

Committee: Health and Wellbeing Board

Date: 24th January 2023

Wards: All

Subject: Merton Story/ Joint Strategic Needs Assessment 2022/23

Lead officer: Dr Dagmar Zeuner, Director of Public Health

Lead member: Cllr Peter McCabe, Cabinet Member for Health and Social Care

Recommendations:

For Health and Wellbeing Board members:

- A. To consider Merton Story / Joint Strategic Needs Assessment (JSNA) 2022/23, including summary slides, summary report and the final draft of the full JSNA in order to inform priorities of the Health and Wellbeing Board and Merton Health and Care Together.
 - B. To agree Merton Story/ JSNA 2022/23 for publication and dissemination to partners and stakeholders.
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report presents the JSNA/Merton Story 2022/3 to members to consider and inform future priorities and for their agreement for publication and dissemination.

2 BACKGROUND

- 2.1 The Joint Strategic Needs Assessment (JSNA) is an assessment of population health and wellbeing needs. Production of the JSNA is a statutory duty of the Health and Wellbeing Board. It is led by the Public Health team, with contributions from other council departments, the ICS (Integrated Care System) and other partners.
- 2.2 In Merton, the main annual publication of the JSNA has been renamed the 'Merton Story' as a more accessible term. However, the [JSNA](#) also includes a number of other user-friendly products, including Ward Health Profiles, Bulletins and in-depth Health Needs Assessments.

3. DETAILS

- 3.1 The full Merton Story 2022/23 is currently composed of a set of summary slides for ease of access (Appendix i), a summary report containing the key messages from the thematic sections (Appendix ii) and a full, detailed reference document (link in Appendix iii).
- 3.2 The key messages have been identified initially by reviewing the Public Health Outcomes Framework - a robust and comprehensive indicator set outlining population health at a local authority level, compiled by the Office for Health Improvement and Disparities - and with reference to the previous Merton Story 2021. They were developed and then checked with the partnership JSNA Steering Group involving public health, cross-council colleagues, the local NHS and other partners drawing on local knowledge and experience.

- 3.3 The full Merton Story reference document and the summary report have been drafted across six main chapters:
- The Merton population
 - COVID-19
 - ‘Start well’, ‘Live well’ and ‘Age well’, taking a life course approach to population health and wellbeing and mirroring the well-recognised headings of the Health and Wellbeing Strategy and Local Health and Care Plan
 - ‘Healthy place’, reflecting the fact that population health is determined, to a large extent, by the physical and social environment in which residents are born, live and work.

In addition there is a section on background and methodology. We have avoided describing statistical confidence intervals in the text as they make reading the document cumbersome; however, we have used them to interpret comparative data and can provide them on request.

- 3.4 It is not the role of the Merton Story to cover performance of individual health and care services or to make specific service recommendation but to provide a strategic tool to Health and Wellbeing Board and other place-based partners to inform evidence-based decision making with the main conclusions informing partnership priorities and action
- 3.5 This is timely in light of the opportunity to explicitly inform the review of the Local Health and Care Plan and the annual rolling programme of priorities for the Health and Wellbeing Board for the next financial year 2023/24.
- 3.6 In response to the Health and Care Act 2022 and enhanced place-based working with the Integrated Care System (ICS) we are reviewing the future JSNA process to ensure it is linked closer to integrated health and care commissioning and service developments on an ongoing basis.

4 ALTERNATIVE OPTIONS

The JSNA is a statutory requirement of the Health and Wellbeing Board

5 CONSULTATIONS UNDERTAKEN OR PROPOSED

During development of the Merton Story 2022/23, a Steering Group of key stakeholders and users of the JSNA was formed to inform and advise on the work. Draft key messages for each chapter have been developed through consultation with relevant stakeholders, within the Council, the local NHS and other partners.

6 TIMETABLE

If approved by the Health and Wellbeing Board, all parts of the Merton Story will be published on the council’s website. The full reference document will be published by individual chapters for ease of access.

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.

8 LEGAL AND STATUTORY IMPLICATIONS

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

9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

Describing inequalities in health and social outcomes is a key theme in The Merton Story. Outcomes are compared between different areas of Merton as well as between different population groups across Merton.

10 CRIME AND DISORDER IMPLICATIONS

No direct implications.

11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

N/A

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

Appendix 1 - The Merton Story 2022/23 summary slides

Appendix 2 – The Merton Story 2022/23 summary report

Appendix 3 –

[The Merton Story: snapshot of health and wellbeing needs | Merton Council](#)

Merton Story / Joint Strategic Needs Assessment (JSNA)

2022/23 Summary Report

Background

About the Merton Story

1. The Joint Strategic Needs Assessments (JSNA) is a statutory requirement of the Health and Wellbeing Board to provide a common evidence base for its partners to inform policy, strategy, commissioning and action in a way that reflects the needs and priorities of Merton residents. In Merton we have renamed the main annual publication the 'Merton Story' as a more accessible term. The JSNA also includes a number of other products, such as Ward Health Profiles, Annual Public Health Reports and Health Needs Assessments on specific topics – these are held on the Council's [Website](#) and are listed under resources below.

2. The full Merton Story 2022/23 comprises of this summary report containing the key messages, and a detailed reference document. This year we have further structured the key messages into headlines, key statistics and conclusions to inform priorities. This structure is designed to meet the needs of a range of users, who vary in terms of the breadth and detail they require. For ease of communication, we have also produced a set of summary slides: *Merton Story 2022/23 – at a glance* (attached as appendix).

3. The Merton Story is limited to describing the risk and resilience factors that influence health and wellbeing, and the distribution of diseases and deaths. It is not the role of the Merton Story to cover performance of individual health and care services, or to make specific service recommendations, but instead, to provide a strategic tool for the Health and Wellbeing Board and other place-based partners to inform evidence-based decision-making, including on priorities for joint action.

4. The full Merton Story 2022/23 and the key messages in this summary document have been drafted across six main chapters:

- The Merton population
- COVID-19
- Start Well
- Live Well
- Age Well
- Healthy Place

5. Last year's Merton Story contained a significant focus on the COVID-19 pandemic, and this year this theme continues. Though vaccination has significantly weakened the link between COVID-19 infections and severe outcomes such as hospitalisation and deaths, other impacts of

the pandemic are being increasingly felt, especially for children and young people (see under Start Well), and in the context of the current increases in cost of living.

6. The Start Well, Live Well, Age Well chapters are taking a life course approach to population health and wellbeing, and mirroring the well-recognised headings of the Health and Wellbeing Strategy and Local Health and Care Plan.

The Healthy Place chapter is reflecting the fact that population health is determined, to a large extent, by the physical and social environment in which residents are born, live and work.

7. There are several topics that are key issues for Merton and are being covered in more depth in bespoke needs assessments. They include:

- Alcohol and Substance Misuse: an in-depth needs assessment is in progress, as required for the newly established 'Combatting Substance Misuse Partnership', and following concerning data about increases in alcohol consumption and related admissions to hospital. The findings will be available early in 2023.
- Special educational needs and disabilities (SEND): a needs assessment for SEND is also underway, in response to high demand for Education, Health and Care Plans (EHCP) and to inform strategies to meet that need.
- Climate Change: the Annual Public Health Report 2022/23 has a focus on the health co-benefits of climate action and opportunities for place-based partnership working.

Methodology

8. We identified key issues for analysis and distilled key messages in the Merton Story 2022/23 using several approaches:

- We ran an automated analysis of the Office of Health Inequalities and Disparities (OHID) [Public Health Outcomes Framework](#) for Merton (see also under resources below), comparing current data to recent years, as well as to South West London and England. This gave us a comprehensive overview of what the key issues emerging from this data set are. Initially we took an inclusive approach to ensure we identified any potential issues to use the RAG rating higher, lower, or similar for the comparison of values and confidence intervals (CIs) from what the published data source has provided. Where data sources have not provided RAG ratings of values and CIs to say higher, lower, or similar we have used the benchmarking method 'CIs that overlap with the reference value', from the Office of Health Inequalities and Health Disparities (OHID) for consistency. However in order to keep the text non-technical we have not quoted the numeric CIs.
- We drew on insights from our chapter leads, key stakeholders for each chapter and a broad Steering Group involving colleagues from the NHS and the voluntary and community sector, to identify any other key issues and to distil key messages based on partners' local insights and experience. Headlines and conclusions to inform priorities were further honed through several rounds of discussions in DMTs and CMT.
- We also looked at the Merton Story 2021, to ensure that any key issues from last year were reviewed.

9. Merton's ward boundaries changed recently. Our approach is outlined below:
- As much of the data available at the time of writing relates to the old ward boundaries, we have presented the old ward boundaries on maps for consistency, except for the chapter on East and West population demographics where data is available on the new ward boundaries.
 - Maps in the population and life expectancy chapter include maps on both the new and old ward boundaries, but it is important to note that the data in this chapter is based on the old ward boundaries, and have been overlaid with the new ward boundaries only.
 - Future editions of the Merton Story will need to reflect the new ward boundaries and data directly based on these new ward boundaries as they become available.

10. Some Census 2021 data has been included where data has become available. Further data from the 2021 Census will be added to the next Merton Story.

11. The Merton Story 2022/23 does not use the terms BAME (Black, Asian and Minority ethnic) and BME (Black and Minority ethnic), in accordance with the recommendation from the Commission on Race and Ethnic Disparities (March 2021). The terms provide emphasis on certain ethnic minority groups (Asian and Black) and exclude others (Mixed, Other and White ethnic minority groups) that can mask disparities between different ethnic groups and can create misleading interpretations of data.

Resources

12. In addition to the [Public Health Outcomes Framework](#) a number of other resources can be used alongside this year's Merton Story including:

- [The Merton Story: snapshot of health and wellbeing needs | Merton Council](#) – JSNA overview
- [The Merton Story 2021](#) (previous version)
- [Health Profiles](#) by ward and comparing East and West Merton
- [Health Needs Assessments](#)
- [Merton data](#) provides an overview of Merton level demographics
- [Annual Public Health Reports](#) including Tackling Childhood Obesity Together; Tackling Health Inequalities - Closing the Gap; Diabetes Whole System Approach
- [Merton Health and Wellbeing Strategy](#)
- [Merton Local Health and Care Plan](#)
- [Insight reports from Black, Asian and Minority Ethnic group voice & MenCap](#)

Key messages

The Merton population

Headline

13. Overall Merton's population is aging with falling births and increasing older age groups, and is becoming more diverse. Population growth is slow but churn is high. Merton has significant persistent social and health inequalities between the East and West of the borough. The gap in life expectancy between the 10% most deprived and the 10% least deprived in Merton is 7.7 years for males and 5 years for females.

Key statistics

14. Population size and growth

- Merton has a resident population of 215,200 according to the 2021 Census and a registered population of 232,368 people as of 1st October 2022.
- By 2035, Merton's population will grow by over 9,000 people with an increase of over 16,000 people aged 18 years and over and a decline by almost 7,000 people under 18 years.
- Births have been declining in Merton since 2015, but there is evidence from 24 European countries, including the UK, that in 2021 a further drop of 14.1% was observed compared to the average number of live births in January 2018 and 2019.
- East Merton has a larger population than West Merton and will gain 6,000 people compared to only 3,000 people in West Merton by 2035.
- More than half of Merton's population is of working age and is projected to increase by almost 3,000 people by 2035.
- Merton's population is growing older and by 2035 it is estimated to increase by over 10,000 people aged 65 years and over with more than half residing in East Merton.
- Overall 37% are from an ethnic minority group, increasing by 10,000 by 2035 and higher in East Merton (61.9%), and in young people in Merton (19.3%).
- For the year 2022, population turnover encompassing occurrences of births, deaths, and migration in Merton is high at 219 per 1,000 population.

15. Inequalities

- Deprivation in Merton is illustrated by the Index of Multiple Deprivation (IMD) pattern, of an East/West divide. These social inequalities are mirrored by inequalities in life expectancy, mortality and morbidity for main diseases.
- Overall life expectancy is 78.6 years in males and 83.5 years in females, and healthy life expectancy is 66.6 years in males and 67.1 years in females. The gap in life expectancy between the 10% most deprived and the 10% least deprived in Merton, is 7.7 years for males and 5 years for females and similar to London and lower than England for males and females. Since 2010-12 there is no clear trend in the gap between the 10% most and 10% least deprived communities in Merton for both males and females.

- Of the 340,000 Core20 population in South West London, 29,000 are located in East Merton with characteristics of ethnic diversity, significant school aged population, older working age population (44-64 years) and deprivation in housing.

16. Conclusions to inform priorities

- **Our people are our biggest asset**
- **Using common projections for joint planning**
- **Embedding health inequality reduction in all we do: health in all policies (HIAP) approach, considering equity alongside health and sustainability.**
- **Exploring further use of core20 approach with health partners to monitor inequalities, where core20 represents the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD).**

COVID-19

Headline

17 The pandemic has retreated with vaccinations and natural immunity protecting the majority from severe disease / deaths. However, recovery from Covid is compounded by the cost-of-living crisis. Health services remain under strain and backlogs are still substantial. Particularly for CYP, indirect impact from Covid measures is contributing to ongoing challenges – see under Start Well. The natural history and impact of Long-Covid is still not fully understood.

Key statistics

18. Key statistics for COVID-19:

- Merton's all cause and COVID-19 mortality rates have been comparable to other SWL boroughs during the pandemic. Despite the large surge in Omicron cases in 2022, the COVID-19 mortality rate was much lower than earlier in the pandemic, due to the success of the vaccination programme and the lower rate of serious complications seen after Omicron infection.
- Uptake of the COVID-19 primary course of vaccination shows 51.5% are fully vaccinated (over 12 years, third/booster dose) but was unequal, with lower uptake in East Merton (71% v 73% first dose in the West,) and in some ethnic minorities.
- Many routine healthcare services were interrupted or cancelled to prioritize the pandemic response and the impact of this will be seen for a number of years to come.
- Nationally self-reported prevalence of long COVID is 3.5% in mid-2022 and is greatest in people aged 35 to 69 years, females, people living in more deprived areas, those working in social care, those not working, and those with an activity-limiting health condition or disability. The number of people with long COVID in Merton is estimated to be 7,500. Locally a Health Equity Audit will seek to identify inequalities in self-reporting and access to long COVID services by different groups.
- The Voluntary and Community Sector in Merton has had a key role in the pandemic response in Merton, including understanding the impact on our communities and promoting vaccination. There are currently two sets of Community Champion programmes in Merton, for under 18's, and 30+'s with over 300 Champions in the latter group. The programme continues to grow over time, with active participation of around

50 people each week and all Champions receive the resources and notes to share with their networks. These foundations can be built upon, as we live safely and fairly with COVID-19 and as we recover from the pandemic.

19. Conclusions to inform priorities

- **Living safely and fairly with Covid-19**
- **Vaccination for ongoing protection, especially for the most vulnerable**
- **Resilience and response readiness for other infectious diseases, jointly working with UK Health Security Agency (UKHSA) and their local Health Protection Teams (HPTs).**
- **Supporting people with Long-Covid, and more Long-Covid research**
- **Learning from the pandemic: the community hub with the voluntary sector; solution-focused partnership working, especially with health; community champions for ongoing engagement**
- **Responding to ongoing impact on children and young people's health – see under Start Well**

Start Well

Headlines

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

21. The COVID-19 pandemic has had a significant negative impact on children and young people, spanning mental health, child healthy weight, school readiness and education attainment; and risk factors and vulnerabilities were exacerbated by the pandemic, and are likely to be further aggravated by the cost-of-living crisis, i.e. food poverty. This is translating into increased referrals, i.e. for mental health support and Education, Health and Care Plans.

Key statistics

22. Childhood adversity and safeguarding

- A person's experiences during childhood lays down a foundation for the whole of their life, including physical and mental wellbeing. While Merton has generally lower rates of children living in deprived circumstances and consequently better health outcomes, numbers with poor outcomes remain substantial.
- In Merton, just over 5,000 children or four children in each school class of 30 on average are living in absolute low-income families (less than 60% of the average income). This is fewer than London and England, but East Merton has a significantly higher proportion than West.
- Both levels of child poverty and the gap between the East and West of the borough have remained broadly stable over the past six years, however these findings do not reflect the likely disproportionate impact of the recent cost of living crisis, which needs to be closely monitored.

- The level of eligibility for free school meals (FSM) has been increasing in Merton and is now similar to London, but we have seen a steeper increase from 2019/20, reflecting the negative financial impact of the pandemic and inflation.
- There were 94 children with a Child Protection Plan in Merton in 2022 (March 31st) and 1,233 Children in Need, numbers for both were lower than any previous year in the past decade, apart from 2020 which was impacted by the COVID pandemic. Emotional wellbeing of 44% of Looked After Children was identified as a cause for concern, significantly higher than London.
- Poor parental mental health, substance misuse and domestic abuse are among the greatest risk factors for child health and wellbeing. The evidence around whether the pandemic has led to an increase in domestic violence is complex and there is a need to monitor data on this.
- National data on substance misuse among 11 to 15 year olds indicates that there has been a decrease in illicit drug use and no change in levels of drinking alcohol regularly. Although a decrease in prevalence of smoking cigarettes was reported, levels of vaping has increased among young people, particularly among girls aged 11-15 years, with 10% reporting being current e-cigarette users. There is no local data.

23. Education

- Overall, most children and young people in Merton obtain good levels of development and attainment, attending schools and early years' settings that are rated good or outstanding by OFSTED. However, like nationally, lower proportions reach expected levels of development in more deprived areas, especially in the East. Early interim data for 2021/22 indicates that due to the COVID pandemic both nationally and locally there has been more than 6% reduction in children achieving a good level of development up to age 5 years.
- In Merton 20% of learning time in school was missed due to the COVID pandemic, equal to over 800,000 school days, which has had a negative impact on outcomes.
- Like nationally, provisional data for Merton indicates that there have been reductions in educational outcomes for children at both Reception (age 4 to 5 years) and Key Stage 2 (age 10 to 11 years). Nationally, the attainment gap at Key stage 2 between disadvantaged pupils and all other pupils has increased following the pandemic.
- There has been an increase in persistent absence in Merton during the pandemic which was 11% (2,600 pupils) in 2020/21.
- Home schooling has increased, with national data indicating a 7% increase in the number of children and young people electively home educated from 2020, suggesting this is a likely result of the pandemic.
- In 2020/21 there was a continuing increase in the proportion of Merton pupils with an Education Health and Care Plan, which was higher than London and England levels. Recent local activity indicates that the increase in EHCPs in Merton may be levelling off.

24. Mental health

- Mental health needs amongst young people have increased during the pandemic. National survey findings indicate that 1 in 6 children had a probable mental health disorder in 2021, compared to 1 in 9 pre-pandemic. Nearly 2 in 5 children aged 6 to 16 years and over half of 17 to 23 year olds had experienced a deterioration in mental health since 2017.
- In Merton there has been an increase in school pupils with a social, emotional and mental health need identified through Special Educational Need (SEN) support use since pre-pandemic and is significantly higher than London and national levels.

- In Merton rates of hospital admissions for mental health conditions in under 18 year olds have reduced over the past six years, however, rates of hospital admission for self-harm remain higher than national levels.
- Eating disorders and disordered eating in children and young people increased during the pandemic. National survey findings indicate that the proportion of children and young people with possible eating problems have increased since 2017. This is reflected in urgent referrals for treatment for eating disorders among young people, which have doubled nationally and increased five-fold in South West London.

25. Healthy weight

- Childhood obesity is a significant risk factor for poor physical and mental health and the pandemic has had a negative impact on children's weight resulting in an increase in overweight and obesity. Stigma associated with obesity can be particularly severe for children and young people and can also lead to disordered eating, avoidance of physical activity and avoidance of support.
- In Merton in 2019/20, nearly 1 in 5 children aged 4-5 years were overweight or living with obesity. Like nationally, during the primary school years levels increase significantly and just over 1 in 3 children aged 10-11 years in Merton were overweight or living with obesity, an increase of 17%. By the time young people reach adulthood this increases further, with 1 in 2 adults in Merton classified as overweight or obese.
- National data for 2021/22 indicates that the prevalence of obesity remains higher than any year up to 2019/20. Merton's data up until 2019/20 shows a higher proportion of children in East Merton wards are living with obesity compared to West Merton wards and the inequality gap in obesity between the East and West of the borough has been increasing since 2008/09.
- About half of children and young people aged 5-16 years in Merton are not physically active enough. International studies and London and national level data indicate that levels of activity declined during the pandemic.

26. Maternal health and the newborn period

- Maternal health in Merton is generally better than in London and England
- Readmission to hospital of babies under 14 days old is significantly higher in Merton than London and England. National studies indicate that jaundice, feeding difficulties, and respiratory tract infections are the primary reasons for readmissions of babies under 14 days, some of which are potentially avoidable. Neonatal mortality is similar to London and England.
- Emergency admissions to hospital for those aged under 1 year and 0-4 years are also significantly higher than London but lower than England.
- Further investigation of data and evidence is underway to understand what is driving these local trends.

27. Childhood Immunisation and newborn screening

- In Merton, like London, immunisation uptake at age 5 and under is well below the 95% World Health Organisation (WHO) target and rates are generally lower than for England. However, there have been some improvements in Merton's position and uptake in 2020/21

is now higher than London, apart from MMR first dose, MMR second dose and the pre-school booster.

- Vaccine coverage is overall higher for children with GP Practices located in West Merton compared to East Merton. Analysis indicates that disruption caused by the pandemic is likely to have caused some of the decreases in vaccine coverage. This is most likely in the 12-month cohort, where some children would have been scheduled to receive their routine childhood immunisations from March 2020 onwards.
- Newborn hearing, bloodspot and infant physical examinations coverage are all above the London and England average. For newborn hearing screening, Merton is just slightly under the nationally set acceptability target of 98% at 97.9%.

28. Conclusions to inform priorities

- **Further developing strategies to meet the need of children and young people with SEND on the basis of new in depth needs assessment**
- **Holistic mental health support offer in response to increasing demand / need.**
- **Healthy weight programme considering the link to increase in disordered eating and food poverty**
- **Responding to multiple adversity through Think Family and Healthy Place links, such as school streets and school super-zones**
- **Specific concerns for further exploration include increasing CYP vaping, increasing school absences and air pollution impact, especially around schools.**

Live Well

Headline

29. There are persistently large numbers of people with public health risk factors such as unhealthy diet, lack of physical activity, smoking, alcohol misuse, often underpinned by poor mental wellbeing; those with undiagnosed clinical risk factors such as hypertension, or who are exposed to environmental risks such as air pollution and poor housing. All these risk factors are preventable and they are substantial drivers of the main long term conditions, such as cardiovascular disease, cancer and dementia, causing suffering as well as rising health and care costs and are leading causes of premature deaths. Relatively favourable comparison with other London boroughs only means they are even worse.

Key statistics

30. Risk factors: overweight and obesity, healthy food and physical activity

- 1 in 2 adults (around 79,550) were classified as overweight or obese in Merton in 2020/21, which is lower than England and London. Prevalence of obesity may be higher in East Merton than West Merton.
- Physical inactivity is a risk factor for many non-communicable diseases such as cardiovascular disease (CVD), dementia and diabetes. In Merton 20.2% of residents (around 31,500) reported being physically inactive (less than 30 minutes moderate intensity physical activity per week) in 2020/21, which is lower than London (24.3%) and England (23.4%).

31. Smoking and Respiratory Health – COPD & Asthma

- 1 in 7 residents (around 22,900) in Merton still smoke, which is similar to London and England. Prevalence remains static and is highest in the East (17.2%) of the Borough (compared to 10.8% in West Merton - a 6.4% difference), in adults in routine and manual occupations, as well as those with long-term mental health conditions.
- 1% of Merton residents or about 2,150 people are diagnosed with chronic obstructive pulmonary disease (COPD), which is a disabling disease often leading to exacerbations and hospital admissions. Prevalence is lower than the England rate but similar to both London and South West London. The prevalence is higher in East Merton compared to West Merton and is likely associated with a higher smoking prevalence in the East. There were 51 COPD deaths in 2020 compared to 64 deaths in 2019 and 67 deaths in 2018.
- In 2020/21, an estimated 4.7% of or 10,000 Merton residents aged 6 and over are recorded as having asthma, which often affects young people and their quality of life. Recorded asthma prevalence is lower than England, however, it is higher in East Merton (5.1%) compared to West Merton (4.2%).
- Environmental air pollution and poor housing also worsens these conditions (see also Healthy Place chapter).

32. Diabetes and Other Long-Term Conditions, including cardiovascular disease (CVD)

Diabetes remains a key issue for Merton and is increasing annually. The diagnosed prevalence of diabetes is 6.4% or 13,700 people, higher than south West London but lower than England's. The diagnosed prevalence of diabetes is higher in East Merton compared to West Merton.

- Hypertension is a major risk factor for cardiovascular disease. In Merton the diagnosed prevalence rate of hypertension (10.6%) is stable and is similar to South West London (10.5%) and lower than England (13.9%). The diagnosed to expected ratio of hypertension across SWL in 2019/20 was 59%, which means that there are a large number of people in Merton with undiagnosed high blood pressure.
- The diagnosed prevalence of cardiovascular disease (a combination of heart attacks and stroke) in Merton (7%) is lower than England (11%). The trend for cardiovascular diagnosis has remained stable in Merton. A similar pattern to diabetes can be seen for cardiovascular disease e.g. East Merton (2.1%) has a higher prevalence of diagnosed coronary heart disease compared to West Merton (1.7%). In England, people living in most deprived areas are four times more likely to die prematurely from cardiovascular diseases compared to those living in least deprived areas.

33. Adult Mental Health and Suicide

- The COVID-19 pandemic had a significant impact on wellbeing with almost 28% of Merton residents reporting a high anxiety score (2020/21) which is almost a 6% increase from the previous year and 1 in 4 adults were lonely in 2019/20. In a 2021 international meta-analysis, during the pandemic the overall prevalence of depression, anxiety, distress, and insomnia were 31.4%, 31.9%, 41.1% and 37.9% respectively, which was higher than pre-pandemic.
- National estimates suggest that 20% of the UK population will require additional intervention due to the impact of the COVID-19 pandemic. The support required is likely to change over time, with anxiety and depression needs increasing in the short-term and other conditions

e.g. PTSD more likely to follow later. Impact on severe mental illness and complexity of need, potentially due to late presentation due to the pandemic, is still being investigated.

- Suicide rates are calculated on a three-year rolling average and in Merton these have declined slightly since 2016-2018. The 2019-21 rate (6.5 per 100,000), is similar to the London average and significantly lower than the England average. Nationally there has been concern about the pandemic increasing suicide rates. Although rates did not increase nationally during 2020, it is too early to know if there are any long-term impacts on suicide due to risk factors e.g. household employment and finance.

34. Sexual Health

- Sexually transmitted infections (STI rates) in Merton remain stable and lower than the London rate. However, health inequalities remain with STIs and poor sexual health disproportionately affecting men who have sex with men (MSM), some ethnic groups, those with complex health and social needs and under 25s. Stigma, myths and embarrassment about sexual health however, remain and disproportionately affect certain groups including young people, those at risk of HIV, those with learning disabilities and LGBTQ+ groups.
- Nearly 50% of HIV diagnoses in Merton are made at a late stage of infection, so there is a continued need to diagnose and treat people earlier, especially heterosexual men and women. However once diagnosed and on anti-retroviral therapy (ART) 97% have an undetectable HIV viral load.
- Cases of Monkey Pox infection have been emerging in England since May 2022 with the majority of these cases being reported in London residents (69%, as of 26th September 2022). The outbreak (national and globally) is abating. But an ongoing focus will be rolling out vaccination to gay, bisexual and other MSM. Merton cases have been low (25 cases as of 26th September 2022).

35. Substance Misuse

- Alcohol is the most commonly used substance in Merton, with higher numbers for those in treatment and for estimated unmet need than for drugs. There are an estimated 1,700 dependent drinkers in Merton and a further 38,000 adults who drink to a level that increases the risk to their health (“hazardous drinking”). The proportion of those reporting the use of drugs in last year has been decreasing since 2003/04.
- In Merton in 2020 there were 64 deaths due to alcohol related mortality in Merton. This is an increase from the previous year of 45. Substances misused by those in treatment was alcohol (475), followed by cannabis (155), and opiates with crack cocaine at (115), and opiates without crack cocaine (115).
- Alcohol related and alcohol specific hospital admissions have reduced in England, London and Merton in 2021. Alcohol-specific mortality in 2020 is significantly higher in Merton than in London (16.6 per 100,000 vs London at 9.9 per 100,000) and this has increased since 2019 (8.0 per 100,000ⁱ). Further analysis is required to make sense of this pattern.
- Around 70% of adults presenting to services with an alcohol problem in Merton also have a co-existing diagnosis of depression and or anxiety and vice versa – people with common mental health issues often self-medicate.

36. Conclusions to inform priorities

- **Embedding prevention into clinical and care pathways, to promote healthy food, physical activity, and support for smoking cessation, alcohol misuse, and mental wellbeing)**
- **Guarding essential, evidence-based and cost-effective prevention services from short-term savings**
- **Supporting the ‘Actively Merton’ programme/movement, synergistic with borough of Sport ambition**
- **Supporting health and wellbeing of joint health and care workforce**
- **Maximising health co-benefits of climate action, through more integrated place-based collaboration, especially air quality, active travel, energy-efficient housing**
- **Working with primary care on systematic clinical risk factor detection and management, especially hypertension.**
- **Equitable access to primary care and community services**

Age well

Headlines

37. The majority of older people are healthy; however an aging population, aggravated by the pandemic and now cost-of-living crisis, is leading to greater complexity of need due to several long-term conditions (multi-morbidities), increasing dementia rates, sensory impairment, frailty and loneliness/isolation. Particularly people with learning disabilities face health inequalities, including access to health care such as cancer screening.

38. Greater complexity, including social and welfare needs, is being reported by health, adult social care, and voluntary sector partners as well as carers and is putting increasing pressures on services. For example, some people with both learning disability and autism.

Key statistics

39. Dementia

- Dementia diagnosis is important as it allows both people diagnosed with dementia and their carers to plan and access support services. The dementia diagnosis rate among people aged 65 and over in Merton is 68.7% (2022) which is similar to the national target of 66.7% and similar to the London average of 66.8%. Dementia diagnoses fell during the pandemic, and have risen steadily since then.
- Merton has a high rate of emergency hospital admissions for people aged 65+ diagnosed with dementia compared with London and England. This is important because national research estimates that two thirds of emergency admissions for people living with dementia are avoidable with appropriate care and support e.g. prevention of infections, falls and dehydration.

40. Physical Activity, Frailty and Falls

- Delaying and reducing the severity of frailty can help older people improve their quality of life and stay independent for longer.
- Falls are the number one reason for hospital admission amongst older people and one of the main reasons for needing residential care. The rate of hospital admissions due to falls amongst older people in Merton has historically been high but have been decreasing since 2017/18. Although reducing, the rates of hospital admissions are still significantly higher than the London average but similar to the England average.
- Rates of admissions in over 65's for hip fractures (as a consequence of a fall) in Merton have reduced to 429.4 per 100,000 in 2020/21 from 545 per 100,000 in 2018/19. This rate is similar to the London rate and significantly lower than the England rate.

41. Social Connectedness, Loneliness, and Isolation amongst Older People

- Loneliness and social isolation can directly impact our physical and mental health. Older people face a range of factors that put them at particular risk of loneliness such as ageing and bereavement (of partner and friends), increased risk of long-term conditions and the impact of frailty.
- Just over 1 in 10 Merton residents reported feeling lonely 'often or always' and groups such as older carers, LGBTQ older people and ethnic minority older people may face specific issues around loneliness.
- Digital exclusion is a key issue, with national survey evidence showing people over 75 are most affected. There is no local data.

42. Screening and vaccination

- COVID-19 has negatively impacted screening coverage rates with a reduction of patients invited for cancer screening. Screening services are now working above their usual capacity to deal with the backlog.
- Cervical cancer screening coverage has decreased in Merton since 2015 and is at 61.1% (25 - 49 year olds) and 70.3% (50 - 64 year olds) in 2021; below the London and England average and the NHS target of 80%.
- Breast cancer screening coverage decreased between 2020 and 2021 to 59.9%, below the NHS 'acceptable' target of 70% and achievable target of 80%. Breast cancer screening coverage in Merton is better than the London average but worse than England.
- Bowel cancer screening coverage increased from 58.2% in 2020 to 62.8% in 2021. This is above the London average but below the England average. This may be partly due to the introduction of the new home screening test kits.
- Flu vaccination in those aged over 65 increased significantly from 63% in 2019/20 to 71% in 2020/21 which is similar to the London average (71.8%) although this is still under the World Health Organisation (WHO) target of 75% and below the England average of 82%.

43. Disabilities

- People with disabilities face inequalities around the wider determinants of health, and barriers that can prevent them leading healthy lives, such as undertaking physical activity.

- There are 5,300 children and young people receiving Special Educational Needs (SEN) support in Merton for autism spectrum disease (ASD). Of these, 887 are receiving some SEN support while 1,763 have a full Education and Health Care Plan (EHCP). Some people with both a learning disability and a diagnosis of autism have high and complex support needs. Increasing complexity of need for this group has been highlighted by colleagues within the learning disability service in Merton.
- People with learning disabilities face significant health inequalities and are also at greater risk of dementia, mental health conditions and loneliness. The prevalence of learning disabilities on GP registers in South West London is 0.44%, or an estimated 930 people in Merton, probably an underestimate. This highlights the importance of annual health checks and health care passports as well as activities that support social connection.

44. Carers

- Over two thirds of Merton carers responding to a survey reported caring could be rewarding.
- Caring can impact our physical and mental health, with 70% of carers responding to the Merton survey reporting that caring had impacted their physical health and 67% stating caring had impacted their mental wellbeing.
- Carers may face additional barriers to accessing services and engaging in healthy lifestyles e.g. being physically active, which impacts their health and wellbeing.

45. **Conclusions to inform priorities**

- **Developing a whole system frailty pathway**
- **Supporting carers**
- **Greater awareness, greater provision of reasonable adjustments to improve access to health services and annual health checks for people with learning disabilities**
- **Autism support throughout the life-course, especially focusing on transition and highly complex adults with associated learning disabilities**
- **Better understanding of pattern of increasing complexity in health, care and welfare**

Healthy Place

Headlines

46. Overall Merton is rich in physical and social assets, in particular its green spaces, libraries and sports history. However Merton is a borough of contrasts. It contains neighbourhoods with accessible and well-maintained parks, vibrant highstreets, strong local engagement, rich cultural and historic assets and good transport and active travel infrastructure. Equally, Merton has neighbourhoods with socio-economic deprivation and neglect, poor housing lacking insulation, traffic and transport, air pollution and environment vulnerability.

Key statistics

47. Employment and cost of living

- Unemployment is low: 121,900 people are economically active (83.3%) compared to 79.7% in London and 78.6% in England. Unemployment is about 5,300 (4.3%) compared to 4.7% in London and 3.8% in England. 5.8% of the working age population were receiving unemployment benefits in March 2022. However, most wages are not increasing in pace with inflation and similarly benefits remain below the inflation rate of over 10%, therefore many people are experiencing a reduction in income in real terms.

48. Housing

Housing in Merton is of mixed quality, with the East having more low quality and overcrowding.

- Of Merton's homes, 30% are owned with a mortgage, owned outright is 30% and private rented 30%. Under the latter ownership category are some of the most poorly maintained properties. In March 2021, there were 304 registered Houses in Multiple Occupation in Merton.
- In London social rented housing has the highest proportion of overcrowded households at 14.6%, followed by private rented 12.6% and owner occupier 2.7%. Most recent data show that 7.2% of Merton total households (private and social housing) are overcrowded.
- Three quarters of Merton's 86,000 homes have an Energy Performance Certificate (EPC) rating of D (poor) or below and 98% of homes in Merton use gas as their primary source of heating making them vulnerable to increases in energy prices.
- By January 2023, it is estimated that (in the absence of an energy price cap) 66 per cent, or 18 million households, in the UK would be in fuel poverty, which would mean for Merton 57,000 households. In 2020, 10.5% (8,969 of 85,283) of Merton households were estimated to be in fuel poverty. The prevalence of fuel poverty varies across the borough however, ranging from 4 to 22.8% by Lower Super Output Area.
- In Merton, there were an estimated 60 excess winter deaths, between August 2019 and July 2020. It is estimated that 21.5 per cent of excess winter deaths i.e. about 15 are attributable to cold homes. Damp and mould may contribute to approximately 10 to 15 per cent of new cases of childhood asthma across Europe. See also respiratory health section.

49. Food Environment

- Two million Londoners – of which an estimated 400,000 are children under 16 – struggle to afford or access enough food.
- Nationally, over a half of adults meet the five fruit and vegetables a day target.

50. Green Space

- 22.4% of Merton residents live within 500m of woodland two hectares or larger, compared with 11.9% of London residents and the average distance to a public green space is 390m. Of London's 32 borough's Merton has one of the highest proportions of greenspace, but it is not equally distributed across the Borough.
- In 2017, the conservatively calculated benefit of Merton's major greenspaces value to its residents is; avoided healthcare costs (£464m), access to recreation activities (£453m),

carbon sequestration (£5m), temperature regulation (£14m) and property value (£1.62bn), or £657 per year to each resident.

- The majority of residents report valuing local green spaces more as a result of the pandemic and feel that tackling climate change is important.

51. Climate Change

- The main health risk factor linked to climate change (through fossil fuel combustion) is air pollution – see next section. Other direct health impacts of climate change are due to heat and cold/damp housing, affecting the most vulnerable such as the very young, old and those with underlying health conditions.
- In Merton, neighbourhoods vulnerable to the ‘heat island effect’ contain what is classified as greenspace but with few trees and high concentration of grass, surrounded by traffic prioritised environments. Increasing tree cover would improve public health
- These greenspaces, for example, Fair Green and Figges Marsh, have high levels of air pollution (PM₁₀, PM_{2.5}), which is a major disease risk factor, in combination with nearby poorly insulated homes leading to higher susceptibility to deaths related to overheating.

52. Community Cohesion and Crime

- Approximately 43 community voluntary organisations in Merton helped a total of 61,815 residents in 2022.
- Crime across the borough has remained steady over the past 2 years. Figges Marsh, Trinity, Dundonald, Wimbledon Park, and Collier’s Wood are the wards in Merton with the highest crime rates. Knife crime has seen an increase, meanwhile in Mitcham Town Centre burglary has seen a reduction.
- Domestic Violence accounts for 13.6% of all recorded crime in Merton, 72% of victims are female. Between October 2021 and October 2022 there were 499 domestic abuse violence with injury offences reported by the Met Police in Merton.
- While overall crime rates are generally low, hospital admissions for violence are higher than expected.

53. Transport and Air Quality

The Mayor of London set a target for 80% of all journeys in London to be made on foot, by bicycle or public transport by 2041. In Merton transport links are good and currently 61% are made on sustainable forms of transport, approximately 30% by walking and only 2% by bicycle. Only a third of Merton’s residents do 20 minutes of active travel a day, and there has been a decline over the last five years.

- Driver compliance with 20mph speed limits is less than 20%.
- Merton’s Air Quality Status Report 2021 provides a full analysis of air quality in the borough in 2020, finding that Merton was still exceeding government targets. It is estimated, that between 54 and 100 people a year die in Merton due to air pollution. The fraction of mortality attributable to particulate air pollution in 2020 is 7.2% in Merton and 5.6% in England. Across England those living in the 20% most deprived neighbourhoods and neighbourhoods where more than 20% of the population are non-white experience higher concentrations of air pollution.

54. Conclusions to inform priorities

- **Maximising health co-benefits from climate action, especially active travel air quality, energy efficient housing**
- **Developing libraries as community assets**
- **'Actively' Merton programme/movement complementing the borough of Sport ambition – see also under Live Well**
- **Healthy place focus around schools, especially school streets and school super-zones – see also under Start Well.**

Merton Story 2022/23 – at a glance

What is the Merton Story?

- ✓ A common tool for partners to inform evidence-based decision-making.
- ✓ Summary of the Joint Strategic Needs Assessment (JSNA).
- ✓ High-level health profile of Merton's population.
- ✓ Statutory requirement of the Health and Wellbeing Board.
- ✗ Not a review of services or series of service recommendations.



Useful Resources

- [Public Health Outcomes Framework](#) provides key public health indicators
- [The Merton Story 2021](#) and [Previous Merton Stories](#)
- [Health Profiles](#) by ward
- [Health Needs Assessments](#) e.g. Children & Young People SEND JSNA Profile 2020, Autism Profile 2018
- [Merton data](#) provides an overview of Merton level demographics
- [Annual Public Health Reports](#) (Childhood Obesity, Diabetes, Inequalities in Merton)
- [Merton Health and Wellbeing Strategy](#)
- [Merton Local Health and Care Plan](#)
- [Insight reports from Black, Asian and Minority Ethnic group voice & MenCap](#)

Abbreviations

- | | | |
|---|--|---|
| • JSNA: Joint Strategic Needs Assessment | • BAME: Black, Asian, and Minority Ethnic | • PHOF: Public Health Outcomes Framework |
| • UKHSA: United Kingdom Health Security Agency | • HIAP: Health in All Policies | • SEN/D: Special Educational Needs/ and Disabilities |
| • HPT: Health Protection Team | • IMD: Index of Multiple Deprivation | • CYP: Children and Young People |
| • PCN: Primary Care Network | • NA: Needs Assessment | • EHCP: Education, Health and Care Plan |
| • EPC: Energy Performance Certificate | • MHD: Mental Health Disorder | • SWL: South West London |

Methodology

Key issues were identified using:

- Data from the Public Health Outcomes Framework (PHOF) comparing:
 - Current data to recent years
 - South West London and England.
- Insights from chapter leads, key stakeholders and a steering group involving NHS and the voluntary and community sector colleagues.
- Review of key issues from the Merton Story 2021.
- Recent changes in Merton's ward boundaries have been reflected where data is available.
- Census 2021 data has been included where available.
- The term BAME (Black, Asian and Minority Ethnic) has not been used based on recommendations from the Commission on Race and Ethnic Disparities (March 2021).

Conclusions for future work

In-depth analysis underway for:

- **SEND**
- **Substance misuse**
- **Health co-benefits of climate action**

Plan for future JSNA:

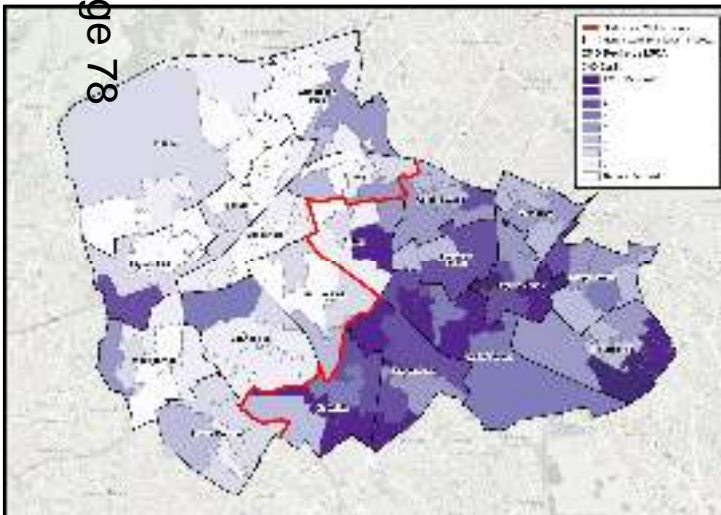
- **Embedding JSNA process further into health and care planning at place**
- **Using wider range of health and care data, including data insight platform**
- **Populating annual indicator set automatically**

Merton's Population

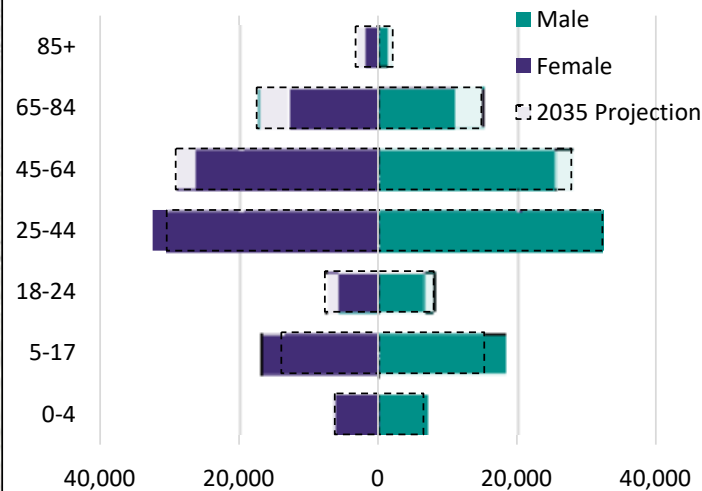
Headlines

- Merton's population is ageing, with falling births, and is becoming more diverse.
- Population growth is slow but churn is high.
- Persistent significant social and health inequalities between the East and West of the borough.
- The gap in life expectancy between the 10% most deprived and the 10% least deprived in Merton, is 7.7 years for males and 5 years for females.

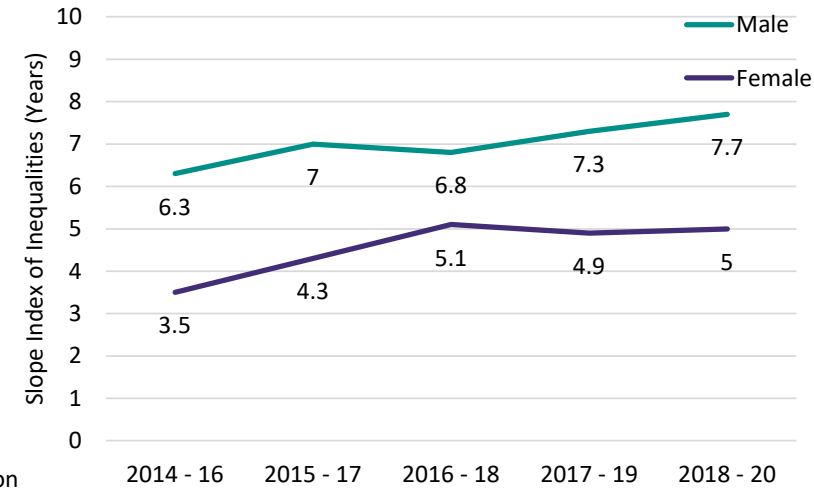
Merton Deprivation (IMD) Decile, based on the old ward boundaries, 2019.



Merton Population Pyramid, 2022.



Slope Index of Inequality for males and females in Merton, 2014-2020.



Conclusions to inform priorities

- Our people are our biggest asset
- Using common projections for joint planning
- Embedding health inequality reduction in all we do: health in all policies (HIAP) approach
- Exploring further use of Core20 with health partners to monitor inequalities

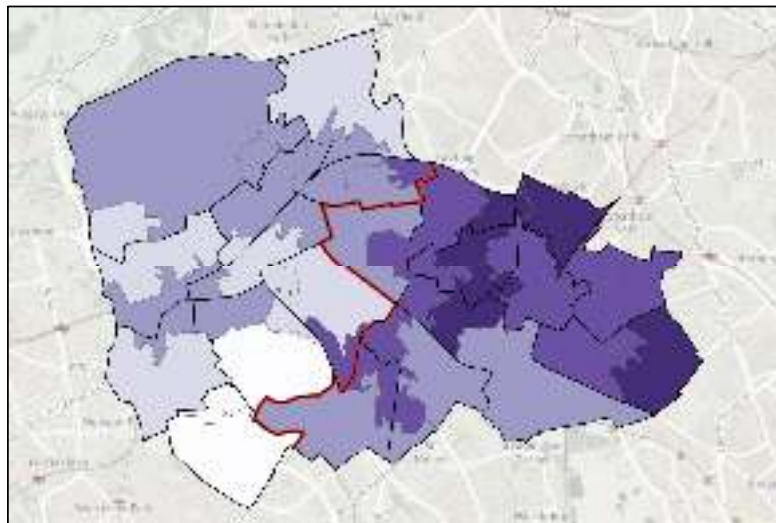
*Core20: The Core 20 represents the most deprived 20% of the national population as identified by the national Index of Multiple Deprivation (IMD).

COVID-19 Pandemic

Headlines

- The pandemic has retreated with vaccinations and natural immunity protecting from severe disease / deaths.
- COVID recovery is compounded by the cost-of-living crisis. Health services remain under strained and backlogged.
- Particularly for CYP, indirect impact from COVID measures is contributing to ongoing challenges – see under Start Well.
- The natural history and impact of Long-COVID is still not fully understood.

Proportion (%) of unvaccinated Merton residents in Merton, as of 15th June 2022.



Vaccinated: As of 7th December 2022

- Age 50+ fully vaccinated (3 doses): 73.1%
- Age 50+ Autumn Booster uptake:
 - Merton: 47%
 - South West London: 51.1%
 - London: 44.3%

COVID Deaths (as of 23rd September 2022)

- Direct COVID Deaths: 598
- Merton: 289.7 per 100,000 deaths
 - South West London: 203.2– 324.0 per 100,000 deaths
 - London 268.9 per 100,000

Long-COVID: 2,400

- Higher in 35-69 year olds

Conclusions to inform priorities

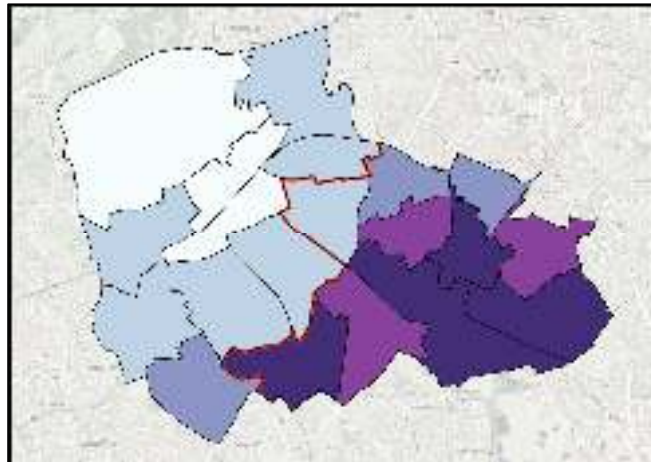
- Living safely and fairly with COVID
- Vaccinations for ongoing protection, especially for the most vulnerable
- Resilience and response readiness for other infectious diseases, joint working with UKHSA / HPT
- Supporting people with Long-COVID, and more Long-COVID research
- Learning from the pandemic: community hub, solution-focused partnership working, community champions (ongoing engagement)
- Responding to ongoing impact on CYP health – see Start Well

Start Well

Headlines

- Most CYP in Merton have better health and related outcomes than London and England. However, inequalities and the health divide is evident from the start of life.
- The COVID-19 pandemic negatively impacted CYP, spanning mental health, disordered eating, child healthy weight, school readiness and educational attainment, and are likely to be further aggravated by the cost-of-living crisis.
- This translates into increased referrals for mental health support. There has been a continuing increase in referrals for Education, Health and Care Plans (EHCP) however, recent activity indicates this may be levelling off.

The percentage (%) of children (aged under 19) living in Absolute low income families by Merton Wards, 2021.



Children Living in Absolute Low-Income 2020/21:

- 12%, or 5,234 children aged 16 and under

Healthy Weight

- Living with Overweight & Obesity:
 - 1 in 5 children (400) in Reception rising to 1 in 3 children (680) in Year 6
 - Higher in East at 43.1% than West at 25.6% (Year 6)
- Children not physically active enough: 50.4%, or 16,326 children
- Nationally, 58.2% of 17 to 19 year olds possibly have eating problems, urgent referrals for eating disorders have almost doubled, increase in SWL from 16 patients in 2020/21 to 87 patients in 2021/22
- Food poverty is an increasing challenge for families

Mental Health Disorders (MHD)

- Estimated prevalence of MHD: 9%, or 2,943 children aged 5-16

Education

- Good level of development in early years: decrease from 75.5% (2018/19) to 69% (2021/22)
- 12.6% of pupils receive SEN support (2020/21)
- EHCP (2020/21)
 - Merton: 1,583 pupils, or 4.8% of pupils
 - London: 3.8% of pupils

Conclusions to inform priorities

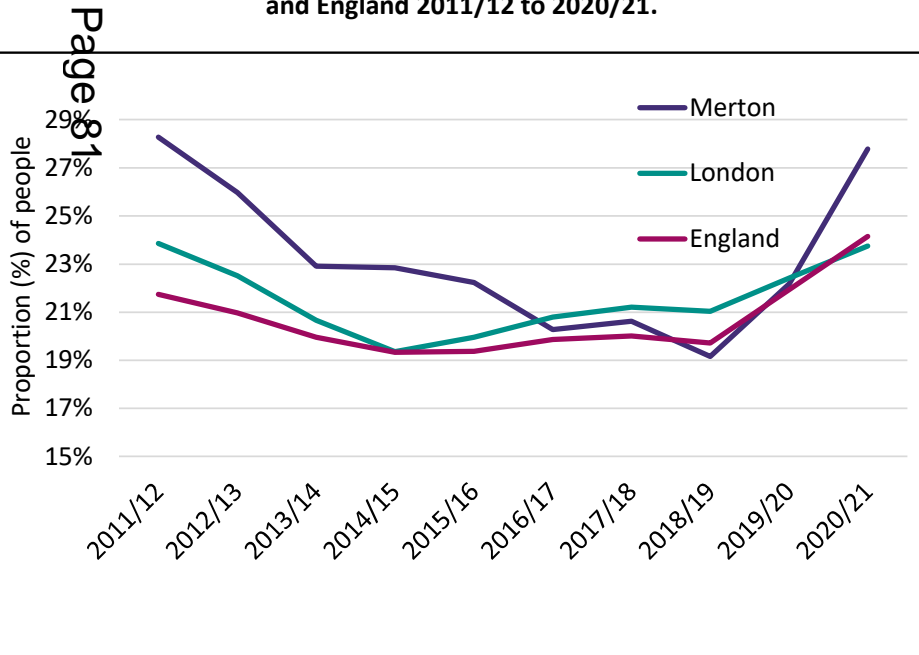
- Further developing strategies to meet the needs of CYP with SEND on the basis of new NA
- Holistic mental health support offer in response to increasing demand / need
- Healthy Weight Programme considering disordered eating and food poverty
- Responding to multiple adversity through Think Family and Healthy Place links
- Specific concerns for further exploration:
 - Increasing CYP vaping
 - Increasing school absence
 - Air pollution impact, especially around schools

Live Well

Headlines

- Persistent large numbers with public health risk factors such as unhealthy diet, lack of physical activity, smoking, alcohol misuse, underpinned by poor mental wellbeing; undiagnosed clinical risk factors, or exposure to environmental risks.
- These risk factors are preventable and leading causes of premature deaths.
- Favourable comparison with other London boroughs only means they are worse.

Proportion (%) of people reporting a high anxiety score in Merton, London, and England 2011/12 to 2020/21.



Inactivity

- 31,334, or 1 in 5 residents physically inactive

Smoking

- 21,300, or 1 in 7 residents smoke

Diet

- 75,800, or 1 in 2 residents not meeting the 5-a-day

Alcohol

- 36,700, or 1 in 4 adults drinking above the recommended limit per week

Mental Health

- 25,258, or 1 in 6 residents with depression or anxiety

Conclusions to inform priorities

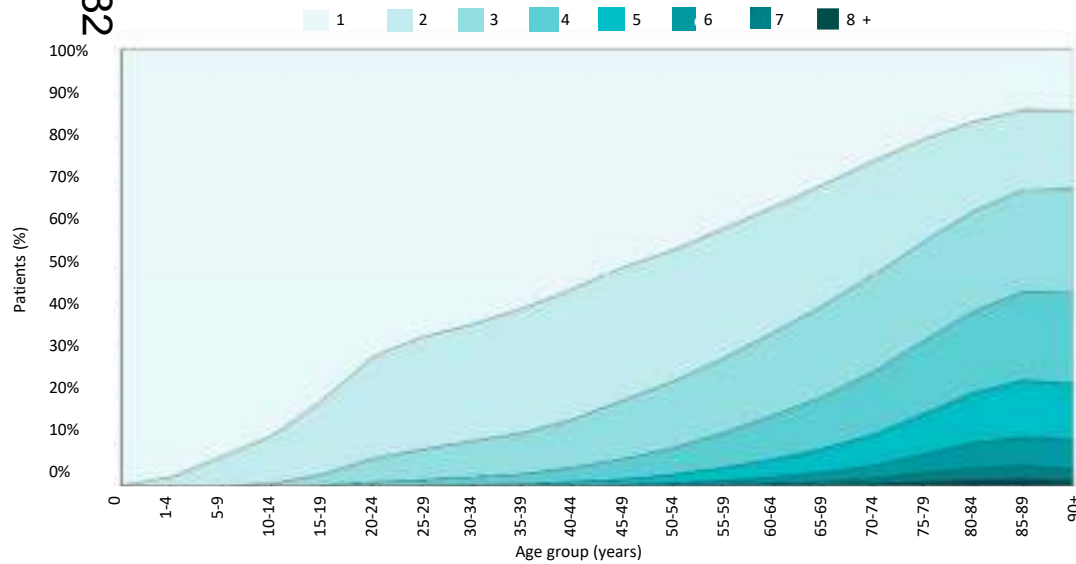
- Embedding prevention into clinical and care pathways (healthy food, physical activity, smoking, alcohol, mental wellbeing)
- Guarding essential evidence-based prevention services from savings
- Supporting Actively Merton, synergistic with Borough of Sport
- Supporting health and wellbeing of joint workforce
- Maximising health co-benefits of climate action especially air quality, active travel, energy-efficient housing
- Working with primary care on clinical risk factor detection and management, especially hypertension
- Equitable access to primary care and community services

Age Well

Headlines

- Majority of older people are healthy; however, an ageing population, the pandemic and now cost-of-living crisis, is leading to greater complexity of need due to several long-term conditions (multi-morbidities), increasing dementia rates, sensory impairment, frailty and loneliness/isolation.
- People with learning disabilities face health inequalities including access to healthcare, such as cancer screening.
- Carers, health, adult social care, and voluntary sector partners reporting greater complexity, including social and welfare needs, increasing pressures on services. For example, people with both a learning disability and autism.

Number of long term conditions by age



Source: Kent Integrated Dataset. Produced by KPHO (TG), 03/18. This is illustrative data – pattern in Merton would be similar.

Loneliness and Isolation

- 18,135, or 1 in 9 adults feel lonely often/always

Frailty

- Frailty is higher in Morden and East Merton PCNs
- An estimated 10%, or 2,764 residents aged over 65 live with frailty
- Falls in ages 65+: 575 emergency admissions, a rate of 2126.6 per 100,000
- Hip Fractures in ages 65+: 115 hip fractures, a rate of 429.4 per 100,000

Carers

- 16,000 to 20,000 unpaid carers

Learning Disability

- 3,789 residents aged over 18 have a learning disability

Conclusions to inform priorities

- Developing whole system frailty pathway
- Supporting carers
- Greater awareness, greater provision of reasonable adjustments to improve access to health services and annual health checks for people with learning disabilities
- Autism support throughout the life course, especially focusing on transition and highly complex adults with associated learning disability
- Better understanding of pattern of increasing complexity in health, care and welfare

Merton as a Healthy Place

Headlines

- Merton is rich in physical and social assets, in particular its green spaces, libraries and sports history.
- It contains neighbourhoods with accessible and well-maintained parks, vibrant highstreets, strong local engagement, rich cultural and historic assets and good transport and active travel infrastructure.
- Equally, Merton has neighbourhoods with socio-economic deprivation and neglect, poor housing lacking insulation, traffic and transport, air pollution and environment vulnerability.

Assets

- 43 Voluntary organisations helping 61,815 residents
- Low unemployment; higher in East (5,396 residents, 7.3%) than West (2,057 residents, 3.3%)
- Neighbourhoods with greenspaces
- Strong local engagement
- 7 Libraries used as community hubs
- Low crime rate; 5.8 per 1,000 (London; 8.4 per 1,000)
- Good transport links better in West than East

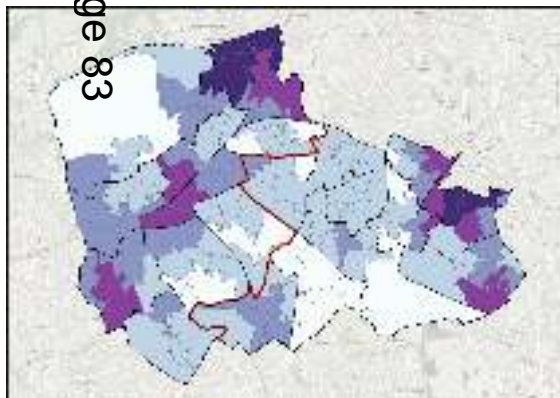
Challenges

- Low quality housing higher in East
- 86,000 Homes with an EPC D rating or below
- 1 in 14 Households are overcrowded
- 54 - 100 Deaths/year due to air pollution
- Almost 500 domestic abuse violence with injury offences
- Wages and benefits below inflation rate
- Reaching Climate Change targets:
 - Council to be net-zero by 2030
 - Reach net-zero carbon in 2050
 - Reduce collected waste by 75%
 - Improve energy use of buildings
 - Increase active travel
 - Increase green canopy cover

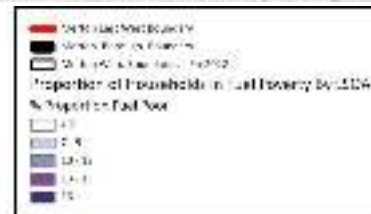
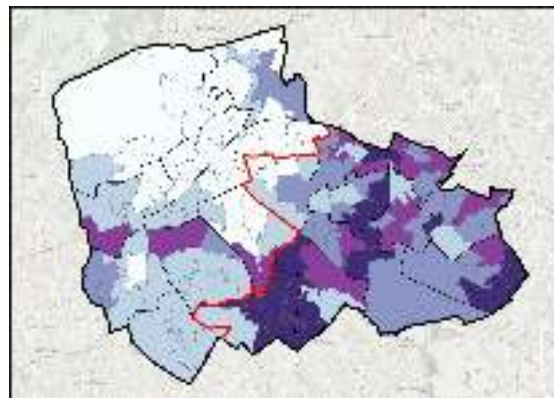
Conclusions to inform priorities

- Maximising health co-benefits of climate action, especially active travel, air quality, energy-efficient housing
- Developing libraries as community assets
- Actively Merton complementing Borough of Sport– see under Live Well
- Healthy place around schools, especially school streets and super-zones

Average Distance to Nearest Park, 2020.



Merton Households in Fuel Poverty, 2022.



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