
 - A 2-side infographic with the same main headings, providing an at-a-glance short summary
- 1.9 This structure is designed to meet the needs of a range of users, who vary in terms of the breadth and detail they require. The key messages are intended to summarise the most important points for decision makers and service leaders. The paragraphs which follow each key messages summary provide the detailed evidence upon which these are based.
- 1.10 This year’s version has been developed in line with feedback from the Board that there should be a greater focus on health promoting assets and population projections. In response, the section on the future demography of Merton has been expanded.
- 1.11 The Merton Story is explicitly limited to describing the risk and resilience factors that influence health and wellbeing, and the distribution of diseases and deaths, using mainly quantitative population data from national sources, supplemented where this is sparse with local and more qualitative insights. It is not the role of the Merton Story to cover performance of individual health and care services.
- 1.12 The main headlines and structure of the *Merton Story 2019/20* are similar to those in the previous version presented to the Board in March 2018. These are

that Merton is a healthy and safe place to live, rich in assets; at the same time there are areas of concern which are covered by the main headings of the report i.e. Inequalities and the Health Divide; Healthy Lifestyles and Emotional Wellbeing; Child and Family vulnerability and resilience, Increasing Complex Needs and Multi-morbidity and Hidden Harms and Emerging Issues.

- 1.13 The Board is asked to note the Key Messages of each section, and consider their implications for ongoing strategic commissioning and partnership working

Proposals for Merton Story 2020/21

- 1.14 As the Health and Wellbeing Board needs to adapt to the changes in both the structure of local organisations and policy context, such as the establishment of a single SWL CCG by April 2020 and the closer working with Merton Health and Care Together Board, so does the Merton Story.
- 1.15 Following on from discussions in the last board seminar and in congruence with the principles of the refreshed Health and Wellbeing Strategy, we are proposing two main areas for development in the next version of the Merton Story: i) working closer with Health Watch Merton to present our population data side-by-side with what local people are telling us about their health experience for a deeper understanding of local need as well as assets; ii) using available population health and care data more explicitly to mirror them with data on wider determinants to strengthen our understanding of the link between healthy place, health and care services and health outcomes. As a potential focus to try out this approach, we are proposing to look at climate change as a system challenge.
- 1.16 For the longer-term, as the relationship and reciprocal roles of HWBB and MHCT board evolve and the SWL ICS develops, we need to review the most effective local and regional arrangements to bring together JSNA and population health management processes, capacity and capability to provide the health and care intelligence required for the whole system.

4 ALTERNATIVE OPTIONS

Not applicable – JSNA is a statutory requirement

5 CONSULTATION UNDERTAKEN OR PROPOSED

- 5.1 An informal survey of last year's users to discover how content was used; what had duplicated other information sources and could be omitted; what areas should be expanded
- 5.2 Draft key messages were sense checked with the CCG Executive Management Team, and other council departments

6 TIMETABLE

It is planned that the next version of the Merton Story will be presented to the Board in January 2021

7 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

No direct financial or resource implications. The Merton Story presents a summary narrative of population needs, to inform health and wellbeing partnership working, strategies and commissioning agendas. However, the Merton Story does not include recommendations how health and care needs should be met. This is picked up to through existing strategies and governance arrangements.

8 LEGAL AND STATUTORY IMPLICATIONS

As noted above, production of a JSNA is part of statutory guidance for Health and Wellbeing Boards

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

The Merton Story describes differences in health and care needs between different parts of the Merton population in particular between East and West; it does not explicitly reference human rights or community cohesion

10 CRIME AND DISORDER IMPLICATIONS

No direct implications. Fear of violence and knife crime have been identified as emerging issues

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None

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

- The *Merton Story 2019/20* main report - see separate file
- The *Merton Story 2019/20* infographic - see separate file
- Examples of other JSNA components – see below

Appendix: Examples of other JSNA components

- Ward health profile – front page
- Ward health profile – back page
- Health needs assessment – table of contents

Ward Health Profile –front page

NB under construction; competed profiles to be published later in 2020

MERTON WARD HEALTH PROFILES:

COLLIERS WOOD

ABOUT COLLIERS WOOD

111
hectares
(3rd smallest in Merton)

1
GP Practice

3
Pharmacies

0
Children's Centre

1
School

POPULATION

Residents in 2020

XXXX

XIN X

residents are of
BAME
background

x% of Colliers Wood's residents were of BAME background, which is higher than Merton (xx%), London (xx%), and England (xx%).

Population in Colliers Wood (all persons) by single age band, 2020

■ Colliers Wood % - - - Merton %

Compared to Merton, Colliers Wood has a higher proportion of young people (aged 18-45) and a lower proportion of older people (aged 50 and over)

ASSETS

X sports and physical activity areas

X adult education facilities

Good public transport - PTAL* score of X

X libraries

X community centers

X parks and nature conservative areas

*The Public Transport Accessibility Level (PTAL) is a measurement created by Transport for London which gives a measure of accessibility to the public transport network. Each area is scored between 0 and 6b, where 0 indicates a very poor access to public transport and 6b indicates excellent access.

LIFE EXPECTANCY AT BIRTH

Males
78.6

The male life expectancy at birth is 78.6 years, which is lower than the Merton average of 80.4 years.

Females
84.4

The female life expectancy at birth in Colliers Wood is 84.4 years, which is similar to the Merton average of 84.2 years.

DEPRIVATION

■ Most Deprived
■ 10
■ 9
■ 8
■ 7
■ 6
■ 5
■ 4
■ 3
■ 2
■ 1
■ Least Deprived

Index of Multiple Deprivation 2019

Colliers Wood is in decile 6, which means the ward contains some of the more deprived areas in Merton, along with some less deprived areas.

HEALTHY LIFE EXPECTANCY AT BIRTH

Males
XX.X

The male healthy life expectancy at birth is XX.X years, which is lower than the Merton average of XX years.

Females
XX.X

The female healthy life expectancy at birth in Colliers Wood is XX years, which is similar to the Merton average of XX.X years.

Ward Health Profile back page



CRIME RATE

X offences per 1,000 population higher than Merton (5 per 1,000 population).

Highest number of offences

1. Anti-Social Behaviour
2. Violence against the person

CHILDREN & YOUNG PEOPLE

School Readiness



XX%
(proportion of children achieving a good level of development at age 5)

This is higher/lower than Merton (xx%) London (xx%) and England (xx%) (201X/1X).

Obesity at Year 6



XX%
obese in Year 6

This is better compared to Merton (XX%), London (XX%), and England (XX%).

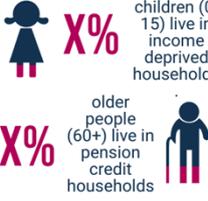
Children and Young People Admissions for Injury



Colliers Wood has a rate of **XX PER 10,000**

Children and young people (0-17 years) admitted to hospital because of unintentional and deliberate injuries. This is lower than Merton (XX) and England (XX) but higher than London (XX) (2011/12 - 2015/16).

Children and Older People Deprivation



X% children (0-15) live in income deprived households

X% older people (60+) live in pension credit households

Overcrowding



X% of households are overcrowded (higher/lower than X% in Merton).

GCSE Achievement

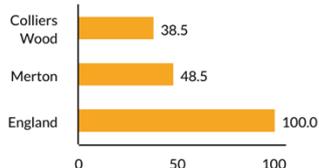


XX% achieved 5 GCSEs*

This is lower than Merton (XX%) similar to London (XX%) and higher than England (XX%).
*(*grades A to C, including English and Maths)*

ADULTS

Self-harm



Area	SAR
Colliers Wood	38.5
Merton	48.5
England	100.0

Colliers Wood has a SAR* of 38.5 for hospital admissions for intentional self-harm. This is lower than Merton (48.5), and England (100).
*(*Standardised Admission Ratio)*

Smoking

Given the socio-demographic make-up of the ward, it is expected that

XX% of residents in the ward have smoked in the past year. This is comparable to Merton (XX%).



Obesity



18% obese adults

This is comparable to Merton (XX%), but lower than London (XX%) and England (XX%).
*(*estimated proportion of over 16s with a BMI of more than 30)*

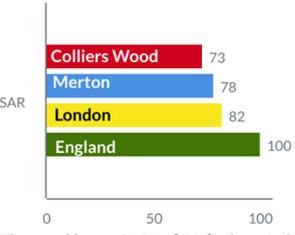
Back Pain



13.3% of residents are estimated to have back pain. This is lower than Merton (14.6%) and England (16.9%)

POOR HEALTH & PREMATURE DEATHS

Hospital Stay for Alcohol-Related Harm



Area	SAR
Colliers Wood	73
Merton	78
London	82
England	100

The ward has a SAR* of 73 for hospital admissions for alcohol attributable conditions. This is lower than Merton (78), London (82) and England (100).
*(*Standardised Admission Ratio)*

Main Causes of Premature Deaths*



1 IN 3
due to cancer



3 IN 10
due to circulatory disease (incl. heart diseases)



1 IN 7
due to respiratory diseases

*(*deaths in people aged 75 and under)*

MORE INFORMATION



Merton the place for a good life




Produced in 2019

public.health@merton.gov.uk
www.merton.gov.uk/health-social-care/publichealth/jsna.htm



The header graphic features a dark blue background. On the left, there are white icons of buildings and trees. On the right, a teal speech bubble contains the text 'Merton Autism Profile December 2018' in white.

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