

MERTON COUNCIL

# Annual Public Health Report 2013/14

## Merton **Bridging The Gap**



The place for a good life

[merton.gov.uk](http://merton.gov.uk)



## Foreword

Public Health moved from the NHS to local government about a year ago. This move has the potential to improve health and wellbeing as we raise awareness of the importance of local government, which provides numerous services that influence health - from early child development and education to supporting development of work opportunities and planning and licensing that help shape provision of healthy options on our high streets and access to green spaces.

We know that education and income are the most significant influences on health. Gaps in achievement in these turn into poorer health outcomes as we see in the east of Merton, where there were 116 more deaths than if they had the same life expectancy as the west of Merton.

We know that we must work differently in close partnership to embed prevention in all our work and address the real inequalities in opportunities between the east and west of our borough. I invite you to take up this challenge with us.



**Councillor Caroline Cooper-Marbiah**  
Cabinet Lead for Adult Social Care and Health



In Merton we believe giving our children the best start in life is key to improving their life chances and life choices. A quality early years' experience is key to our Merton Child and Young People Wellbeing Model: enabling parents to support their child's personal social and educational development and enabling our under fives to be school ready and our primary and secondary age children and young people to develop the skills, personal resilience and life style choices which will serve them best through their school years and into adulthood.

I am delighted to endorse this first Merton annual public health report which supports both our Children and Young People's Plan and our Health and Wellbeing Strategy ensuring the council and its partners have a joined up response to meeting our shared ambitions and priorities for children, young people and families and, ensuring that all our children have equal opportunities for a good start in life.



**Councillor Maxi Martin**  
Cabinet Lead for Children's Services

## Foreword

It is just over one year since Public Health moved 'home' to local government from the NHS. Since that time, we have focused on taking stock of the services we inherited and negotiating a new role for Public Health with Merton Clinical Commissioning Group and the Council, as well as developing relationships with the very important voluntary sector in Merton. The move to local government has opened up many exciting opportunities to work on the factors that create health, such as the environment in which we grow, work and live.

A highlight for the year was the Merton Partnership annual conference, which focused on health inequalities across Merton. My aim in this report is to continue the discussions started at that conference, where we agreed that the significant health inequalities and the wider inequalities that shape the health of all Merton residents are not acceptable. My aim is also to focus our work more on intervening early when problems can be prevented or managed. Participants agreed that all residents in Merton should have opportunities for a good life, made up of the following components

1. Best Start in Life - early years development and strong educational achievement.
2. Good health – preventing illness, ensuring early detection of illness and accessing good quality health care.
3. Good life skills, lifelong learning and good work.
4. Community participation and feeling safe.
5. A good natural and built environment.

### Creating the place for a good life

Creating the place for a good life will require a broader understanding of how health and wellbeing are influenced, starting early in life. These influences accumulate as we age, resulting in good health or illness depending on opportunities and lifestyle choices. In Merton residents generally have good health and wellbeing but significant differences exist across the borough.

In the early years and school age, the London Borough of Merton is stepping up to the challenges of making sure that our children are ready for school and when there, do well and gain the skills necessary for life and for earning a living. But inequalities exist between the east and the west of Merton.



In terms of health care, Merton Clinical Commissioning Group (MCCG) is working with member GPs to improve the clinical input to commissioning good quality health care services. LBM and MCCG are working together to co-ordinate health and social care services to improve quality of life and reduce expensive medical costs, where appropriate. It is embedding prevention as one priority. But inequalities exist between the east and the west of Merton.

In terms of prevention, Public Health is seeking to work with Council colleagues to ensure we have healthy high streets and with residents to improve individuals' lifestyle choices. We are working with all partners to make prevention everyone's business. Merton is a relatively safe borough and has high levels of volunteering. But inequalities exist between the east and the west of Merton.

We accept that these inequalities are not fair. Good health is not just the responsibility of the NHS nor is support for our most vulnerable the sole responsibility of social services. We recognise that working in isolation has not been effective and that we need to take a holistic approach, bringing together our work to do more than by working alone.

We are now inviting residents and partners to work with us to meet the challenge to increase opportunities for a good life for all residents of Merton.



**Dr. Kay W. Eilbert**  
Director of Public Health  
London Borough of Merton

## Creating more opportunities for a good life in Merton

### What is Health?

Creating more opportunities for a good life in Merton is about putting in place the conditions in which people have opportunities to be healthy and well. People's health and wellbeing is strongly influenced by the conditions in which they live and work. Lying at the heart of inequalities in health, such as shorter lives are poverty and low education levels, the largest influences on health. Education is linked to the ability to earn an income, and the two together provide the resources for people to take care of themselves and their families.

In fact, health care services and our biology only account for about 20-30% of what creates our health and wellbeing. While health care services are important to help those who become ill or disabled to re-establish their independence as far as possible, health is mainly determined by the social and physical environments in which we live. *Figure 1* shows the interaction of these factors.

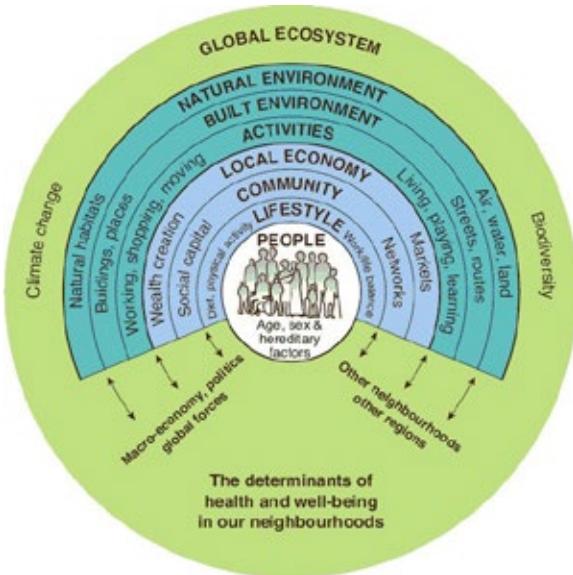
What this means for us in Merton is that we must intervene earlier in a pathway to create health, both starting in the early years and on the influences on health.

### Health and wellbeing in Merton

The Merton Joint Strategic Needs Assessment (JSNA) sets out the health and social needs of our residents. The map in *Figure 2* shows that deprivation, an important influence on health, is higher in the east of Merton.

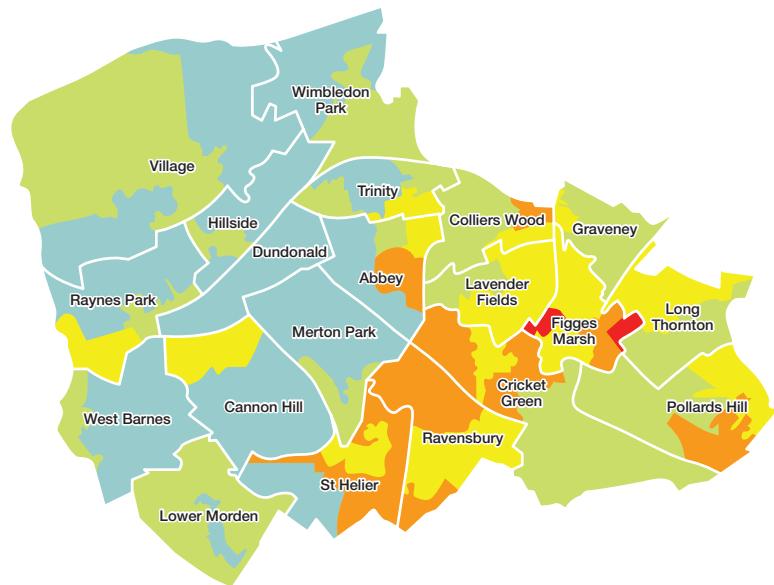


Figure 1: What determines if we're healthy or ill



Barton and Grant 2005 based on Whitehead and Dahlgren 1991

Figure 2: Deprivation is higher in the east of Merton



Index of Multiple Deprivation in 2010



Source: Index of Multiple Deprivation 2010, Department for Communities and Local Government.

The maps in *Figure 3* show that there are significant differences in life expectancy within Merton, where people in the west of the borough live longer than those in the east. If East Merton had the same rate of deaths as West Merton, it is estimated that there would be around **113 fewer deaths** each year in East Merton.

Comparing *Figure 3* to the map of deprivation on page 7, we see that people in the east of Merton are both more deprived and live shorter lives.

### **2013 Merton Partnership Conference – Bridging the Gap of health inequalities – Making commitments**

In November 2013, 80 people from the voluntary sector, the Merton Clinical Commissioning Group and the London Borough of Merton came together with Public Health to identify inequalities between the east and the west of Merton and to make commitments to address these. Participants first agreed that all residents of Merton should have equal opportunities for a good life. The elements of a good life are set out opposite.

### **Elements of a good life in Merton**

1. Best start in life - early years development and strong educational achievement.
2. Good health – preventing illness, ensuring early detection of illness and accessing good quality health and social care.
3. Relevant life skills, lifelong learning and good work.
4. Community participation and feeling safe.
5. A good natural and built environment.

Prevention runs across all five themes as an underlying enabler.

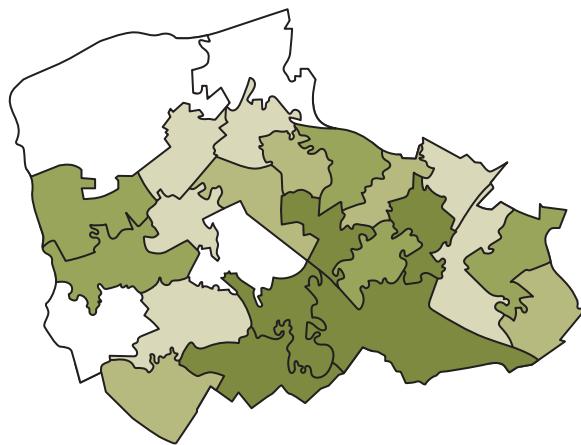
Preventing disease and disability contributes to residents' health and wellbeing, as well as contributing to a more affordable health and social care system, especially at a time when our population is ageing.



Figure 3: Good Overall Health Outcomes Disguise Significant Inequalities

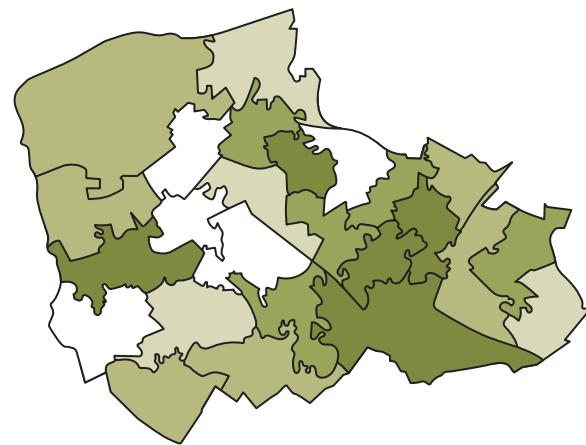
Residents in the West live longer than those in the East of Merton

Male life expectancy at birth, 2006 to 2010 inclusive, by MSOA



- 83.0 to 84.6 years
- 81.5 to 82.9 years
- 80.1 to 81.4 years
- 78.9 to 80.0 years
- 76.3 to 78.8 years

Female life expectancy at birth, 2006 to 2010 inclusive, by MSOA



- 86.3 to 91.9 years
- 84.8 to 86.2 years
- 84.0 to 84.7 years
- 82.6 to 83.9 years
- 80.3 to 82.5 years

Source: PHOs JSNAs Datasets, March 2012  
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It is not sufficient to attempt to change individual's unhealthy behaviours. We must also recognise that unequal opportunities in education and jobs reduce our ability to be healthy. Local government, where Public Health is now located, has an important role to play by creating places where the healthy option is the easier choice.

Public Health is investing in improving health by addressing inequalities, starting early in life and working across the life course. We are targeting our resources for the biggest impacts to:

- Improve support to new mothers and young children in children's centres.
- Develop, in partnership with Merton commissioners, GPs, and residents services that meet the health needs of people living in East Merton.
- Create healthier places, including schools, work places and high streets.
- Make health everyone's business by training frontline workers as health champions and ensuring that all partner work promotes health.

The remainder of this Annual Report focuses on each of the five themes that make up a good life, drawing together some of the priorities defined within the 2013-14 Health and Wellbeing Strategy and the 2013 Merton Local Community Plan, as well as discussions with partners. By bringing the themes together, we want to build on the important discussions from the Merton Partnership conference on inequalities, emphasising that the work of all partners is needed to improve the health and wellbeing of our residents. Our goal is to be among the best in England across both the west and east of the borough for our priorities.



## Theme 1 Best start in life

### From conception to school leaving

Parents are the most significant influence on children, so it is important that parents can access the support they need to parent effectively. Children who have a positive experience in the early years are able to develop resilience and are ready to do well when they enter school.

A good educational foundation and skills training enable children to become self-reliant adults who have more control over their lives. Laying down healthy habits in childhood decreases risk factors that lead to disease and disability later in life.

### What are our priorities?

Promote and improve the personal, social and mental wellbeing of our children and young people and their parents.

- Provide the most effective mother and child health interventions, such as providing immunisations for children under five and reducing the number of overweight school children.
- Promote and improve the personal, social and mental wellbeing of our children and young people and their parents.
- Enable and increase the number of young people making healthy life choices.
- Reduce the gap in school achievement between east and west Merton.



## Theme 1 Where are we now?

### We do well on

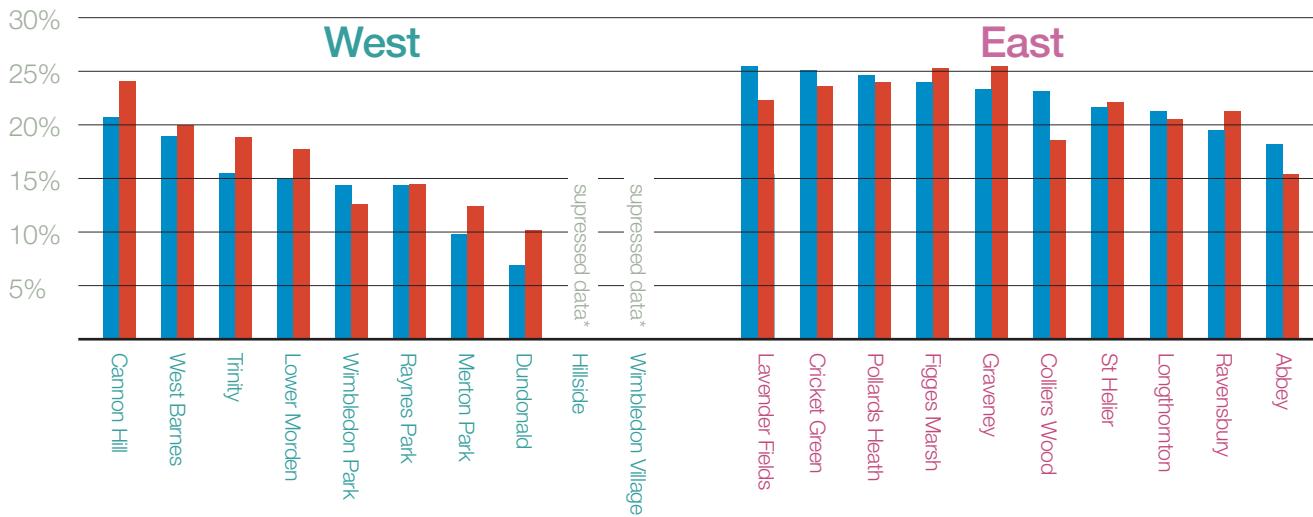
- The percentage of pupils achieving 5+ GCSEs A\*-C including English and maths has improved significantly over the past 5 years, and is now 63%, higher than England.
- The rate of progress in performance in Merton schools is greater than the majority of other local authorities.
- Teenage pregnancy rates have reduced significantly over the past 13 years.
- There has been a year-on-year reduction in first time entrants to the youth justice system over the past four years.
- There are fewer children living in poverty (17.7%, about 8,000 children) compared with England (20.1%) and London (26.7%).

### We could improve

- The percentage of children immunised against measles, mumps and rubella (first dose by age 2 years and second dose by age 5) is below London and England levels.
- There is an increase of nearly 14% in levels of overweight and obesity between 5 year olds and 11 year olds (35%) and inequalities exist between the east and west of the borough.
- The percentage of children achieving a good level of development at the end of reception (age 5) is below London and England and there are significant inequalities by deprivation and between the east and west.
- The numbers of children in care and on a child protection plan have risen and the rate of children in need of social care is higher than England levels. There are significant inequalities between the east and west of the borough.
- There is a 24% gap between pupils eligible for free school meals (pupil premium) and their peers achieving 5 GCSE grades A-C including English and Maths (2012/13).



Figure 4: Prevalence of obesity in children in year 6 by electoral ward in east and west Merton.



Source: National Child Measurement Programme, ■ 2009/10 - 2011/12 ■ 2010/11 - 2012/13.

\* Small numbers, therefore data not shown.

Figure 5: Proportion of children achieving a good level of development 2013/14.



East Merton: 43%



West Merton: 51%

Source: LB Merton, Department of Children, Schools and Families.

Figure 6: Proportion of pupils achieving 5 or more GCSE's. 2012-2013.



Other Pupils

Achieved:  
70%

Not achieved: 30%



Pupil Premium

Achieved:  
46%

Not achieved: 54%

## Theme 2 **Good health**

Preventing illness, ensuring early detection of illness and assessing good quality health care services

Good health enables people to take advantage of opportunities for good education, jobs, and participating in community life, which in turn contribute to good health.

The middle years are when disease and disability begin to manifest as a result, in part, of lifestyle behaviours that were laid down from the early years. Diagnosing disease early and managing it in the community offers the quickest way to add a few years to life expectancy.

While increased life expectancy is a triumph, it also represents one of our greatest challenges as older people make a significantly higher call on health and social care services. Prevention interventions, such as increased screening and regular check-ups, and rehabilitation for people to remain independent can improve quality of life and reduce demand on acute services.

### **What are our priorities?**

- Enable and increase the number of adults making healthy life choices, including taking up of clinical prevention services.
- Develop health services that meet the needs of the residents of East Merton.
- Reduce A&E attendances and emergency admissions for long-term conditions, such as diabetes and deliver care in the most appropriate location.
- Raise awareness of dementia prevention and enable those with dementia and their carers to have access to good quality, early diagnosis and support.
- Ensure people with mental health issues have access to timely assessment, diagnosis, treatment and long term support for both mental and physical health.
- Improve mental wellbeing, including among the frail and elderly.



## Theme 2 Where are we now?

### We do well on

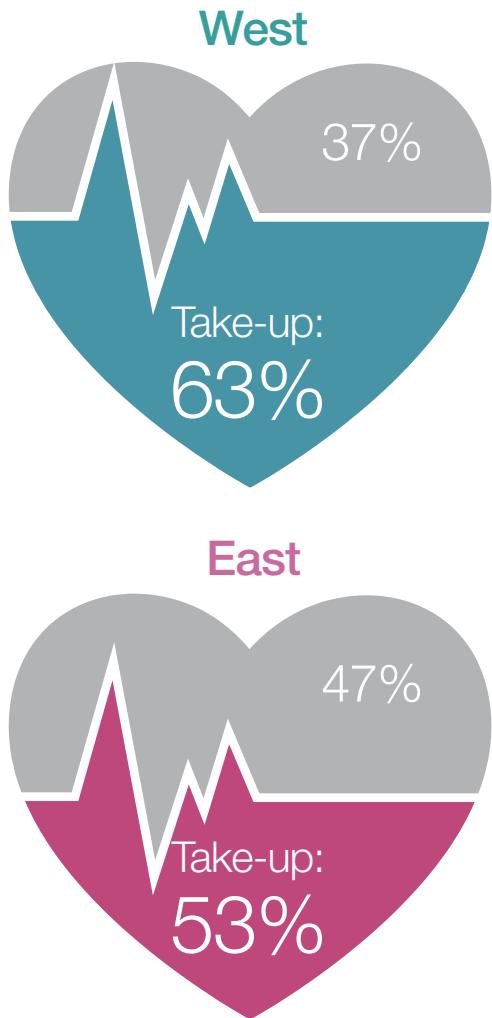
- Overall, life expectancy is good in Merton.
- Merton Clinical Commissioning Group has included prevention (keeping healthy and well) as one of its six priorities.
- Rate of take up of NHS health checks is higher in Merton than London and England.

### We could improve

- Our breast and bowel cancer screening rates are below London and England.
- Our smoking quitter rate was below target in 2013-14.
- Differences exist in life expectancy, diagnosis and care within the east and west and across Merton.



Figure 7:  
Health checks take-up 2013/14.



Source: LB Merton, Department of Community and Housing

Figure 8:  
Emergency admissions for ACSC chronic conditions  
(crude rates per 1,000 population) 2013/14.



Source: SUS Data

## Theme 3 Good life skills, lifelong learning and good work

Levels of disposable income affect our ability to meet basic needs—the way we live, the quality of the home and work environment, and the ability of parents to provide the kind of care for their children they want. Not only are people living in poverty exposed to crowded or slum living conditions and unsafe neighbourhoods, they are also more likely to have poor health outcomes as a result of these poor conditions

### What are our priorities?

- Increase levels of educational qualifications and skills among residents.
- Increase levels of employment and work.
- Increase participation in lifelong learning opportunities.
- Reduce the number of residents claiming job seekers allowance.



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## Theme 3 Where are we now?

### We do well on

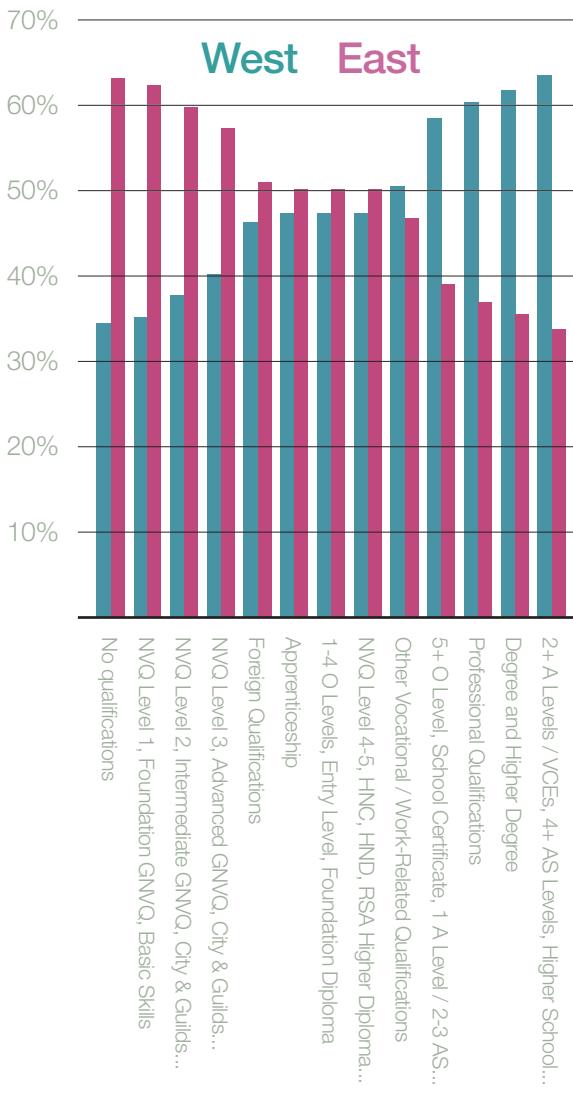
- Reducing the number of 18-24 year old JSA claimants.
- Working with partners who deliver employment skills and training opportunities.
- Promoting apprenticeships.

### We could improve

- Levels of completed education for our residents and significant differences between the east and west of Merton.
- Increasing volunteering and work experience placements that lead into employment.
- Promoting London living wage across the borough to local employers.
- Residents participating in lifelong learning opportunities.

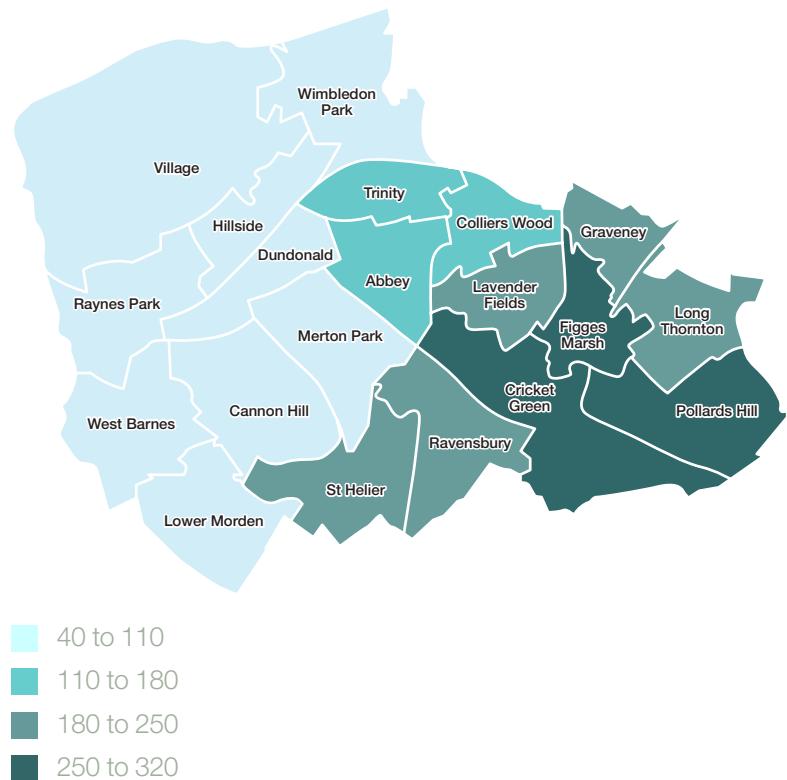


Figure 9: Distribution of qualifications gained in the borough 2011.



Source: Neighbourhood Statistics, Census 2011

Figure 10: Number of job seeker allowance claimants by ward (February 2014).



Source: Work and Pensions Longitudinal Study, Department of Work and Pensions.

## Theme 4 **Community participation and feeling safe**

Communities facing deprivation often have high levels of stress, isolation and depression and in order to combat this, it is important to remove barriers to community participation and action to create a sense of community. Crime rates affect people's sense of security and increase their experience of stress with potential physical harm.

Older people have accumulated extensive experience that could benefit their communities. Ensuring older people stay connected reduces social isolation, which has positive impacts on their physical and mental health.

### **What are our priorities?**

- Improve wellbeing through safer communities and community cohesion.
- Improve community connectedness, improve independence and resilience of local communities.



## Theme 4 Where are we now?

### We do well on

- The 2013 Annual Residents Survey showed that confidence levels of the public with local Police are amongst the highest in London.
- Merton continues to be one of the safest boroughs in London in terms of levels of recorded crime (4th lowest in London). There was a significant reduction in burglary offences in 2013/14 compared to 2012/13, with 199 fewer dwelling and 87 fewer non-dwelling burglaries.
- Merton is a very cohesive borough – 35% of the population is from a BAME background and 90% of residents agree that their local area is a place where people of different backgrounds get on well together.

### We could improve

- Closing the gap between the level of recorded crime between the east and west of the borough. Mitcham experiences 52% of crime compared to 26% in Wimbledon and 22% in Morden.
- Closing the gap in perceptions of crime, higher than actual crime, which fell. Fear of crime and anti-social behaviour is an issue in certain parts of the borough.
- While levels of perceived feelings of health and wellbeing are high in Merton, there are differences between the east and the west.



Figure 11: Merton recorded crime and anti-social behaviour 2012, ranked by ward.

Source: Department for Communities and Local Government.

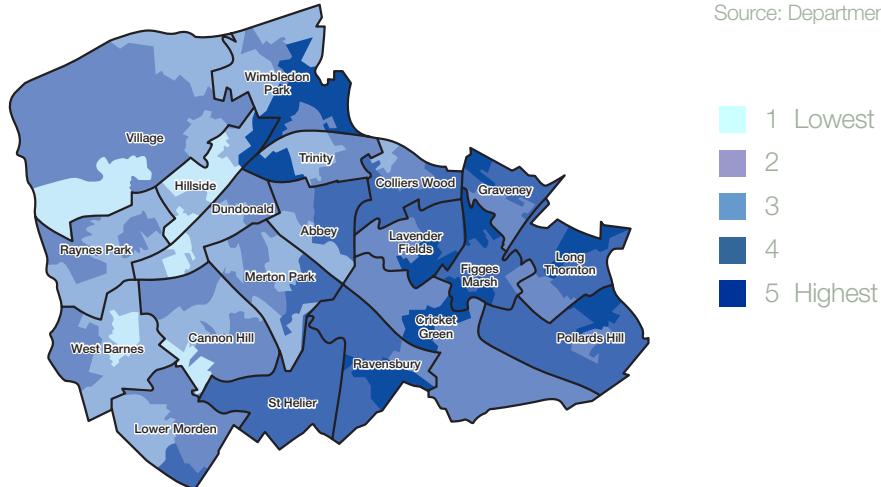
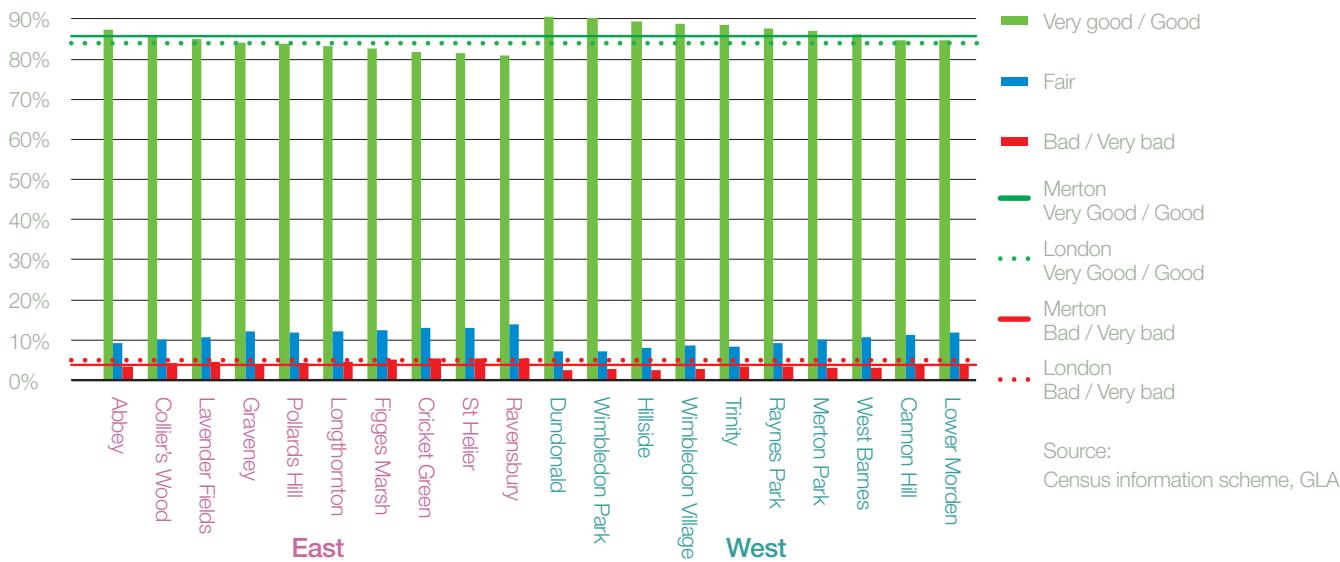


Figure 12: Merton residents perception of their general health and well-being by ward 2011.



## Theme 5 A good natural and built environment

From the late 20th century, increasing evidence has become available that the built environment continues to shape health and wellbeing. Better housing, good transport including cycling and walking options, access to green space and healthy food options contribute to positive health outcomes. Deprived areas tend to attract unhealthy fast food, alcohol and betting shops. Poor housing and overcrowding affect our health and wellbeing.

### What are our priorities?

- Build a healthy environment including access to housing, local shops and parks.
- Build health into local public policy to ensure a healthy built environment.
- Increase number of street trees and trees in parks.
- Achieve the affordable housing and decent homes targets set in our Local Plan.
- Ensure new homes and neighbourhoods are well-designed, considering energy efficiency, housing needs, access and safety to create an attractive environment.



## Theme 5 Where are we now?

### We do well on

- Over 30% of Merton is made up of parks, commons and green spaces.
- Merton addresses housing need and has built its share of London's new homes every year for the last 10 years.
- Since 2010, Merton has installed solar panels across more than 20 sites, including primary schools, as part of an ongoing programme of increasing renewable energy production.
- New developments such as Rowan Park have won awards for their high quality design.

### We could improve

- Continue to achieve our targets on affordable housing.
- Extend the cycle network further across the borough.
- Ensure that the public realm across the borough is managed, maintained and developed to a consistently high standard.
- Use regulatory levers to create healthy places.



Figure 13: Green and open spaces in Merton.

■ Publicly Accessible Open Space  
■ Other open Space



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Figure 14: Housing by Tenure, 2011.





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