The Merton Story 2021

Contents

About The Merton Story: 2020-2021

The Merton Story is an annual high-level assessment of the health and wellbeing needs of Merton's population, last published in 2019. It provides an evidence base that the Council and its partners can draw upon to inform policy, strategy and action in a way that reflects the needs and priorities of Merton residents. It is a snapshot of Merton as a place to live and work and a summary of the health and wellbeing of the population. The Merton Story is one part of the wider Joint Strategic Needs Assessment (JSNA), which is owned by the Merton Health & Wellbeing Board and includes a number of other products, such as Ward Health Profiles, Bulletins and Health Needs Assessments on specific topics – these are held on the council's website. The JSNA is not a review of services or a series of recommendations; it is also a statutory requirement of the Health and Wellbeing Board.

The last 18 months have seen challenges to population health that are unprecedented in recent decades and have brought inequalities into sharp focus. The COVID-19 pandemic has likely worsened the pre-existing health inequalities in Merton, both through its direct impact on illness and death, but also through its indirect impact on the wider determinants of health. The impact of COVID-19 on population health and inequalities is a key theme of this year's Merton Story. Yet there have also been some positive impacts including social cohesion, greater engagement with the voluntary sector, and an increasing dialogue around tackling inequalities.

Scope and structure

This year, the Merton Story focuses on the direct and indirect impacts of the COVID-19 pandemic on the health and wellbeing of Merton residents. These impacts will be explored through the lens of inequality, acknowledging that the effects of COVID-19 in the UK have not been felt equally by all.

This year's Merton story consists of 6 chapters, each beginning with a set of key messages followed by a series of sections summarising the underlying evidence. Merton's population is diverse, and some population groups and individuals have been disproportionately impacted by COVID-19 infection, illness and death. This is explored in **chapters 1 and 2,** which describe the population demographics of Merton and the direct impacts of COVID-19 on its residents.

A wide range of risk factors contribute to this disproportionate impact. The pandemic has also had a number of wider impacts, such as economic hardship, impacts on mental health and wellbeing, and interruption to education and other services.

The risk factors and wider impacts of the pandemic at the individual level in Merton are explored in **chapters 3 to 5;** Start well, Live Well and Age Well.

There are also a number of environmental risk factors and wider impacts from COVID-19 on Merton as a place. These are explored in **chapter 6**; Merton as a healthy place.

Sections address particular topics and focus on interpreting the data and evidence in order to answer the following key questions;

- *What is the current picture for Merton's population as whole?*
- *What inequalities exist within Merton's population?*
- *What has been the impact of COVID-19?*

Data is displayed in tables, graphs and maps and references are provided in the footnotes. It should be noted that data on the impacts of COVID has continued to emerge. Where data was limited, national level data have been reported. The majority of the report covers data for 2020, and significant amounts of data and analysis have been produced since the analytical work for this report was completed. The resident 'Voice' has been incorporated throughout, including engagement work from BAME voice, MenCap, AgeUK and Young Inspectors. Where possible, these reports have been referenced directly though they have also contributed more broadly to interpreting and contextualising the data presented in this report.

Resources

A number of other resources can be used alongside this year's Merton Story including:

- Merton Joint Strategic Needs Assessment (JSNA) is available online and gives an overview of the health and wellbeing of Merton residents.
- The Merton Story (previous versions) provides a snapshot of local needs through the JSNA
- Health Profiles by ward and comparing East and West Merton
- Health Needs Assessments e.g. CYP SEND JSNA Profile 2020
- 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
- Public Health England - PHE Fingertips
- Insight reports from BAME voice & MenCap

Wider determinants of health

Many factors contribute to the health of individuals and populations. Whether people are healthy or not is largely determined by their social circumstances and their environment. These factors are often called the "wider" or "upstream" determinants of health and have much greater impact on the health of populations overall than downstream factors, such as access to and quality of health care services. The wider determinants of health impact people throughout the life course, from birth to old age, and are inter-related, with risk factors for poor health often concentrated in specific demographic groups.

Socioeconomic status is a high-level determinant of health, which is strongly associated with health outcomes as people with low income often experience a number of negative risk factors which impact health, for example poor housing. Socioeconomic status in Merton is described in the next section.

The wider determinants of health have a strong impact during the early years and childhood. A number of these factors are discussed in Chapter 3, including child poverty and living in a household with domestic abuse, mental health and substance misuse issues. Upstream factors also have a strong impact in adulthood and older age and some of these factors, such as fuel poverty, are discussed in Chapter 6.

A number of the key determinants of health are related to the concept of "place" and are covered in Chapter 6, which includes information on employment and housing, as well community factors such as crime and safety, and environmental factors such as air pollution.

Finally, an individual's behaviour and choices strongly impact their health. However, choice is significantly restricted by social circumstance and environment. For example, the ability to afford fresh fruit and vegetables may be determined by personal income and, furthermore, the availability of fresh fruit and vegetables may be determined by whether there are grocery shops in the local environment, or if the area is a food desert. Chapter 4 discusses determinants of health related to health behaviours, including physical activity, smoking, drug misuse and diet.

1. The Merton population

Key messages:

- The resident population of Merton in 2021 is estimated to be 212,882
- Merton's population is ageing due to increased life expectancy and falling birth rates, resulting in a growing proportion of older residents and a falling proportion of younger residents
- The population of minority ethnic groups in Merton is projected to grow at a faster rate than White British ethnic groups
- The COVID-19 pandemic is likely to have caused an overall short-term reduction in population size in London due to an increase in excess deaths, the continued reduction in birth rate and movement away from urban areas
- COVID-19 has amplified existing health inequalities across Merton through the disproportionate rate of infection, severe illness and death in more deprived areas

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1.1 Introduction

1.1.1 An understanding of the size and characteristics of Merton's population, including how it can be expected to change over time, is fundamental to assessing population needs and for the planning of local services. This chapter explores the demographics of Merton's residents, how healthy they are, and what changes can be expected in the future.

1.2 Demographics of the Merton population

1.2.1 In 2021 Merton has an estimated resident population of 212,882. Approximately 51% of Merton residents are female (108,476) and 49% are male (104,406)[1]. Around 52% (111,713) of Merton residents live in East Merton, while 48% (101,169) live in West Merton (Figure 1).

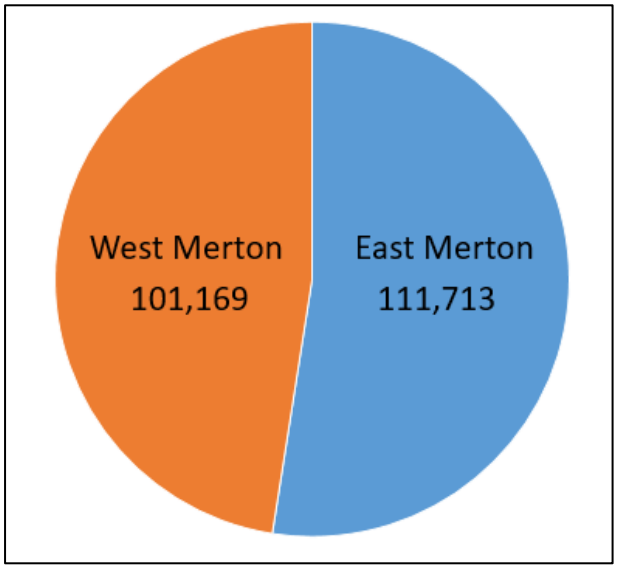


Figure 1 – Pie chart showing populations in East and West Merton as a percent of the total Merton population.

Age and sex

1.2.2 Age structure has a large impact on the health and social needs of a population. People at different stages of life have different needs therefore understanding the age distribution of a population is fundamental to planning local services and health interventions.

1.2.3 The age distribution of Merton's population is similar to the overall age distribution of London, which is relatively young in comparison to England (Figure 2). There are an estimated 27,125 (12.6%) Merton residents aged 65+, compared to 16.5% in England[2].

[1] Source: GLA Borough Preferred Option 2017-based projection for 2021. https://data.merton.gov.uk/population/

[2] Source: Merton 2017 based BPO population projections for 2021 and 2035. https://data.merton.gov.uk/population/

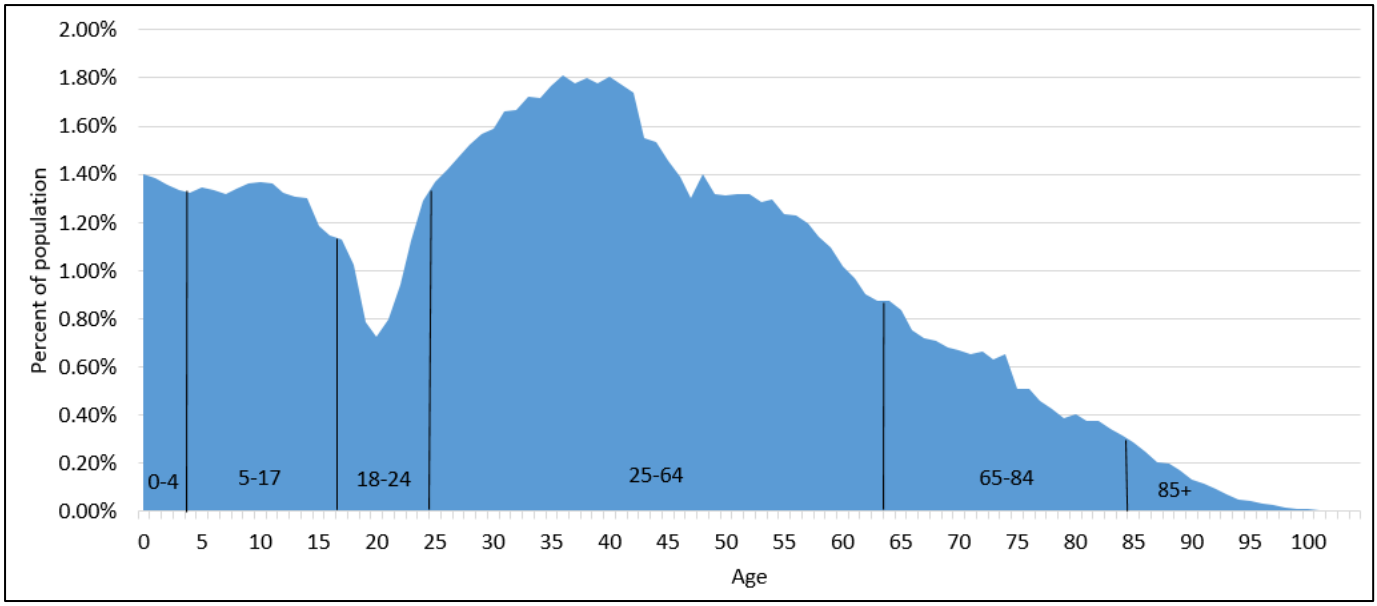


Figure 2[3] – Age structure of Merton's population, projected for 2021.

1.2.4 Within Merton, there are differences in age structure. Figure 3 compares the age and sex distribution in East and West Merton. This shows that West Merton has a slightly greater proportion of older people, while East Merton has a slightly greater proportion of younger people.

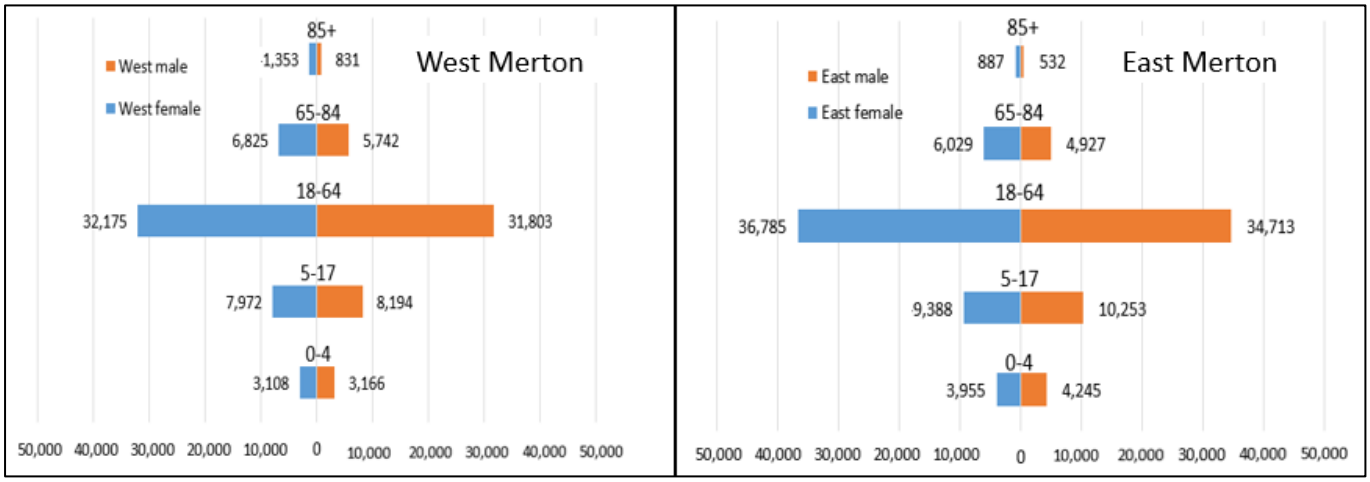


Figure 3[4] – Population pyramid of age groups in East and West Merton by gender. Numbers at end of bars refer to absolute figures.

Ethnicity, nationality, language, and religion

1.2.5 Ethnicity is an important demographic characteristic, associated with health and social outcomes at the population level. Across England, there are significant health inequalities between ethnic groups and particularly between minority ethnic groups and White British groups.

[3] Source: GLA Borough Preferred Option 2017 estimate for 2021. https://data.merton.gov.uk/population/
[4]Source: Merton 2017 based BPO population projections for 2021 to 2035. https://data.merton.gov.uk/population/

1.2.6 In 2021, an estimated 79,352 people (37%) in Merton are from Black, Asian and Minority Ethnic (BAME) groups, lower than the proportion for London (43.7%) (Table 1). Merton has a relatively higher population of White British and Other White ethnic groups and a relative lower population of Black and Other ethnic groups, as compared to London[5].

Table 1– Proportion of the 2021 Merton and London population broken down by ethnic groups.

	White and BAME		Further breakdown by ethnic group					
	White	***BAME***	***White British***	***White Other***	***Asian***	***Black***	***Mixed***	***Other***
Merton	63.1%	37.0%	41.3%	21.7%	20.5%	9.2%	5.4%	1.9%
London	56.3%	43.7%	38.3%	18.1%	20.5%	13.4%	5.8%	4.1%

1.2.7 The age structure differs between ethnic groups in Merton (Figure 4). Slightly more people of White ethnicity are in older age groups compared to Black and Asian ethnic groups, while a larger proportion of people of Black and Asian ethnicity are in younger age groups.

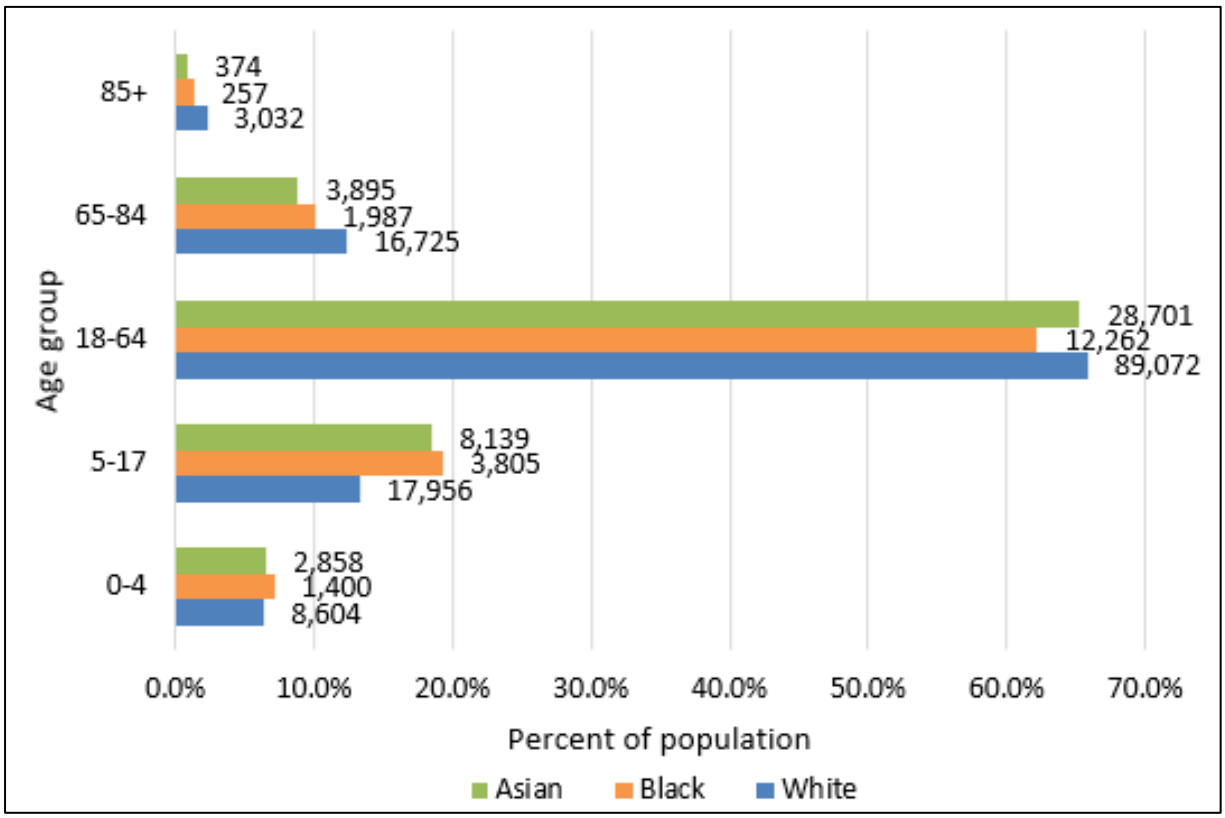


Figure 4[6] – Age breakdown among Asian, Black, and White population in Merton, 2021

[5] Source: 2016 GLA housing-based population projections. https://data.london.gov.uk/dataset/housing-led-population-projections

[6] Source: GLA 2016 based housing-led ethnic group projections for Merton, 2021. https://data.merton.gov.uk/population/

projection. Figures on bars refer to absolute populations, and the x axis shows the percentage of age breakdown across that population.

1.2.8 The geographic distribution of ethnic groups in Merton is not uniform. A larger proportion of Black and Asian Minority Ethnicity (BAME) groups live in East Merton, while a larger proportion of White ethnic groups live in West Merton (Figure 5).

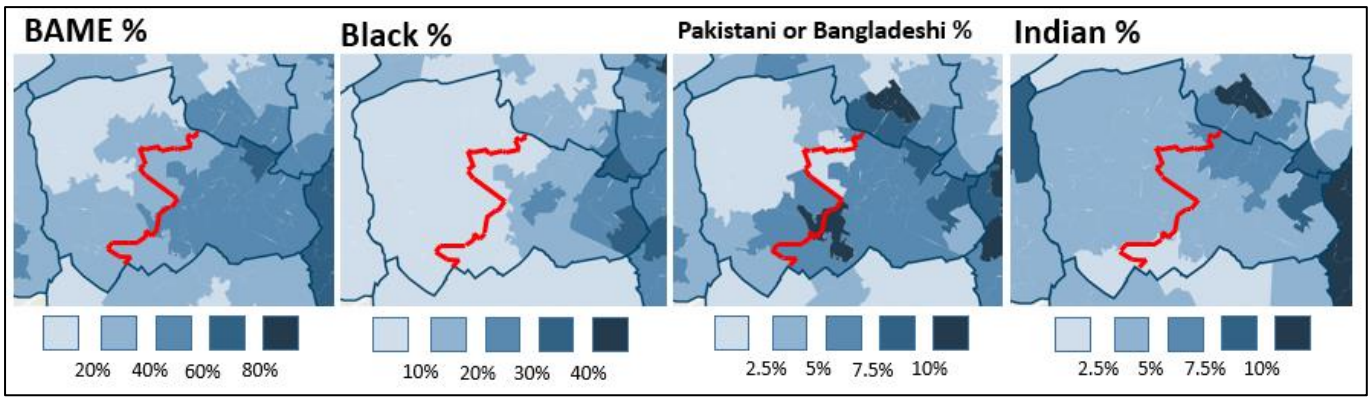


Figure 5[7] – Ethnic minority groups in Merton by MSOA – 2011 UK Census. Please note figure legend thresholds may not align.

1.2.9 According to 2020 estimates, 80% of Merton residents are British citizens, similar to London (79%) but lower than England (91%). Among non-British citizens, the majority are from other European countries, making up 60% of all non-British citizens and 12% of Merton's total population [8] (Table 2).

Table 2 – Estimated nationality and place of birth of Merton residents (2020), broken down by continent. Percentages refer to figure as share of total Merton population.

Merton	UK/British	Europe	Asia	Africa	Americas	Oceania
Nationality	168,000 (80%)	25,000 (12%)	9,000 (4%)	3,000 (1%)	4,000 (2%)	N/A (<1%)
Place of birth	139,000 (66%)	25,000 (12%)	22,000 (11%)	11,000 (5%)	10,000 (5%)	2,000 (1%)

[7] Source: London Datastore – COVID-19 Mapping Tool - https://data.london.gov.uk/dataset/covid-19-deaths-mapping-tool

[8] Source: ONS, People, Population and Community, 2020. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/internationalmigration/datasets/populationoftheunitedkingdombycountryofbirthandnationality

1.2.10 An estimated 2 in 3 Merton residents were born in the UK, with the largest populations born outside of the UK being born in the rest of Europe (12%) and Asia (11%)[9] (Figure 6).

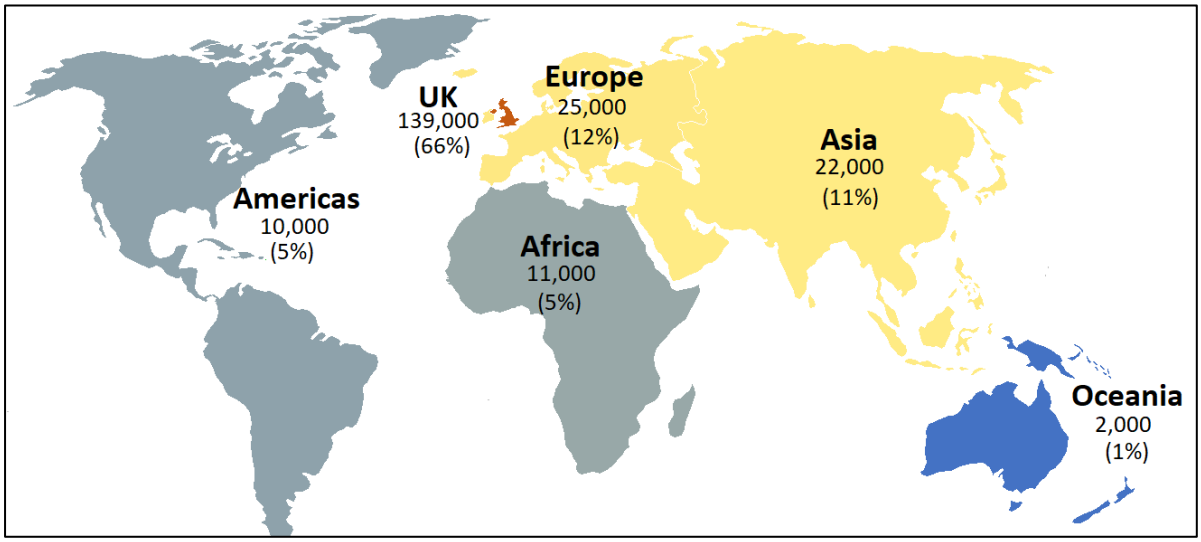


Figure 6 – Map showing place of birth of Merton residents by continent, 2020 estimate. Percentage in bracket refers to percent born in area as share of total Merton population.

1.2.11 Language can significantly impact an individual's access to good health services and their ability to make healthy choices. According to the 2011 census, 150,367 (78.9%) Merton residents aged 3+ spoke English at home. Polish and Tamil are the next most common languages, spoken at home by 3.5% (6,604 residents) and 3.1% (5,988 residents) of Merton residents respectively[10].

1.2.12 Religion can play an important role in the wider community and can provide important support networks for many people. Two in three Merton residents have a religion, with Christianity (52%) and Islam (6%) being the most prevalent (Figure 7).

[9] Source: ONS, People, Population and Community, 2020. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/internationalmigration/datasets/populationoftheunitedkingdombycountryofbirthandnationality

[10] Source: 2011 census, accessed via NOMIS. https://www.nomisweb.co.uk/census/2011/qs204ew

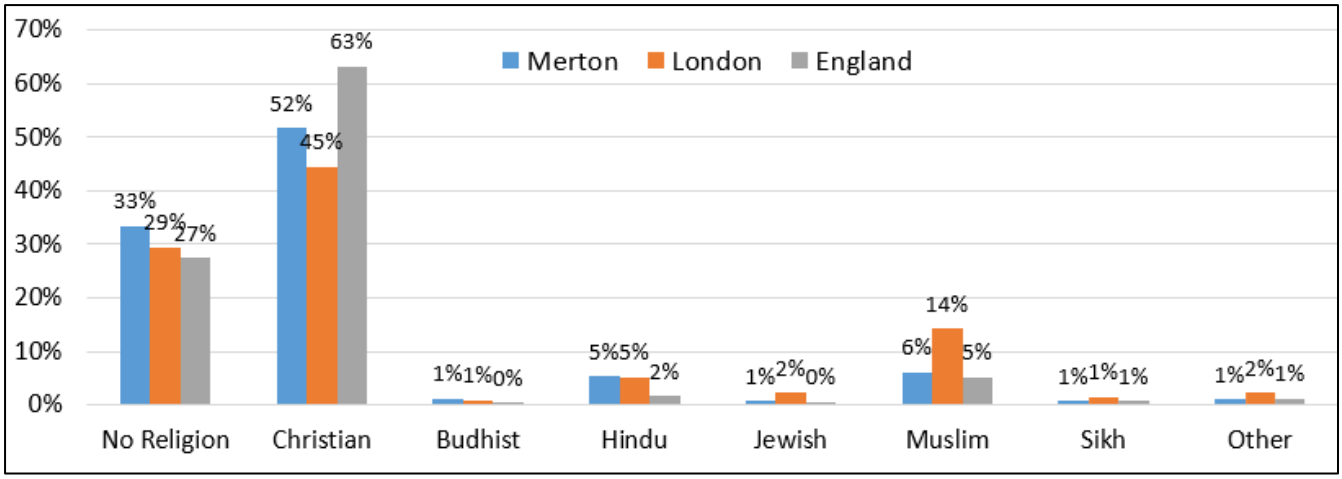


Figure 7[11] – Religious groups as percent of total population in Merton, London, and England (2018).

Socioeconomic status

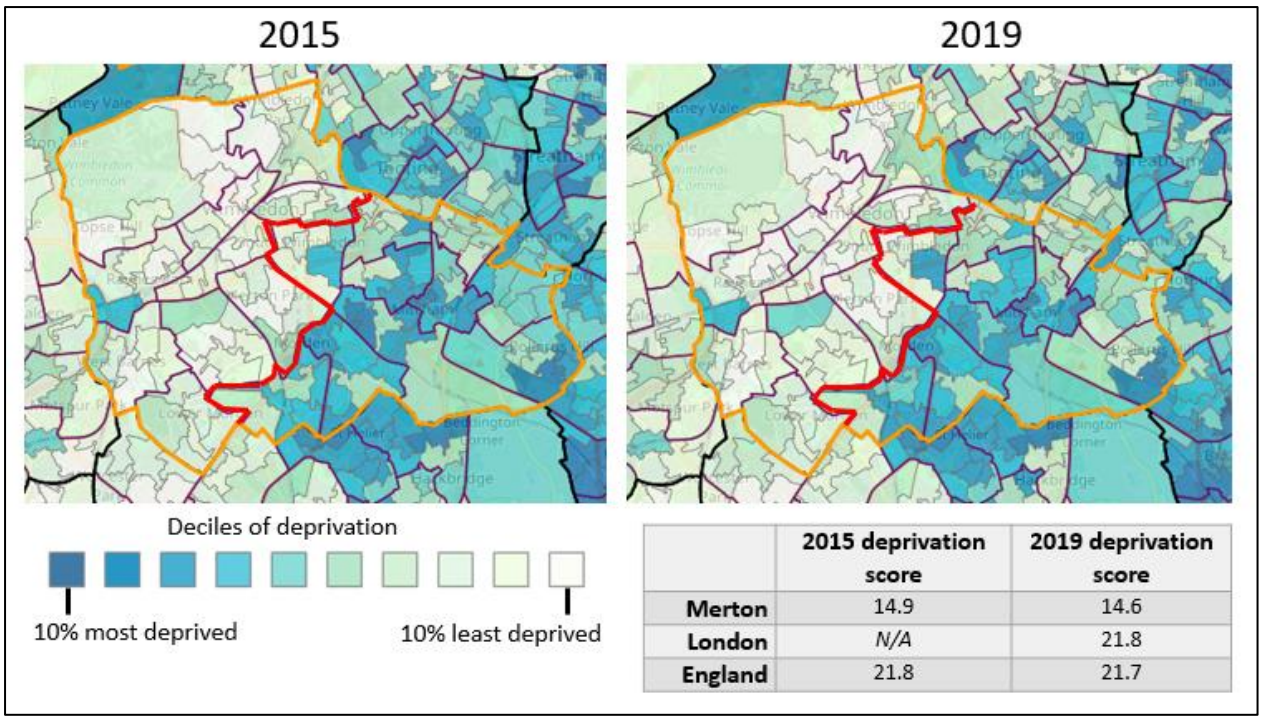
1.2.13 The socioeconomic status of an individual or population is determined by characteristics including income, education and occupation, and lower socioeconomic status is associated with poorer health outcomes, including low birthweight, cardiovascular disease, diabetes, and cancer.

1.2.14 The Indices of Multiple Deprivation (IMD) 2019 combines socioeconomic indicators to produce a relative socioeconomic deprivation score. Socioeconomic deprivation in Merton is lower than average compared to both London and England. Merton ranks as the 213th least deprived local authority district in terms of average IMD score 2019 (out of a total of 317), and the 5th least deprived borough in London (out of a total of 32 boroughs)[12].

1.2.15 Significant inequalities in socioeconomic status exist across Merton (Figure 8). East Merton has more socioeconomically deprived areas than West Merton, an inequality which has persisted over time.

[11]Source: ONS Religion by Local Authority - https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/adhocs/009830religionbylocalauthoritygreatbritain2011to2018

[12] Source: Ministry of Housing, Communities & Local Government: English Indices of Deprivation - https://www.gov.uk/government/collections/english-indices-of-deprivation



	2015 deprivation score	2019 deprivation score
Merton	14.9	14.6
London	*N/A*	21.8
England	21.8	21.7

Figure 8[13] – Deciles of deprivation by Merton LSOA in 2015 and 2019. Deprivation measured relative to England. The inset table shows deprivation score for Merton, London, and England in 2015 and 2019. Red line separates East and West Merton.

1.2.16 Similar inequalities are found in other important measures, such as the proportion of children living in poverty (Figure 9), free-school meals (FSM) for children and young people (see Chapter 3) and fuel poverty in older adults (see Chapter 6).

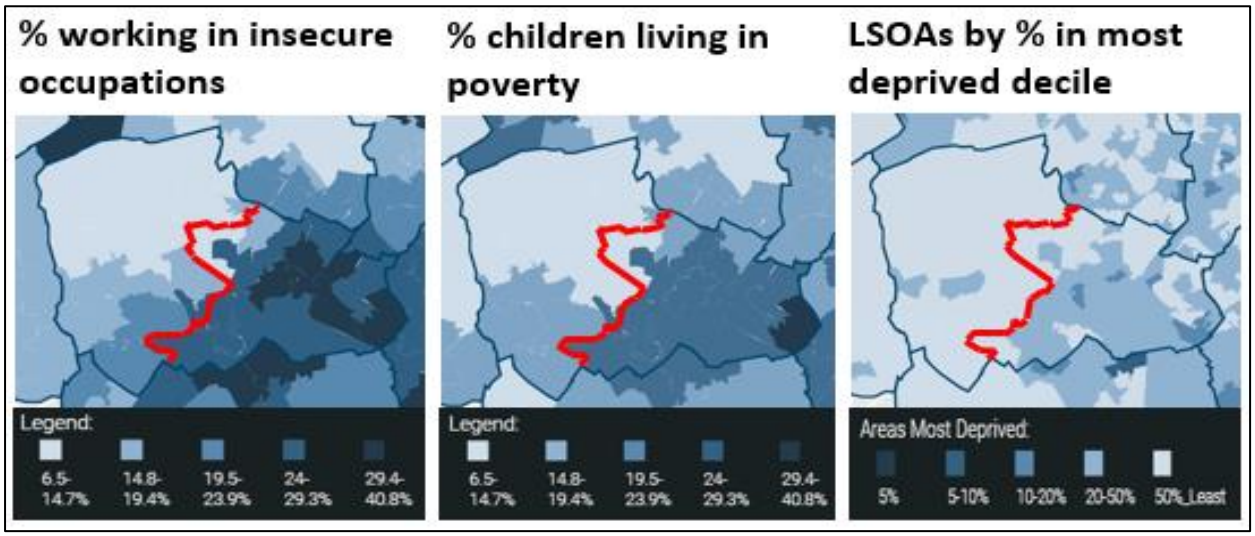


Figure 9[14] – (left) percent of employed 16+ Merton residents working in an insecure occupation, as defined by GLA. (middle) percent of Merton under-16s in households with a household income of less than 60% of the median. (right) Merton LSOAs by deprivation level. Red line separates East and West Merton.

[13] Source: Maps from IoD explorer 2019 - https://dclgapps.communities.gov.uk/imd/iod_index.html
[14] Source: London Datastore – COVID 19 Deaths Mapping Tool - https://data.london.gov.uk/dataset/covid-19-deaths-mapping-tool

1.3 Health of the population

1.3.1 Population health indicators provide a high-level overview of the aggregate health of populations at a national, regional and local level. These indicators allow comparisons to be made regarding the health of different populations and can highlight issues or time-trends that require a more detailed investigation.

Life expectancy – the years in your life

1.3.2 Life Expectancy measures the average number of years an individual in a population can expect to live and is a key determinant of population demographics. Life expectancy at birth and at age 65 for Merton's population is comparable to London and slightly higher than that of England across males and females (see Table 3). Life expectancy at birth is higher in Merton than in 75% of local authorities in England[15].

Table 3[16] – Life expectancy indicators for male and female populations in Merton, London, and England 2017-2019.

	Merton		London		England	
Indicator	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**
Life expectancy at birth	81.1	84.5	80.9	84.7	79.8	83.4
Life expectancy at 65	19.5	22.0	19.7	22.3	19.0	21.3

1.3.3 Life expectancy at birth in England increased gradually for both males and females between 2001/03 and 2017/19, although increases slowed from 2010/12 onwards[17]. London and Merton followed a similar trend.

1.3.4 However, early data at the regional and national level indicate a steep drop in life expectancy during the period January to December 2020 (Figure 10). This is a result of the direct and indirect impacts of the COVID-19 pandemic and life expectancy in Merton can be expected to have fallen at a similar rate, although this data is not yet available.

[15] Source: Public Health Outcomes Framework (PHOF) - https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

[16] Source: Public Health Outcomes Framework (PHOF) - https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

[17] Source: Public Health Outcomes Framework (PHOF) - https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

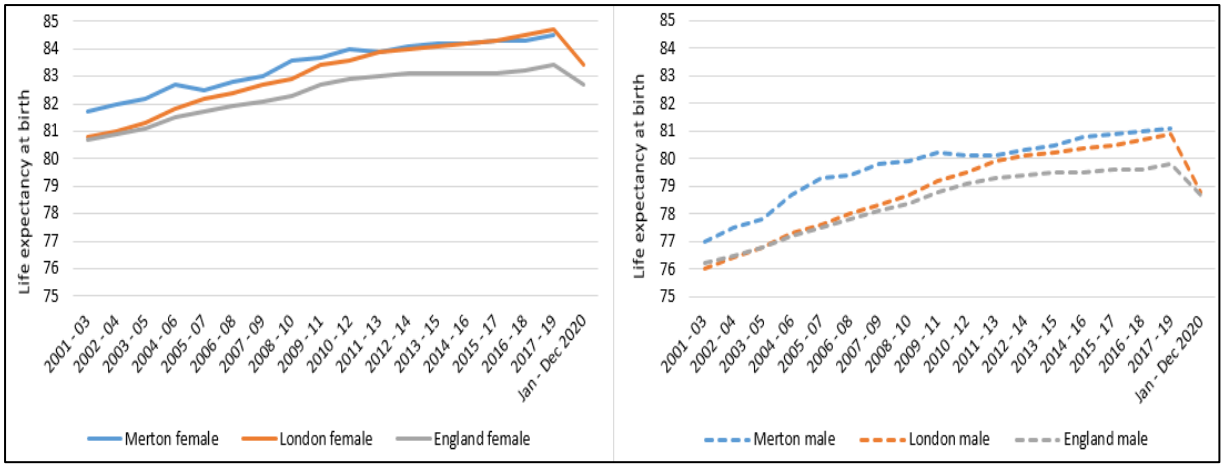


Figure 10[18] – Female (left) and male (right) life expectancy at birth trend for Merton, London and England – between 2001 and 2020. Data for 2020 in London and England is preliminary. 2020 data not available yet for Merton.

1.3.5 Life expectancy correlates with socioeconomic deprivation and average life expectancy is generally lower in East Merton than West Merton, across both males and females (Figure 11). Additionally, life expectancy at 65 in the most deprived population decile is 3.6 years lower for women and 5.2 years lower for men than in the least deprived decile, in Merton[19]. For men, this gap is greater than observed for both London (4.5 years) and England (4.9 years).

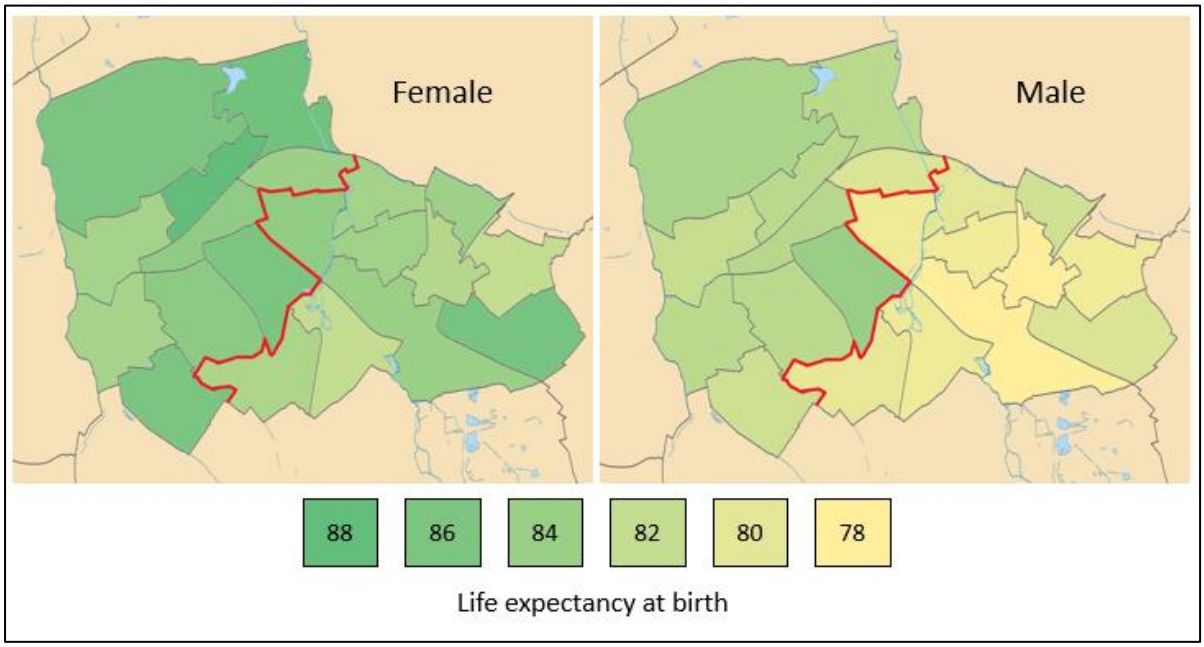


Figure 11[20] – Life expectancy at birth by Merton ward for female and male residents, 2013-2017. Red line separates East and West Merton.

[18] Source: Public Health Outcomes Framework (PHOF) - https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

[19] Source: Public Health Outcomes Framework (PHOF) - https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

[20] Source: Public Health Outcomes Framework (PHOF) - https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

1.3.6 Existing health inequalities have been exacerbated during the COVID-19 pandemic, as those living with greater socioeconomic deprivation have experienced disproportionate levels of infection, illness and death from COVID-19 (Chapter 3).

Healthy life expectancy – the life in your years

1.3.7 In addition to longevity of life, quality of life is also important. Healthy Life Expectancy measures the average number of years an individual in a certain population can expect to live in good health. Healthy Life Expectancy at birth in Merton has fluctuated over the last decade and in 2017/19 was similar to London and England for both males and females (Table 4 and Figure 12).

Table 4[21] – Healthy life expectancy indicators for male and female populations in Merton, London, and England 2017-2019.

	Merton		London		England	
Indicator	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**
Healthy life expectancy at birth	64.3	63.8	63.5	64.0	63.2	63.5
Healthy life expectancy at 65	8.6	7.8	9.7	10.4	10.6	11.1
Disability free life expectancy at 65	10.0	9.6	10.0	9.7	9.9	9.7

[21] Source: Public Health Outcomes Framework (PHOF) - https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

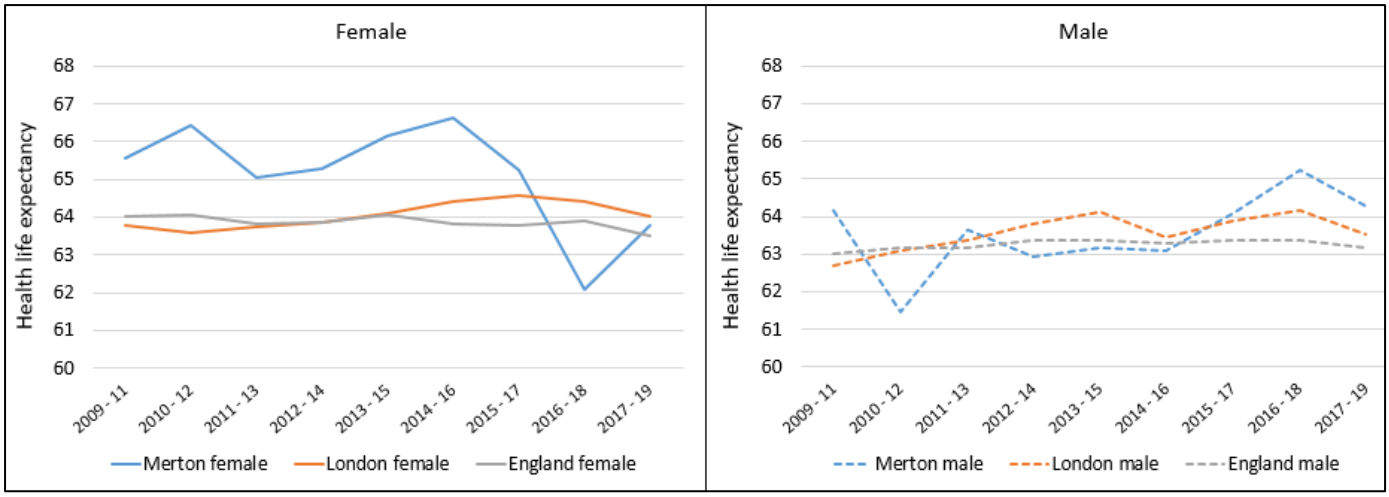
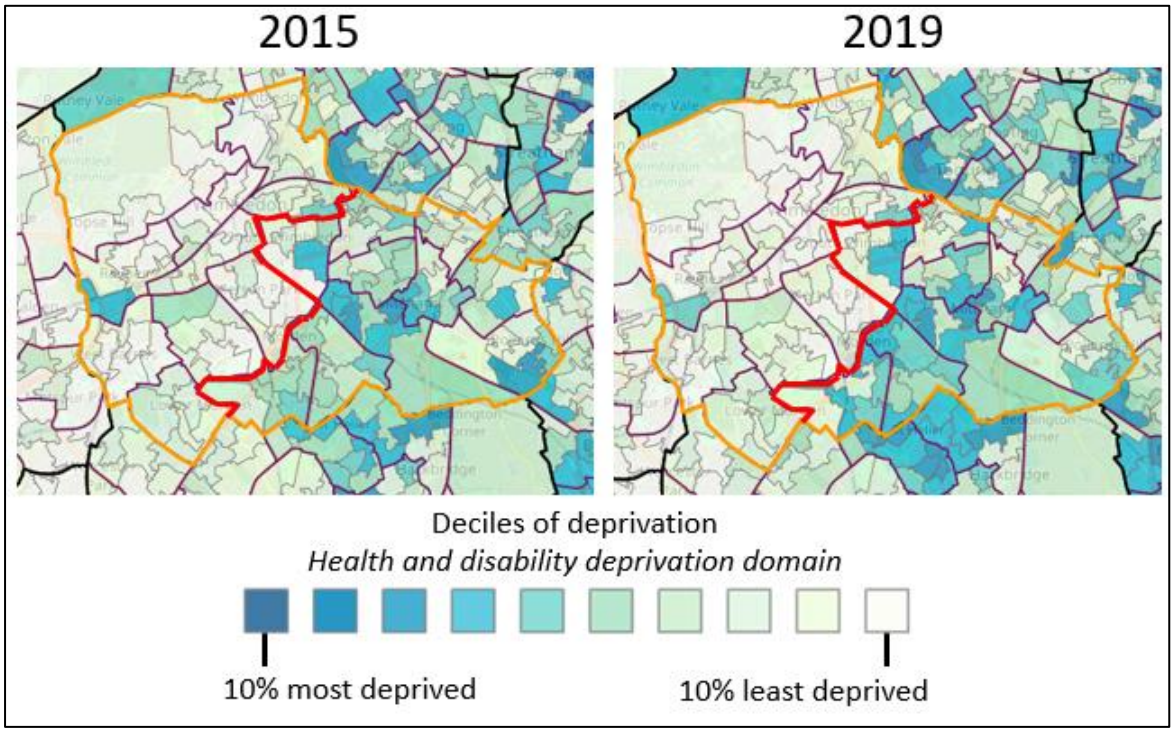


Figure 12[22] – Healthy life expectancy trend in Merton, London, and England for male and female populations between 2009-2011 and 2017-2019.

1.3.8 The Indices of Multiple Deprivation combine a set of indicators of deprivation based on seven different domains of deprivation. One of these domains is Health Deprivation and Disability and is composed of a number of different indicators, including years of life lost (YLL) and acute morbidity. In Merton, areas in East Merton have a higher level of health and disability related deprivation compared to those in West Merton (Figure 13).



[22] Source: Public Health Outcomes Framework (PHOF) - https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

Figure 13[23] – Health and Disability deprivation by LSOA in Merton. Measures the risk of premature death and impairment of quality of life through poor physical or mental health. Red line separates East and West Merton.

1.4 Predicted population changes

1.4.1 A number of factors influence how populations change over time, including fertility rate, life expectancy and migration. Overall, Merton's population is predicted be increasing. Merton's population in 2021 is estimated to be 212,882 and is predicted to grow by about 1800 (0.85%) each year for the next 15 years [24].

1.4.2 However, the predicted population growth is not the same in all age groups (Figure 14). Merton's population is ageing, with the proportion of older people projected to increase while the proportion of younger people projected to fall. Population growth rate in 2021 is estimated to be more than 2% per year in the 65+ group and less than 1% in the 0–4 age group[25].

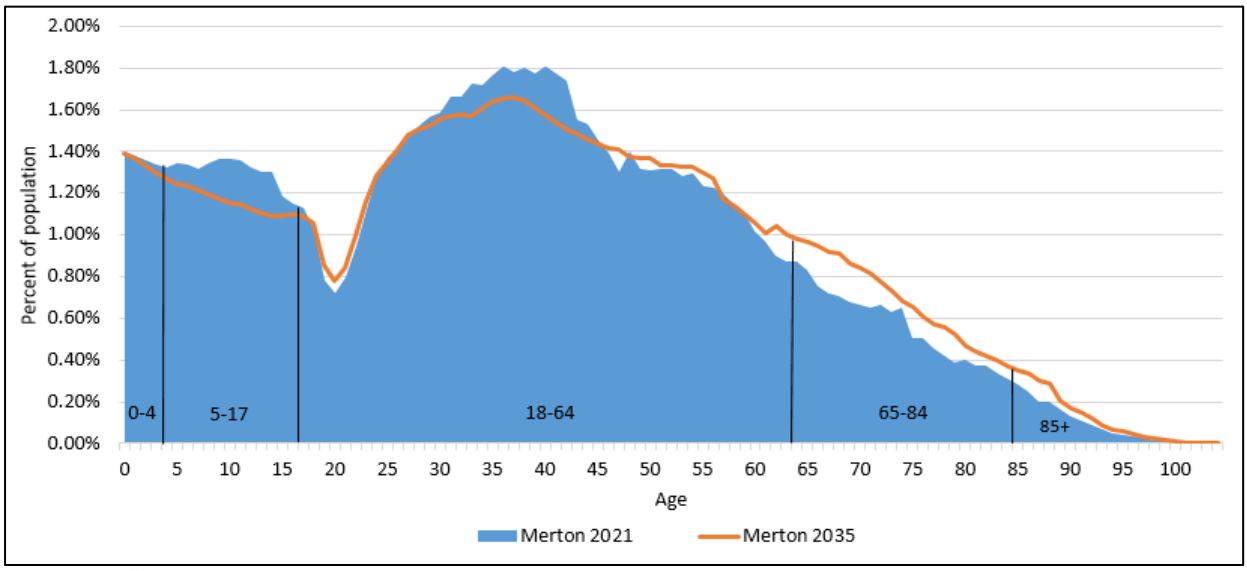


Figure 14[26] – Merton population age structure 2021 and projection for 2035.

1.4.3 The number of births in a population (fertility rate) strongly influences population size and demographics. The general fertility rate in Merton in 2019 was 65.5 births per 1000 population, which is higher than London (58.9 per 1000) and England (57.7 per 1000).

[23] Source: Maps from IoD explorer 2019 - https://dclgapps.communities.gov.uk/imd/iod_index.html#
[24] Source: Merton 2017 based BPO population projections for 2021 and 2035 - https://data.merton.gov.uk/population/
[25] Source: Merton 2017 based BPO population projections for 2021 and 2035 - https://data.merton.gov.uk/population/
[26] Source: Merton 2017 based BPO population projections for 2021 and 2035 - https://data.merton.gov.uk/population/

However, the number of women giving birth in Merton has been decreasing steadily over time (Figure 15). In 2018, there were 3,018 births in Merton, falling to 2,924 in 2019[27,28].

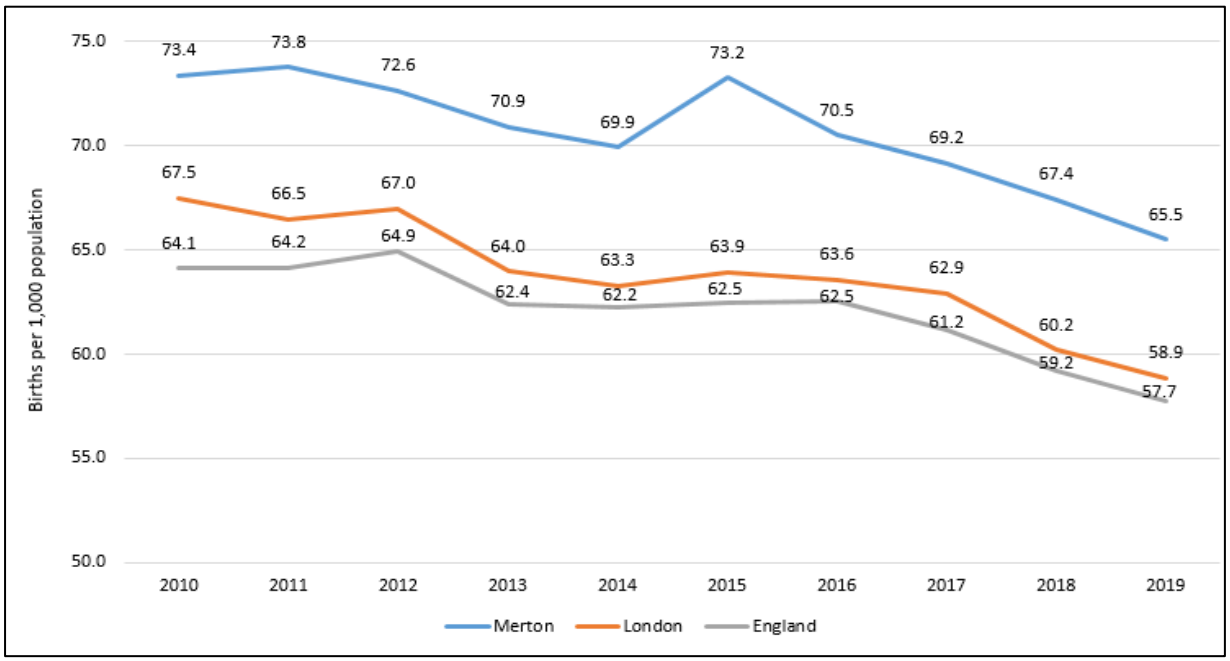


Figure 15[29] – Birth rate (births per 1000 people) over time for Merton, London, and England.

1.4.4 Projected population changes also differ by ethnic group. Figure 16 shows Merton's 2021 population size and 2036 projected population size broken down by ethnic group. In 2021, approximately 126,000 residents (59%) belong to ethnic groups that are not White British. The population of minority ethnic groups is projected to grow at a faster rate than White British ethnic groups. For example, the population of Other White and Asian ethnic groups in Merton are projected to grow by approximately 9,000 and 6,000, respectively, in the next 15 years.

[27]Source: Child Health Profiles. Public Health England https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/13/ati/302/are/E09000024

[28] Source: ONS - Live births by local authority of usual residence of mother, General Fertility Rates and Total Fertility Rates. https://data.london.gov.uk/dataset/births-and-fertility-rates-borough

[29] Source: Public Health Outcomes Framework (PHOF) - https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

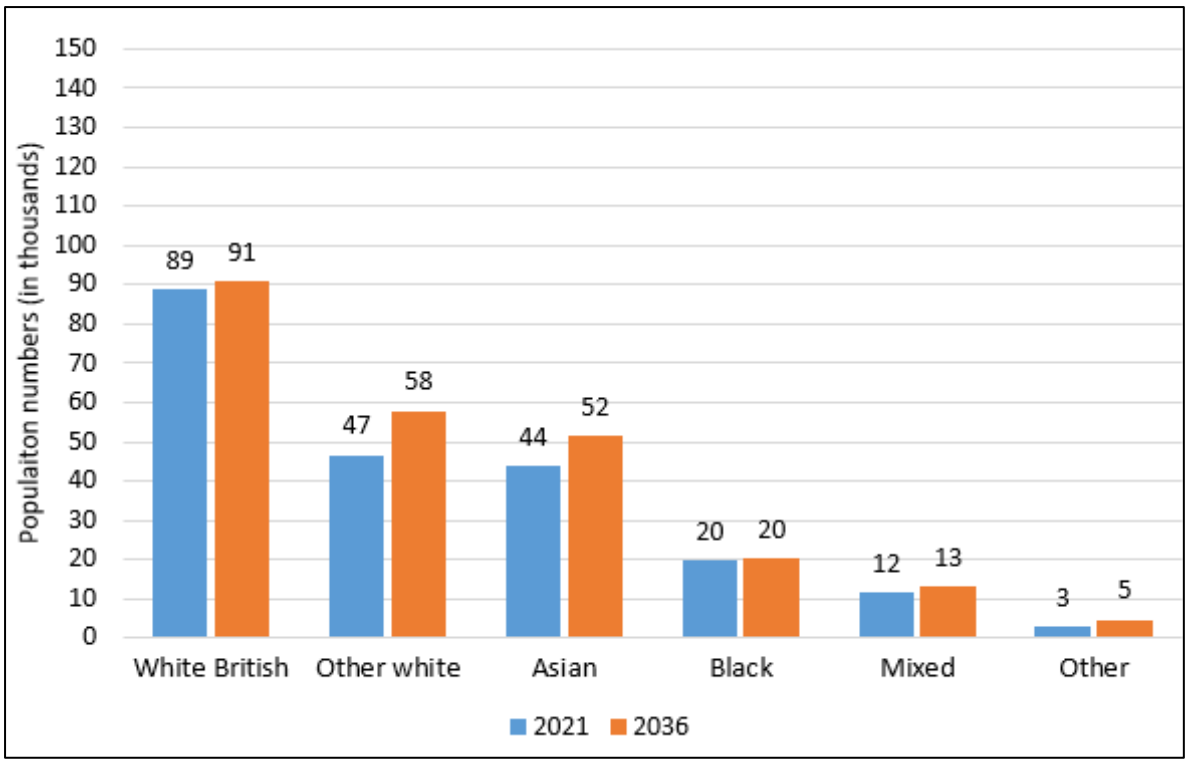


Figure 16[30] – (left) ethnic group populations in Merton, 2021 and projected in 2036. Numbers refer to population in thousands for given year. (right) Place of birth of Merton residents, 2019-2020[31]

1.4.5 The COVID-19 pandemic is likely to have created a short-term reduction in London's population, although the long-term impact on population size is not yet clear[32]. This is thought to be a result of increased death rate (particularly in the older population), reduced birth rate due to economic uncertainty, and job losses causing an outflow of workers and students from London[33].

1.4.6 Prior to COVID-19, London's population was projected to increase by 56,000 between 2020 and 2021, however, it is now estimated that London's population may fall by almost 300,000 in this period instead[34]. In August 2020, 1 in 7 Londoners said they wanted to leave the city due to the pandemic, and 4.5% said they would 'definitely' be moving out of the city in the next 12 months[35].

[30] Source: GLA 2016 based housing-led ethnic group projections for Merton, 2021.
[31] Source: ONS, People, Population, and Community data, 2020. https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/internationalmigration/datasets/populationoftheunitedkingdombycountryofbirthandnationality
[32] Source: GLA, Population Change in London, 2021. https://data.london.gov.uk/dataset/population-change-in-london-during-the-pandemic
[33] Source: GLA, Population Change in London, 2021. https://data.london.gov.uk/dataset/population-change-in-london-during-the-pandemic
[34] Source: PwC, UK and Global Economic Outlook, 2021. https://www.pwc.co.uk/press-room/press-releases/2021-uk-and-global-economic-outlook.html
[35] Source: London Assembly, 2021. https://www.london.gov.uk/press-releases/assembly/escaping-the-city-post-covid

1.5 Conclusion

1.5.1 On average, the population of Merton is healthy compared to London and England. However, there are significant health inequalities across the Borough.

1.5.2 These inequalities in population health correlate with differences in the demographic structure of the population, for example ethnicity and age structure, as well as differences in the wider determinants of health, such as socioeconomic circumstances. For example, compared to West Merton, East Merton has a high proportion of people from minority ethnic groups, a higher amount of socioeconomic deprivation and a lower average life expectancy. Factors that underpin these inequalities are discussed throughout the Merton Story.

1.5.3 The COVID-19 pandemic has likely worsened the pre-existing health inequalities in Merton, both through its direct impact on illness and death, but also through its indirect impact on the wider determinants of health. The impact of COVID-19 on population health and inequalities is a key theme of this year's Merton Story.

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2. COVID-19 Pandemic

Key Messages*:

- Since the first COVID-19 case was diagnosed on 26th Feb 2020 in Merton:
    - There have been 20,081 confirmed COVID-19 cases in Merton
    - 268 Merton residents have died of COVID-19 in 2020
    - Around 1300 Merton residents are estimated to have developed "Long COVID" in 2020, a condition which affects approximately 14% of people diagnosed with COVID-19
    - There were also 38 registered COVID-19 deaths in 2020 where a care home was listed as the place of death
    - The number of excess deaths in Merton in 2020 was 511, which is 40% higher than the previous 5-year average
- COVID-19 has not impacted Merton equally:
    - Infection rates have been higher in East Merton
    - The risk factors for severe disease, such as long-term health conditions, are more prevalent in East Merton and in some BAME groups
    - 88% of COVID-19 deaths registered in Merton during 2020 were in people aged 60+
- The COVID-19 pandemic and the resultant measures have had indirect impacts on the population:
    - 13,680 (6.6%) of Merton residents were advised to 'shield' due to a higher risk of severe illness and death from COVID-19
    - Many routine healthcare services were interrupted or cancelled to prioritise the pandemic response
    - A sharp reduction in GP and A&E attendance occurred from March 2020 onwards, which may have contributed to excess or avoidable deaths in Merton.

**Data in key messages as of 30th July 2021 unless otherwise stated. In some cases the picture has changed rapidly since the analyses for this report were completed – one example of this is in the case of 'Long COVID' where we now have much more information and it is now referred to as 'Post COVID'*

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2.1 Introduction

2.1.1 The COVID-19 pandemic was declared by the World Health Organization (WHO) on 11th March 2020 and the first case in Merton was reported on 26th February 2020. The immediate and direct effects of COVID-19 are seen in diagnoses, admissions to hospital, longer term consequences on health (e.g. Long COVID) and in some cases, death. However, COVID-19 has also had and continues to have wider and more long-term socioeconomic and health impacts on the population.

2.2 The COVID-19 Pandemic in Merton

2.2.1 Due to a variety of data sources, measuring the direct impacts of COVID may vary by population. In this chapter data may be either from individuals resident in Merton (Merton residents), or individuals registered with a GP in Merton (Merton GP-registered patients). The latter group may or may not live within the borders of the borough.

2.2.2 In the UK there have been at least two COVID-19 "waves", from 26th February 2020 to 18th September 2020 (1st wave) and then 19th September 2020 to 31st May 2021 (2nd wave) (Figure 17). As of 13th August 2021, the UK is experiencing a 3rd wave.

2.2.3 From 26th February 2020 until the end of December 2020, there were 9,325 reported cases of COVID-19 among Merton residents, rising to 20,081 by 30th July 2021. However, true numbers were much higher than reported rates due to limited testing capacity early in the pandemic.

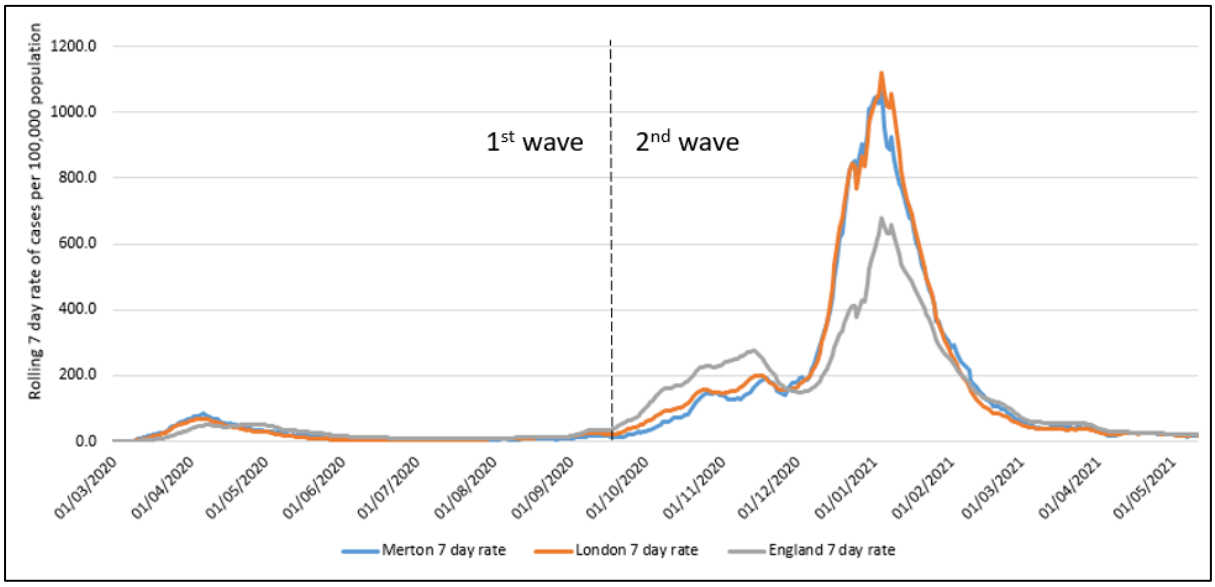

Figure 17[36] - 7 day rolling rate of COVID-19 cases per 100,000 population in Merton, London, and England between 1st March 2020 and 11th May 2021.

2.2.4 Between 18th Feb 2020 and 31st Dec 2020, 645 people registered with a Merton GP (Merton GP-registered patients) were hospitalised with COVID-19. Between 1st Jan 2021 and 24th May 2021 an additional 473 Merton GP-registered patients were hospitalised resulting in a total 1,118 people across these two time periods. Figure 18 shows the daily COVID-19 hospital admissions for Merton.

[36] Source: Coronavirus Daily Summary: https://coronavirus.data.gov.uk/details/cases?areaType=ltla&areaName=Merton , cases data provided by Public Health England.

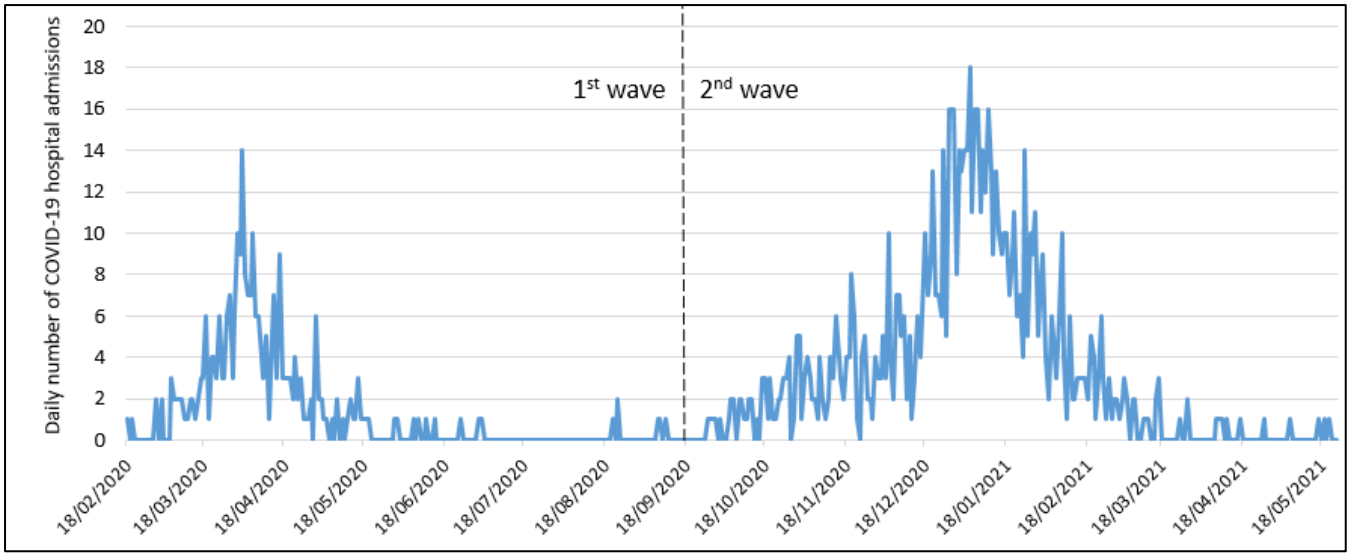

Figure 18 – Daily COVID-19 hospital admissions among Merton GP-registered patients between 18th February 2020 and 18th May 2021. Note: this figure may differ from COVID deaths as reported by ONS for Merton residents, as some Merton GP-registered patients may not be resident within Merton.

2.2.5 The total number of COVID deaths among Merton residents from 1st January 2020 to 30th July 2021 was 2,840. This included 2,352 Non-COVID-19 deaths and 488 with COVID-19 recorded on the death certificate, representing a rate of 230.2 COVID-19 deaths per 100,000.

2.2.6 Excess mortality can be used to estimate the overall mortality caused by COVID-19 (both directly and due to wider causes). It compares the actual all-cause mortality rates with those expected for that time of year based on mortality rates from previous years. The number of excess deaths in Merton in 2020 was 511, which is 40% higher than the previous 5 year average (2014-19)[37]. Weekly excess mortality is shown in Figure 19.

[37] Our World In Data: https://ourworldindata.org/excess-mortality-covid (accessed 07/07/2021)

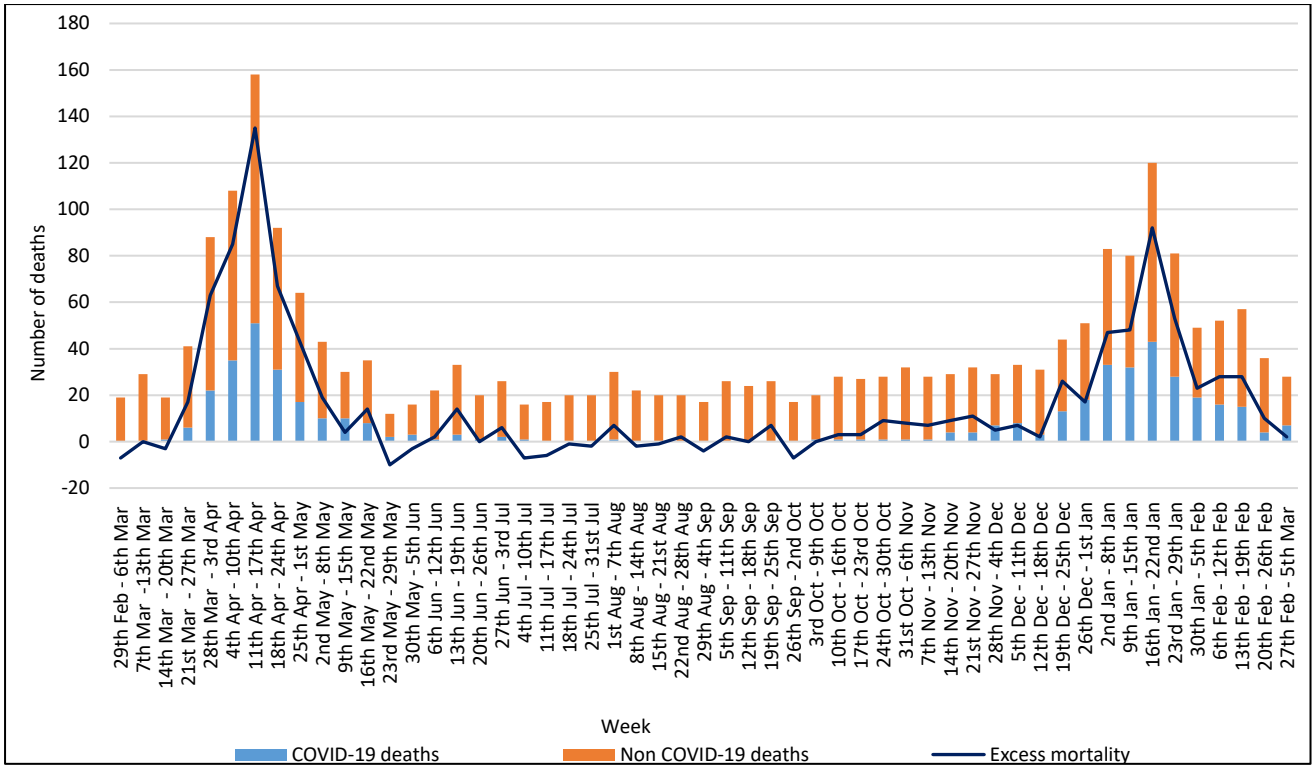

Figure 19[38] – COVID-19 and Non COVID-19 mortality and excess mortality in Merton (6th March 2020 to 28th February 2021)

2.2.7 In 2020, 230 (86%) of Merton residents who died from COVID had 1 or more other causes of death listed on their death certificate (Figure 20). Among the 38 residents who had no other causes of death, 5 were aged 45-59, and 31 were aged 60 and over. There were no registered COVID deaths among Merton residents aged 44 or under with no other cause of death.

[38] Source: ONS – Death Registrations - https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/deathregistrationsandoccurrencesbylocalauthorityandhealthboard

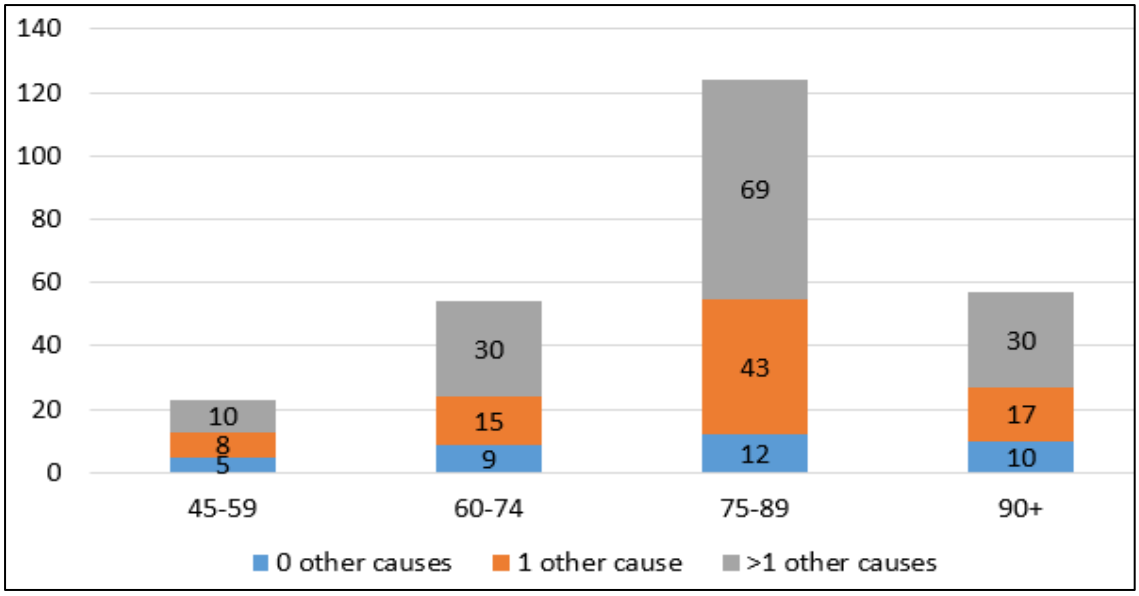

Figure 20 – 2020 COVID deaths among Merton residents by age group, broken down by number of causes of death (in addition to COVID-19) on death certificate. Figures shown refer to number of deaths. Note: there were fewer than 10 deaths among age groups aged under 45, therefore these figures have been suppressed to maintain anonymity[39].

2.2.8 Approximately 14% of people with COVID-19 experience 'Long COVID'. The term 'Long COVID' includes both ongoing symptomatic COVID-19 (5-12 weeks after onset) and Post-COVID-19 Syndrome (12 weeks or more), although at the time of writing, there is no internationally recognised definition for this condition[40,41]. It is associated with a wide range of symptoms impacting physical, psychological and cognitive health. It can also affect quality of life and ability to work or attend education. If 14% of the population diagnosed with COVID-19 developed 'Long COVID' in Merton, this would equate to 1,300 cases of 'Long-Covid' until 31st December 2020, rising to around 2,286 of the 16,330 cases identified up to 14th May 2021. However, the number is likely to be greater due to the large numbers of undiagnosed individuals, especially early in the pandemic.

2.2.9 Preliminary data suggests that 'long COVID' has a higher prevalence in women, those aged 25-69, and individuals living in more deprived areas[42]. In the four-week period ending 6 March 2021, 1.1 million people in the UK had 'Long COVID' based on self-report, of which

[39] Source: Primary Care Mortality Data (PCMD), 2020-21.

[40] Source: ONS: prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK: 1 April 2021. https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/prevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk/1april2021

[41] Source: Long COVID: the NHS plan for 2021/22 - https://www.england.nhs.uk/coronavirus/publication/long-covid-the-nhs-plan-for-2021-22/

[42] Source: ONS: prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK: 1 April 2021https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/prevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk/1april2021

around two-thirds first had (or suspected they had) COVID-19 at least 12 weeks previously[43]. This may suggest that a number of study participants who reported Long COVID either did not experience initial COVID-19 symptoms or did not declare these symptoms.

2.3 Risk of COVID-19 infection

2.3.1 Inequalities in the wider determinants of health, such as housing conditions and occupation, increase the risk of acquiring COVID-19 (Table 5).

Table 5[44] - Risk factors for infection from COVID-19

Risk factors for infection	**Housing conditions:** • Overcrowded housing • Multigenerational housing • Living in residential care setting • Living in urban areas
	Occupation: • Healthcare and social care workers • Transport (e.g. taxi drivers, bus drivers, chauffeurs) • Utilities (e.g. plumbers, cleaners, mechanics) • Retail, services & hospitality (e.g. sales assistants, chefs) • Construction and manufacturing

2.3.2 Residents in East Merton are more likely to experience residential overcrowding and more likely to live in deprived areas. Wards in East Merton have experienced a higher rate of COVID-19 infection than wards in West Merton during the pandemic[45]. Figure 1 shows the geographic distribution of COVID-19 diagnosis compared to maps of deprivation, overcrowding and high risk COVID employments, showing a correlation with these risk factors and diagnosis rates of COVID-19.

[43]Source: ONS - prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK: 1 April 2021https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/prevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk/1april2021

[44] Source: Gov.UK - COVID-19: review of disparities in risks and outcomes - https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes

[45] Source: PHE local health - https://www.localhealth.org.uk/

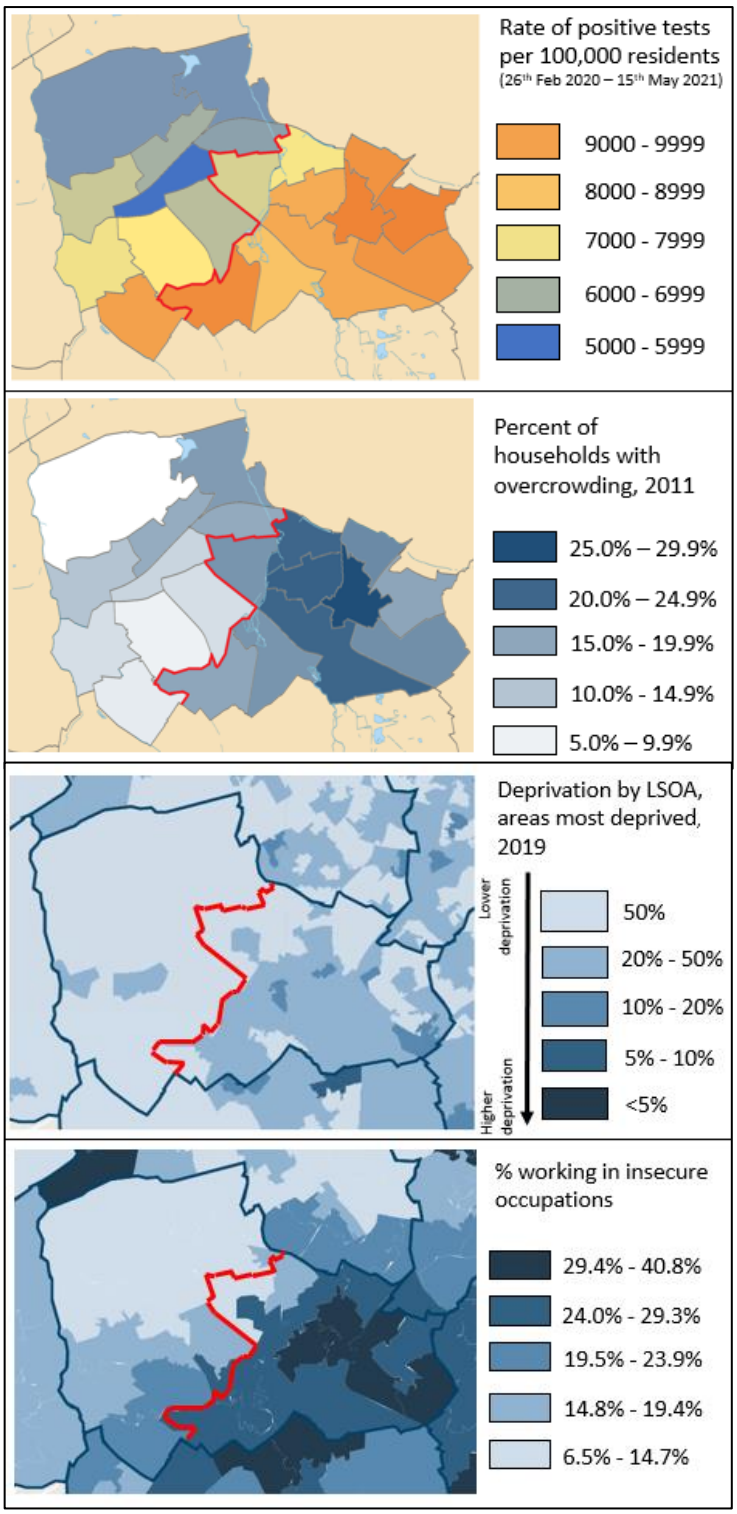

Figure 1[46] – (top) rate of positive tests in Merton per 100,000 residents from 26th Feb 2020 to 15th May 2021; (second from top) percent of households in Merton considered to have overcrowding according to 2011 census; (second from bottom) LSOAs in Merton by deprivation in 2019;; (bottom) percent working in occupation at risk of contracting COVID-19 by LSOA. Red line separates East and West Merton.

[46] Source: PHE local health - https://www.localhealth.org.uk/

2.4 Risk of severe COVID-19 disease

2.4.1 Some risk factors have been found to increase the risk of severe disease and mortality from COVID-19, including age, underlying health conditions and obesity.

2.4.2 Certain population groups have a disproportionately high concentration of these risk factors, including Black and Asian Minority Ethnic (BAME) groups. Table 6 summarises some known demographic characteristics associated with death from COVID-19 during the first COVID-19 wave in the UK.

Table 6[47] - Demographic characteristics associated with severe outcomes from COVID-19 in the UK, findings from the 1st wave

	Demographic associations with death from COVID-19 from the first wave in the UK
Age	The risk of dying following diagnosis with COVID-19 increases with age. Those aged 80 and older with COVID-19 were seventy times more likely to die than those under 40 years.
Gender	The risk of dying among those diagnosed with COVID-19 is higher in males than females. Working age males with COVID-19 were twice as likely to die as working age females.
Socioeconomic status	People who live in deprived areas have higher diagnosis rates and death rates than those living in less deprived areas. Mortality rates from COVID-19 in the most deprived areas were more than double those of the least deprived areas, for both males and females.
Ethnicity	Minority ethnic groups have a higher risk of dying from COVID-19 than White ethnic groups. • People of Bangladeshi ethnicity had twice the risk of death than people of White British ethnicity. • People of Chinese, Indian, Pakistani, Other Asian, Black Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to people of White British ethnicity.

2.4.3 These associations have been found in Merton, but they are complex and interlinked. For example, a higher proportion of people from BAME groups live in deprived areas compared to White ethnic groups in Merton, BAME groups and older populations are more

[47] Source: Public Health England. COVID-19: review of disparities in risks and outcomes - https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes

likely to have underlying health conditions, and people who live in more deprived areas are more likely to have underlying health problems. Individual risk factors will be explored in the next paragraphs, however the overall numbers are small at Borough level and therefore associations must be interpreted with caution.

Age

2.4.4 Age is a risk factor for severe COVID-19 disease and COVID-19 deaths in Merton have been concentrated in the older population. For example, 88% of COVID-19 deaths registered in Merton during 2020 (235 out of a total 268) were in people aged 60+, who make up just 17% of the population (Figure 22). West Merton has a higher number of people aged over 70 compared to East Merton.

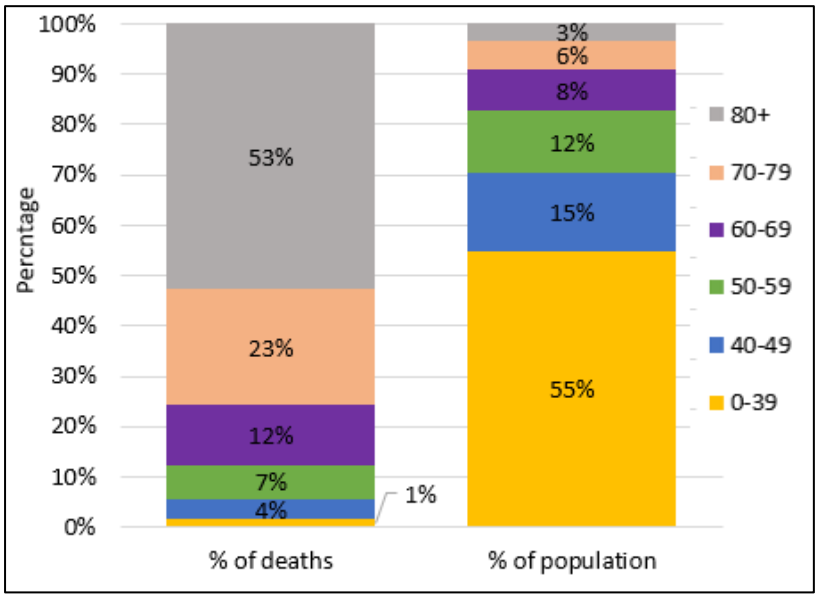

Figure 22[48] – The distribution of age group among all COVID-19 deaths registered in 2020 among Merton residents compared to the distribution of age group among the general resident population of Merton.

2.4.5 Older people living in a residential care home were disproportionately impacted by COVID-19 in the UK, particularly during the first wave. There were 38 registered COVID-19 deaths in 2020 where a care home was listed as the place of death. However, this does not include care home resident deaths that occurred in hospital.

Underlying health status

2.4.6 COVID-19 has disproportionately affected residents with underlying health conditions, as having one or more long term health conditions (LTC) increases the risk of severe COVID-19 illness. Among Merton GP registered patients, 33.7% of COVID-19 deaths had multiple LTCs, 33% had Diabetes mellitus (diabetes), and 36.2% had hypertensive disease

[48] Source: ONS population projections by age group https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2

(high blood pressure); this likely indicates over-representation of these conditions compared to their respective share of the population (Table 7)[49]. Nationally, diabetes was mentioned on the death certificate in 21.1% of COVID-19 deaths, compared to just 14.6% of deaths from all causes between March and May 2020 [50].

Table 7 - Cumulative COVID-19 deaths among Merton GP registered patients by identified long-term conditions as of 25th May 2021. Multiple LTCs refers to 2 or more LTCs as listed below. *Note: figures exceed 100% as patients can list more than 1 LTC.*

	COVID-19 deaths	% of COVID deaths
Multiple LTCs	107	33.7%
Hypertension	115	36.2%
Diabetes	105	33.0%
Chronic respiratory disease	48	15.1%
Asthma with admission	38	12.0%
Chronic heart disease	34	10.7%
Chronic liver disease	25	7.9%
COPD on medication	21	6.6%
Heart failure with admission	18	5.7%
Chronic kidney disease (stage 4 and 5)	15	2.5%
Chronic neurological disease	12	3.8%

2.4.7 In Merton, the prevalence of key underlying risk factors for severe COVID-19 disease, including diabetes, hypertension, and obesity, apart from older age is higher in East Merton compared to West Merton, as illustrated in Figure 23. See Chapter 5 for further detail on Long Term Conditions in Merton.

[49] Source: NELCSU COVID dashboard. Please note: Long Term Conditions are based on Primary Care data so are dependent on PC coding, both quantity and quality and this can vary across the region.
[50] Source: Public Health England. Disparities in the risk and outcomes of COVID-19 (online). August 2020. Available from: Disparities in the risk and outcomes of COVID-19 (publishing.service.gov.uk)

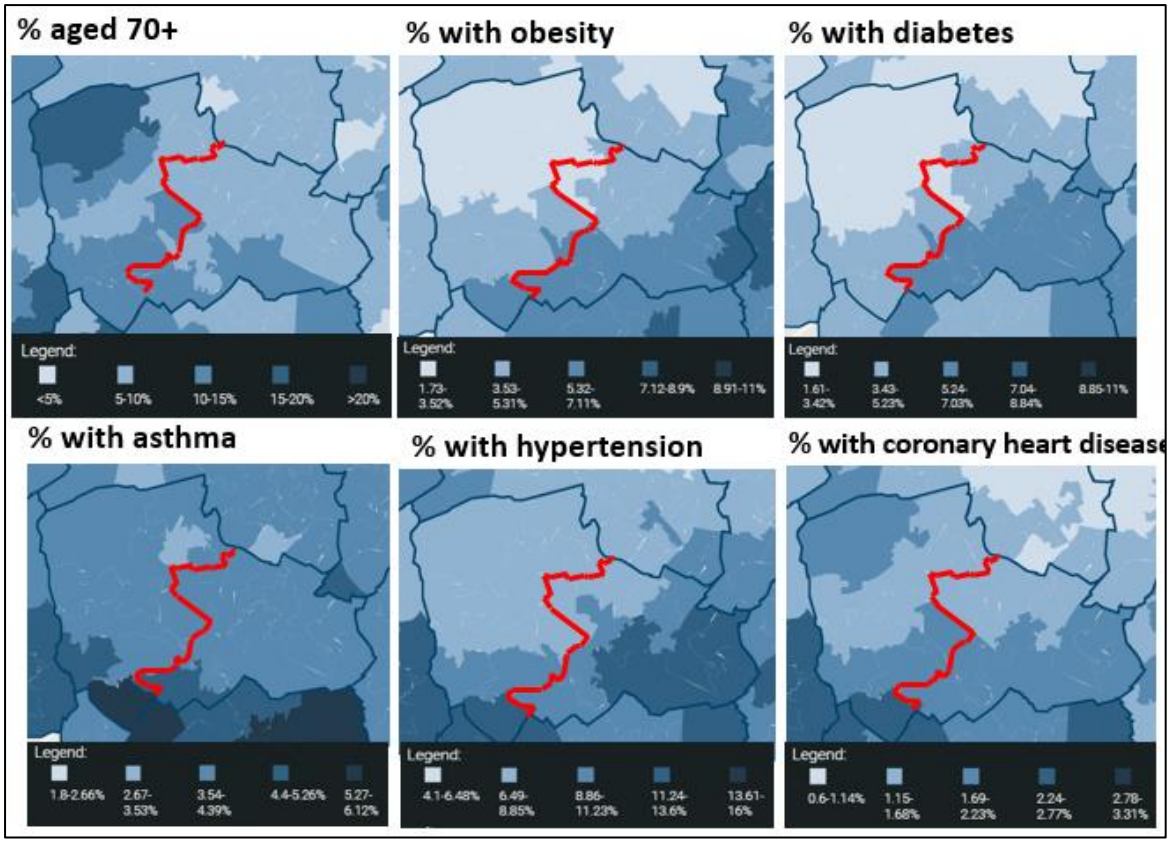

Figure 23[51]– Percent of total GP registered populations in Merton with hypertension, obesity (BMI >30 and aged 18+), diabetes (17+ with diabetes mellitus diagnosis), asthma (medical diagnosis and prescribed one asthma related drug in last year), those aged 70+, and coronary heart disease - as measured by Quality and Outcomes Framework (QOF) data collected by NHS England. Red line separates East and West Merton.

Sex

2.4.8 Being male is associated with more severe illness and death from COVID-19. This is reflected in Merton's experience of COVID-19 to 28th May 2021, in which males made up a higher proportion of hospital deaths from COVID-19 (61%) – see Table 8.

Table 1[52] – Merton cases, hospitalisations, and hospital deaths by sex. Data for positive cases compared to resident profile of Merton residents. Data for COVID-19 hospitalisations and COVID-19 deaths compared to population profile of those registered with a Merton GP. Data is from start of the pandemic until 28th May 2021.

	Merton residents		Merton-GP registered patients		
	Resident profile	% positive cases	Population profile	% hospitalisations	% hospital deaths
Female	49.4%	54.0%	49.4%	46.9%	39.0%

[51] London Datastore: https://data.london.gov.uk/dataset/covid-19-deaths-mapping-tool
[52] Source: NELCSU – COVID dashboard: Acute inequalities

Male	50.6%	46.0%	50.6%	53.1%	61.0%

Socioeconomic status

2.4.9 Lower socioeconomic status is associated with more severe COVID-19 outcomes as a result of the greater concentration of risk factors experienced by those who live in more deprived areas. Hospitalisations and hospital deaths in Merton have been over-represented in the most deprived groups, as compared to the least deprived (Figure 24).

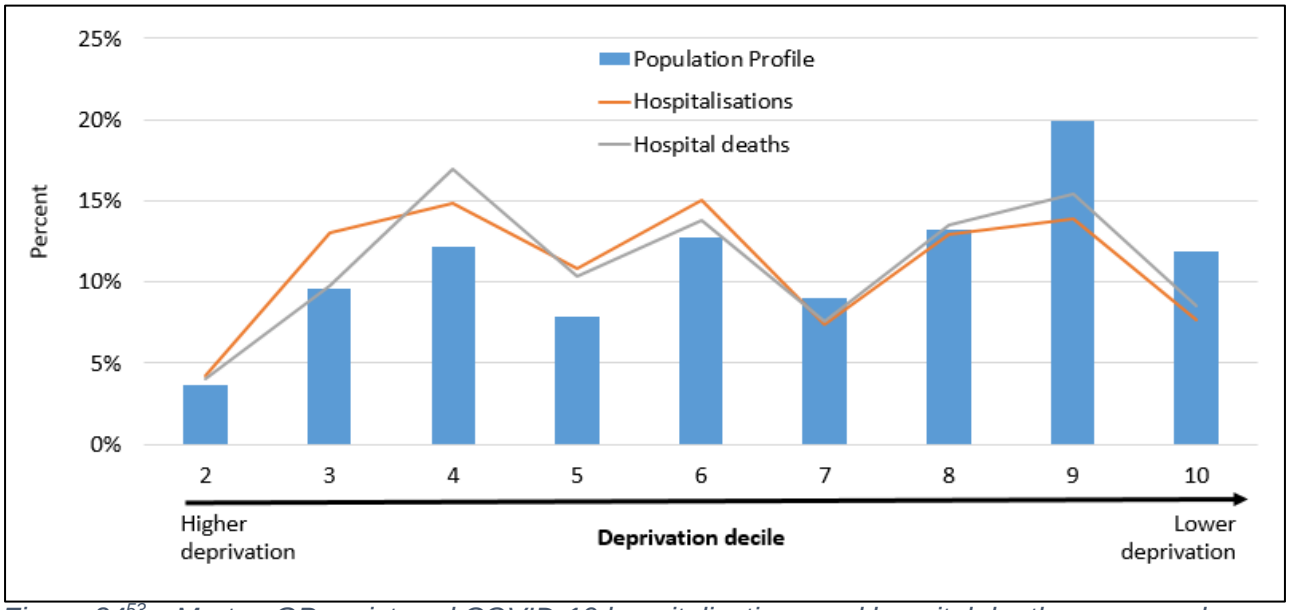

Figure 24[53] – Merton GP registered COVID-19 hospitalisations and hospital deaths compared to population profile by deprivation decile. 2 = most deprived, 10 = least deprived. Note: no data is available for decile 1 (most deprived) as no Lower layer Super Output Area (LSOA) in Merton is within this deprivation decile. Population profile refers to the population registered with a Merton GP, not all of whom may be Merton residents. Figures refer to numbers as percent of total. Data is from the start of the pandemic until 28th May 2021.

2.4.10 Across Merton, there is an association between socioeconomic deprivation and the rate of COVID-19 deaths, with higher levels of socioeconomic deprivation and a greater rate of deaths in East Merton (Figure 25). Overall, wards in East Merton saw a higher rate of COVID-19 deaths in 2020 (131.1 per 100,000), than those in West Merton (120.7 per 100,000), despite having a relatively younger population.

[53] Source: NELCSU – COVID dashboard: Acute inequalities

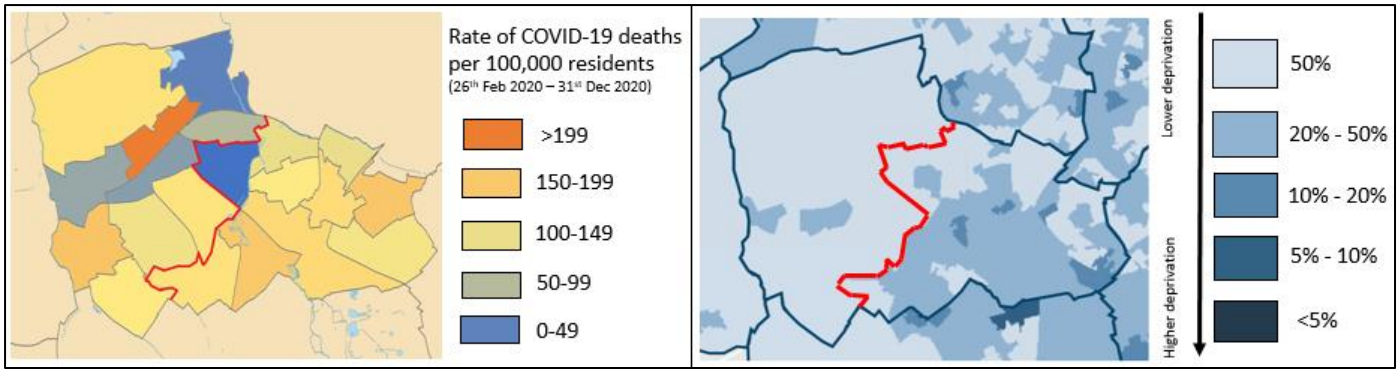

Figure 25[54] – (left) Rate of COVID-19 deaths per 100,000 residents by Merton ward in 2020 compared to (right) map of deprivation in Merton. Red line separates East and West Merton

Ethnicity

2.4.11 Minority ethnic groups have been disproportionately impacted by more severe outcomes from COVID-19 in Merton (Figure 26). This association is complex and linked to a concentration of risk factors for exposure and severe disease resulting from structural and socioeconomic inequalities. Table 9 shows that Merton residents of Asian ethnicity were more likely to be infected with COVID-19, more likely to be hospitalised, and more likely to die in hospital from COVID-19 than would be expected from their proportion in the population. Merton residents of Black ethnicity were more likely to be hospitalised. This is similar to data seen at the London level, however it is important to note that numbers affected in Merton are relatively small and so it is difficult to draw firm conclusions.

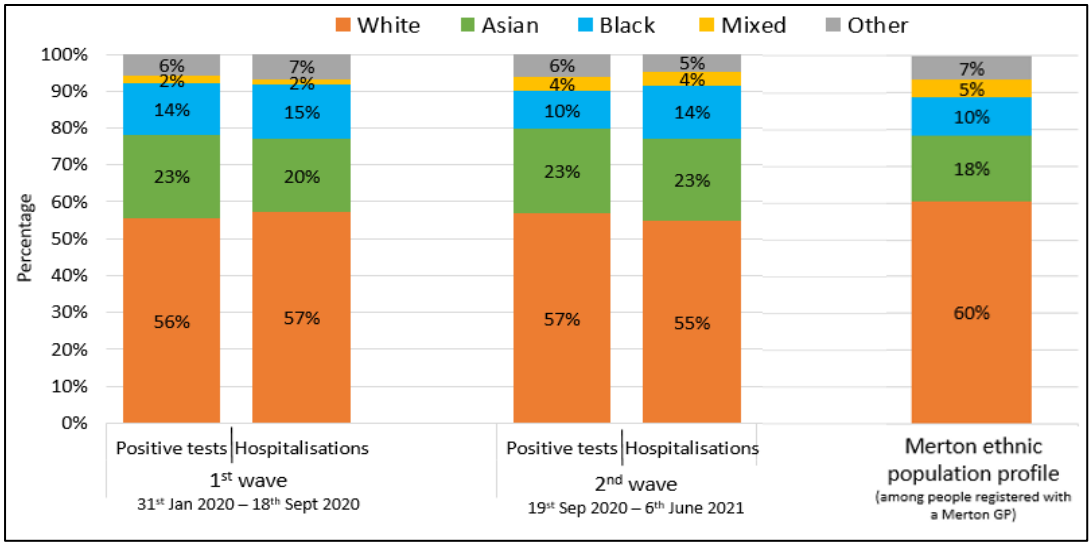

Figure 26[55] – Positive cases and hospitalisations by ethnic breakdown compared to Merton ethnic population profile. Data is for 1st and 2nd wave.

Table 9[56] – COVID-19 positive tests, hospitalisations, and hospital deaths by ethnicity. The distribution of positive tests can be compared to the ethnicity of Merton residents (Resident

[54] Source: ONS COVID deaths
[55] Source: NELCSU – COVID and PHE dashboard
[56] Source: NELCSU – COVID and PHE dashboard

profile). COVID-19 hospitalisations and hospital deaths can be compared to Merton GP-registered patients (Population profile). Data is from start of pandemic until 28th May 2021 (unknown ethnicity is excluded).

	Merton residents		Merton GP-registered patients		
	Resident profile	**% positive tests**	**Population profile**	**% hospitalisations**	**% hospital deaths**
White	60.3%	56.7%	60.8%	55.4%	60.0%
Asian	18.2%	23.2%	17.6%	21.6%	21.6%
Black	10.2%	10.5%	10.1%	14.4%	10.3%
Other	6.5%	5.7%	6.7%	5.5%	5.8%
Mixed	4.8%	4.0%	4.8%	3.2%	2.3%

2.4.12 Death certificates include place of birth rather than ethnicity, which can be used as a proxy for ethnicity but should be interpreted cautiously. In Merton, death rates were higher in people born outside the UK and Ireland; people born in Asia, Africa and the Americas make up 21% of the population in Merton but accounted for 36% of deaths in 2020 (Figure 27).

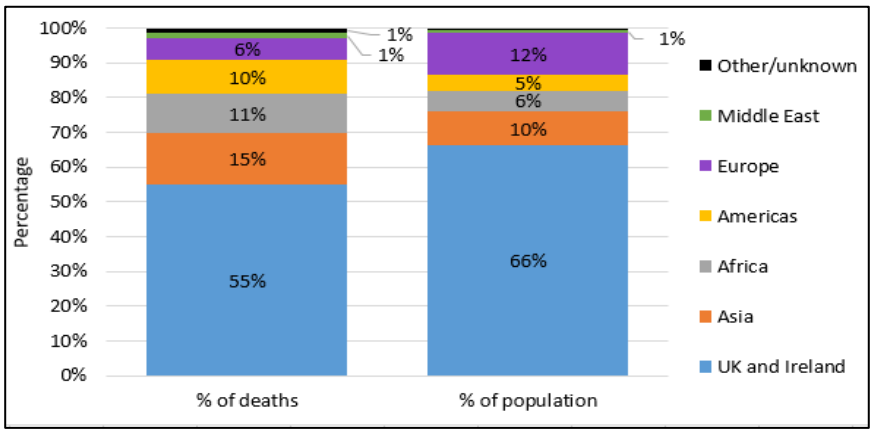

Figure 27[57] – COVID-19 deaths in Merton residents by place of birth and percentage of population of place of birth 6th March to 31st December 2020

2.4.13 BAME Voice, a community group in Merton led an assessment of the impact of the pandemic on BAME communities as part of the Merton COVID-19 Resilience Programme. The report concluded that Merton's early pandemic response failed to tailor communications regarding the seriousness of COVID-19 for BAME populations, resulting in abrupt economic consequences and a "universal climate of fear". For example, most information was sent out

[57] Source: NELCSU – COVID dashboard: Acute inequalities

in English and with images many people could not identify with, leaving some communities unprepared [58].

2.4.14 The report additionally highlighted the dilemma faced by many BAME residents who were forced to prioritise employment over the health of themselves and their families. This was suggested as a possible driving factor for the disproportionate infection in some BAME communities.[59]

People living with Learning Disabilities (LD)

2.4.15 People living with a learning disability (LD) are at greater risk from COVID-19. Nationally, higher death rates have been seen in people with LD. Up to the 5th June 2020, there were an estimated 651 COVID-19 deaths in adults with LD in the UK. This is a rate of 254 per 100,000 population and is 4 times the rate for adults without LD[60]. Overall, there was a 134% increase in death notifications in people with LD in 2020 compared to the same period in 2019.

2.4.16 Merton saw a rise in deaths among adult social care users (all ages) during the pandemic. In the year ending March 2021, Merton saw an average of 27 monthly adult social care user deaths. This is higher than the previous year ending March 2020, which saw an average of 24 monthly adult social care user deaths (Figure 28).

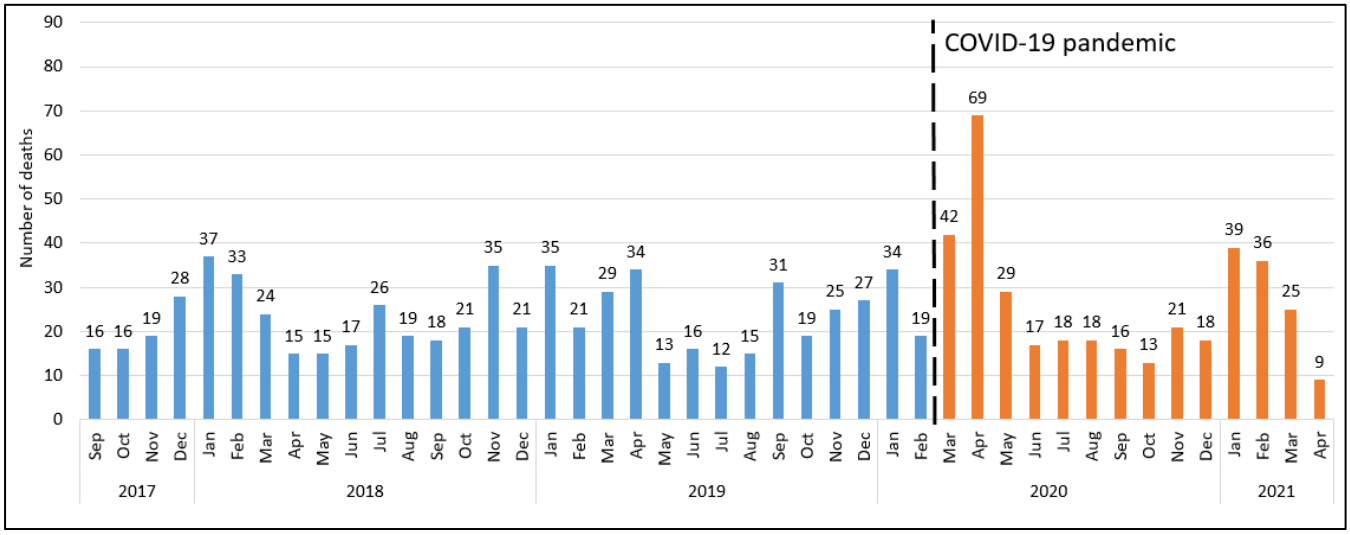

Figure 28[61] – Monthly deaths among adults using adult social care in Merton – before and

[58] Source: MERTON COVID-19 RESILIENCE PROGRAMME: An Assessment of the Impact of the Corona Virus Pandemic on BAME Communities in the London Borough of Merton - https://democracy.merton.gov.uk/documents/s39179/REPORT%20LBM%20BAME%20VOICE%20COVID-19%20RESILIENCE%20PROGRAMME%20190521.pdf

[59] Source: MERTON COVID-19 RESILIENCE PROGRAMME: An Assessment of the Impact of the Corona Virus Pandemic on BAME Communities in the London Borough of Merton - https://democracy.merton.gov.uk/documents/s39179/REPORT%20LBM%20BAME%20VOICE%20COVID-19%20RESILIENCE%20PROGRAMME%20190521.pdf

[60] Source: COVID-19: deaths of people with learning disabilities - https://www.gov.uk/government/publications/covid-19-deaths-of-people-with-learning-disabilities

[61] Source: Merton Community and Housing, 2021.

after the COVID-19 pandemic was declared. Numbers at the top of bars refers to number of deaths for a given month.

2.5 Wider COVID-19 impacts

2.5.1 The COVID-19 pandemic has directly impacted the lives of many people through infection, illness and death. However, people's lives have also been impacted far beyond these direct impacts; the pandemic and the restrictions imposed to restrict its spread have been felt in all parts of our lives and communities.

2.5.2 The wider impacts discussed in this chapter are limited to describing the shielding population and the impact on routine health services. The many other wider impacts of COVID-19 are discussed in subsequent chapters, throughout the Merton Story. Some of the wider impacts discussed are listed in the table below, with relevant chapters indicated.

Table 10 – Wider Impacts of COVID-19 in each chapter of the Merton Story

Chapter	Wider Impact of COVID-19
Chapter 3: Start Well	• Child poverty • Domestic violence • Education & attainment • Eating disorders & disordered eating • Child mental health
Chapter 4: Live Well	• Adult mental health & wellbeing • Food insecurity • Digital exclusion • Alcohol & substance misuse • Sexual health service use
Chapter 5: Age Well	• Cancer screening • Frailty • Dementia • Carer burden
Chapter 6: Healthy Place	• Employment • Community assets

Shielding

2.5.3 People with certain long-term conditions are at higher risk of severe illness and death from COVID-19 and are termed 'clinically extremely vulnerable' or 'clinically vulnerable'. These groups were advised to take extra precautions ('shielding') to reduce their risk of infection. As of 17th June 2021, approximately 95,341 (6.4%) people within the area covered by South West London Clinical Commissioning Group (SWL CCG) were estimated to be shielding, slightly lower than both London (7.5%) and England (6.8%).

2.5.4 As of 20th May 2021, 13,680 residents (6.6% of the population) in Merton were on a shielding patients list. The number of residents on the shielding patients list increased throughout the pandemic. In particular, following a risk assessment in February 2021 the number of Merton GP-registered patients on the shielding patients list increased by 67% [62] (from 6,081 on 3rd February 2021 to 10,156 on 22nd Feb 2021).

2.5.5 Some groups were more likely to be placed on Merton's shielding patients list. For example, there are more people of Asian or Black ethnicity than would be expected relative to their percentage within the population. Furthermore, despite making up less than 3% of the Merton population, 23% of the shielding patients list are aged 80 and over.

Table 11 Shielded patients list in Merton by ethnic group, gender, and age group. Data as of 20th May 2021. Percentages refer to percent of total shielded patients list in Merton.

Age group	Number (%)	Ethnic group	Number (%)	Gender	Number (%)
0–17	165 (1%)	White	5,945 (44%)	Female	7,040 (52%)
18–29	600 (4%)	Asian	3,150 (23%)	Male	6,595 (48%)
30–39	1,600 (12%)	Black	2,415 (18%)		
40–49	1,995 (15%)	Mixed	525 (4%)		
50–59	2,395 (18%)	Other	590 (4%)		
60–69	1,870 (14%)	Unknown	1,015 (7%)		
70–79	1,880 (14%)				
80–89	2,287 (17%)				
90+	885 (6%)				

2.5.6 Shielding was advised as a measure to reduce the risk of getting COVID, however this had wider consequences including impacts on mental health and loneliness, which are explored in Chapter 4: Live Well.

Impacts on health services

2.5.7 The COVID-19 pandemic majorly affected routine service provision and usage. Many routine healthcare services were interrupted or cancelled in order to prioritise the immediate

[62] Note this is an estimate as uses GP Practice Codes as a proxy.

pandemic response[63]. Services had to adapt, moving online or introducing more stringent infection, prevention and control measures, resulting in reduced capacity for some services and contributing to increases in the number of people being held on hospital waiting lists nationally and locally[64,65].

2.5.8 There has also been a change in health seeking behaviour during the pandemic. Fewer people have accessed services during COVID-19, possibly due to fear of infection from COVID-19 or wanting to preserve health service capacity. In Merton, there was a sharp reduction in GP and A&E attendance from March 2020 onwards (Figure 29). This may have contributed to excess or avoidable deaths in Merton as people were not accessing the healthcare they needed.

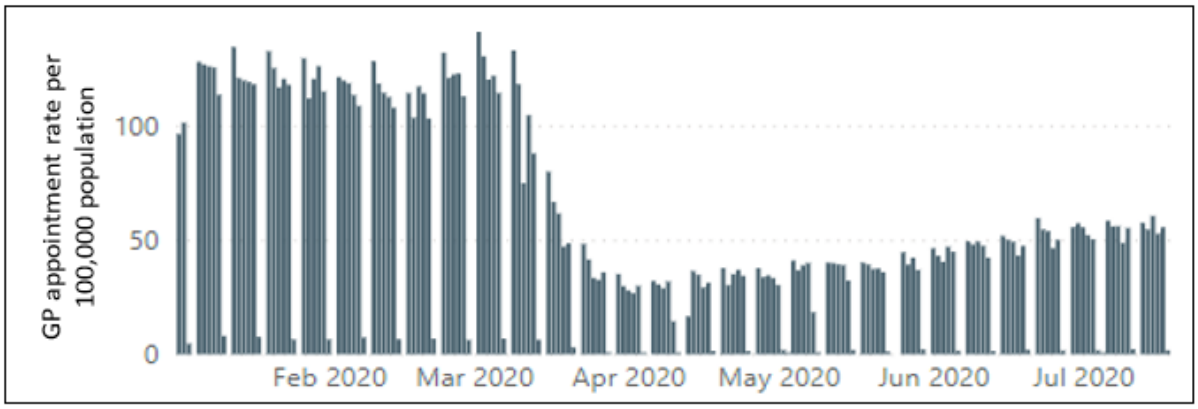

Figure 29[66] - GP attendance rate per 100,000 population in Merton, January 2020 – July 2020.

2.5.9 The reduction in service use has not been equal across Merton, with the greatest decrease in A&E attendance rates occurring in East Merton (Figure 30). Furthermore, fewer people of Asian ethnicity accessed A&E in Merton during 2020 compared to the previous year, as well as fewer people living in areas of greater socioeconomic deprivation.

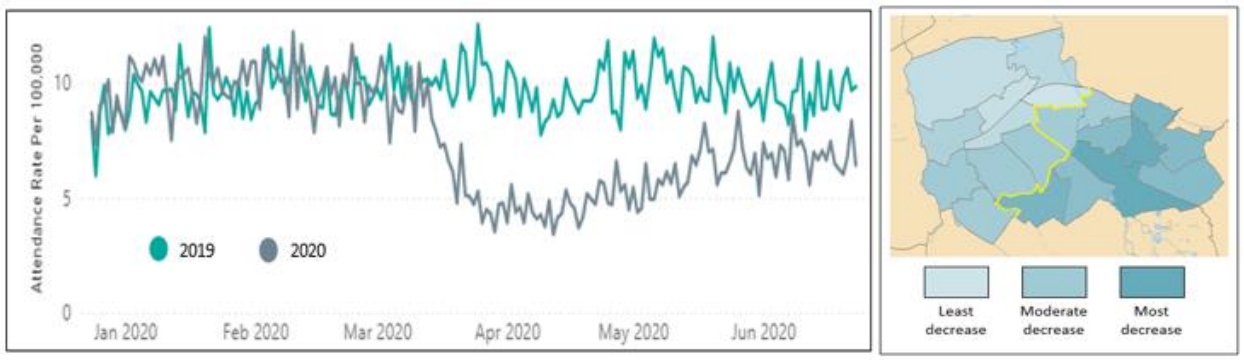

Figure 30[67] – (left) A&E attendance rate per 100,000 population in Merton, 2019 - 2020.

[63] Source: BMA: Pressure points in the NHS - https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressure-points-in-the-nhs
[64] Source: BMA: Pressure points in the NHS - https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressure-points-in-the-nhs
[65] Source: NELCSU COVID dashboard
[66] Source: NELCSU: Attendances by LTC profile
[67] Source: NELCSU: Attendances by LTC profile. Presented data are for NHS Merton CCG

(right) Relative change in A&E attendance by Merton ward (year ending 10/06/20 compared to year ending 10/06/21)

2.6 Conclusion

2.6.1 This chapter has focused on the direct impacts of COVID-19 in Merton in terms of infection, illness, mortality and services and has highlighted how different groups have been affected unequally.

2.6.2 However, a large number of wider, indirect impacts will affect Merton's population economically and socially far into the future, as well as impacting the overall health of residents. These indirect impacts are also felt unequally, disproportionately impacting those already most vulnerable in Merton.

2.6.3 The remaining chapters of the Merton Story will describe these indirect impacts of COVID-19 on Merton's population with a focus on the impact on existing inequalities.

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3. Start Well

Key messages:

- Children and young people in Merton experience good health outcomes compared to regional and national benchmarks but there is inequality within Merton
- Risk factors and vulnerabilities for children and young people in Merton have been exacerbated by the COVID-19 pandemic, including;
    - Increase in domestic violence, which is higher in East Merton
    - Increase in child poverty with a widening gap between East and West Merton
- Overall, children and young people in Merton obtain good levels of development and attainment, however lower proportions reach expected levels in East Merton and the move to online teaching may have widened the educational gap for disadvantaged students
- In Merton, 12.6% of school pupils received Special Educational Needs support in 2020/21 and there has been an increase in the number of children with an Education Health and Care (EHC) plan during the COVID-19 pandemic
- 1 in 12 children in Reception are obese in Merton, rising to 1 in 5 children in Year 6 and a higher proportion of children in East Merton wards are obese compared to West Merton wards; nationally observed inequalities by ethnicity and deprivation are widening
- Merton has high admission rates for self-harm in 15–19 year-olds compared to London, while the mental health of young Londoners has declined in general during the COVID-19 pandemic
- Eating disorders and disordered eating in children and young people have worsened during the COVID-19 pandemic, with a 50% increase in patients starting treatment nationally
- Under 5's immunisation rates in Merton are similar to London rates, although lower than the national average and below NHS targets. Early analyses indicate that routine childhood vaccine uptake in across England may have been disrupted by the COVID pandemic.
- The number of children with a child protection plan almost doubled from 89 (in April 2020) to 176 (April 2021).
- The COVID-19 pandemic has made it more important than ever to engage with children and young people in Merton to understand the impact of the pandemic on their lives and to meet their needs

3.1 Introduction

3.1.1 Providing children with the best possible start in life is one of the most effective ways of promoting good health and social outcomes throughout the life course. However, many children face challenges that impair their development and compromise their health and wellbeing. These challenges include social, economic and environmental risk factors, which disproportionately disadvantage certain population groups and can generate lifelong and generational inequalities.

3.1.2 Tackling the wider determinants of health from preconception to early years and adolescence by minimising risk factors and enhancing protective factors is therefore fundamental to preventing poor health outcomes, disrupting health inequalities and is also highly cost-effective.

3.1.3 The COVID-19 pandemic has had a profound impact on the health of children and young people as well as maternal health, which could impact health outcomes and inequalities for an entire generation. This chapter describes the current situation in Merton for children and young people's health, focusing on inequalities and the impact of the COVID-19 pandemic. It follows a similar structure to the Merton's Children's and Young People's Plan 2019-23, with other areas of this plan, including "My Merton", covered elsewhere.

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3.2 Staying Safe

Child Poverty

3.2.1 Growing up in poverty is damaging to child health and well-being. Adverse childhood circumstances are associated with future adult ill health and negatively affect future health and life chances.

3.2.2 In 2018/19, 5,195 (13.1%) children in Merton under 16 years lived in low-income families, a lower proportion than the average for London (19.2%). [68]

3.2.3 East Merton has a higher proportion of children living in poverty than West Merton, with Pollards Hill, Cricket Green, Figge's Marsh, and Ravensbury wards most affected (Figure 31). The gap between child poverty in East and West Merton between 2014/15 and 2018/19 has widened, with child poverty increasing more in East Merton wards than West Merton wards.

[68] Source: Public Health Outcomes Framework (PHOF), child health profiles - https://fingertips.phe.org.uk/profile/child-health-profiles

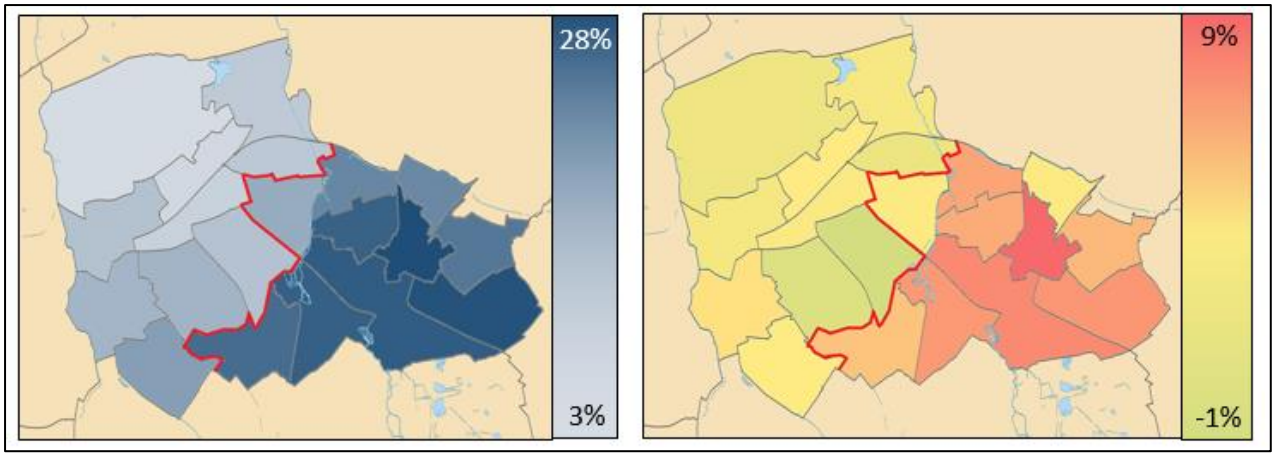


Figure 31[69] – (left) Percent of children living in poverty before housing costs, by ward, 2018/19. (right) Percent change in proportion of children living in poverty before housing costs between 2014/15 and 2018/19.

3.2.4 The impact of the COVID-19 pandemic has been greater for those already on lower income as they are more vulnerable to changes in income[70]. Further families are likely to fall into poverty due the economic impact of the pandemic, particularly in East Merton where a higher proportion of families work in professions that are more likely to have been disrupted (Chapter 6).

3.2.5 The proportion of pupils eligible for free school meals (FSM) is a useful proxy indicator for family income. The proportion of school pupils eligible for FSM in Merton before the pandemic was 17.5% (academic year 2019/20) however this has risen to 22.1% in 2020/21, showing the negative financial impact the pandemic has had on families locally (Figure 32). This is an extra 1,220 pupils in Merton eligible for FSM in the academic year 2020/21.

[69] Source: End Child Poverty - http://www.endchildpoverty.org.uk/before-housing-cost-ward-data/

[70] Source: The impact of COVID-19 on London's children and young people. Public Health England (PHE). May 2021 https://www.eastlondonhcp.nhs.uk/downloads/ourplans/Children/Professionals/CYP%20COVID%20wider%20impacts%20May%2021.pdf

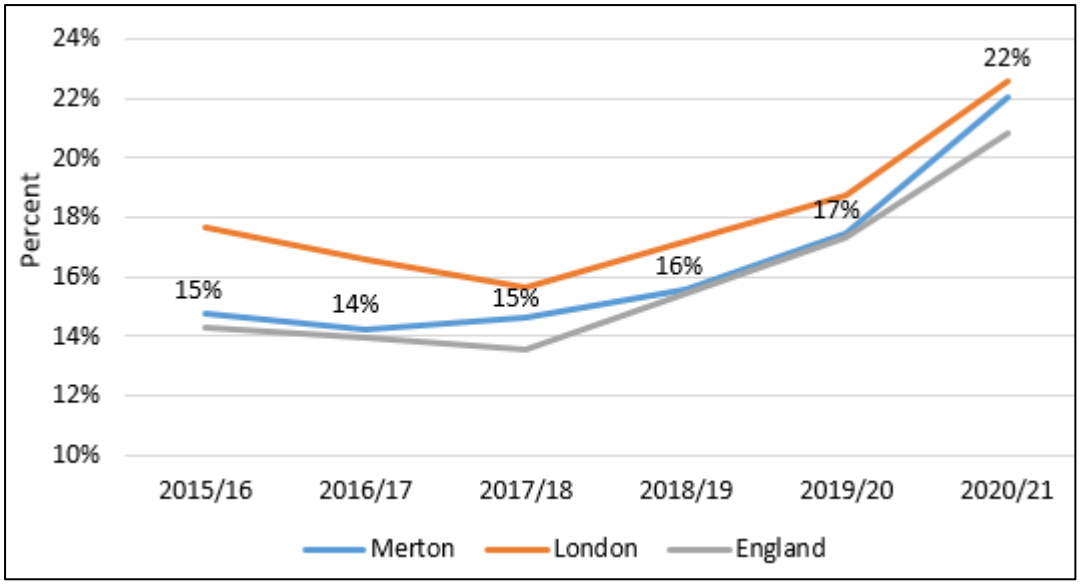


Figure 32[71] – Free school meals eligibility in Merton, London, and England over time. Figures shown are for Merton only.

Parents/ carers with domestic abuse, mental health & substance misuse issues

3.2.6 Ensuring a good environment in childhood, especially early childhood, is important for health and wellbeing throughout the life course. Parental mental health, substance misuse and domestic violence are among the greatest risk factors for child health and wellbeing (Table 12). This "Toxic Trio" negatively impacts child health and wellbeing, both immediately, for example by impacting educational achievement and emotional wellbeing, and in the long term.

Table 12 – The "Toxic Trio" – risk factors that can negatively impact child health and wellbeing.

Risk factor	Definition
Substance misuse	Consumption of psychoactive substances (either legal or illegal) that is harmful or problematic. Substances include cannabis, heroin, cocaine, or novel-psycho substance but also include alcohol.
Mental health problems[72]	Any disorder or disability of the mind including, for example, depression, personality disorders and post-traumatic stress disorder.
Domestic abuse[73]	Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged

[71] Source: Education statistics - https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics
[72] Source: The Mental Health Act 2007 https://www.legislation.gov.uk/ukpga/2007/12/contents
[73] Source: Guide on definition of domestic violence. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/142701/guide-on-definition-of-dv.pdf

	16 or over who are or have been intimate partners or family members

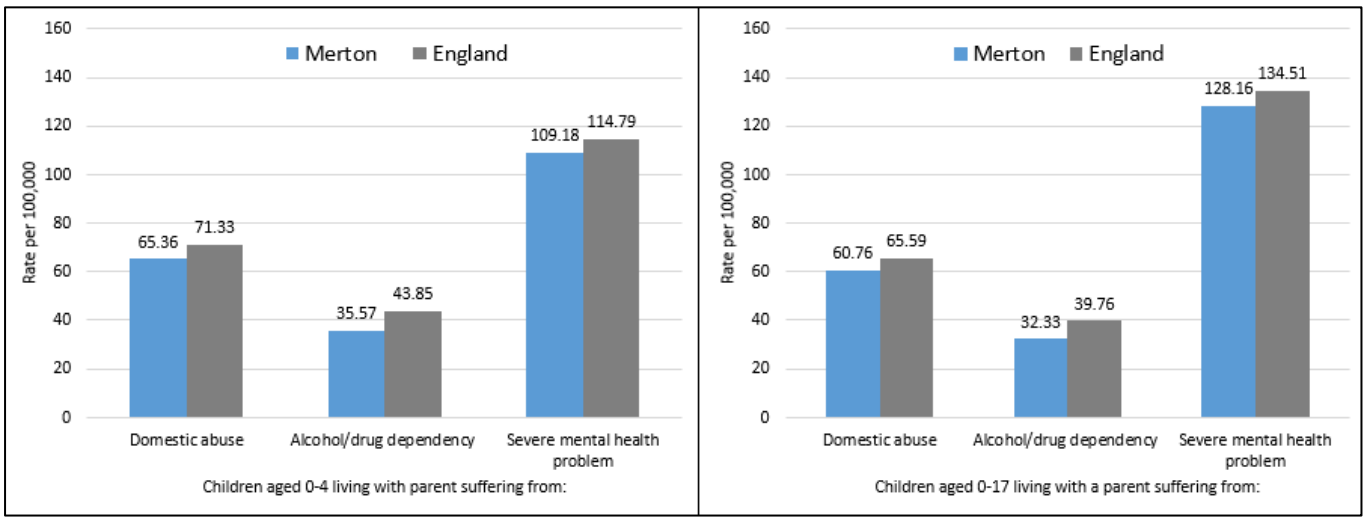


Figure 33[74] – Rate (per 100,000) of children aged 0-4 and 0-17, living with a parent suffering from domestic abuse, alcohol/drug dependency, or severe mental health in Merton compared to London (2019/20).

3.2.7 The rate of children and young people in Merton living in a household with domestic abuse, alcohol and drug dependency or severe mental health problems is slightly lower than the national average for all three (Figure 33). In Merton, 36 children per 100,000 aged 0-4 in Merton live with a parent suffering from alcohol/substance dependency, compared to 44 per 100,000 across England.

3.2.8 These risk factors reinforce existing health inequalities. For example, in England, adults living in the lowest income households are more likely to have taken any drug in the last year than those living in higher income households.[75]

3.2.9 COVID-19 has likely exacerbated some of these risk factors. In Merton, there has been a 6% increase in domestic violence cases reported in Merton from 2019/20 (1,847) to 2020/21 (1,964), with higher rates in East Merton (Figure 34). Substance misuse and mental health are covered in Chapter 4.

[74] Source: Children's Commissioner: https://www.childrenscommissioner.gov.uk/chldrn/
[75] Source: Drug misuse in England and Wales: year ending March 2020 - https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingmarch2020#personal-characteristics

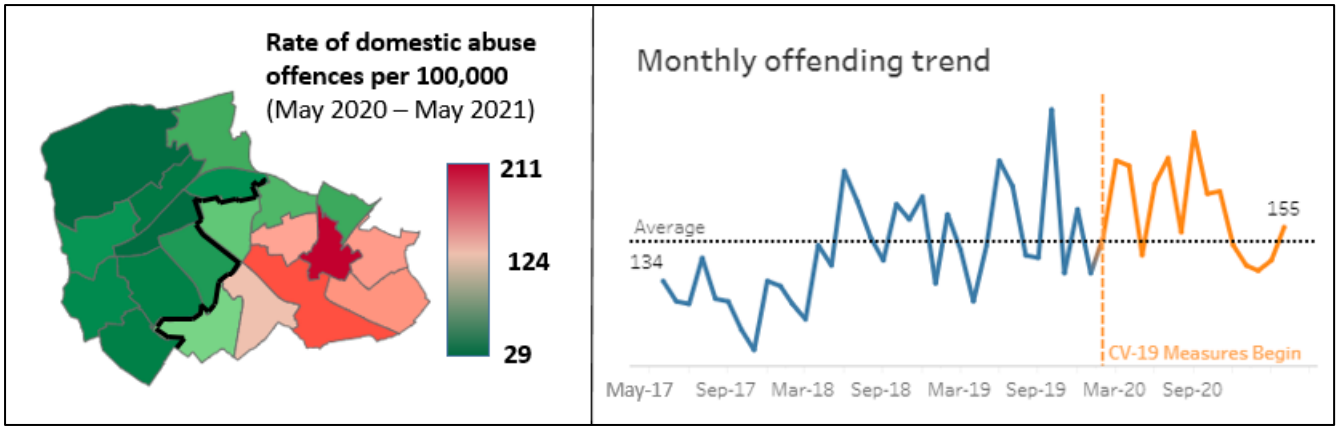


Figure 34[76] – (left) map showing rate of domestic abuse offences per 100,000 population in Merton by ward between May 2020 and May 2021. Black line separates East and West Merton. (right) Monthly domestic abuse offences in Merton between May 2017 and May 2021. Orange vertical line refers to figures captured since COVID-19 measures began.

3.2.10 The effect of COVID-19 on these risk factors is complex; the increase in financial hardship and lockdown restrictions might increase tensions, as well as mental and emotional health issues. These are linked to child maltreatment and domestic abuse and will need to be monitored in coming months and years[77, 78].

Vulnerable Children and Young People

3.2.11 Under the Children Act 1989, a child is legally defined as 'looked after' if he or she gets accommodation from the local authority for a continuous period of more than 24 hours, is subject to a care order (to put the child into the care of the local authority) or is subject to a placement order (to put the child up for adoption).

3.2.12 Children and young people who are looked after are amongst the most socially excluded, are more likely to have experienced deprivation and poverty, experience profound inequalities in emotional and mental health, and have poor educational and social outcomes, all contributing to a higher likelihood of poor health and social exclusion later in life[79].

3.2.13 In 2020, 155 children were looked after in Merton, a rate of 32 for every 10,000 children. This is lower than London (49 per 10,000) and England (67 per 10,000). However,

[76] London Datastore - Domestic and Sexual Violence Dashboard: https://www.london.gov.uk/what-we-do/mayors-office-policing-and-crime-mopac/data-and-statistics/domestic-and-sexual-violence-dashboard
[77] Source: Isolated and struggling: social isolation and risk of child maltreatment in lockdown and beyond. NSPCC Learning. 2020 Isolated and struggling: social isolation and the risk of child maltreatment, in lockdown and beyond (nspcc.org.uk)
[78] Source: The impact of COVID-19 on London's children and young people. Public Health England (PHE). May 2021
https://www.eastlondonhcp.nhs.uk/downloads/ourplans/Children/Professionals/CYP%20COVID%20wider%20impacts%20May%2021.pdf
[79] Source: Public Health Outcomes Framework (PHOF), child health profiles - https://fingertips.phe.org.uk/profile/child-health-profiles

of those who are looked after, the proportion whose emotional wellbeing is a cause for concern in Merton is 49%, which is higher than both London (32.1%) and England (37.4%)[80].

3.2.14 Local data shows that demand for statutory children's social care services has increased during the pandemic and the number of children with a child protection plan almost doubled from 89 (in April 2020) to 176 (April 2021).

Accidental and Non-accidental injuries

3.2.15 Unintentional injuries are a leading cause of hospitalisation and a major cause of premature mortality for children and young people, with children living in more deprived areas more likely to suffer injury.[81] Injuries might result in long-term health issues, including disability and mental health related to experience(s).

3.2.16 In those aged 1–4 years, unintentional injuries account for 11% of deaths, lower only than neoplasms (18%) and common infections (16%)[82]. Unintentional injuries remain a significant cause of mortality in young men, for example 8.5% of deaths in males aged 15-19 are from unintentional injuries compared to 4.1% in females.

3.2.17 In Merton, hospital admissions for unintentional and deliberate injuries in children are higher than London but lower than England averages (Figure 35). In 2019/20, 150 children aged 0–4 years in Merton were hospitalised for unintentional and deliberate injuries, as well as 315 aged 0–14 years and 250 aged 15–24 years[83]. Additionally, there were 195 emergency admissions for falls in children aged 0–4 years in the period 2017/18 - 19/20, which is a higher rate than London but lower than England.

[80] Source: Public Health Outcomes Framework (PHOF) - https://fingertips.phe.org.uk/search/emotional#page/3/gid/1/pat/6/par/E12000001/ati/102/are/E06000047/iid/92315/age/246/sex/4/cid/4/tbm/1

[81] Source: Reducing unintentional injuries in and around the home among children under five years. Report for Merton. Public Health England (PHE) chimat-Unintentional_injuries_in_and_around_the_home-E09000024.pdf

[82] Source: Ward JL, Wolfe I, Viner RM. Cause-specific child and adolescent mortality in the UK and EU15+ countries. *Archives of Disease in Childhood* 2020;**105:**1055-1060. https://adc.bmj.com/content/105/11/1055

[83] Source: Reducing unintentional injuries in and around the home among children under five years. Report for Merton. Public Health England (PHE) chimat-Unintentional_injuries_in_and_around_the_home-E09000024.pdf

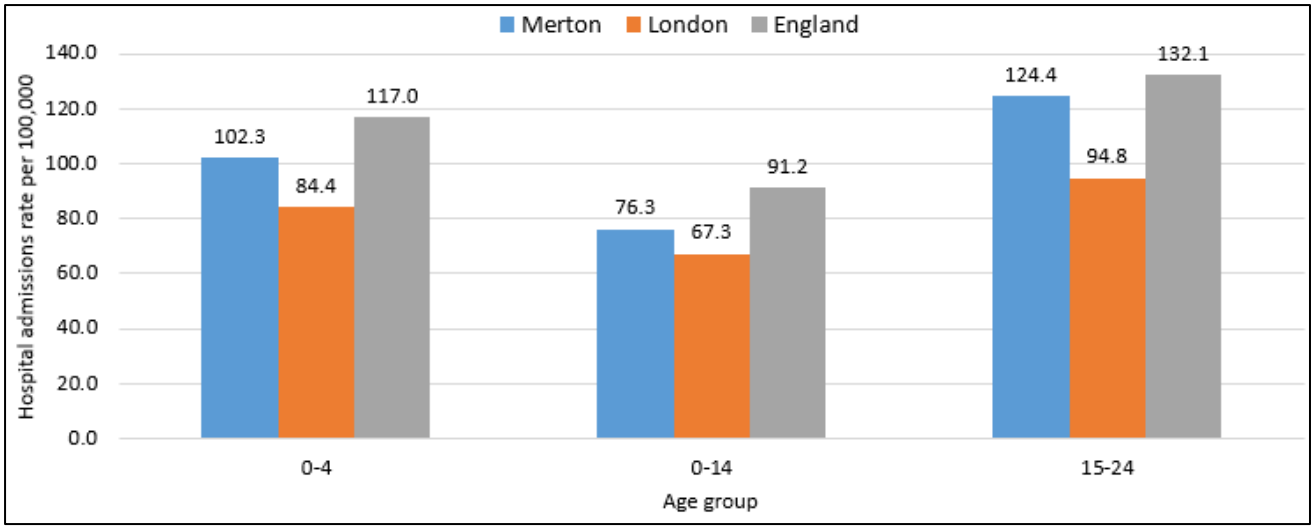


Figure 35[84] – Hospital admissions caused by unintentional and deliberate injuries in children (2019/20) in Merton, London, and England.

Alcohol and Substance misuse

3.2.18 Alcohol and substance misuse in children and young people can have serious consequences, such as increased risk-taking behaviour, hospital admission and longer-term impacts on health.

3.2.19 Between 2017/18 and 2019/20, there were 30 hospital admissions for alcohol specific conditions in under 18s in Merton, which is higher than the rate for London but lower than England (Figure 36)[85]. During the same period, there were 30 admissions in 15–24 year-olds for substance misuse, a rate of 49.8 per 100,000; lower than London and England. The impact of COVID-19 on young people's alcohol and substance misuse remains unclear as new data is awaited.

[84] Source: Public Health Outcomes Framework (PHOF) – child health profiles https://fingertips.phe.org.uk/profile/child-health-profiles
[85] Source: Public Health Outcomes Framework (PHOF) – child health profiles https://fingertips.phe.org.uk/profile/child-health-profiles

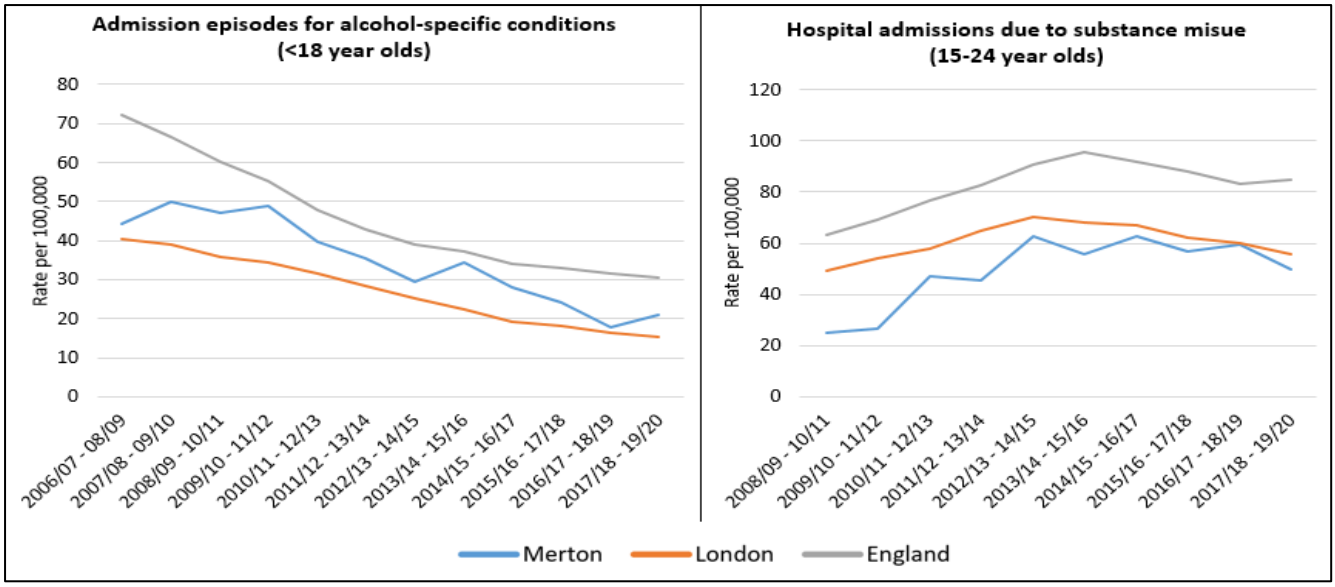


Figure 36[86] – (left) Admission episodes for alcohol-specific conditions among those aged <18 in Merton, London, and England over time. (right) Hospital admissions due to substance misuse among 15-24 year olds in Merton, London, and England over time.

Youth offending

3.2.20 Children and young people in contact with the youth justice services are more likely to have mental health problems alongside other challenges and many of their health and social care needs go unrecognised and unmet.[87] Risk factors during infancy and childhood, such as maternal stress, neglect and exposure to domestic violence, increase the risk of antisocial behaviour during childhood, which in turn amplify the likelihood of convictions during adolescence.[88]

3.2.21 In 2019/20, the rate of children and young people aged 10–17 years in the youth justice system in Merton was 3.2 per 1,000, lower than London (4.4) and England (3.5). In 2019, there were 28 first time entrants into the youth justice system in Merton, a rate of 156 per 100,000, which is lower than London (260.2) and England (208)[89].

3.2.22 The number of first time entrants into the youth justice service has been on a downward trend nationally and in Merton (Figure 37)[90].

[86] Source: Public Health Outcomes Framework (PHOF) – child health profiles https://fingertips.phe.org.uk/profile/child-health-profiles
[87] Source: Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pays. Chapter 2a – Mortality, morbidity and wellbeing (publishing.service.gov.uk)
[88] Source: Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pays. Chapter 2a – Mortality, morbidity and wellbeing (publishing.service.gov.uk)
[89] Source: Public Health Outcomes Framework (PHOF) – child health profiles https://fingertips.phe.org.uk/profile/child-health-profiles
[90] Source: Public Health Outcomes Framework (PHOF) – child health profiles https://fingertips.phe.org.uk/profile/child-health-profiles

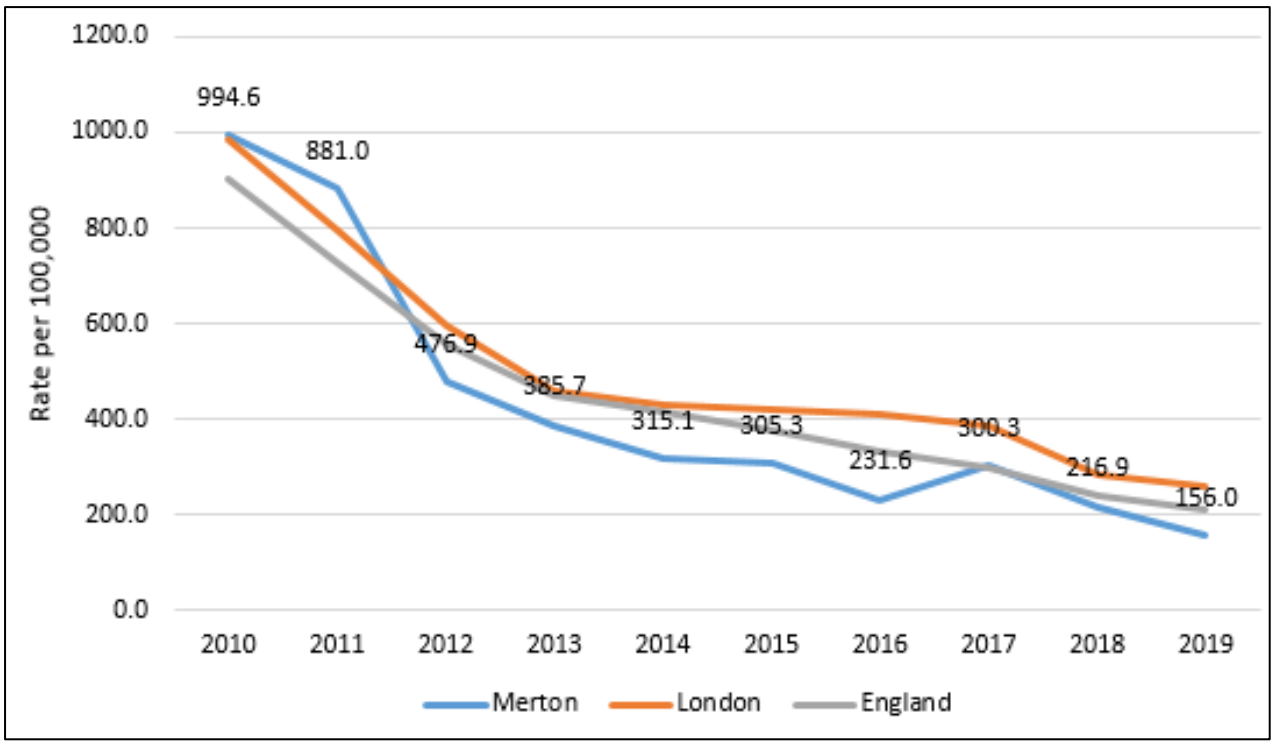


Figure 37[91] – Rate (per 100,000) of first time entrants to youth justice system in Merton, London, and England (2010-2019). Figures shown are for Merton only.

3.2.23 There are significant inequalities in youth justice nationally. For example, BAME children and young people account for 45% of the custodial estate, while they only make up 18% of the 10–17 year old population[92]. This stems from structural inequalities in the risk factors for antisocial behaviour experienced by children from BAME backgrounds, such as living in areas of greater deprivation. In Merton, further work is underway to understand the underlying causes for this inequality at local level, with Figure 38 showing the percentage of 10–14 year olds or 15–17 year olds cautioned or sentenced who are from White or BAME backgrounds.

[91] Source: Public Health Outcomes Framework (PHOF) – child health profiles https://fingertips.phe.org.uk/profile/child-health-profiles

[92] Source: Centre for Crime and Justice Studies (2019) Our youth justice system discriminates against BAME children – and it's getting worse | Centre for Crime and Justice Studies

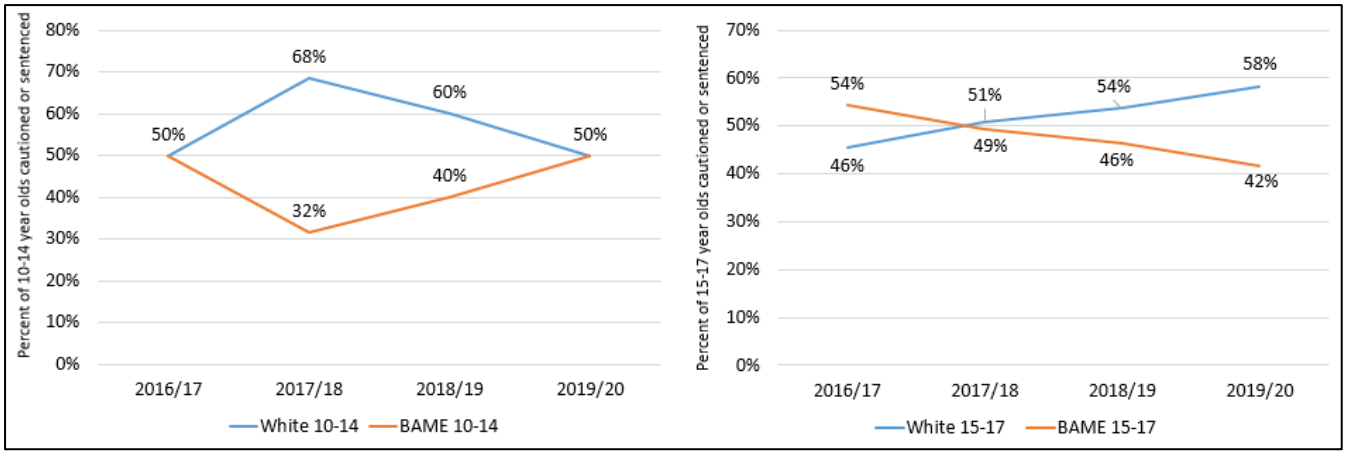


Figure 38[93] – Percent of cautioned or sentenced 10-14 year olds (left) and 15-17 year olds (right) in Merton broken down by white or BAME background.

3.3 Being Healthy

Maternal Health & the newborn period

3.3.1 The health of children is heavily determined by early factors, from pre-conception, through to pregnancy, delivery and the first year of life. Promoting good antenatal and maternal health improves health outcomes and gives children the best opportunities in life[94].

3.3.2 In Merton, pregnant women and babies experience better health outcomes than London and English averages. Babies born to Merton mothers are less likely to have a low birth weight, be born prematurely and die within the first year of life (Figure 39).

[93] Source: Youth Justice Statistics - https://www.gov.uk/government/statistics/youth-justice-statistics-2019-to-2020

[94] Source: The impact of COVID-19 on London's children and young people. Public Health England (PHE). May 2021 https://www.eastlondonhcp.nhs.uk/downloads/ourplans/Children/Professionals/CYP COVID wider impacts May 21.pdf

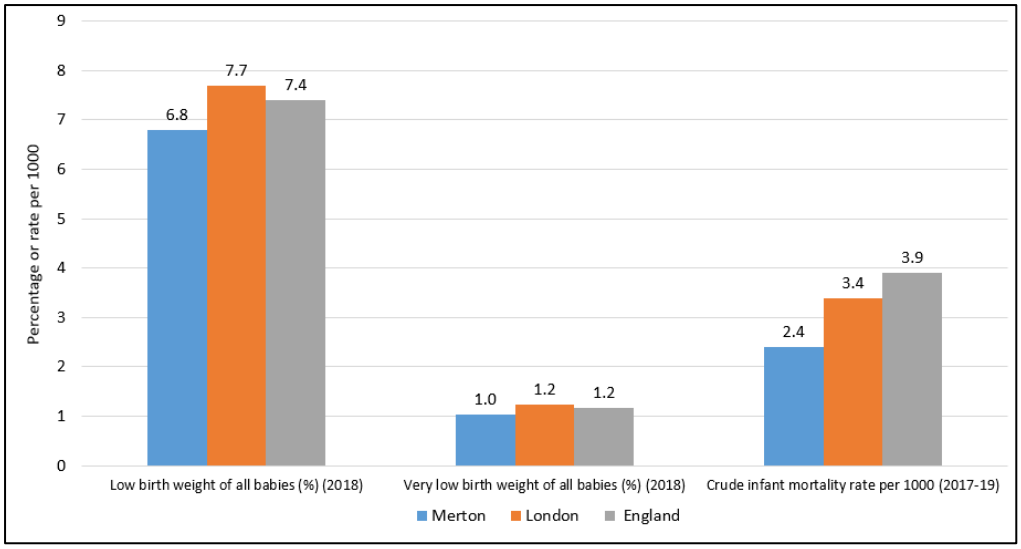


Figure 39[95] – Infant and new-born health indicators for Merton, London, and England.

3.3.3 Teenage conception, obesity in early pregnancy and smoking during pregnancy are important risk factors for new-born weight and health. In 2018, there were 34 conceptions among women aged under 18 years old in Merton, a rate of 11.8 per 1000, which is lower than London (13.9) and England (16.7)[96]. However, 23 (67.6%) of these under 18 conceptions resulted in termination, which is higher than the London (64.9%) and England (53%) figures, and resulted in a low overall number of teenage mothers[97]. In Merton, the proportion of women who were obese in early pregnancy in 2018/19 was 15.6% which is lower than London (17.8%) and England (22.1%). The proportion of women who smoked during pregnancy in Merton was 4.5% in 2019/20, lower than London (4.8%) and England (10.4%)[98].

3.3.4 Though Merton performs well, on average, there are inequalities in maternal and new-born health. For example, the prevalence of low birth weight ranges from 3.8% in Trinity ward to 9.2% in Ravensbury ward and is greater in East Merton (Figure 40).

[95] Source: Public Health Outcomes Framework (PHOF) – child health profiles https://fingertips.phe.org.uk/profile/child-health-profiles
[96] Source: Public Health Outcomes Framework (PHOF) – child health profiles https://fingertips.phe.org.uk/profile/child-health-profiles
[97] Source: Public Health Outcomes Framework (PHOF) – child health profiles https://fingertips.phe.org.uk/profile/child-health-profiles
[98] Source: Public Health Outcomes Framework (PHOF) – child health profiles https://fingertips.phe.org.uk/profile/child-health-profiles

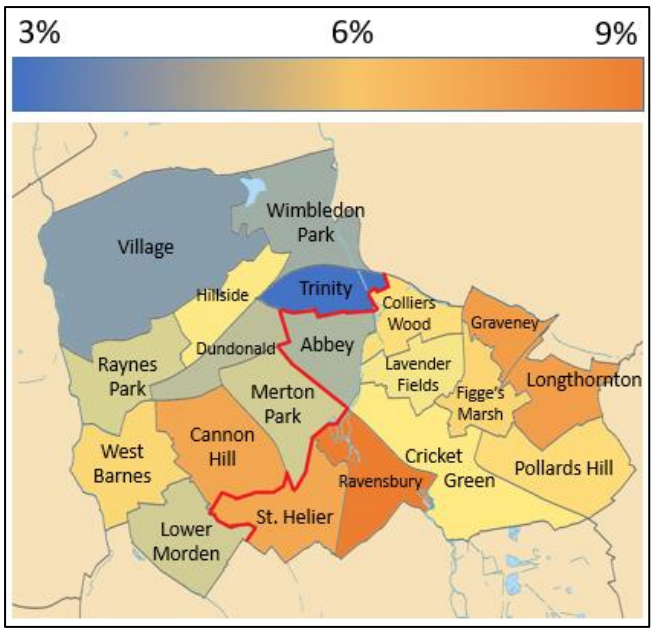


Figure 40[99] – Percent of live new-borns considered low birth weight by Merton ward (2015-2019).

3.3.5 Merton performs well in terms of new birth baby reviews, with 96% of reviews undertaken within 14 days of birth (above the 90% target) for 2020/21[100] .

3.3.6 Breastfeeding has long-term benefits including reduced risk of sudden infant death syndrome (SIDS), childhood obesity and cardiovascular disease in adulthood[101]. More new-borns in Merton are breastfed at initiation (83.8% in 2018/19) and at 6-8 weeks of age (76.3% in 2019/20), compared to the England average (67.4% and 48%, respectively)[102].

3.3.7 The infant mortality rate in Merton, defined as infant deaths under 1 year of age per 1000 live births, was 2.4 per 1000 in the period 2017-2019, equating to 22 deaths[103]. This rate is lower than the London (3.4 per 1000) and England (3.9 per 1000) averages.

3.3.8 However, in 2019/20, 330 babies under 14 days old were admitted to hospital, a rate of 124.1 per 1000, which was higher than London (68.6 per 1000) and England (78.1 per 1000) averages[104]. In the same year, there were 1070 admissions for children aged <1 year, a rate of 371.7 per 1000, which is also higher than the London rate (264.1) although similar to the

[99] Source: Public Health Outcomes Framework (PHOF) – child health profiles https://fingertips.phe.org.uk/profile/child-health-profiles
[100] Source: CLCH Contract monitoring dataset
[101] Source: NHS – benefits of breastfeeding - https://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/breastfeeding/benefits/
[102] Source: Public Health Outcomes Framework (PHOF) – child health profiles https://fingertips.phe.org.uk/profile/child-health-profiles
[103] Source: Public Health Outcomes Framework (PHOF) – child health profiles https://fingertips.phe.org.uk/profile/child-health-profiles
[104] Source: Public Health Outcomes Framework (PHOF) – child health profiles https://fingertips.phe.org.uk/profile/child-health-profiles

national average (390.6). Both have seen increasing in trends since 2014/15 and further investigation may be required to identify the cause.

3.3.9 Families in the perinatal period are particularly vulnerable to mental health difficulties. The COVID-19 pandemic has added extra pressures on families in the perinatal period including changes in access to antenatal and postnatal care and mental health services, interrupted access to support networks, job insecurity and unemployment, socio-economic pressures, and bereavement. [105,106] Given the above, there is likely to have been a decline in maternal mental health during the pandemic and there may be longer term impacts on the experience of the mother, maternal outcomes and childhood outcomes in Merton and across the UK.

3.3.10 Although local services have continued to offer remote support, outreach and centre-based services during the COVID-19 pandemic, families with babies and young children in Merton have not had the same access to universal and early help services as previously.

Preschool

3.3.11 The early years and preschool period have an important and long-term impact on physical and emotional health through to adulthood. Positive early experience is vital to ensure children are ready to learn, ready for school and have good life chances.

3.3.12 Preschool children in Merton have good outcomes compared to London and England. For example, the rate of A&E attendances for 0–4 year olds in Merton is 644.9 per 100,000, which is lower than London (755.2 per 100,000) and England (655.3 per 100,000).

3.3.13 Additionally, all children and families in the UK should receive a review when the child reaches around 2 to 2½ years to allow an integrated review of their health and development. In 2019/20, 77% of eligible children received their 2-2½ year review in Merton, which is lower than the national average of 78.6%, although higher than the London average of 73.6%.

Healthy weight & physical activity

3.3.14 Childhood overweight and obesity is one of the greatest public health challenges facing the UK population. Childhood obesity is a significant risk factor for poor physical and mental health, impacting children in the short term and into adulthood. The causes of childhood obesity are multiple and complex and tackling it requires a whole system approach. In Merton, the Child Health Weight Action Plan, sets out the actions being taken by Merton Council and local partners to tackle this complex issue.

3.3.15 Significant inequalities in childhood obesity and overweight exist in the UK by gender, ethnicity, socio economic status, geography, and disability. For example, children living in the most deprived areas are twice as likely to be classified obese as children in the least

[105] Source: Maternal mental health during the pandemic report. Centre for Mental Health. 2021 CentreforMH_MaternalMHPandemic_FullReport_0.pdf (centreformentalhealth.org.uk)
[106] Source: The impact of COVID-19 on London's children and young people. Public Health England (PHE). May 2021 https://www.eastlondonhcp.nhs.uk/downloads/ourplans/Children/Professionals/CYP COVID wider impacts May 21.pdf

deprived areas[107]. Furthermore, nationally in 2018/19, just over 9% of white children were obese at age 4-5, compared with more than 15% of black children[108].

3.3.16 In Merton, over 1 in 12 (8.7%) of Reception-aged children and 1 in five (20.1%) of Year 6 children were estimated to be obese in 2019/20 [109]. The prevalence of overweight and obesity in Merton fluctuates year on year with little overall reduction between 2007 and 2020 for both Reception and Year 6 aged children.

3.3.17 Although these proportions are lower than or similar to England and London levels, there are significant inequalities in Merton with greater levels of childhood overweight and obesity in East Merton compared to West Merton. Obesity (including severe obesity) in Year 6 in West Merton ranges from 9.6% in Dundonald ward to 21.3% in Lower Morden, while in East Merton, this ranges from 15.4% in Abbey ward to 29.4% in Pollards Hill (see Figure 41 and 42). The gap in obesity prevalence between the most and least poorest deciles has increased nationally in recent years[110].

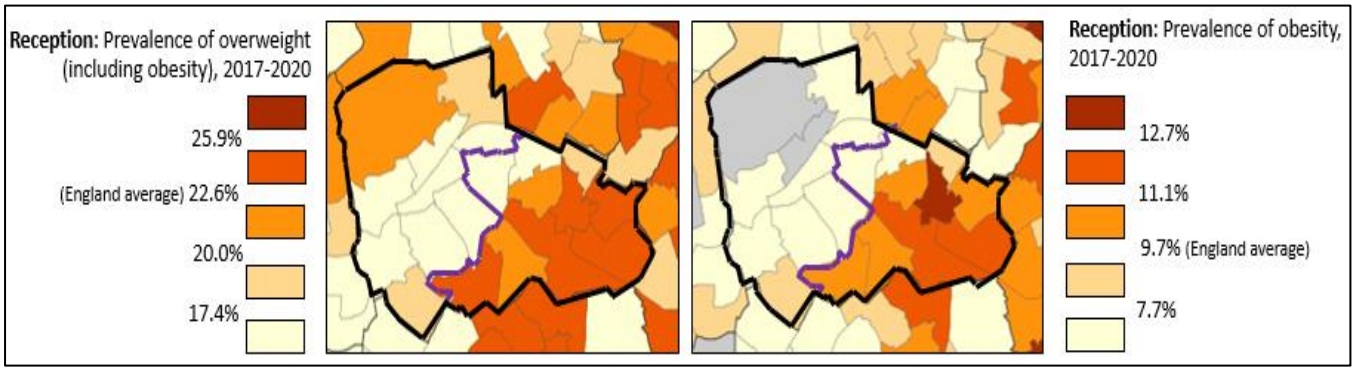


Figure 41[111] – Overweight and obesity among Merton residents in Reception by ward. Data is for 2017-2020. Black line shows Merton boundary, purple line shows East and West Merton boundary. Wards in grey have no values as small numbers suppressed.

[107] Source: National Audit Office: Childhood obesity - https://www.nao.org.uk/wp-content/uploads/2020/09/childhood-obesity.pdf
[108] Source: National Audit Office: Childhood obesity - https://www.nao.org.uk/wp-content/uploads/2020/09/childhood-obesity.pdf
[109] Source: Public Health England Fingertips tool: Child and Maternal Health Child and Maternal Health - Data - PHE
[110] PHE Fingertips: Child and Maternal Health tool: https://fingertips.phe.org.uk/profile/child-health-profiles/data
[111] Source: PHE Local Health Local Health - Public Health England

Figure 42[112] – Overweight and obesity among Merton residents in Year 6 by ward. Data is for 2017-2020. Black line shows Merton boundary, purple line shows East and West Merton boundary.

3.3.18 The impact of the COVID-19 pandemic on obesity levels in Merton remains to be seen, however there is emerging evidence that stay-at-home guidance, the move to online education and closures of leisure facilities has disrupted children's routines leading to negative impacts on sleep, nutrition and physical activity levels.[113, 114] Engagement work in London indicates that some young people were leaving the house less than once a week at the start of the pandemic, with negative impacts on physical activity as well as young people's mental health.[115]

3.3.19 The economic impact of the COVID-19 pandemic may also have impacted families' ability to maintain healthy weight through accessing and being able to afford healthier food options.[116] Chapter 4 describes food poverty and insecurity in Merton.

Children's Mental Health

3.3.20 Mental illness in children and young people is an urgent public health concern in the UK. Children with mental illness have a greater risk of poor mental and physical health in adulthood and are more likely to have a physical health condition or developmental problem[117]. They are also more likely to have poor social outcomes, including unemployment and contact with law enforcement agencies[118].

[112] Source: PHE Local Health Local Health - Public Health England
[113] Source: When Pandemics Collide: The Impact of COVID-19 on Childhood Obesity. Journal of Paediatric Nursing. 2021
[114] Source: The impact of COVID-19 on London's children and young people. Public Health England (PHE). May 2021 https://www.eastlondonhcp.nhs.uk/downloads/ourplans/Children/Professionals/CYP%20COVID%20wider%20impacts%20May%2021.pdf
[115] Source: Checking in: Voices of young people during lockdown. Partnership for Young London & Good Thinking. Youth_Listening_Report_Final.pdf (healthylondon.org)
[116] Source: Food in a Pandemic. Published by Demos. Supported by Food Standards Agency (FSA). 2021. https://www.food.gov.uk/news-alerts/news/food-in-a-pandemic-report-published
[117] Source: PHE: Measuring the mental wellbeing of children and young people - https://www.gov.uk/government/publications/measuring-the-mental-wellbeing-of-children-and-young-people
[118] Source: PHE: Measuring the mental wellbeing of children and young people - https://www.gov.uk/government/publications/measuring-the-mental-wellbeing-of-children-and-young-people

3.3.21 At least one in eight children and young people in the UK have a diagnosable mental health condition or emotional disorder; and anxiety and depression are on the rise[119]. Childhood adversity and trauma are key risk factors for poor mental health in children; for example, living in poverty, parental separation or poor parental mental health. Young people who identify as LGBTQ, looked after children, and young people in the youth justice system are also at increased risk of poor mental health.

3.3.22 Before the pandemic, hospital admissions for self-harm among 15–19 year olds in Merton was higher than London (Figure 43 and Figure 44). In 2020, the proportion of school pupils who had social, emotional or mental health needs in Merton (3.2%) was higher than London (2.5%) and England (2.7%)[120]. Mental health and well-being of children and young people in Merton during the pandemic may have declined further as mental and emotional health has declined in the general population in this period.

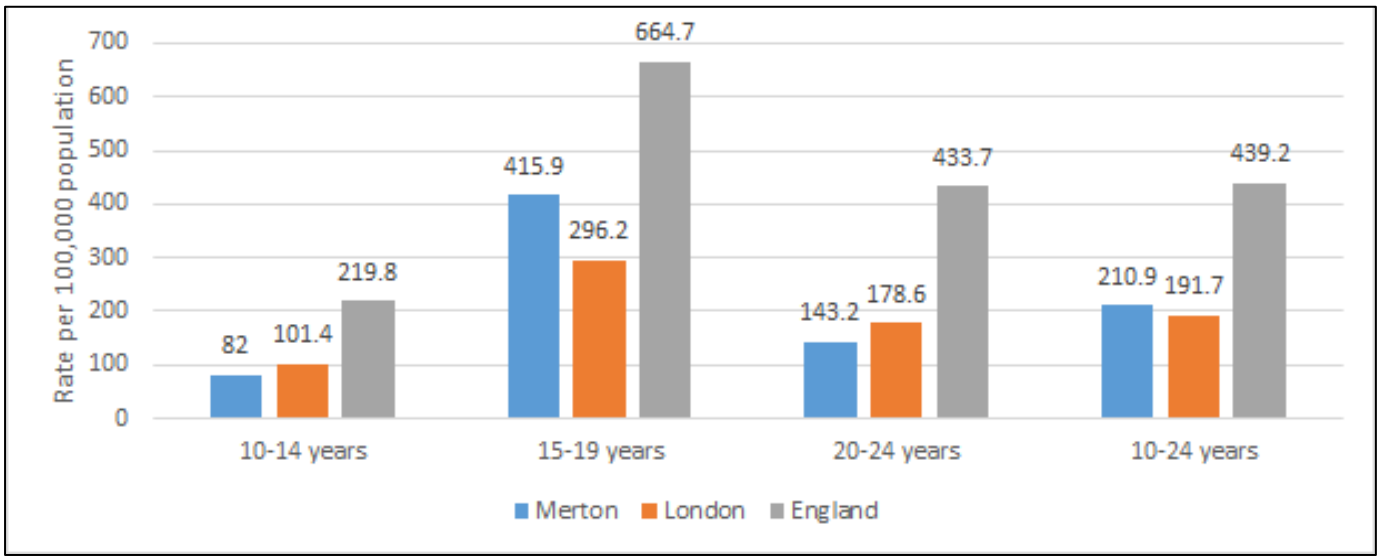


Figure 43[121] – Rate of hospital admissions per 100,000 for self-harm in Merton, London, and England in 2019/20

[119] Source: Local Government Association: CAMHS – facts and figures - https://www.local.gov.uk/about/campaigns/bright-futures/bright-futures-camhs/child-and-adolescent-mental-health-and

[120] Source: Special Education Needs in England data – academic year 2020/21. https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england

[121] Source: Public Health Outcomes Framework (PHOF) – child health profiles https://fingertips.phe.org.uk/profile/child-health-profiles

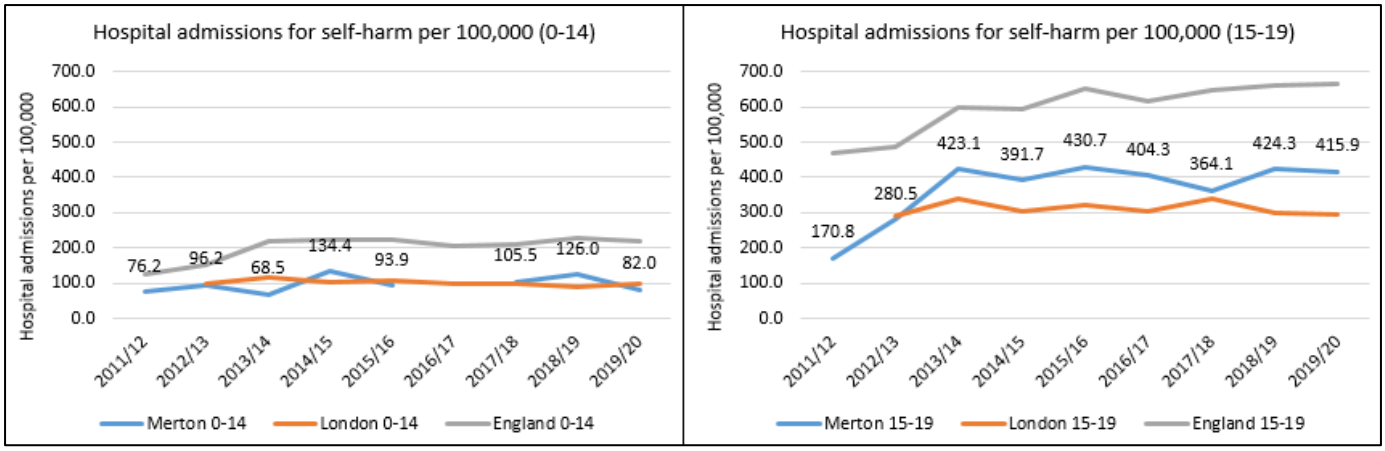


Figure 44[122] – (left) Rate of hospital admissions per 100,000 for self-harm in Merton, London, and England for 0–14 year olds, and (right) 15–19 year olds in London [123]. Number on the graph shown are for Merton only.

3.3.23 A report following engagement with young Londoners (aged 16–25 years), highlighted that housing, employment, and mental health are currently the most important issues for this group, with COVID-19 and lockdown having a huge impact on these issues[124]. For example, four-fifths of young Londoners said that COVID-19 had had a negative impact on their mental health, with disabled people and those with less disposable income due to COVID-19 more likely to agree that the pandemic had a negative impact.

Eating Disorders & Disordered Eating

3.3.24 Eating disorders are mental and physical illnesses involving complex and damaging relationships with food, eating, exercise, and body image[125]. These disorders can include anorexia nervosa, binge eating disorder and bulimia nervosa.

3.3.25 In the UK, between 1.25 and 3.4 million people are affected by an eating disorder and around 75% of those affected are female[126]. The majority of eating disorders start during adolescence. Although they can affect people of any age, they are most common in individuals between the ages of 16 and 40 years old.

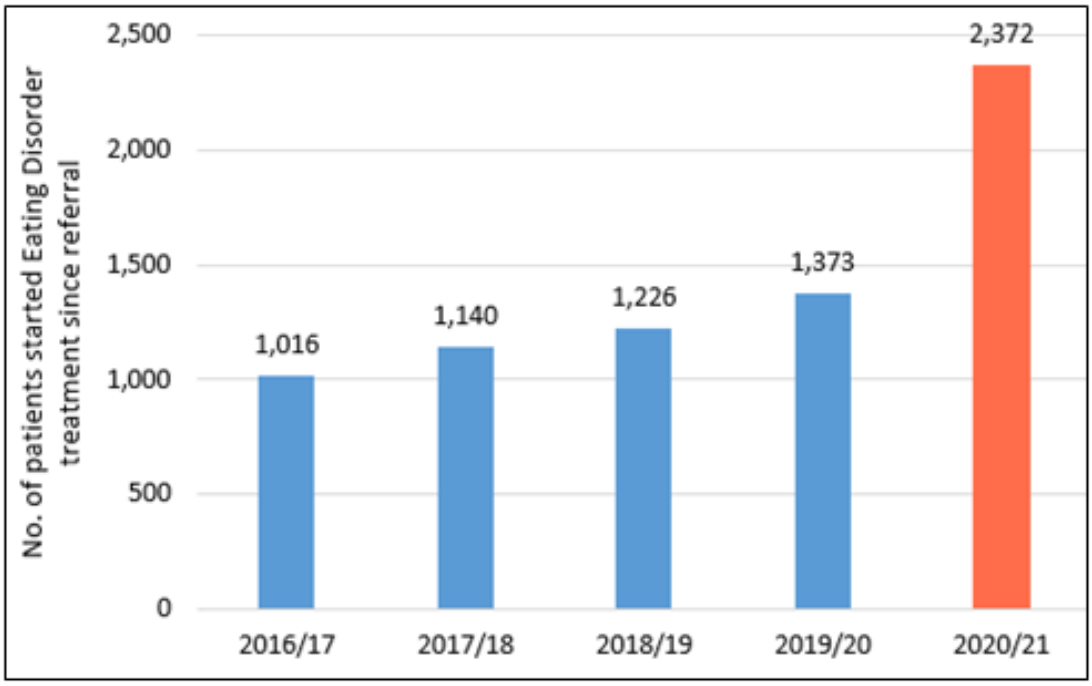
3.3.26 Around 10% of people affected by an eating disorder suffer from anorexia nervosa, while 40% suffer from bulimia nervosa. Eating disorders have the highest mortality rates among psychiatric disorders and anorexia has the highest mortality rate of any psychiatric disorder in adolescence[127].

[122] Source: Public Health Outcomes Framework – child health profiles https://fingertips.phe.org.uk/profile/child-health-profiles
[123] Note: No data for London in 2011/12, and no data for Merton 2016/17
[124] Source: Mapping Young London: A view into young Londoners after a year of lockdown. Partnership for London. April 2021 Mapping_Young_London_-_Partnership_for_Young_London_April_2021.pdf (digitaloceanspaces.com)
[125] Source: BEAT Eating Disorders: https://www.beateatingdisorders.org.uk/
[126] Source: Priory Group: https://www.priorygroup.com/eating-disorders/eating-disorder-statistics
[127] Source: Priory Group: https://www.priorygroup.com/eating-disorders/eating-disorder-statistics

3.3.27 While reducing childhood obesity is an important public health priority, the negative stigma associated with obesity in children and young people and its link to eating disorders, is also an important health priority for children and young people. Messaging and strategies designed to tackle obesity may have unintended and damaging consequences on eating disorders and therefore such strategies should be framed in a way that considers associated stigmas and mental health issues.

3.3.28 The COVID-19 pandemic has worsened a number of important risk factors for eating disorders, including social isolation and food insecurity[128]. The pandemic has also caused a number of more complex impacts that may have contributed to disordered eating behaviour. For example, fewer opportunities to exercise during lockdowns, loss of usual routines, disruptions to organised sport and other physical activities and disruptions in accessing face-to-face clinical services, are all likely to have had a detrimental effect on the relationships children and young people have with food and physical activity.

3.3.29 While data on eating disorders are limited at the local level, national level data indicates a rise of almost 50% (Figure 45) in the number of patients with eating disorders considered urgent cases starting treatment in 2020/21, compared to the previous year[129]. This may also be reflected in Merton. However, further data is required to fully assess the local trend and to understand how the increase in treatment relates to changes in eating behaviours during the pandemic.



[128] Source: COVID-19 and eating disorders in young people. Solmi, F et al. (2021) The Lancet Child & Adolescent Health, Volume 5, Issue 5, 316 – 318 https://doi.org/10.1016/S2352-4642(21)00094-8

[129] Source: Children and Young People with an Eating Disorder Waiting Times: https://www.england.nhs.uk/statistics/statistical-work-areas/cyped-waiting-times/

Figure 45[130]: Number of patients aged 0-19 with an eating disorder considered urgent starting treatment from 2016/17 to 2020/21 in England

Dental health

3.3.30 Good oral health is an important part of good child health, and is also a marker of wider health and social care issues, including poor nutrition and obesity. One of the most common reasons for hospital admissions for children aged 6-10 years is for teeth extraction under general anaesthetic.[131]

3.3.31 The average number of decayed, missing (due to decay) and filled teeth among 3 year olds in Merton in 2019/20 (0.32) is similar to the national average (0.31) and improved significantly between 2012/13 (0.45) and 2019/20 (0.32). Nationally, children from the most deprived areas have more than twice the level of tooth decay compared to those from the least deprived although this level of data is not available for Merton.[132]

3.3.32 Early in the COVID-19 pandemic, national restrictions meant that routine and non-urgent dental care was stopped, with dental practices providing virtual emergency assessment services and only referring the most urgent to care hubs for treatment; therefore many children had no access to routine dental care. Furthermore, when services resumed in June 2020, capacity was reduced and some families remained anxious about returning to a environment perceived to be high-risk for COVID infection.[133]

Immunisations

3.3.33 Immunisations are a simple and effective way of protecting children from serious infectious diseases. They not only protect individuals, but also protect the broader community by reducing spread.

3.3.34 In Merton, immunisation uptake at age 5 and under is generally better or similar to London with the exception of the MMR first dose and the pre-school booster (diphtheria, tetanus, pertussis and polio) at age 5[134]. Uptake of these latter two vaccines is significantly lower than London and England. Vaccination rates for London are generally poorer than the England average, and Merton is no exception (Figure 46). Generally, vaccination uptake in older age groups declines when compared to England, with a widening gap between immunisation uptake in Merton compared to England.

[130] Source: Children and Young People with an Eating Disorder Waiting Times: https://www.england.nhs.uk/statistics/statistical-work-areas/cyped-waiting-times/
[131] Source: Child oral health: applying All Our Health. Public Health England (PHE). https://www.gov.uk/government/publications/child-oral-health-applying-all-our-health
[132] Source: National Dental Epidemiology Programme for England: Oral health survey of five-year-old children 2017. Public Health England (PHE)
[133] Source: COVID-19 and the impact on child dental services in the UK. BMJ Paediatrics Open. 2021. https://bmjpaedsopen.bmj.com/content/5/1/e000853
[134] Source: Public Health Outcomes Framework (PHOF) – child health profiles https://fingertips.phe.org.uk/profile/child-health-profiles

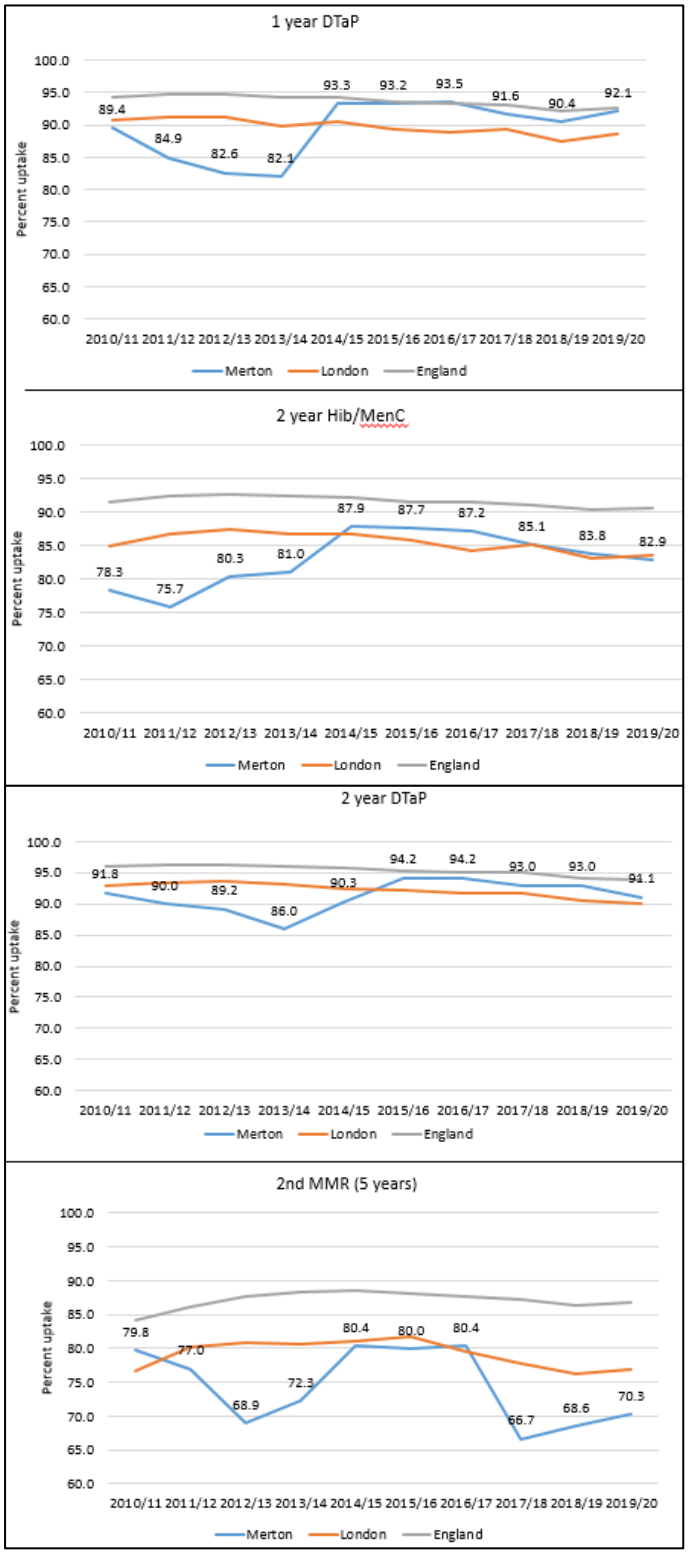


Figure 46[135] – (from top to bottom) DTaP vaccine uptake at 2 years, Hib/MenC vaccine uptake at 24 months, DTaP vaccine uptake at 1 year, and 2nd dose MMR vaccine uptake (at 5 years) over time in Merton, London, and England[136]. Figures shown are for Merton only

[135] Source: Public Health Outcomes Framework (PHOF) – child health profiles https://fingertips.phe.org.uk/profile/child-health-profiles

[136] Note: As the HPV vaccine is a predominately school-based immunisation programme, it was severely affected by the closure of schools on 23rd March 2020.

3.3.35 Data from April to December 2020 indicate that uptake of MMR second dose at age 5 (73.1%) and pre-school booster (69.9%) have improved[137]. Nevertheless, early analyses indicate that vaccine uptake in across England may have been disrupted by the COVID pandemic and must be monitored in coming periods[138].

Long term conditions

3.3.36 Many long-term conditions develop during childhood, including asthma, diabetes and epilepsy. Transitioning from child to adult services is a key issue for children suffering long term conditions. In Merton, hospital admissions for children with long term conditions such as asthma, diabetes and epilepsy are lower than London and England (Figure 47).

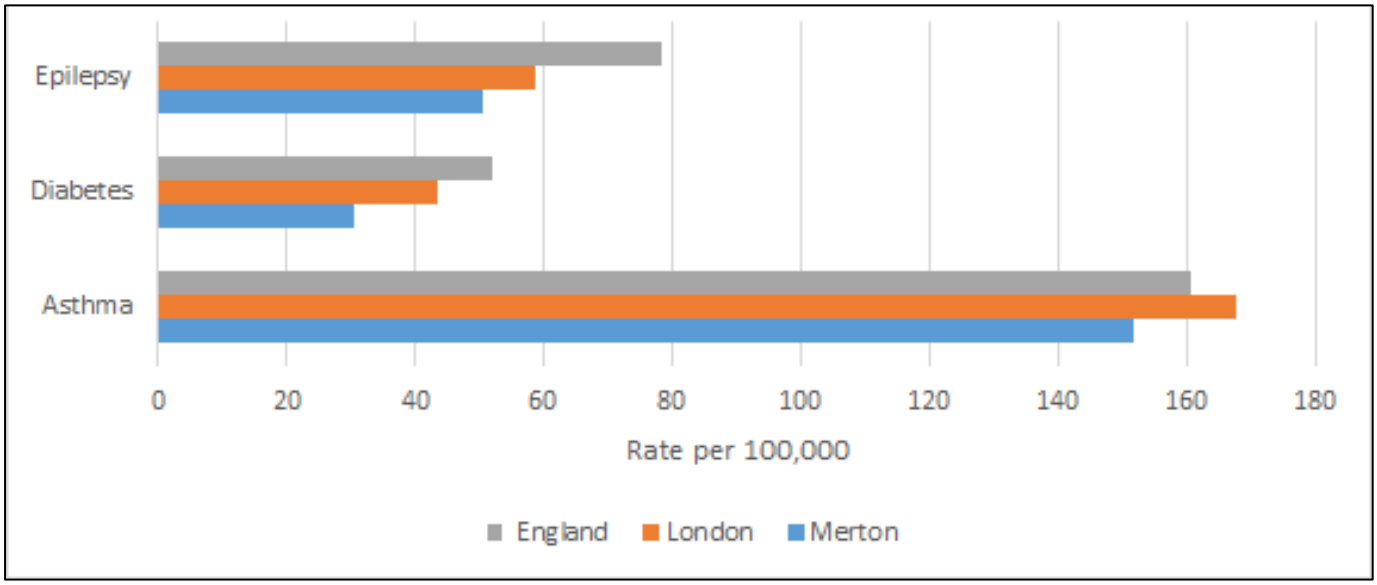


Figure 47[139] - Admissions for long-term conditions in children and young people aged under 19 years in 2019/20.

3.3.37 During the pandemic there was a concerted effort to ensure that all children and young people with 'continuing care-needs' were protected from COVID-19 disease exposure, in case of increased risk of severe disease. Further review is required to understand how this impacted the health of children, particularly those with long term conditions.

Transitioning to adult services

[137] Source: Vaccine uptake – latest coverage (PHE) - https://www.gov.uk/government/collections/vaccine-uptake

[138] Public Health England (2021) Impact of COVID-19 on routine childhood immunisations: early vaccine coverage data to July 2021 in England https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1017264/hpr1521_chldhd-vc-1.pdf

[139] Source: Public Health Outcomes Framework – child health profiles https://fingertips.phe.org.uk/profile/child-health-profiles

3.3.38 ‘Transition’ in health and social care describes the process of supporting young people to move from children's to adults' services.[140] This can be a particularly anxious time for young people and their parents/carers and can be related particularly to children with special needs and disabilities, those with mental health issues or those with chronic conditions.

3.3.39 If young people are not supported appropriately to move into adult services, young people may not engage with services, leading to a loss of continuity in care or services may not be able to meet their needs which can have a negative impact on the health and wellbeing of the young person. The pandemic may have made this transition period more challenging for young people and services, due to changes in delivery methods and contact with services.

3.4 Enjoying and Achieving

School readiness

3.4.1 School readiness is an important indicator which demonstrates how prepared a child is to succeed in school cognitively, socially and emotionally. School readiness is associated with educational attainment, which impacts on life chances, and has been shown to impact on health, future earnings, involvement in crime, and even death[141].

3.4.2 By the end of Reception at age 5, the proportion of children in Merton reaching the expected level of development in 2018/19 was 75.5%, higher than London (74.1%) and England (71.8%) averages (Figure 48).

[140] Source: Transitions: Getting it right for young people. Department of Health and Department for Education. [ARCHIVED CONTENT] Transition: getting it right for young people : Department of Health - Publications (nationalarchives.gov.uk)

[141] Source: PHE – ensuring all children have the best start in life. https://publichealthmatters.blog.gov.uk/2015/08/10/ensuring-all-children-have-the-best-start-in-life/

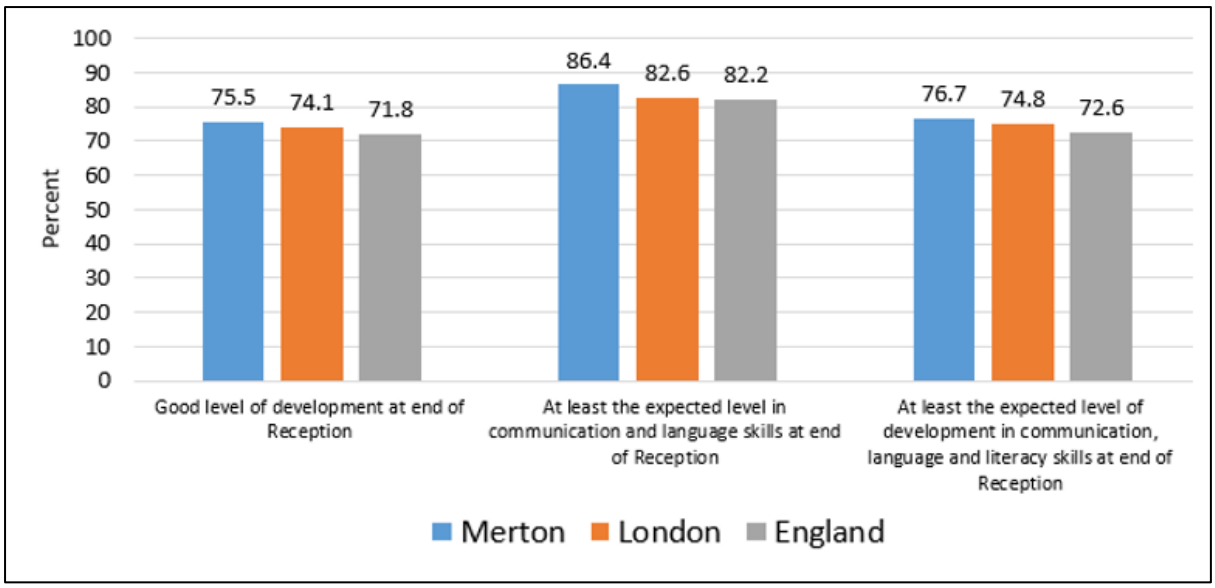


Figure 48[142] – School readiness - % of children achieving in Merton, London, and England (2018/19).

3.4.3 There are significant inequalities in attainment within Merton, with lower proportions reaching expected levels in East Merton compared to West Merton (Figure 49). For example there were no schools in West Merton where less than 60% of pupils reached the expected standard, while around a third (32%) of schools in East Merton fell into this category in 2018/19.

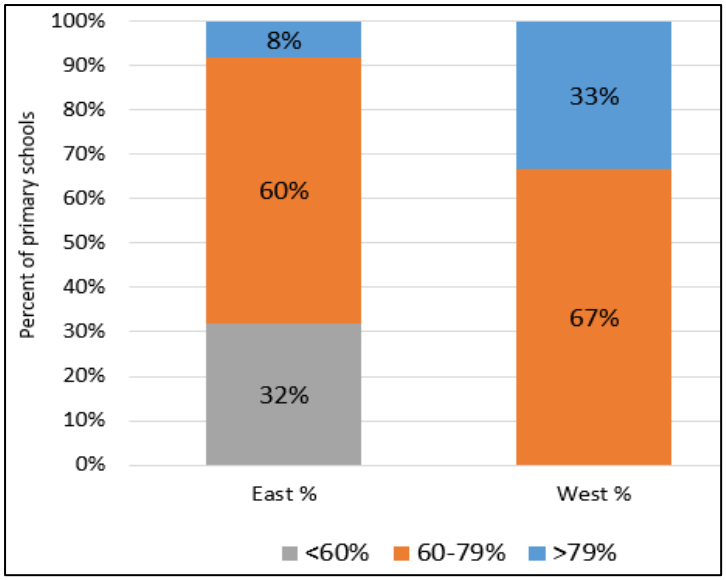


Figure 49[143] – East and West Merton primary school breakdown by the percent of pupils reaching the expected standard in reading, writing and maths by Key Stage 2 (2018/19). E.g. 8% of primary schools in East Merton saw >79% of pupils reach the expected standard.

[142] Source: Public Health Outcomes Framework (PHOF) – child health profiles https://fingertips.phe.org.uk/profile/child-health-profiles

[143] Source: Gov.UK school performance data - https://www.compare-school-performance.service.gov.uk/download-data

3.4.4 The COVID-19 pandemic has impacted educational and childcare settings in the UK. In Merton, around 66% of education and childcare settings for under 5's remained open during the 2019/20 academic year. Closure of schools/settings and children's services can be expected to have a negative impact on school readiness and educational attainment in affected year groups.

3.4.5 Nationally, there is growing evidence to suggest communication and language development may have been negatively impacted due to the pandemic.[144] Evidence also shows that Year 1 and Year 2 pupils had significantly lower achievement in both reading and mathematics compared to before COVID-19 and there has been a widening of the attainment gap for disadvantaged pupils.[145, 146]

3.4.6 The impact of COVID-19 on children's development and attainment in Merton requires careful monitoring to understand these impacts locally.

Education and attainment

3.4.7 Children's education is an important determinant of health and ensures that children develop the knowledge, skills and attributes they need for mental, emotional, social and physical wellbeing throughout life. Good educational attainment provides young people with the foundations required to access good employment, live and work in safe and healthy environments, build supportive social connections, afford a good quality of life and develop healthy habits, which can support good health and wellbeing for a lifetime. Educational attainment is influenced by both the quality of education children receive and their family socio-economic circumstances.

3.4.8 In 2018/19, Merton had fewer persistent absentees at both primary school (7.3%) and secondary school level (10.3%) than both London (8.2%; 12%) and England (8.2%; 13.7%) averages[147]. Merton also had fewer 16–17 year olds not in education, employment or training (NEET) in 2019 at 2.3%, compared to 4.2% in London and 5.5% in England.

3.4.9 In academic year 2019/20, Merton achieved a better average 'Attainment 8' score[148] out of 90 (55.5) than London (53.4) and England (50.2)[149]. The Attainment 8 score measures the average achievement of secondary school pupils in up to 8 qualifications including

[144] Source: The Impact of COVID-19 on school starters: Interim briefing. Education Endowment Fund (EEF). April 2021. Impact_of_Covid19_on_School_Starters_-_Interim_Briefing_1_-_April_2021_-_Final.pdf (educationendowmentfoundation.org.uk)
[145] Source: Rapid evidence assessment: Impact of school closures on the attainment gap. Education Endowment Fund (EEF). REA_-_Impact_of_school_closures_on_the_attainment_gap_summary.pdf (educationendowmentfoundation.org.uk)
[146] Source: Best evidence on impact of COVID on pupil attainment. Education Endowment Fund (EEF). Best evidence on impact of COVID-19 on pupil attainment | Education Endowment Foundation | EEF
[147] Source: Public Health Outcomes Framework (PHOF) – child health profiles https://fingertips.phe.org.uk/profile/child-health-profiles
[148] Attainment 8 measures a student's average grade across eight subjects at GCSE level. Further information (AQA): https://www.aqa.org.uk/about-us/what-we-do/getting-the-right-result/attainment-8#:~:text=A%20student's%20Attainment%208%20score,zero%20for%20any%20unfilled%20slots.
[149] Source: Public Health Outcomes Framework (PHOF) – child health profiles https://fingertips.phe.org.uk/profile/child-health-profiles

English, maths, three further qualifications that count in the English Baccalaureate (EBacc) and three further qualifications that can be GCSE qualifications (including EBacc subjects) or any other non-GCSE qualifications on the DfE approved list.

3.4.10 Furthermore, the proportion of Key Stage 2 pupils in Merton who are meeting the expected standard in reading, writing, and maths is 69.1%, which is similar to the London average (70.2%) and slightly higher than the average for England (64.9%)[150].

3.4.11 Nationally, pupils who receive free school meals have lower attainment on average than those who do not[151], and this is also true for Merton (Figure 50). There has been an increase in children eligible for free school meals as seen at the start of the academic year 2020/21, likely as a result of the economic impact of the COVID-19 pandemic.

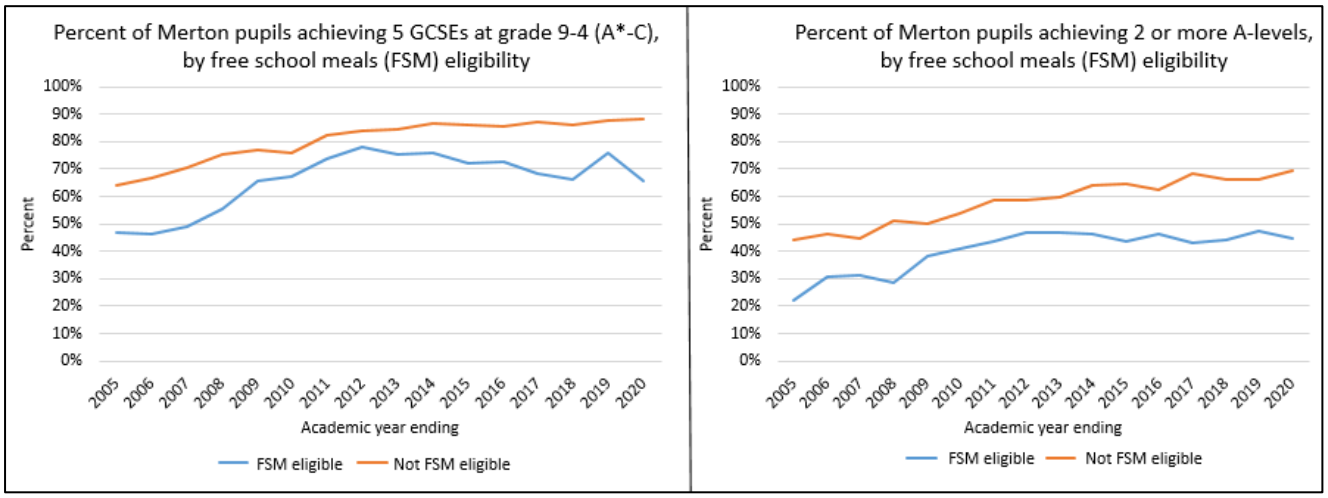


Figure 50 – Educational attainment in Merton pupils by free school meals (FSM) eligibility. Data is for academic year ending 31st August (e.g. 2020 refers to 31st August 2020).

[150] Source: Public Health Outcomes Framework (PHOF) – child health profiles https://fingertips.phe.org.uk/profile/child-health-profiles

[151] Source: Source: ONS, Schools, pupils, and their characteristics. https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics

3.4.12 In addition to pupils receiving free school meals, black pupil groups in Merton also require attention across the key stages, as academic achievement is lower relative to other ethnicities in Merton, and black groups in London and England as a whole (Figure 51)[152].

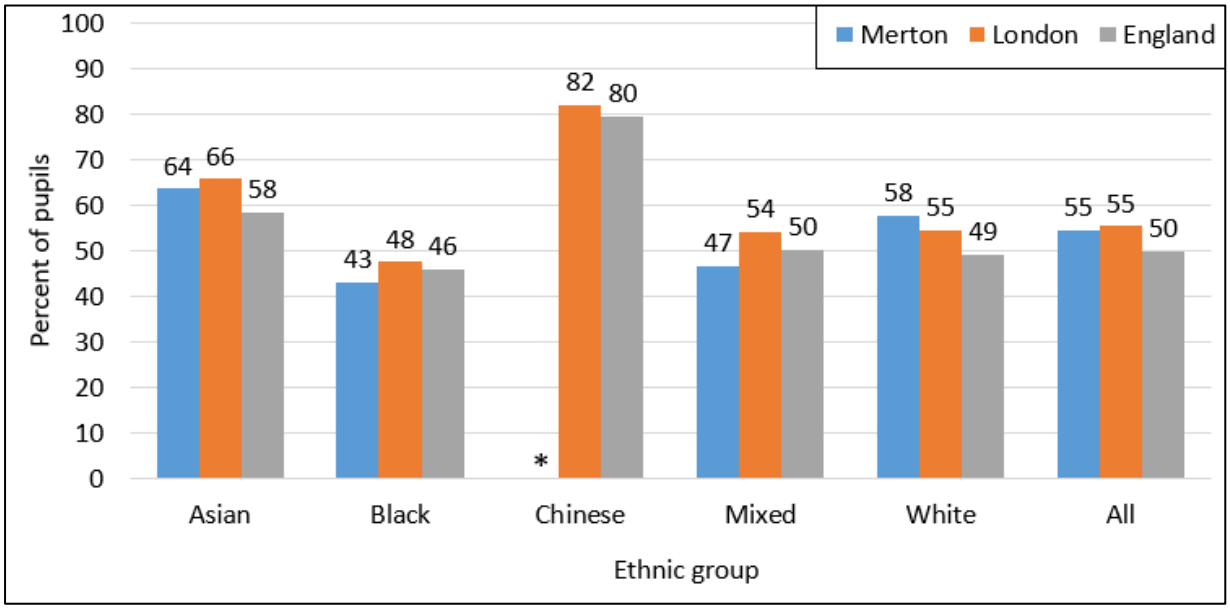


Figure 51 – Percent of Merton, London, and England pupils by ethnicity who achieved grade 5 or above in England and Maths GCSE (2019/20). Figure for Chinese in Merton suppressed due to <10 pupils.

3.4.13 The COVID-19 pandemic has impacted educational and childcare settings in the UK from early years through to school aged children in the UK. In terms of early years settings, initially around 66% of education and childcare settings for under 5's remained open during 2019/20 academic year, with an increase in settings opening in the summer term.

3.4.14 The statutory Early Years Foundation Stage (EYFS) profile was removed at the end of 2020 and 2021, making monitoring the impact of the pandemic on children's development by age 5 challenging.

3.4.15 School-age children have also missed out on a significant amount of face-to-face learning time. It is estimated that during the 2020 Autumn Term (September to December 2020) Merton children lost 129,000 days of schooling, equivalent to 3.9 days per pupil. This was higher than the England average of 3.5 days per pupil[153].

3.4.16 With the move to home education and the majority of pupils being taught online during the pandemic, the educational gap for pupils from more deprived backgrounds, and those who may have a disability or special educational needs, has likely widened. Children from poorer backgrounds were less likely to have sufficient equipment or space to study at home during the early stages of the pandemic than those from more affluent backgrounds. In

[152] Source: Gov.UK - GCSE English and Maths results https://www.ethnicity-facts-figures.service.gov.uk/education-skills-and-training/11-to-16-years-old/a-to-c-in-english-and-maths-gcse-attainment-for-children-aged-14-to-16-key-stage-4/latest

[153] Source: Children's Commissioner - https://www.childrenscommissioner.gov.uk/chldrn/. Refers to state-funded primary and secondary schools.

addition to the impact on performance, studying online may also have had a negative impact on other key health factors in young people including overweight and obesity levels and worsening mental health.

3.4.17 The suspension of exams in 2020/21 academic year caused young people across England significant stress, with direct consequences on exam results. For 2020 A-level results, two in five centre assessed grades (i.e. the grades that schools judged a pupil would have achieved in a given subject) were moderated down by an algorithm[154]. Poorer pupils were more likely to have their centre assessed grades lowered during the moderation. Although the process was changed to allow the centre assessed grades to be taken as the final grades, this may have caused stress to affected students.

Special Educational Needs and Disabilities

3.4.18 Special Education Needs and Disabilities (SEND) is defined in the SEND Code of Practice 2014 as those who 'have a significantly greater difficulty in learning than the majority of others of the same age, which calls for special educational provision to be made for them, and/ or a disability which prevents them from making use of facilities generally provided for others of the same age in mainstream schools'.[155]

3.4.19 An Education Health and Care (EHC) plan is for children and young people aged up to 25 years who need more support than is available through special educational needs support. EHC plans identify educational, health and social needs and set out additional support to meet those needs.

3.4.20 As part of the Merton SEND strategy, Merton is striving to be a place where children and young people with SEND are valued, included, enjoy equality of opportunity, feel safe and supported and are happy and fulfilled in all areas of their lives – at home, in the community, at school and beyond.

3.4.21 The most common reasons for Special Education Needs (SEN) support in Merton are social, emotional and mental health needs or speech, language and communication difficulties. For Education and Health Care Plans (EHCPs) it is Autism and speech, language and communication needs [156].

3.4.22 In 2020/21, 12.6% (4,131 pupils) of Merton school pupils received Special Educational Needs (SEN) support with 4.8% (1,583) having an Education Health and Care (EHC) plan[157]. The proportion of children with EHC plans in Merton is higher than the London and England average (Figure 52).

[154] Source: Childhood in the time of COVID. Children's Commissioner. Sept 2020. cco-childhood-in-the-time-of-covid.pdf (childrenscommissioner.gov.uk)
[155] Source: Special educational needs and disability code of practice: 0 to 25 years - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf
[156] Source: Children and Young People SEND JSNA Profile. Merton Council. May 2020
[157] Source: Special Educational Needs in England Special educational needs in England, Academic Year 2020/21 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

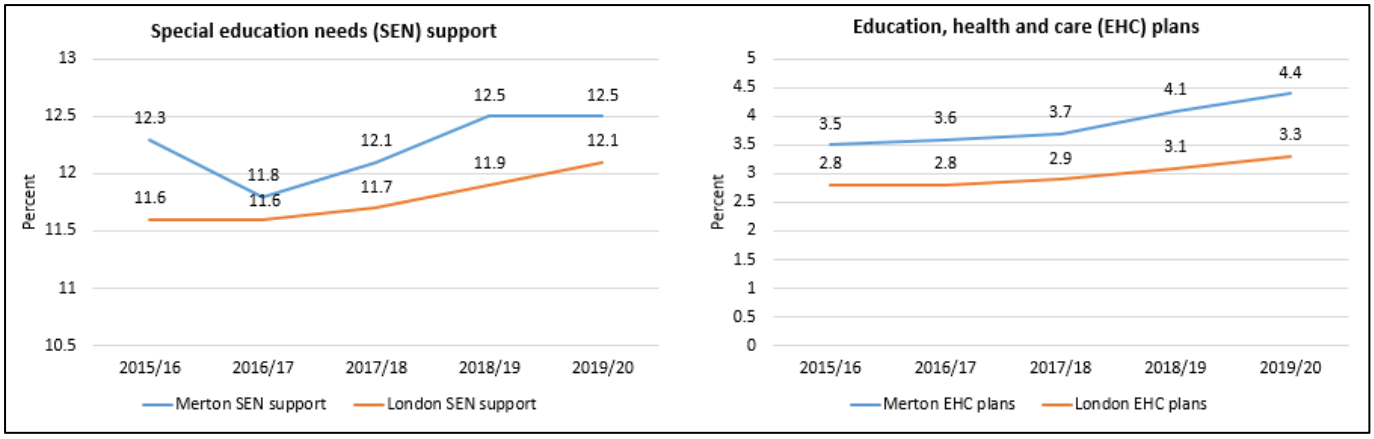


Figure 52[158] – Percent of all pupils who are receiving SEN support (left) and EHC plans (right) for Merton and London between 2015/16 and 2019/20

3.4.23 The highest rates of EHC plans and SEN support are seen among children and young people living in East Merton (Figure 53).

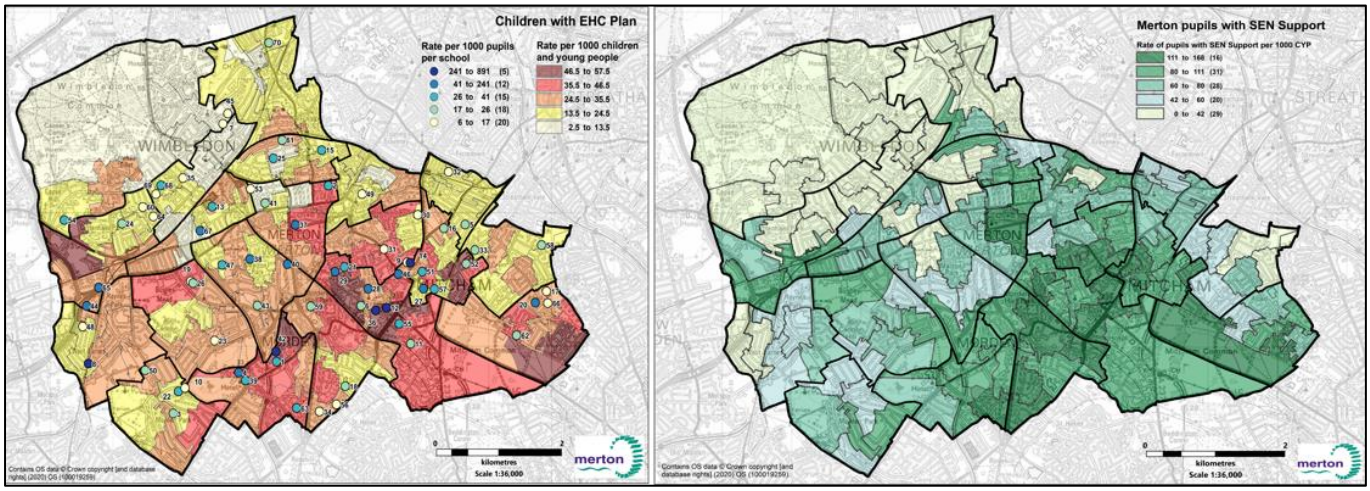


Figure 53[159] - (left) Rate of children with EHC Plans per 1,000 children and young people in Merton (January 2020). (right) Merton pupils with SEN support by LSOA (January 2020).

3.4.24 Although the proportion and number of children with SEN has remained steady compared to pre-pandemic levels (2019/20), the proportion of children with EHC plans has increased, with an extra 130 children in 2020/21 compared to the previous year. Children with SEN may have been adversely impacted by a reduction of specialist support during the COVID-19 pandemic. To reduce the impact of the school closures on educational attainment during the pandemic for those with SEN, children in this group were encouraged to continue to attend school while the majority of other pupils were educated at home.

[158] Source: Special Educational Needs in England Special educational needs in England, Academic Year 2020/21 – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)
[159] Source: Children and Young People SEND JSNA Profile. Merton Council. May 2020

3.5 Conclusions

3.5.1 In general, children and young people in Merton experience better health outcomes than London and English, however inequalities are prevalent and some have been further exacerbated by COVID-19.

3.5.2 Although children and young people have fewer health risks from being infected with COVID-19, they have been disproportionately affected by the national measures to contain the virus spreading, particularly in terms of education. Continued monitoring of the impact of COVID-19 on children and young people in Merton is needed to minimise the short, medium and long term impact of the COVID-19 pandemic.

3.5.3 The COVID-19 pandemic has made it more important than ever to engage with children, young people and young adults in Merton to truly understand the impact of the pandemic on their lives to meet their needs. Children and young people's voices should drive local solutions moving forward to reduce the disproportionate negative impact of COVID-19.

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4. Live Well

Key Messages:

- A large number of Merton residents have behavioural risk factors that contribute to ill health and premature death in Merton;
    - 1 in 4 residents are physically inactive
    - 1 in 7 residents are smokers
    - 1 in 2 residents are overweight or obese
- The COVID-19 pandemic has had a mixed impact on these risk factors;
    - 44% of residents in London report eating healthier meals while there has been an increase in the proportion of Merton residents being physically inactive compared with previous years
    - Alcohol-related hospital admissions and deaths in Merton have more than doubled compared to recent years, while the number of those accessing treatment has not increased accordingly
    - Smoking rates have dropped across Merton during the pandemic; however the rate remains higher in East Merton and among those in manual occupations
- The COVID-19 pandemic has impacted mental health and wellbeing for Merton residents;
    - Pre-pandemic, East Merton wards had medium-very high risk of loneliness
    - National studies show worse mental health outcomes for those shielding, with an increase in depression and anxiety
- The number of gonorrhoea and syphilis diagnoses had been noted to be increasing prior to the pandemic
- Utilisation of in-person sexual health services in Merton dropped during national lockdowns, although the number of people requesting online sexual health test kits increased substantially
- There has been a continued increase in the number of deaths reported nationally due to substance misuse

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4.1 Introduction

4.1.1 Every Merton resident's health is impacted by their lifestyle; whether they smoke, how much exercise they do, the quality of their diet and their drinking habits. These all contribute to their risk of disease, disability and death. However, many behaviours are strongly linked to the environment in which people live, which limit their ability to make healthy lifestyle choices. As a result, behavioural risk factors often cluster and disproportionately affect people living in the most disadvantaged circumstances.

4.1.2 In Merton it is estimated that health related behaviours accounted for 485 of the total deaths in 2019.[160] COVID-19 has had a wide and varied impact on the health behaviours of the population of Merton, with both positive and negative impacts. Reliable data depicting the impact of the pandemic on many health behaviours is hard to come by, and much of this chapter relies on local and national survey data and therefore should be interpreted with caution.

4.1.3 This chapter gives an overview of behavioural factors that affect health and wellbeing, such as mental wellbeing, diet, physical activity and obesity, smoking and alcohol, and sexual health.

4.2 Wellbeing, social isolation and loneliness

4.2.1 Good mental wellbeing is characterised by happiness, high self-esteem, life satisfaction and social inclusion.[161] Poor mental wellbeing can have negative impacts on every aspect of life, from social inclusion, employment and education, to economic hardship and physical ill-health, and can lead to a significant risk of earlier death[162] .

4.2.2 Mental wellbeing is inter-related to our physical health and to our lifestyles (diet, exercise and smoking). Poor physical health or health conditions can adversely affect our mental wellbeing, and vice versa. Lonely individuals are more likely to visit their GP, have higher use of medication, higher incidence of falls and increased risk factors for long term health conditions.[163]

[160] Note: Calculated from applying GBD rates from IHME dashboard. Source: rates per 100,000 population from GBD Compare | IHME Viz Hub (healthdata.org) applied to Merton's population estimates
[161] Source: Better MH for all web.pdf (mentalhealth.org.uk)
[162] Source: Age UK. Hidden in plain sight the unmet mental health needs of older people. 2016. Available at: rb_oct16_hidden_in_plain_sight_older_peoples_mental_health.pdf (ageuk.org.uk)
[163] Source: Social Relationships and Mortality Risk: A Meta-analytic Review (plos.org)

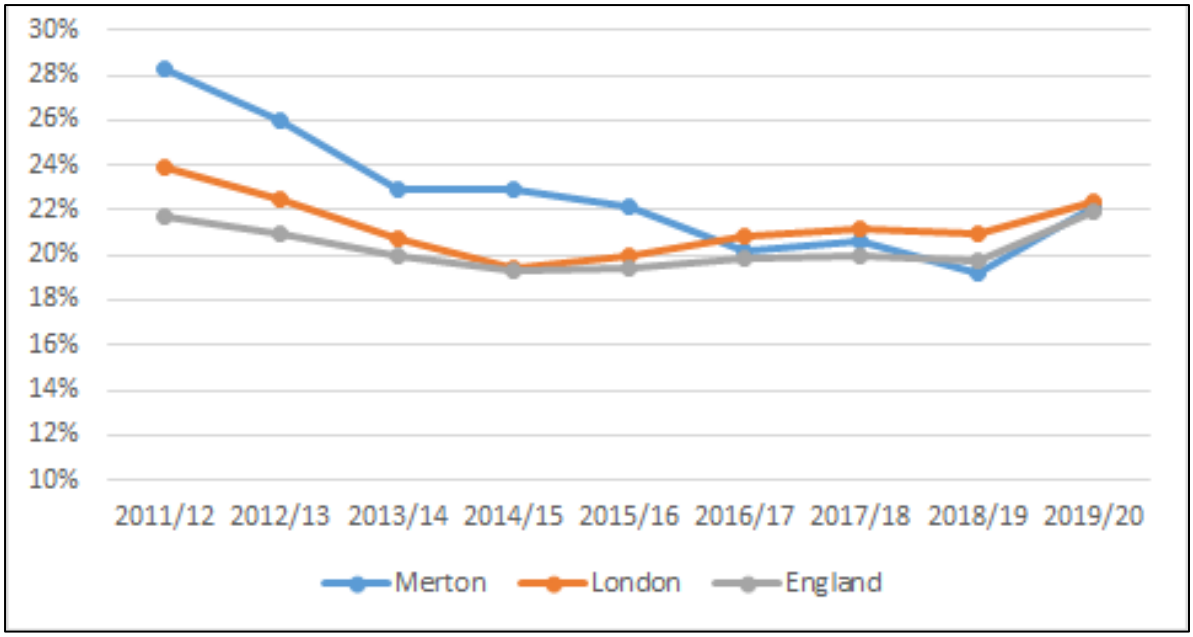

Figure 54[164] The percentage of respondents with high anxiety in the Annual Population Survey (APS) in Merton between 2011/12 and 2019/20, compared with London and England benchmarks. Respondents provided a score out of 10 to the question "Overall, how anxious did you feel yesterday?", where a score of 0 is 'not at all anxious' and a score of 10 is 'completely anxious'; high anxiety is categorised as a score of 6-10.

4.2.3 Before the pandemic, 22.2% of Merton residents reported a high anxiety score (Figure 54), compared with 22.4% London and 21.9% England (2019/2020). The average anxiety score reported by residents in this period was 3.0 (out of 10). However, early in the pandemic (April 2020 – September 2020) this score increased to 3.3. [165]

4.2.4 According to the ONS "Personal Wellbeing in the UK" report, 'life satisfaction', 'feeling like life is worthwhile', 'happiness and anxiety' have worsened during the pandemic.[166] In Merton, 11.2% of residents aged 16+ reported often or always feeling lonely during the pandemic.[167]

4.2.5 The mental health of those who were asked to shield has been particularly impacted by the pandemic, due to social isolation and loneliness. In Merton, there were 6,520 people across all ages shielding in February 2021.[168] The areas of Merton with the highest number of people shielding were in Cricket Green (512), Figge's Marsh (435) and St Helier (434).

[164] Source: Annual Population Survey (APS); Office for National Statistics (ONS)
[165] Source: ONS - Mapping loneliness during the coronavirus pandemic - Office for National Statistics (ons.gov.uk)
[166] Source: ONS - Personal well-being in the UK, quarterly - Office for National Statistics (ons.gov.uk)
[167] Source: ONS - Mapping loneliness during the coronavirus pandemic - Office for National Statistics (ons.gov.uk)
[168] Source: London Borough of Merton (email correspondence). Stats on shielding over time.

These are all areas that had medium-very high risk of loneliness as identified in 2016 by Age UK.[169]

4.2.6 Nationally, those who felt most lonely prior to COVID now have even higher levels of loneliness. This increase began as physical distancing, shielding and lockdown measures were introduced in the UK, in March 2020.[170] Merton residents have reported low mood,[171] and Healthwatch Merton have highlighted that wellbeing has been negatively impacted as a result of 'too much isolation'. [172]

Digital exclusion

4.2.7 The COVID-19 pandemic has impacted how we live and work as people use online platforms to stay connected with loved ones, access health and care services, and for work and education. There are benefits to remote provision such as reduced cost of transport and ease of access to services due to childcare, transport and mobility difficulties.[173][174] However, not everyone has the access or ability to use online platforms and the impact of digital exclusion on isolation and mental wellbeing has become more apparent during COVID-19.

4.2.8 In the UK, 99% of adults aged 16 to 44 years were recent internet users in 2019, compared with 47% of adults aged 75 years[175]. The proportion of internet users in the adult population is increasing overall, with just 7.5% of adults having never used the internet in 2019, down from 8.4% in 2018.

4.2.9 Another group who are disproportionately affected by digital exclusion are adults living with disabilities and their carers. In 2019, 1 in 5 adults with a disability were not internet users. In Merton, people who provide care for those with a learning disability are also above the national average for digital poverty; 33% are basic or non-users compared with the national average of 22%.[176]

4.2.10 Many health and care services have increased their online offer during the COVID-19 pandemic. However, those with the greatest need for services are among the most impacted by digital exclusion. This includes older people, those with disabilities, those living in the most deprived areas and those with low household income. This is likely to exacerbate the existing digital divide, increase health inequalities and increase feelings of loneliness and social isolation.

[169] Source: Age UK. Age 65 + >> Risk of Loneliness. (2016). Available at: http://data.ageuk.org.uk/loneliness-maps/england-2016/merton/
[170] Source: Local Government https://local.gov.uk/publications/loneliness-social-isolation-and-covid-19
[171] Source: Local Government https://local.gov.uk/publications/loneliness-social-isolation-and-covid-19
[172] Source: Coronavirus Snapshot Report July 2020 v1.1.pdf (healthwatchmerton.co.uk)
[173] Source: The digital revolution | The King's Fund (kingsfund.org.uk)
[174] Source: Greenhalgh T et al., 2016 Virtual online consultations: advantages and limitations (VOCAL) study BMJ Open http://dx.doi.org/10.1136/bmjopen-2015-009388
[175] Source: Office for National Statistics (2019) Internet users, UK 2019 - Internet users, UK - Office for National Statistics (ons.gov.uk)
[176] Source: https://democracy.merton.gov.uk/documents/s39382/Merton%20Mencap%20Report.pdf

4.3 Diet, Physical Activity and Obesity

4.3.1 Being overweight is a form of malnutrition which results from excessive food intake (high energy foods) and insufficient exercise. A balanced diet and regular physical activity help maintain physical and mental wellbeing. Not only are these effective in preventing excess weight gain, but healthier lifestyles are also associated with improved sleep, mood and stress management and both diet and physical activity can improve brain-related function.[177] [178]

Nutrition

4.3.2 The COVID-19 pandemic has had a wide and varied impact on our eating habits and physical activity. 60% of London residents have reported cooking at home more during the COVID-19 pandemic, this was attributed to more 'free time' and associated with those in full-time employment and on a higher income bracket (£60,000+). [179] 44% of London residents also reported to have eaten healthier meals.[180]

4.3.3 However, the COVID pandemic has also increased food insecurity in Merton, particularly in East Merton; this will have impacted access to quality nutritious food for those residents, exacerbating inequalities.

Food Poverty

4.3.4 Food poverty is defined as not having the resources or access to sufficient and/or appropriately nutritious food necessary for a healthy life. Food insecurity is not having access to sufficient food, or food of an adequate quality to meet basic needs. Both are closely linked with a wide range of other forms of disadvantage.

4.3.5 COVID-19 left more people struggling to afford or access a nutritious diet than before the pandemic. To ensure that all residents had access to food, a coordinated effort was undertaken including distribution of food parcels to the most vulnerable. The average demand for food parcels in Merton from October 2020 to February 2021 was 137 per month and distribution increased by 317% from May 2020 to February 2021. Figure 55 shows the increase in food parcel distribution by Sustainable Merton.

4.3.6 In Merton, food insecurity was not equal across the borough with seven out of the top eight wards receiving emergency provision (food, fuel and goods) in East Merton, for working-age adults and families (Figure 55). Cricket Green ward has had the largest number of households (155) supported between April 2020 and April 2021. Pollards Hill was the ward which had the highest number of food vouchers issued by Wimbledon Foodbank, which represents a large proportion of the emergency food response in the borough.

[177] Source: Loprinzi PD et al., (2013) Physical activity and the brain: a review of this dynamic bi-directional relationship. Brain Research. 20;1539:95-104. https://doi.org/10.1016/j.brainres.2013.10.004
[178] Source: British Dietetic Association (2020) Food and mood: Food fact sheet Food and mood (bda.uk.com)
[179] Source: Demos (2021) Food in a Pandemic; From Renew Normal: the People's Commission on life after COVID-19. Available from: Renew Normal: Food in a Pandemic
[180] Source: Demos (2021) Food in a Pandemic; From Renew Normal: the People's Commission on life after COVID-19. Available from: Renew Normal: Food in a Pandemic

4.3.7 There is also disproportionate distribution amongst ethnic minority groups. Organisations providing an emergency provision offer in Merton have supported more families and households from a BAME background relative to their overall population. For example, 56% and 42% of the families support by Commonside Community Trust and Sustainable Merton were from BAME backgrounds, respectively[181].

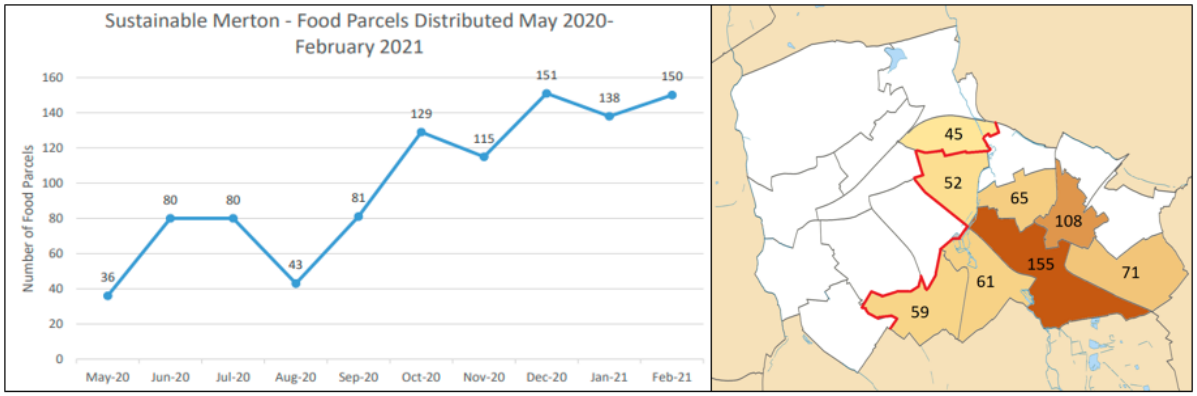

Figure 55[182] – (left) Food parcels delivered by Sustainable Merton between May 2020 and February 2021. (right) Map of the top eight wards receiving emergency provision (food, fuel and goods), with the number of total recorded households supported between April 2020 and April 2021. Red line separates East and West Merton. Source: Draft Emergency Provision report.

Physical activity

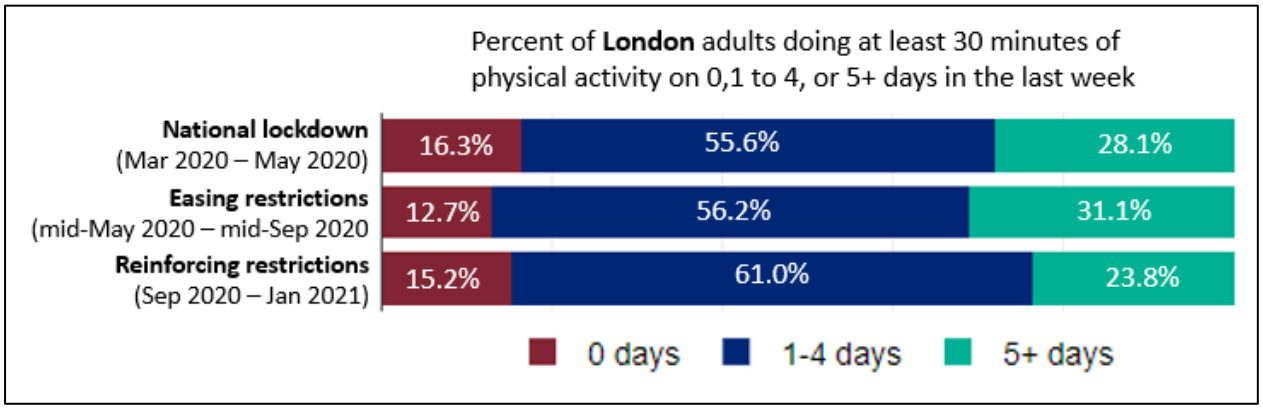

Figure 56[183] – London adult physical activity throughout the pandemic.

4.3.8 Throughout the pandemic, levels of physical activity reported by Londoners have varied (Figure 56). For example 16.3% of Londoners reported being inactive during the first

[181] Source: Draft Analysis of the Voluntary Sector's Emergency Provision Offer in the London Borough of Merton from April 2020- March 2021
[182] Source: Draft Analysis of the Voluntary Sector's Emergency Provision Offer in the London Borough of Merton from April 2020- March 2021
[183] Source: Wider Impacts of COVID-19 toolkit, 2021. https://analytics.phe.gov.uk/apps/covid-19-indirect-effects/

lockdown (March to May 2020), which decreased with easing restrictions and then increased during the winter restrictions.[184]

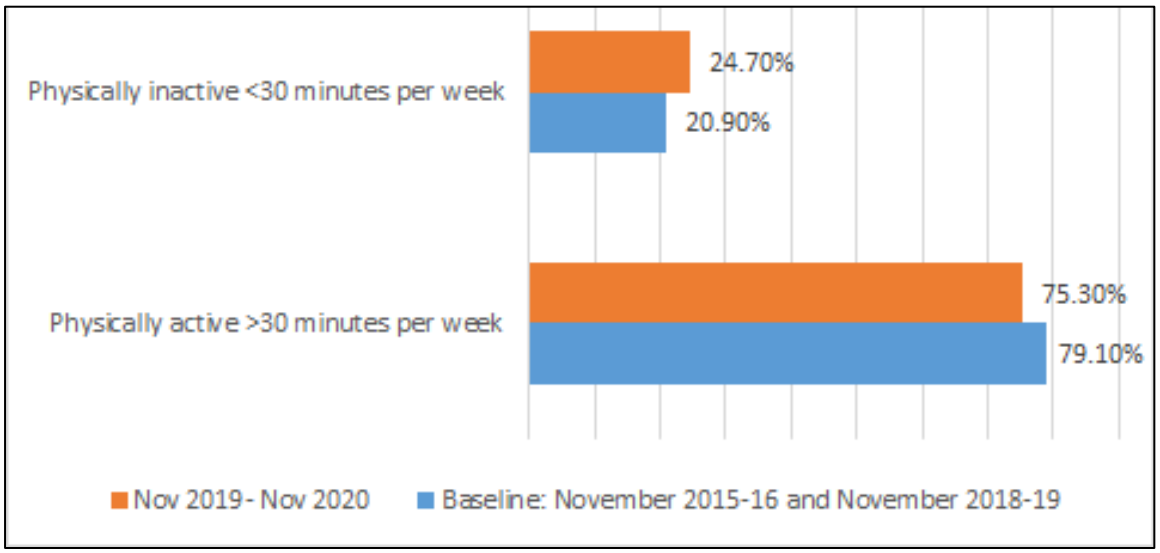

Figure 57[185] – Physical Activity Levels for Merton Residents, Active Lives Survey. November 2019 - November 2020

4.3.9 The 'Active Lives' survey by Sport England received 520 responses from Merton residents and illustrates that Merton is lower than the London average for physical activity levels, with almost one in four (24.7%) Merton residents reporting being inactive during November 2019 to November 2020 (Figure 57). Physical activity is not only lower than London but also lower than previous years by 3.8%.

4.3.10 The pandemic has exacerbated inequalities in physical activity levels across London including for women and for adults with a disability, long standing conditions or illness who were already more likely to be inactive.[186] The impact of COVID-19 on activity levels was also greater amongst those from lower socio-economic groups, seeing larger reductions in activity levels than those from higher socio-economic groups.

4.3.11 Activity levels were increasing amongst those aged 55–74 and 75+ prior to the pandemic. However, many of these gains have been lost as activity levels fell notably when restrictions were introduced. The 75+ age group were particularly affected, and this may be linked to the requirement for many of those aged 70+ to shield during the earlier stages of the pandemic. This indicates the older age group may need additional support to recover pre-pandemic activity levels.

Obesity

[184] Source: Sport England: Understanding the impact of COVID-19 PowerPoint Presentation (sportengland-production-files.s3.eu-west-2.amazonaws.com)
[185] Source: Sport England - Active Lives data tables. Active Lives data tables | Sport England-
[186] Source: Excess Weight and COVID-19 (publishing.service.gov.uk)

4.3.12 Overweight and obesity are defined as abnormal or excessive fat accumulation that presents a risk to health. A body mass index (BMI) over 25 is considered overweight, while obesity is defined by a BMI of over 30.[187] Obesity is associated with a poorer quality of life,[188] reduced life expectancy, poorer mental health, and is a risk factor for a range of chronic diseases, including cardiovascular disease, type 2 diabetes, cancer, liver disease, and respiratory disease.[189] For information on chronic diseases in Merton, please see Chapter 5: Age Well.

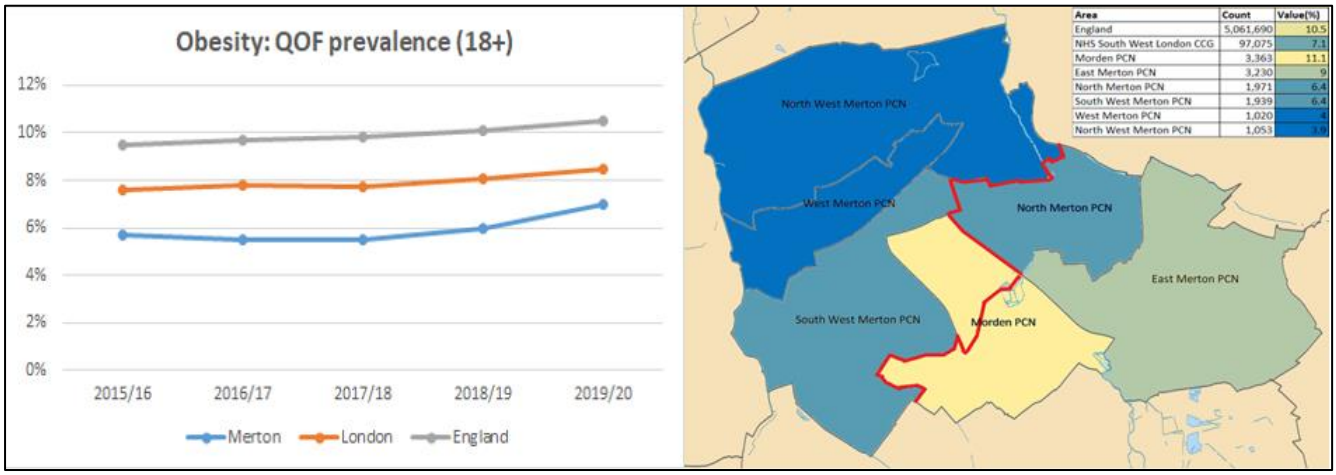

Figure 58[190]: (left) Percentage of patients aged 18 and over with a BMI greater than or equal to 30 in the previous 12 months, as recorded on practice disease registers in Merton between 2015/16 and 2019/20, compared to London and England benchmarks. Source: Quality and Outcomes Framework (QOF), NHS Digital. (right) Percentage of patients aged 18 and over with a BMI greater than or equal to 30 in the previous 12 months, as recorded on practice disease registers in 2019/20 by Merton primary care network (PCN). Source: Quality and Outcomes Framework (QOF), NHS Digital.

4.3.13 In 2019/2020, over half (53.2%) of Merton's population were estimated to be overweight or obese[191]. Focusing on obesity alone, 26.5% (8564 people) of individuals with obesity in Merton live in the most deprived areas, compared with 12.3% (4,012 people) in the least deprived areas (Figure 58).

4.3.14 Obesity is a key risk factor for severe COVID-19 disease and death.[192] In the UK, 37% of critically ill patients admitted to hospital with COVID-19 had a BMI of 30–39.9 (compared with 28.7% of the general population) and 11.8% with a BMI of 40 or higher (compared to 3.0% of the general population). [193] The risk factors associated with obesity such as diet and physical activity have been impacted by the pandemic, however, more data

[187]Source: Obesity (who.int)
[188] Source: Excess Weight and COVID-19 (publishing.service.gov.uk)
[189]Source: Excess Weight and COVID-19 (publishing.service.gov.uk)
[190] Source: Public Health Outcomes Framework (PHOF) https://fingertips.phe.org.uk/profile/national-child-measurement-programme
[191] PHE Fingertips: Obesity profile Obesity Profile - PHE

[192] Source: COVID-19 has made the obesity epidemic worse, but failed to ignite enough action | The BMJ
[193] Source: ICNARC_COVID-19_Report_2021-06-03.pdf.pdf

is needed to assess how the pandemic has impacted the prevalence of obesity both nationally and in Merton.

4.4 Tobacco

4.4.1 About half of all life-long smokers will die prematurely, losing on average about 10 years of life.[194] Smoking harms nearly every organ of the body and dramatically reduces both quality of life and life expectancy. Smoking causes lung cancer, respiratory disease and heart disease as well as numerous cancers in other organs including the lip, mouth, throat, bladder, kidney, stomach, liver and cervix.[195]

4.4.2 For every death caused by smoking, approximately 20 smokers are suffering from a smoking related disease. In England, it is estimated that in 2019-20, among adults aged 35 and over, 4% of all hospital admissions in this age group were smoking-related.[196]

4.4.3 In 2019/2020 an estimated 14.7% of Merton residents (aged 15+) were smokers, compared with 16.3% and 16.5% for London and England respectively (Figure 59). This is equivalent to approximately 31,294 people in Merton, or around 1 in 7 residents.

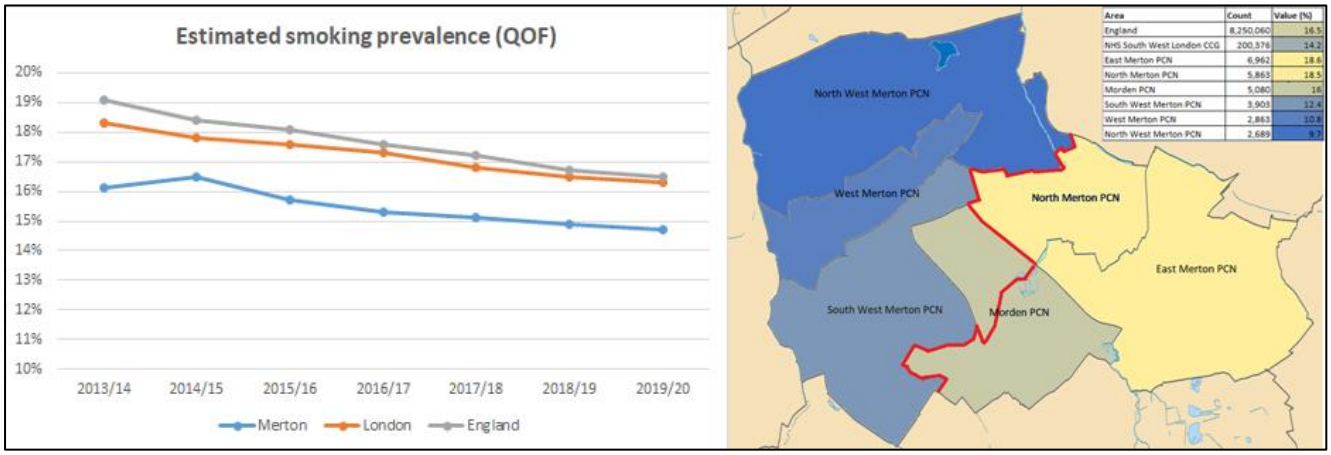

Figure 59[197]: (left) Percentage of patients (15+) who are recorded as current smokers in Merton between 2013/14 and 2019/20. Source: Quality and Outcomes Framework (QOF), NHS Digital. (right) [198] Percentage of patients (15+) who are recorded as current smokers in 2019/20 by Merton primary care network (PCN). Source: Quality and Outcomes Framework (QOF), NHS Digital

4.4.4 Smoking is the single largest driver of health inequalities and the biggest preventable cause of death and illness in England. Recorded smoking prevalence among Merton residents (aged 15+) in East Merton (17.7%) is higher compared with West Merton (10.7%), Merton's average (14.7%), South West London (14.2%), and England (16.5%). The gap between the East and West Merton is 7%, an increase of 0.6% since 2017/18 (Figure 59).

[194] Source: Ash.org - https://ash.org.uk/wp-content/uploads/2019/10/SmokingStatistics.pdf
[195] Source: Ash.org - https://ash.org.uk/wp-content/uploads/2019/10/SmokingStatistics.pdf
[196] Source: Ash.org - https://ash.org.uk/wp-content/uploads/2019/10/SmokingStatistics.pdf
[197] Source: Public Health Outcomes Framework (PHOF) - https://fingertips.phe.org.uk/profile/tobacco-control
[198] Source: Public Health Outcomes Framework (PHOF) - https://fingertips.phe.org.uk/profile/tobacco-control

4.4.5 Smoking is more prevalent amongst people on lower incomes; in 2019 in Merton smoking prevalence among those with routine and manual occupations was 20.9%[199]. Smoking status is associated with almost every indicator of deprivation or marginalisation[200] . For example, those with mental illness, lower incomes, unemployed, homelessness, those in contact with the criminal justice system, living in social housing, those without qualifications, lone parents, and LGBTQ+ people. [201]

4.4.6 Inequalities in tobacco use may exacerbate inequalities in COVID-19 outcomes. While current evidence is limited, smoking damages the lungs which could mean that smokers are more likely to experience severe COVID-19 infection, hospitalisation, and excess mortality compared to non-smokers.

4.4.7 Emerging reports suggest the COVID-19 pandemic is impacting tobacco use, possibly in positive ways. Self-reported national data covering April to September 2020 showed an additional 6.7% of people reported they successfully quit smoking, the highest increase in reported quit attempts in 12 years. [202] In Merton, 143% more people self-reported they successfully quit smoking from 2019/2020 to 2020/2021[203]. This may reflect concerns about smokers being at increased risk of severe COVID-19, as smoking is associated with increased severity of disease and death in hospitalised COVID-19 patients.[204] However, self-reported successful quit rates at 4 weeks should be interpreted with caution.

4.5 Alcohol and Drug Misuse

Alcohol

4.5.1 Alcohol is a causal factor in more than 60 physical and mental health conditions, is harmful to the unborn child during pregnancy, affects child development, and is linked with risky behaviour, injuries and crime. [205] There are an estimated 1700 dependent drinker drinkers in Merton and a further 38,000 adults who drink to a level where they increase the risk to their health and wellbeing.

4.5.2 Around 70% of adults presenting with an alcohol problem in Merton have a diagnosis of depression and or anxiety. For many adults, alcohol may be seen as an accessible way of 'medicating' anxiety and depression without recognising its potential to exacerbate mental health symptoms. Furthermore, increased alcohol consumption during the COVID-19 pandemic has been independently associated with poor overall mental health, increased depressive symptoms and lower mental wellbeing.[206]

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[199] Source: Local Authority Health Profiles - PHE
[200] Source: Ash.org - ASH-Briefing_Health-Inequalities.pdf
[201] Source: Ash.org - https://ash.org.uk/wp-content/uploads/2019/09/ASH-Briefing_Health-Inequalities.pdf
[202] Source: Nuffield Trust (2021) Quality Watch Smoking https://www.nuffieldtrust.org.uk/resource/smoking#background
[203] One You Merton monitoring reports
[204] Source: World Health Organisation (WHO) https://www.who.int/news-room/commentaries/detail/smoking-and-covid-19
[205] Source: The public health burden of alcohol: evidence review - GOV.UK (www.gov.uk)
[206] Source: Alcohol use and mental health during COVID-19 lockdown: A cross-sectional study in a sample of UK adults - ScienceDirect

4.5.3 Consumption patterns have changed since the onset of the COVID-19 pandemic but in a variety of ways. Over a third of people in the UK (34.4%) reported a change in their drinking habits over the last year, and of those, nearly half (49.1%) reported they were drinking more alcohol in April 2021 when compared to March/April 2020. [207] There is a correlation between mental wellbeing and alcohol use during the pandemic, and the increasing mental health challenges during the COVID-19 pandemic may partly account for this.

4.5.4 Nationally, men were more likely to report an increase in alcohol consumption than women (51.6% versus 46.6% of those surveyed respectively). However, there have also been decreases in alcohol consumption, particularly among the 7.5% people who reported being heavy drinkers (15+ units a week) a year ago. Overall, 40.1% of these heavy drinkers reported decreasing their alcohol intake.[208]

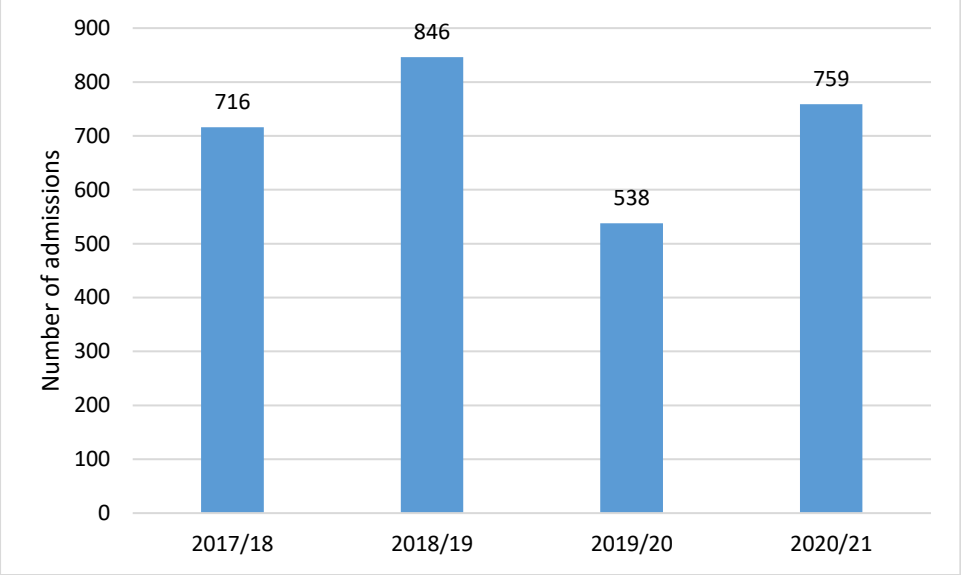

Figure 60[209]: Number of alcohol related hospital admissions in Merton for the years 2017/18 until 2020/21. Source: SWL CCG.

4.5.5 In Merton the number of alcohol related deaths in hospital is similar or slightly higher than previous years (17 deaths in 2020/2021 compared with an average of 15 deaths per year in 2017–2020). This is keeping with national trends. There has been an increase in alcohol related hospital admissions from 2019/2020 to 2020/2021(Figure 60).[210] Overall from 2017/18 until 2020/21 there has been 62 alcohol related deaths. The number of Merton residents who were referred for support in addressing problematic alcohol use in 2019/20 reduced, compared to 2018/19. Analysis of referral data indicates that this was in part due to more restricted access to primary and secondary care (which are both significant sources of

[207] Source: Over a third have changed their drinking habits over the past year | UCL News - UCL – University College London
[208] Source: UCL - Over a third have changed their drinking habits over the past year | UCL News - UCL – University College London
[209] Source: Alcohol Related Admissions and Death Rate Merton: CCG monthly data
[210] Source: Alcohol Related Admissions and Death Rate Merton: CCG monthly data

referral) due to the pandemic. Merton has instigated monthly reporting of treatment referral rates for alcohol. This data indicates that as restrictions were relaxed referral rates have returned to pre-pandemic levels[211].

4.5.6 Those who present with severe and chronic alcohol dependency are most likely to experience the worst social outcomes such as homelessness, and health outcomes including chronic ill health and premature death. Those with severe and chronic alcohol dependency also have a greater risk of being infected, infecting others, and experience poorer outcomes from COVID-19 disease compared to the general population as alcohol compromises the body's immune system.[212] [213] [214] These inequalities have been exacerbated during the pandemic as access to face-to-face specialist support for alcohol dependency has been severely reduced due to national lockdowns.

Substance misuse

4.5.7 An estimated 1,900 adults use illegal or unprescribed drugs in Merton, of whom 591 are opiate users, and who might use other substances such as crack cocaine. Opiate users tend to be older (>40 years) and white British, compared to crack or cocaine users who are typically younger and more ethnically diverse.

4.5.8 While there was no change in overall level of any drug use in England, the proportion of adults aged 16 to 59 years reporting drug use in the last year has been increasing since the year ending March 2013[215]. Furthermore, the number of individuals dying related to drug misuse has been increasing year on year; most recently, there were 2,830 deaths recorded in 2020 across England [216].

4.5.9 Although there is no sign of increased illegal drug use in Merton during the COVID-19 pandemic, Merton recorded 37 deaths among adults (April 2018- September 2021) known to drug misuse treatment service, 82% of which were alcohol dependent. The most common cause of death was liver disease (18%), suicide (18%) and heart failure (14%), with average age at death of 52 years. This does not include drug and alcohol related deaths not known to the treatment service.

[211] Local data monitoring
[212] Source: World Health Organisation (WHO) Alcohol-and-COVID-19-what-you-need-to-know.pdf (who.int)
[213] Source: Ian Hamilton: The inequality of deaths from alcohol - The BMJ
[214] Source: Guidance for commissioners and providers for who people who use drugs or alcohol - https://www.gov.uk/government/publications/covid-19-guidance-for-commissioners-and-providers-of-services-for-people-who-use-drugs-or-alcohol/covid-19-guidance-for-commissioners-and-providers-of-services-for-people-who-use-drugs-or-alcohol
[215] Office for National Statistics (2020) Drug misuse in England and Wales: year ending March 2020 https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingmarch2020#overall-trends-in-drug-misuse
[216] Office for National Statistics (2021) Drug-related deaths by local authority, England and Wales https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/drugmisusedeathsbylocalauthority

4.6 Sexual Health

4.6.1 Good sexual health is a vital aspect of overall health and wellbeing and is important to individuals and communities. Poor sexual health can lead to unintended pregnancies and sexually transmitted infections (STIs).[217] Sexual health concerns most people, but there are certain groups in England that are disproportionately affected by poor sexual health (Black, Asian, and minority ethnic groups, migrants, people who inject drugs, sex workers, homeless persons, prisoners and men who have sex with men). The prevalence of STIs is greatest in young people. Among those aged 15 to 24, men are twice and women six times as likely to be diagnosed with an STI than their counterparts aged 25 to 59.[218] [219]

4.6.2 In Merton the number of new STIs (excluding Chlamydia aged <25) was 1,494 per 100,000 in 2019, lower than London (1,939 per 100,000) but higher than England (900 per 100,000).[220] Notably, diagnoses of syphilis and gonorrhoea per 100,000 have been increasing in Merton since 2012[221].

4.6.3. The percentage of repeat abortions in women younger than 25 years in Merton was 33.2% (2019) an increase from 29.9% in 2016. This is higher than England (27.7%) and London (30.7%).[222]

4.6.4 There is strong evidence that the COVID-19 pandemic response has led to a disruption in provision of, and access to, health services for HIV, STIs, and hepatitis. [223] Sexual health services in the UK saw an 80% reduction in their activity and limitations imposed on non-essential face-to-face patient contact, highlighting the challenge of maintaining access to those most vulnerable.

[217] Source: NICE impact sexual health
[218] Source: Sexually transmitted infections and screening for chlamydia in England, 2019 (publishing.service.gov.uk)
[219]Source: Public Health England (Dec 2020) The impact of the COVID-19 pandemic on prevention, testing, diagnosis and care for sexually transmitted infections, HIV and viral hepatitis in England https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/943657/Impact_of_COVID-19_Report_2020.pdf
[220] Source: Public Health Outcomes Framework (PHOF) - Public Health Profiles - PHE
[221] Source: Public Health Outcomes Framework (PHOF) - Sexual and Reproductive Health Profiles - PHE
[222] Source: Public Health Outcomes Framework (PHOF) - Sexual and Reproductive Health Profiles - PHE
[223]Source: Public Health England (Dec 2020) The impact of the COVID-19 pandemic on prevention, testing, diagnosis and care for sexually transmitted infections, HIV and viral hepatitis in England https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/943657/Impact_of_COVID-19_Report_2020.pdf

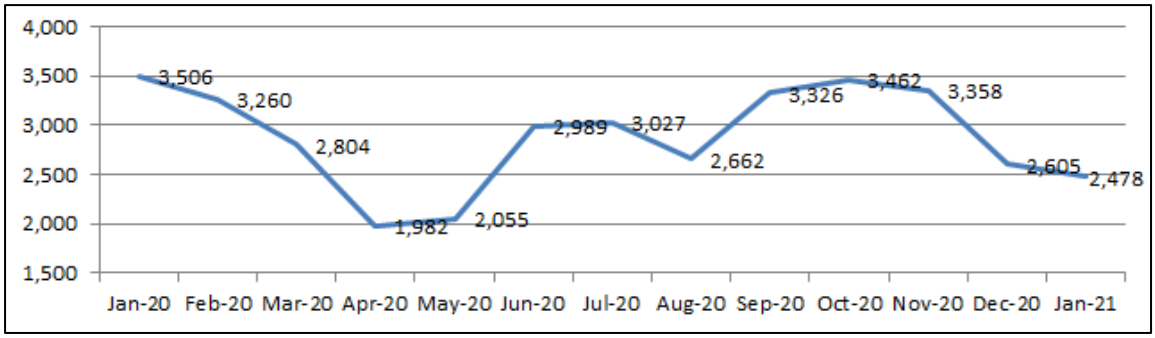

Figure 61 [224] South West London Sexual Health Services; activity by month in numbers.

4.6.5 This correlates with the service level data for South West London (Figure 61) with a decrease in access to face-to-face sexual health services coinciding with national lockdowns. Reduced demand for services during this time will have been influenced by compliance with social distancing measures as well as changes in risk perception and behaviour. Access to face-to-face services increased with the easing of restrictions (Figure 62).

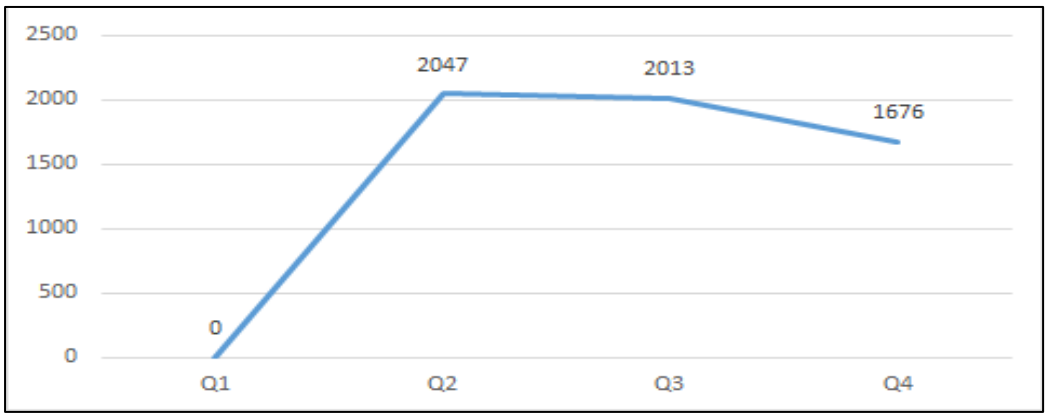

Figure 62[225] - Merton residents accessing face to face services Q1-4 2020/21. South West London Sexual Health Services; quarterly activity.

4.6.6 Conversely, there has been an increase in online requests for sexual health test kits in Merton compared with 2019/2020. As illustrated in Figure 63 below, in 2020/2021 9,863 test kits were requested online compared to 7,516 in 2019/2020, an increase of 31.23%.

[224] Source: SWL Sexual Health KPI Dashboard (Internal contract monitoring report)
[225] Source: Online dashboard – internal contract monitoring report

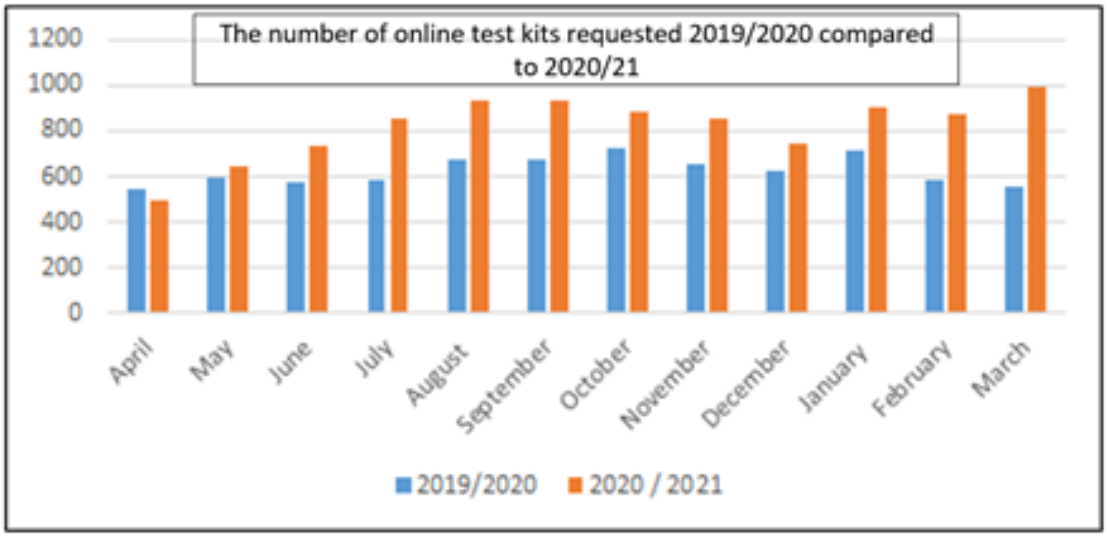

Figure 63[226] *Merton Sexual Health E-Services data; activity by month.*

4.6.7 The full impact on infection transmission and long-term health outcomes will take time to emerge and evaluate.[227] While online provision has enabled access to services during the COVID-19 response, there is a critical need to evaluate the impact of these changes on health inequalities, as HCV, HIV and many STIs predominantly affect socially disadvantaged and/or marginalised groups who already experience poor health outcomes, including people who inject drugs (PWID) and experience homelessness, and certain black and Asian ethnic minorities.[228]

4.7 Conclusion

4.7.1 The impact of the pandemic on promoting good health has been varied; making healthy choices has been easy for some but more difficult for others during the pandemic due to reduced face-to-face services and the move to a remote offer. However, due to additional 'free time' the pandemic has offered opportunities for promoting good health for some i.e. an opportunity to eat healthier at home and exercise more.

4.7.2 COVID has had a disproportionate impact on certain groups, and this has exacerbated already existing health inequalities. Socio-economic status, ethnicity, gender, age, and education are predictive of poorer health behaviours and health-related outcomes. [229]

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[226] Source: Online dashboard – internal contract monitoring report
[227] Source: COVID-19: impact on STIs, HIV and viral hepatitis, 2020 report (publishing.service.gov.uk)
[228] Source: COVID-19: impact on STIs, HIV and viral hepatitis, 2020 report (publishing.service.gov.uk)
[229] Source: Impact of COVID on health behaviour: https://bpspsychub.onlinelibrary.wiley.com/doi/10.1111/bjhp.12520

5 Age Well

Key messages:

- Many Merton residents live with multiple long-term conditions (LTCs); the proportion of people experiencing LTCs increases with age and is higher in areas of socioeconomic deprivation
- Prevention and management of LTCs have been impacted during COVID-19 due to;
    - Impacts on physical activity, diet, and food poverty
    - Service interruptions as well as avoidance or inability to seek healthcare
    - Negative impacts on mental health, with reciprocal impacts on physical health and LTCs
- Pre-pandemic, Merton had lower cancer-related mortality among under-75 year olds than national and regional benchmarks, however the pandemic interrupted screening programmes, diagnosis and treatment which may adversely affect cancer outcomes in the future
- Many adults in Merton live with a learning disability, autism or physical disability and have been disproportionately impacted by COVID-19 due to;
    - Disproportionately high rate of COVID-related deaths in people with learning disabilities
    - Requirement to shield if clinically extremely vulnerable
    - Increased risk of isolation, loneliness and feelings of sadness
    - Interruption to services, employment opportunities and social activities
- Ageing well and frailty have been negatively impacted by COVID-19 due to physical deconditioning, and fewer opportunities for physical activities. The rate of falls has also been increasing over the past decade and we have anecdotal reports that this has been an issue over the past year.
- Merton residents living with dementia have been affected by COVID-19, with reduced diagnosis rates, deterioration of symptoms, stress and anxiety, increased loneliness and isolation, and difficulties accessing digital services
- Carers in Merton have reported their caring role has increased due to COVID-19, with increased stress and additional demands

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5.1 Introduction

This chapter focuses on Merton residents through their lives, from living with a disability, to long term conditions, and ageing. As people age, key issues that impact older people's health include frailty, falls, dementia and social isolation. COVID-19 has had a significant impact on all residents, but especially those who have underlying health conditions, and older individuals.

5.2 Living with learning disability, physical disability or autism

5.2.1 People living with a learning disability, physical disability or autism can live independent lives or be supported to live as independently as possible. While individuals in these broad groups have a wide spectrum of health and social care needs, all individuals

also have a range of strengths and deserve to be fully supported to reach their full potential and to contribute actively to the communities they live in. To ensure these aims are realised in Merton, Merton Council has undertaken a number of local health needs assessments and developed strategies, including the Merton Disability Health and Care Profile, Merton Carers Strategy, and Merton Autism Strategy.

5.2.2 The COVID-19 pandemic has created profound challenges to people living with a learning disability, physical disability and autism in the UK. Many people in these groups are classed as clinically vulnerable, meaning that they are at a higher risk of severe COVID-19 disease, and, as a result, have suffered disproportionately from COVID-19 related deaths compared to the general population in the UK [230].

5.2.3 Social restrictions have also meant that some individuals have faced changes to the specialist services they receive to support them to live healthy, fulfilling lives and to be as independent as possible. These groups also suffer from digital exclusion, with many individuals being left isolated as communication and social contact quickly moved online (see Section 4.2). This section summarises some of the available data on people living with learning disability, physical disability and autism in Merton with a focus on the impacts of the COVID-19 pandemic in Merton with a focus on the impacts of the COVID-19 pandemic.

Learning Disability

5.2.4 Someone with a learning disability (LD) will likely have difficulty with everyday activities such as household tasks, socialising or managing money[231]. LDs affect people throughout life and in the UK 2.2% of adults are thought to have a LD[232]. In 2020 there were an estimated 3,789 people with a LD in Merton aged over 18[233], predicted to increase to 3,882 by 2030. In 2020 an estimated 818 residents in Merton had a moderate or severe LD and there were an estimated 83 people with Down's syndrome in Merton[234]. Although people with Down's syndrome are included in this section, note that not all people with Down's Syndrome have a LD.

5.2.5 Typically, individuals living with a moderate or severe LD are eligible for a greater level of care than those with mild LD who have higher levels of functioning. Some individuals don't meet these statutory eligibility thresholds and therefore lack access to support, but may still need support to help them live an independent life.

5.2.6 People living with a LD tend to take longer to learn, may need support to develop new skills, understand complicated information, and interact with other people. They also face particular challenges in employment. Many people with a LD live independently while others are supported to live as independently as possible through support at home, within supported housing or in a residential care setting. In Merton, a lower proportion of adults with

[230] Source: PHE – People with learning disabilities had higher death rate from COVID-19. People with learning disabilities had higher death rate from COVID-19 - GOV.UK (www.gov.uk)
[231] Source: MENCAP - https://www.mencap.org.uk/learning-disability-explained/what-learning-disability
[232] Source: People with Learning Disabilities in England, 2015. https://www.gov.uk/government/publications/people-with-learning-disabilities-in-england-2015
[233] Source: PANSI data estimates available at Projecting Adult Needs and Service Information System (pansi.org.uk)
[234] Source: PANSI data available at Projecting Adult Needs and Service Information System (pansi.org.uk)

a LD are in paid employment (3.2%) than the London and England figures (7% and 5.6% respectively). Similarly, a smaller proportion live in their own home or with family (Figure 64).

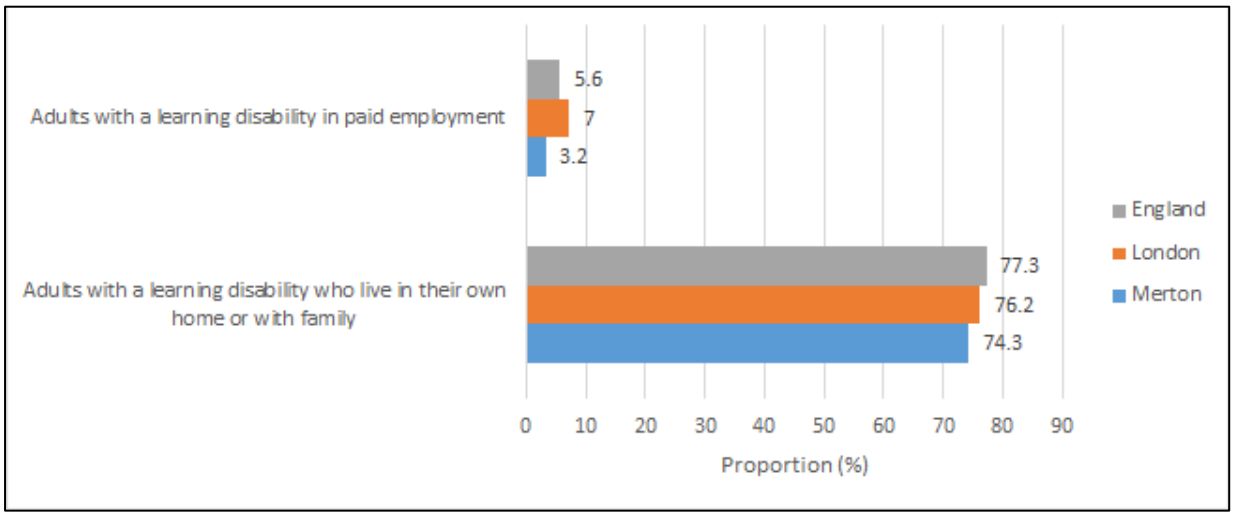

Figure 64[235] – Social outcomes for adults with a learning disability in Merton, London and England in 2019/20.

5.2.7 The Merton Employment Team support people with a LD into employment. In 2017/18, 21 residents were supported into employment. In 2020/21 only two residents accessed paid employment, highlighting the real impact COVID-19 has had for people with LDs. The Council is currently in the process of engaging with customers and carers as well as other stakeholders to review opportunities and outcomes and will be placing more emphasis on supporting people towards employment following this engagement.

5.2.8 Compared to the general population, people living with a LD in the UK experience significant health inequalities and have poorer physical and mental health outcomes. Research carried out by Merton Mencap on the impact of the pandemic found people with LD or autism in Merton reported missing going out, missed friends, leisure and day activities, exercise and reported feeling sad and lonely. Two out of three people reported they could no longer go out on their own due to the pandemic. COVID-19 has also required people with Down's Syndrome to shield.

5.2.9 People with a LD are also more likely to have obesity as well as visual and hearing impairments. On average, life expectancy among women with a LD is 18 years shorter than the general population and 14 years shorter for men. People living with a LD are also at a greater risk from COVID-19. Up to the 5th June 2020, there were 651 COVID-19 deaths in adults with LD in the UK, a rate of 254 per 100,000 population – around 4 times the rate for adults without LD[236]. Furthermore, there has been a 134% increase in death notifications in people with LD in 2020, compared to the same period in 2019; 53% of the deaths were due to confirmed or suspected COVID-19.

[235] Source: Measures from the Adult Social Care Outcomes Framework, England 2019-20 - https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-outcomes-framework-ascof/measures-from-the-adult-social-care-outcomes-framework-england-2019-20

[236] Source: COVID-19: deaths of people with learning disabilities - https://www.gov.uk/government/publications/covid-19-deaths-of-people-with-learning-disabilities

5.2.10 The impact on carers has also been substantial with 82% of respondents saying their caring role had increased due to COVID-19. Carers reported key challenges including: stress of their caring role, lack of activities for the person cared for, fears about the future, the low mood of the person being cared for and reduced access to health services. The role of carers has been made significantly harder, not just because of the impact on the cared for, but also the impact on their own mental health and isolation as the time spent caring without respite increased significantly during the pandemic.

Autism

5.2.11 Autism can affect the way a person communicates with, relates to and interacts with, other people throughout their life. It represents a wide spectrum of need[237]. People living with autism face variable experiences and challenges; some have significant language and communication difficulties, which require specialist support throughout life, whereas others live independently without any language or communication challenges[238].

5.2.12 Nationally, 1.1% of the population live with autism. This has increased over recent decades, partially as a result of greater awareness and diagnosis. Autism is more common in males, however an under-diagnosis of autism in females may contribute to this[239].

5.2.13 In 2020, there were an estimated 1,318 people aged 18–64 living in Merton with autism spectrum disorders and 244 people aged over 65. These are similar to the overall rates for London and England (Figure 65).

[237] Source: Merton Autism Strategy 2018-2023 - https://www.merton.gov.uk/assets/Documents/www2/Merton%20Autism%20Strategy.pdf
[238] Source: Autism Alliance (autism-alliance.org.uk)
[239] Source: Merton Autism Strategy 2018-2023 - https://www.merton.gov.uk/assets/Documents/www2/Merton%20Autism%20Strategy.pdf

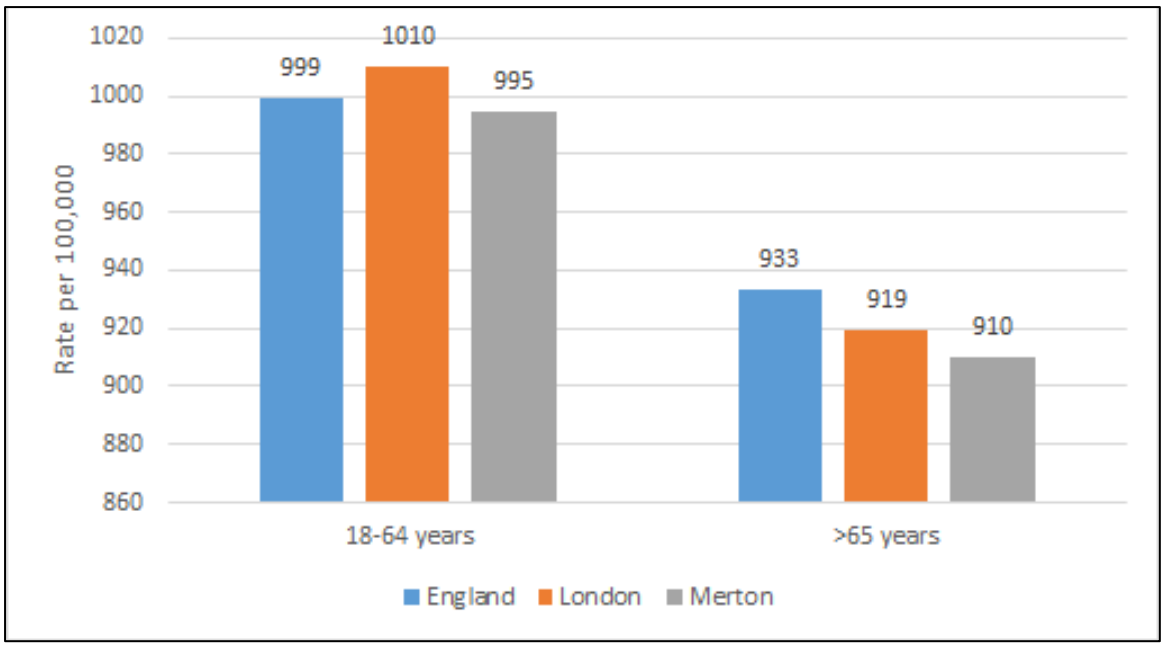

Figure 65[240]– Rate per 100,000 of those aged 18-64 and >65 years predicted to have autistic spectrum disorders in 2020

5.2.14 People with autism face significant health inequalities. For example, 50% of people with autism suffer from common mental health disorders such as anxiety and depression, significantly higher than the general population[241]. They also face socioeconomic disadvantages, such as in education and employment.

5.2.15 In March 2021, Merton MENCAP published a report designed to understand the impact of COVID-19 on Merton residents with learning difficulties (LD), autism spectrum disorder (ASD) and their carers, acknowledging the disproportionate impact experienced by those living with LD/ASD[242]. This report found that the burden of caring had increased for 75% of carers of people with LD and autism and there has been a significant reduction in independence for adults with LD and autism[243].

Physical Disability

5.2.16 Many conditions and impairments can lead to physical disability. This section focuses on data regarding overall mobility impairment, which can have a range of causes, and sensory impairments affecting sight or hearing.

5.2.17 The 2011 census estimated 25,000 residents in Merton had day-to-day activities limited a lot (11,000) or a little (14,000) by their disability. Together this represents 11% of adult Merton residents, which is a lower proportion of the population compared to London,

[240] Source: Projecting Older People Population Information (POPPI) and Projecting Adult Needs and Service Information (PANSI) - https://www.poppi.org.uk/, https://www.pansi.org.uk/
[241] Source: Autism Alliance (autism-alliance.org.uk)
[242] Source: Merton MENCAP: Merton Public Health Engagement Report https://democracy.merton.gov.uk/documents/s39180/Draft%20Merton%20Mencap%20Report.pdf
[243] Source: Merton Public Health Engagement Report, March 2021

and England & Wales (14% and 18% respectively)[244]. Between 2017 and 2019, disability-free life expectancy at birth in Merton was 65.4 years for males and 64.4 years for females, approximately three years greater than the national figure[245]. This broad definition of disability includes physical disability, cognitive impairment, mental health disability (Figure 66).

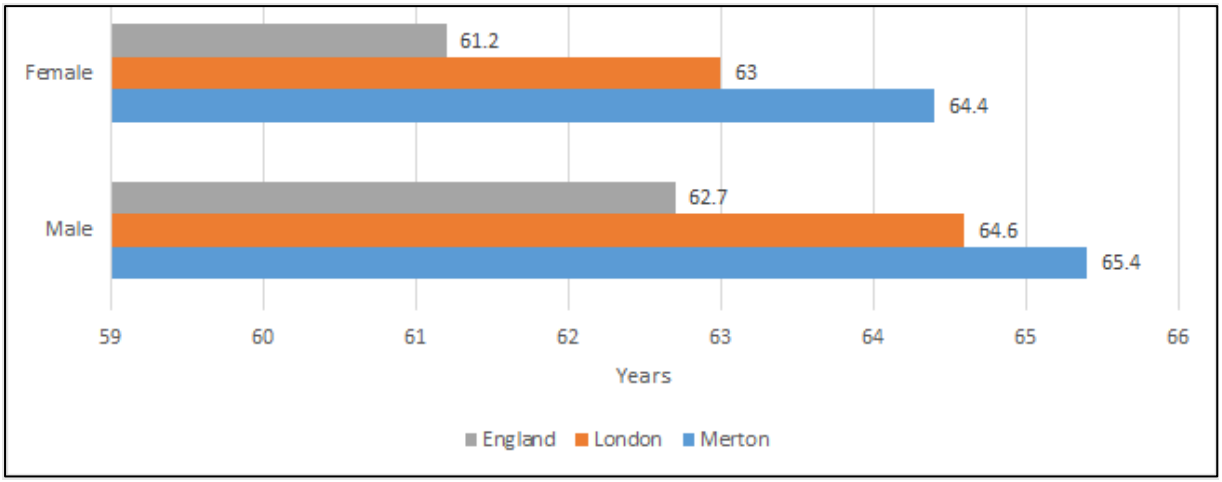

Figure 66[246] – Disability-free life expectancy at birth, 2017-2029

5.2.18 The proportion of people aged over 65 in Merton with impaired mobility is very similar to the national and London averages. However, among those aged 18–64, the proportion of individuals with impaired mobility in Merton is slightly higher than the London average, although still lower than the national average (Figure 67).[247]

[244] Source: Merton Disability Health and Care Profile 2018 - https://www.merton.gov.uk/assets/Documents/www2/Merton%20Disability%20Health%20and%20Care%20Profile%20October%202018%20V4.pdf

[245] Source: Public Health Outcomes Framework (PHOF) - https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

[246] Source: Public Health Outcomes Framework (PHOF) - https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

[247] Source: Projecting Older People Population Information (POPPI) and Projecting Adult Needs and Service Information (PANSI) - https://www.poppi.org.uk/, https://www.pansi.org.uk/

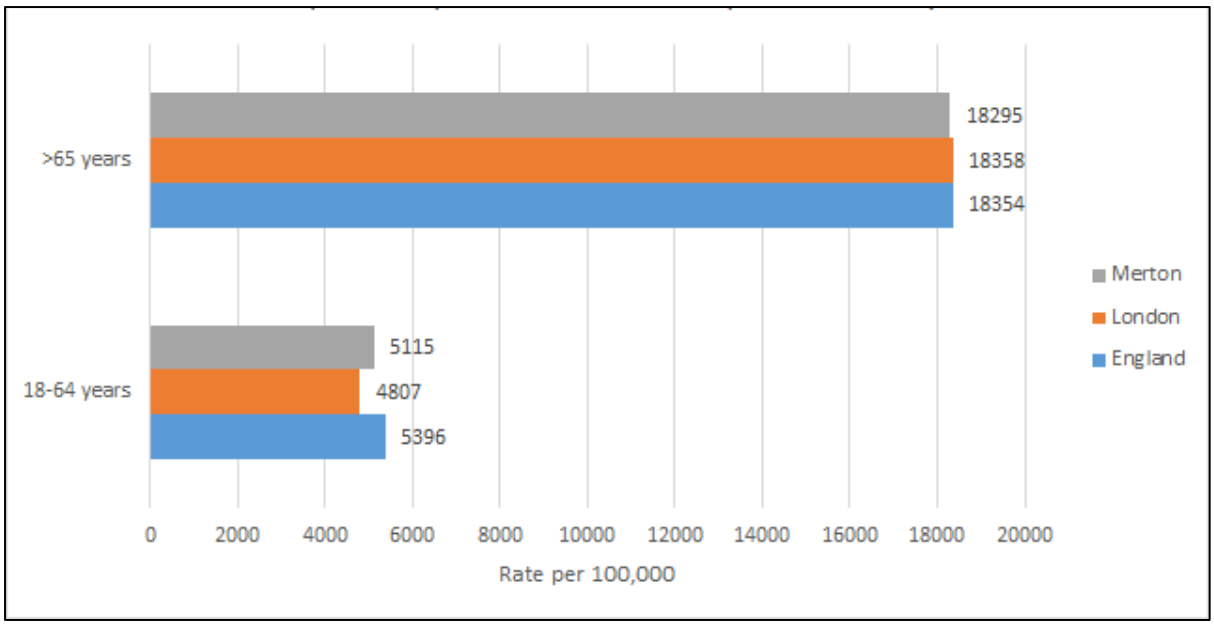

Figure 67[248]– Population predicted to have impaired mobility in 2020

5.2.19 A total of 86 people aged 18–64 were estimated to have serious visual impairment in 2020 and 755 people in the same age group were predicted to have severe hearing loss; rates similar to the London and England averages.[249]

5.2.20 The COVID-19 pandemic has had significant social impacts on disabled people in the UK. For example, in February 2021, 78% of disabled people felt worried about the effect that COVID-19 was having on their life, compared with 69% of non-disabled people.[250] In addition to the anxiety experienced as a result of the vulnerability to COVID-19 itself, some of the key causes of worry for disabled people included the impact on access to healthcare for non-coronavirus related issues, access to groceries, medication and essentials and the impact on social contact and relationships[251].

5.2.21 Local anecdotal evidence from Merton services suggests that people with a physical disability have shielded throughout the pandemic and many remain reluctant to return to their pre-COVID-19 routines, with a major impact on themselves and their families.

5.3 Living with illness

5.3.1 Merton's population is generally healthy with lower prevalence of cardiovascular disease (CVD) and associated mortality than the national average. Population ageing in Merton has a

[248] Source: Projecting Older People Population Information (POPPI) and Projecting Adult Needs and Service Information (PANSI) - https://www.poppi.org.uk/, https://www.pansi.org.uk/
[249] Source: Projecting Older People Population Information (POPPI) and Projecting Adult Needs and Service Information (PANSI) - https://www.poppi.org.uk/, https://www.pansi.org.uk/
[250] Source: Coronavirus and the social impacts on disabled people in Great Britain: September 2020 - Coronavirus and the social impacts on disabled people in Great Britain - Office for National Statistics (ons.gov.uk)
[251] Source: Coronavirus and the social impacts on disabled people in Great Britain: September 2020 - Coronavirus and the social impacts on disabled people in Great Britain - Office for National Statistics (ons.gov.uk)

diverse impact on physical and mental health with an increasing number of people living with long-term conditions (LTC).

5.3.2 LTCs develop over a long period of time and include: diabetes, cardiovascular diseases (CVD), chronic obstructive pulmonary disease (COPD), cancer, dementia, musculoskeletal (MSK) conditions and mental illnesses. LTCs are not distributed equally in the population and tend to be higher in areas of higher deprivation.

Long term conditions and multi-morbidity

5.3.3 The co-existence of two or more long-term physical or mental health conditions is termed as 'multi-morbidity'. Multi-morbidity increases with deprivation and is associated with poor quality of life and health outcomes such as high mortality and frailty.[252]

5.3.4 Merton has a lower prevalence of people with 2 or more long-term physical conditions across all age groups than London and England. Higher proportions are seen in older age groups locally and nationally, varying increasing from 8.2% in 45–64 year olds in Merton (compared to 9% in London and 9.1% in England) to 44.6% in those aged 85 and older (44.7% in London and 44.8% in England)[253]. As multi-morbidity increases with age, it becomes more pronounced in men than women in Merton. (Figure 68).

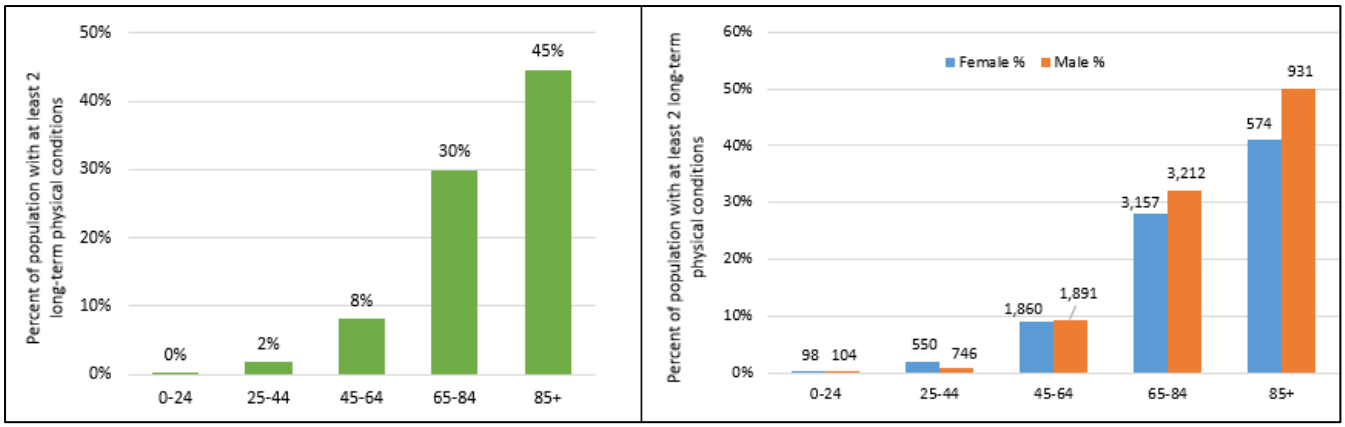

Figure 68[254] – (left) Percent of total population in Merton with at least 2 long-term physical condition (2014) broken down by age group. (right) Percent and absolute number of male and female population in Merton with at least 2 long-term physical conditions, 2014.

[252] Source: Nguyen, Hai et al. "Prevalence of multimorbidity in community settings: A system review and meta-analysis of observational studies". Journal of comorbidity vol 9. 22 Aug 2019. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6710708/

[253] Source: Public Health England (2019) Estimated prevalence of 2 or more long-term conditions by type of condition present and local areas in England (derived from observed prevalence estimates from South Somerset's Symphony Project) [restricted access; login required] https://khub.net/group/phe-local-knowledge-and-intelligence-services

[254] Source: Source: Public Health England (2019) Estimated prevalence of 2 or more long-term conditions by type of condition present and local areas in England (derived from observed prevalence estimates from South Somerset's Symphony Project) [restricted access; login required] https://khub.net/group/phe-local-knowledge-and-intelligence-services

5.3.5 People from lower socioeconomic groups are more likely to have LTCs than those from higher socioeconomic groups. They are also more likely to experience LTC and have multi-morbidity 10–15 years earlier than more affluent groups. [255]

5.3.6 The COVID pandemic has impacted people with LTCs in many ways. Routine health services such as outpatient clinics, investigations and elective surgeries were cancelled or rescheduled during the pandemic, and GP consultations were largely conducted remotely. Many people with LTCs were asked to shield or take additional care during the pandemic due to the association with increased risk of severe COVID-19 infection, impacting both their physical and mental health. Further impacts from COVID are in Chapter 2.

Diabetes

5.3.7 The burden of diabetes in Merton has been increasing yearly. Currently, the prevalence of diabetes within the area covered by Merton Clinical Commissioning Group (CCG) is 6.3%, lower compared to London (6.8%) and England (7.1%).[256] The prevalence including undiagnosed populations is estimated to be 8.1%, projected to rise to 9.3% in 2035[257] - these estimates pre-date the pandemic and might be higher depending on lifestyle factor impacts. Overweight or obese adults are at high risk of developing diabetes and more than half of the population in Merton (53.2%) aged 18+ was classified as overweight or obese in 2019/20.[258] (see Chapter 4)

5.3.8 People of South Asian or Black Caribbean/Black African ethnicity are 2 to 4 times more likely to develop Type 2 diabetes at an earlier age and at a lower Body Mass Index compared to people of White ethnicity[259]. Prevalence of Type 2 diabetes is higher in East Merton primary care network (Figure 69).[260]

[255] Source: Long-term conditions and multi-morbidity. The Kings Fund. Available at: https://www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-long-term-conditions-multi-morbidity
[256] Source: Public Health Outcomes Framework (PHOF) - https://fingertips.phe.org.uk/profile/diabetes
[257] Source: Tackling diabetes in Merton.Merton Council. 2019.Available at: APHR_2019_Diabetes_In_Merton_FINAL_WEB.pdf
[258] Source: Public Health Outcomes Framework (PHOF) - https://fingertips.phe.org.uk/profile/msk
[259] Source: NICE impact Diabetes. September 2018. Available at: NICE impact diabetes
[260] Source: Tackling diabetes in Merton. Merton Council. 2019. Available at: APHR_2019_Diabetes_In_Merton_FINAL_WEB.pdf

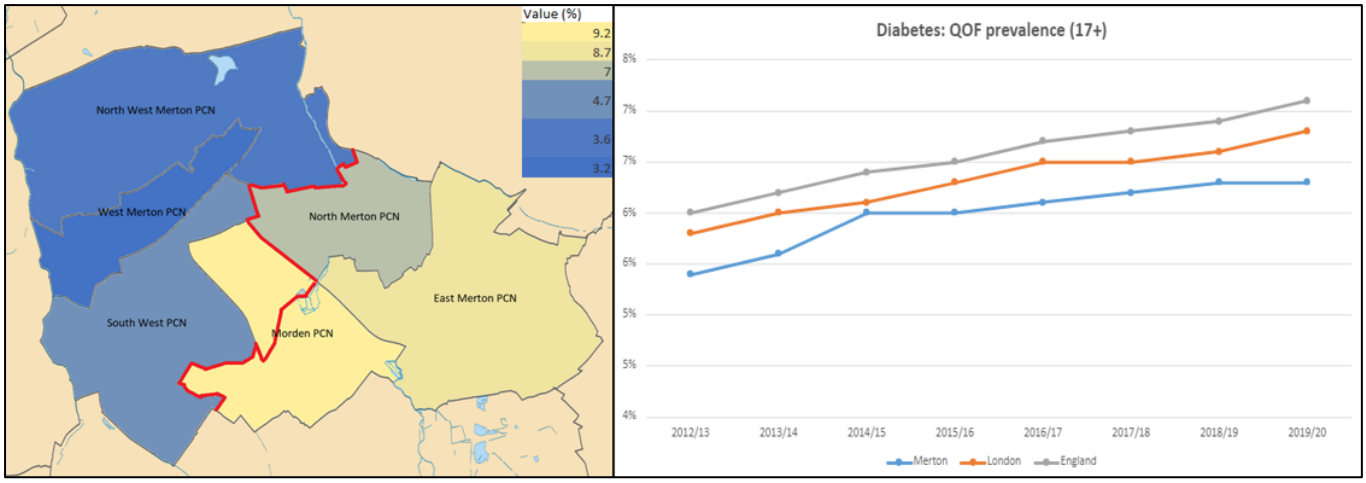

Figure 2 (left) The percentage of patients aged 17 years and over with diabetes mellitus, as recorded on practice disease registers. Source: Quality and Outcomes Framework (QOF), NHS Digital. (right) The percentage of patients with diabetes, as recorded on practice disease registers (proportion of total list size) in 2019/20, by Merton primary care network (PCN). Quality and Outcomes Framework (QOF), NHS Digital

5.3.9 Diabetes is one of the major comorbidities associated with severe COVID-19 related hospitalisations and mortality. In Merton, 105 people who died from COVID-19 had diabetes, representing a third of COVID-19 deaths. Nationally, this rate was 10% higher among those who live in more deprived areas.[261]

5.3.10 The unintended disruptions from the pandemic to routine diabetes services has impacted those with the condition. In April 2020, there was a 70% reduction in new diagnosis rates with larger reductions seen in older people nationally.[262] Reductions of 77% in HbA1C testing (blood tests used to monitor diabetes) suggests poorer disease control among people living with type 2 diabetes and potential delays in the management and prevention of long-term complications. A comprehensive data collection on diabetes is needed to study the impacts of this on Merton population in the coming months and years.

Cardiovascular disease and hypertension

5.3.11 Merton has lower rates of cardiovascular disease (CVD) prevalence and mortality than the national average: 1.9% of the population registered with a GP in Merton had coronary heart disease (CHD) and 0.5% had heart failure in 2019/20, same as London (1.9% and 0.5%) and lower than England (3.1% and 0.9% respectively).[263] The mortality rate from all CVD among under 75 year olds for Merton is on a downward trend; decreasing from 67.3 deaths per 100,000 in 2016-18 to 62.3 deaths per 100,000 in 2017–19. This was lower compared to

[261] Source: Source: Public Health England. Disparities in the risk and outcomes of COVID-19 (online). August 2020. Available from: Disparities in the risk and outcomes of COVID-19 (publishing.service.gov.uk)
[262] Source: Impact of COVID-19 on the diagnoses, HbA1c monitoring and mortality in people with type 2 diabetes: a UK-wide cohort study involving 13 million people in primary care. Available at: Impact of COVID-19 on the diagnoses, HbA1c monitoring and mortality in people with type 2 diabetes: a UK-wide cohort study involving 13 million people in primary care (medrxiv.org)
[263]Source: Public Health Outcomes Framework - cardiovascular disease groups - https://fingertips.phe.org.uk/profile-group/cardiovascular-disease-diabetes-kidney-disease - accessed 13.08.21

London and England (69.1 and 70.4 deaths per 100,000 respectively).[264] Figure 70 shows a downward trend in the percentage of deaths that are from cardiovascular disease, with Merton following the trend for London and England.

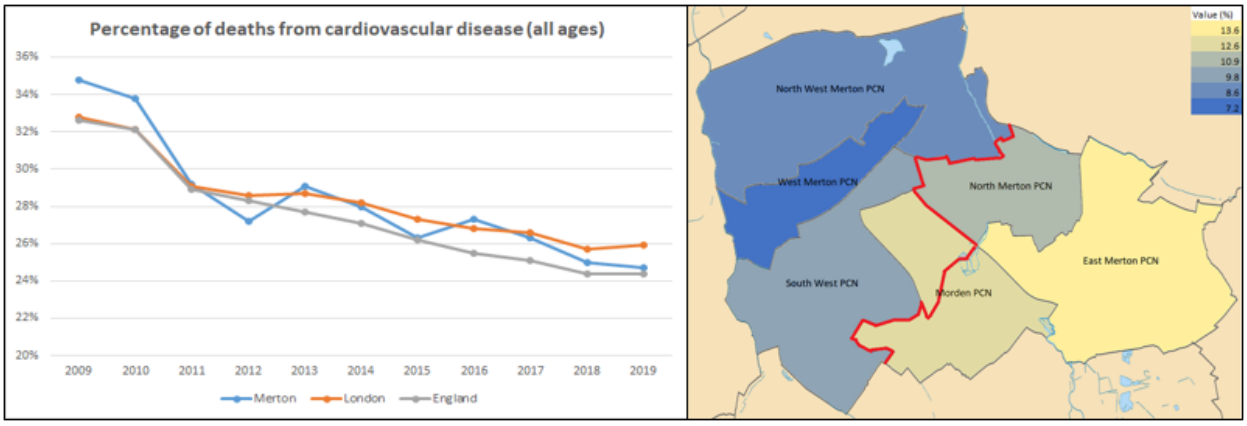

Figure 70 (left) Annual percentage of registered deaths where cardiovascular disease is the underlying cause of death. Source: Office for National Statistics. (right) The percentage of patients with established hypertension, as recorded on practice disease registers (proportion of total list size) in 2019/20, by Merton primary care network (PCN). Quality and Outcomes Framework (QOF), NHS Digital[265]

5.3.12 People from the most deprived communities in England are four times more likely to die prematurely from CVD and 30% more likely to have high blood pressure.[266] East Merton has a higher prevalence of hypertension compared to West Merton (Figure 70).

5.3.13 As with Diabetes, CVD has also been associated with poor outcomes from COVID-19. In Merton, 36.2% of COVID-19 deaths had hypertension mentioned. The proportion of COVID-19 deaths where hypertensive disease was also mentioned on the death certificate was lower in the White ethnic group (17%) and highest in Black ethnic group (40%) but also high in the Asian and Mixed Ethnic groups in England.[267]

5.3.13 Many individuals with cardiovascular disease were advised to shield during the pandemic. Routine cardiac services including community heart failure clinics and rehabilitation were also reduced. During the first month of lockdown, national research found a reduction in people presenting with cardiac symptoms; reasons included reduced access to services and fear of contracting the virus by attending health care settings.[268]

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[264] Source: Public Health Outcomes Framework - healthy ageing. https://fingertips.phe.org.uk/profile/healthy-ageing

[265] Source: Public Health Outcomes Framework - cardiovascular disease groups - https://fingertips.phe.org.uk/profile-group/cardiovascular-disease-diabetes-kidney-disease

[266] Source: Public Health England. Health matters: Ambitions to tackle persisting inequalities in cardiovascular disease. 2019. Available at: Health Matters: Ambitions to tackle persisting inequalities in cardiovascular disease - Public health matters (blog.gov.uk)

[267] Source: Public Health England. Disparities in the risk and outcomes of COVID-19 (online). August 2020. Available from: Disparities in the risk and outcomes of COVID-19 (publishing.service.gov.uk)

[268] Source: Fersia O, Bryant S, Nicholson R, et al. The impact of the COVID-19 pandemic on cardiology services. Open Heart July 2020. Available at: https://openheart.bmj.com/content/openhrt/7/2/e001359.full

Chronic obstructive pulmonary disease (COPD)

5.3.15 The prevalence of COPD is 1.1% for Merton, same as London (1.1%) and lower than 1.9% in England for 2018/19.[269] The emergency admissions rate for COPD among those aged 35+ has been consistently lower in Merton than the London and England benchmark for several years.[270] Higher rates of COPD were recorded in East Merton primary care network in 2019/20, likely related to higher rates of smoking in East than West Merton (22% vs 17%, Figure 71).[271]

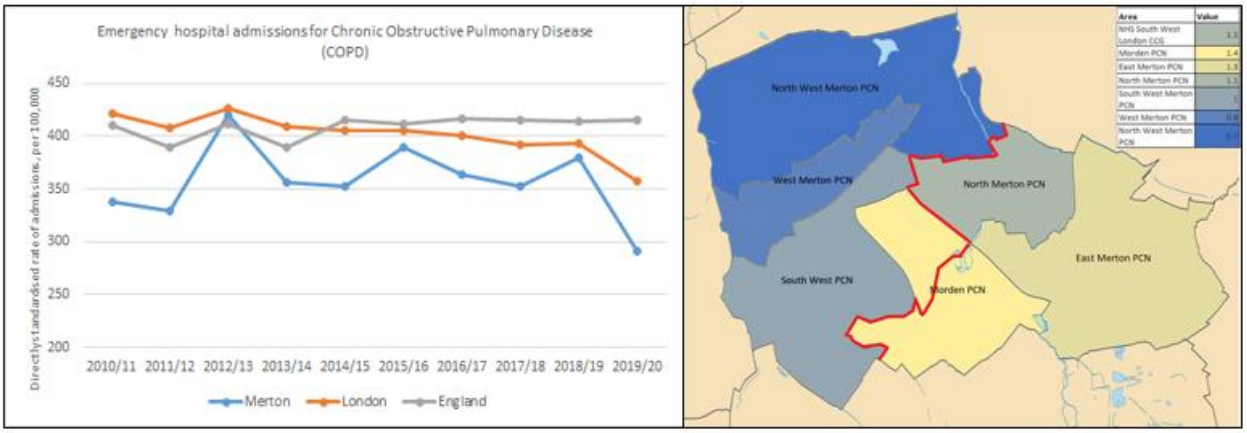

Figure 71 (left) Directly age-standardised rate of emergency admissions to hospital for COPD in adults aged 35+ in Merton, London and England. Source: Hospital Episode Statistics (HES)[272]. (right) The percentage of patients with COPD, as recorded on practice disease registers in 2019/20, by Merton primary care network (PCN). Quality and Outcomes Framework (QOF), NHS Digital[273]

5.3.16 Severe COPD and asthma were included in the clinically extremely vulnerable list for shielding.[274] COPD has been mentioned as a comorbidity in 6.6% of COVID-deaths in Merton.

[269] Source: Public Health Outcomes Framework - National General Practice Profiles - PHE https://fingertips.phe.org.uk/profile/general-practice/data#page/4/gid/2000006/pat/46/ati/165/are/E38000105/iid/253/age/1/sex/4/cid/4/tbm/1 - accessed 13.08.21

[270] Source: Public Health Outcomes Framework - cardiovascular disease groups - https://fingertips.phe.org.uk/profile-group/cardiovascular-disease-diabetes-kidney-disease

[271] Source: Merton health profiles. Merton Council. 2020. Available at: West Merton.pdf

[272] Source: Public Health Outcomes Framework - cardiovascular disease groups - https://fingertips.phe.org.uk/profile-group/tobacco

[273] Source: Public Health Outcomes Framework (PHOF) - https://fingertips.phe.org.uk/profile/inhale

[274] Source: NICE guidance: COVID-19 rapid guidance: community-based care of patients with chronic obstructive pulmonary disease (COPD). April 2020. Available at: 1 Communicating with patients and minimising risk | COVID-19 rapid guideline: community-based care of patients with chronic obstructive pulmonary disease (COPD) | Guidance | NICE

The COVID-19 pandemic has led to reductions in planned and unplanned access to health services in hospital and the community for people living with COPD in the UK.[275]

Cancer

5.3.17 In 2019/20, 2.3% of people across all ages in Merton were living with cancer, with highest prevalence in Merton's South West primary care network (3.0%) and lowest in North and North West Merton primary care network (1.8%). This is lower compared to the England average (3.1%)[276]. The mortality rate (in under 75's) in Merton was 114.6 per 100,000 in 2017–19, similar to London (117.4) and lower than England (129.2).[277]

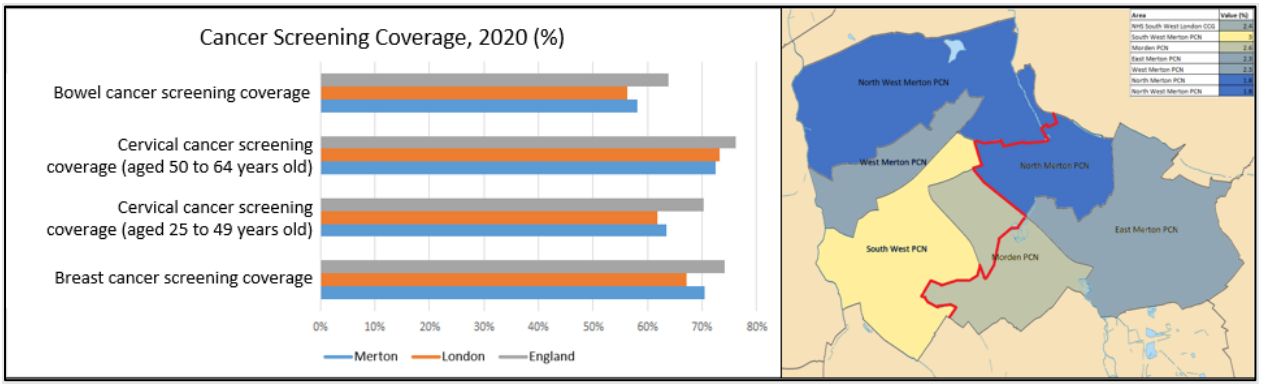

Figure 72 (left) Percentage coverage of cancer screening in Merton, London and England, as recorded on practice disease registers for 2020. Source: NHS Cancer Screening Programme.278 (right) The percentage of patients with cancer, as recorded on practice disease registers (register of patients with a diagnosis of cancer excluding non-melanotic skin cancers from 1 April 2003) in 2019/20 for Merton primary care networks (PCNs). Quality and Outcomes Framework (QOF), NHS Digital 28

5.3.18 Merton residents had a higher uptake of cancer screening than London in April 2020 for breast (70.4%), bowel (58.2%) and cervical [among 25–49 year olds] (63.4%) cancers but lower than London in cervical cancer screening [among 50–64 year olds] (72.4%). However, all categories were lower compared to the national benchmark (Figure 72).[279] This is likely to have worsened following the reduction in cancer screening services during the pandemic where breast, bowel and cervical cancer screening programmes were put on hold during the first lockdown resulting in around 3 million people nationally waiting for screening so far.[280]

[275]Source: Wu F, Burt J, Chowdhury T, et al. Specialty COPD care during COVID-19: patient and clinician perspectives on remote delivery. BMJ Open Respiratory Research 2021. Available at: http://dx.doi.org/10.1136/bmjresp-2020-000817

[276]Source: Public Health Profiles - PHE

[277] Source: PHE - Mortality Profile - Data - PHE

[278] Source: Public Health Outcomes Framework - Cancer Services - PHE

[279] Source: Wider Impacts of COVID-19 on Health - PHE

[280] Source: Cancer Research UK (Aug 2021) Evidence of the impact of COVID-19 across the cancer pathway: Key Stats Evidence of COVID-19 impact across the cancer pathway (cancerresearchuk.org)

5.3.19 People from more deprived areas are more likely to have cancer diagnosed at a later stage than those from less deprived areas[281]. Those from BAME groups are more likely to report worse experiences of cancer care compared to the white ethnic groups.[282]

5.3.20 Cancer was one of the long-term illnesses included in shielding. In Merton, 8.5% (1160 people) of the total shielding population of Merton had a cancer diagnosis. The pandemic has led to disruptions to cancer pathways with decreased activity across screening, referrals, diagnosis and treatment.[283]

Musculoskeletal (MSK) Conditions

5.3.21 MSK conditions are leading causes of pain and disability in England.[284] The prevalence of long-term MSK problems in Merton increased from 12.1% in 2019 to 12.3% in 2020; this is similar to London (13.5%) and lower than England (18.6%). Around one in 13 residents (7.8%) have been estimated to have at least two long-term conditions, of which one is MSK related (lower than London at 9.4% and England 13.2%).[285] Increasing age, reduced physical activity and obesity are risk factors of developing MSK problems. In Merton, 20.4% of those aged 19 and over are physically inactive.**Error! Bookmark not defined.** People with musculoskeletal conditions controlled by some medication were advised to shield.[286] In Merton, 425 people were shielding because of immunosuppression therapy. COVID-19 has caused reductions in face-to-face services for MSK conditions and deferral of treatment.

Mental Illness

5.3.22 Mental health conditions affect 1 in 4 people during their lifetime and long-term mental illnesses often co-exist with a long-term physical condition. Severe mental illnesses (SMI) include schizophrenia, bipolar, severe depression and psychosis. The prevalence of SMI in Merton was 0.93% in 2019/20, lower than London (1.1%) and same as England (0.93%).[287] The prevalence of depression in Merton has almost doubled between 2012/13 (4.7%) and 2019/20 (8.6%). It is comparable to London at 8.2% but lower than the estimate for all of England (11.6%).[288] East Merton has higher prevalence of schizophrenia, bipolar affective disorder and other psychoses compared to West Merton. This is shown in Figure 73.

[281] Source: NHS Cancer Data - https://www.cancerdata.nhs.uk/stage_at_diagnosis
[282] Source: Race Equality Foundation - http://raceequalityfoundation.org.uk/wp-content/uploads/2018/07/REF-Better-Health-471-1.pdf
[283] Source: Queen's University Belfast - disruption and recovery of cancer from COVID-19 - https://www.qub.ac.uk/coronavirus/filestore/Filetoupload,985486,en.pdf -
[284] Source: Musculoskeletal conditions profile: short commentary, December 2019 - GOV.UK (www.gov.uk)
[285] Source: Public Health Outcomes Framework - Musculoskeletal Conditions - PHE
[286] Source: Summary of COVID-19 medicines guidance: Musculo-skeletal disorders – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice
[287] Source: National General Practice Profiles - PHE
[288] Source: National General Practice Profiles - PHE

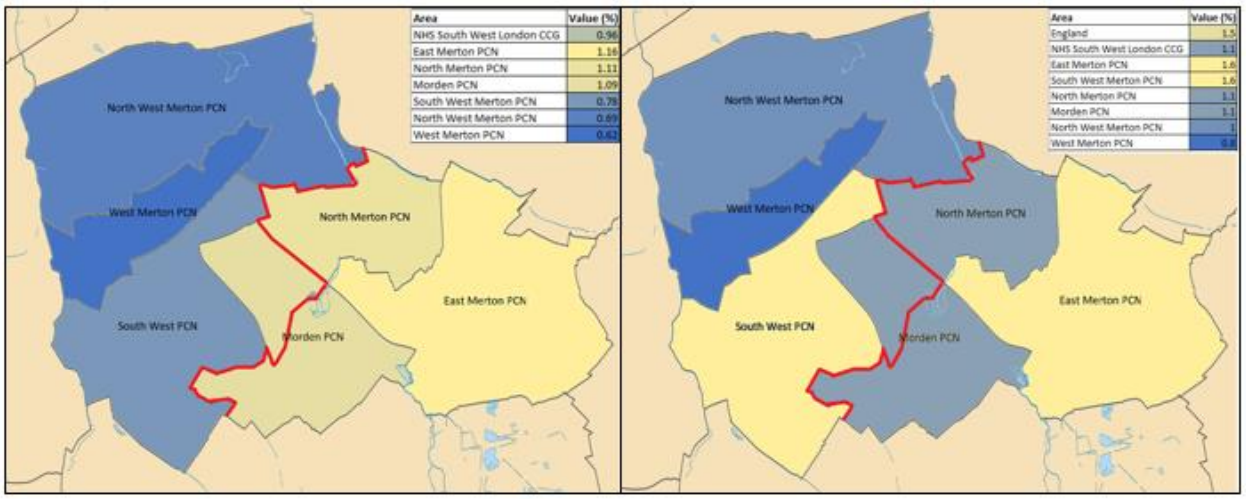

Figure 73 (left) The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses as recorded on practice disease registers. 2019/20 for Merton primary care networks (PCNs). Quality and Outcomes Framework (QOF), NHS Digital289 (right) The percentage of patients aged 18 and over with depression recorded on practice disease registers for the first time in 2019/20 for Merton primary care networks (PCNs). Quality and Outcomes Framework (QOF), NHS Digital290

5.3.23 Nationally, those with pre-existing psychiatric conditions are more likely to be diagnosed with COVID-19 infection, hospitalisation and deaths. The proportion of people reporting a clinically significant level of psychological distress has increased from 20.7% in 2019 to 29.5% in April 2020.[291]

5.3.24 The pandemic may increase demand for mental health services by worsening existing mental illness or triggering new illness. The following groups report worsening mental health during the lockdown: young adults, those shielding, lone parents, BAME men and carers.[292] Further data is needed for Merton on mental health to understand the impacts posed by the pandemic on the population by gender, ethnicity and shielding population.

5.3.25 Rates of suicide and emergency admissions for intentional self-harm were lower for Merton than London and England. In 2017/19, there were 7.3 suicides per 100,000 population in Merton, lower than London (8.2) and England (10.1).[293] Men had higher mortality rates from suicide than women in Merton (11.1 vs 3.9 per 100,000 in 2017-19). Emergency admissions for intentional self-harm was 80.8 per 100,000 in Merton, similar to London (81.6) and lower than England (192.6) in 2019/20.[294]

[289] Source: Public Health Outcomes Framework (PHOF) - https://fingertips.phe.org.uk/profile-group/mental-health
[290] Source: Public Health Outcomes Framework (PHOF) - https://fingertips.phe.org.uk/profile-group/mental-health
[291] Source: PHE - https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/2-important-findings-so-far
[292] Source: PHE - https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/2-important-findings-so-far
[293] Source: Public Health Profiles - PHE
[294] Source: Public Health Profiles - PHE

5.3.26 Although there were increased risk factors for suicide during the pandemic such as increased anxiety, economic insecurity, and social isolation, national suicide rates during the pandemic are in line with the previous year's; however this could be due to delays in recording so these numbers should be monitored in the coming months.

5.4 Older age

5.4.1 It is important that as we age, we continue to be physically active. Alongside aerobic activity (such as walking or cycling) strength and balance activities are important. The benefits of being physically active include reduced risk of disease; better management of long-term conditions; and maintaining independence in older age. Keeping physically active may also reduce or delay the need for social or residential care.[295]

5.4.2 The November 2019/20 Active Lives Survey found that 42.6% of people aged 75–84 were inactive, doing <30 minutes of moderate physical activity per week, increasing to 69.5% of those aged 85+[296]. If this national data is extrapolated locally, this would mean in Merton that 3708 older people (aged 75–84) and 2504 older people (aged 85+) are inactive. Age UK Merton (2018) found that there was a difference in physical activity levels between East Merton (39%) and West Merton (49%) who reported 5 or more hours per week of moderate physical activity, such as walking; this is in line with national data indicating inequalities in physical activity levels by socio-economic status.

5.4.3 COVID-19 has seen leisure centres closed alongside older people's activity classes provided by the voluntary and community sector. Community organisations have adapted to provide an online offer but some older people may not be able or want to access activity in this way. COVID-19 has stressed the need to raise awareness of the importance of physical activity for older people, including strength and balance training, as well as the need to promote digital inclusion.

5.4.4 Older people are more likely to face barriers accessing green space including issues around transport. Pragmatic solutions such as access to benches and toilets may support older people to access green spaces. National research highlights people with lower household income are more likely to be inactive[297]. This may be due to a range of factors including lack of access to green space and fear of crime.

5.4.5 Older people responding to the Age UK Merton Active Ageing Survey[298] highlighted barriers to activity included time and finance (for 'younger' older people) and motivation, pain and mobility issues (for 'older' cohorts). Other issues included perceptions around physical activity and older people i.e. others (or even themselves) thinking physical activity was not suitable for older people.

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[295] Source: McNally S et al., (2017) Focus on physical activity can help avoid unnecessary social care, British Medical Journal, 359:j4609. Available from: https://www.bmj.com/content/359/bmj.j4609

[296] Source: Active Lives Survey 2019/2020 report. https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2021-04/Active%20Lives%20Adult%20November%202019-20%20Report.pdf?VersionId=OjWdwCLnI3dNgDwp3X4ukcODJIDVG7Kd

[297] Farrell L et al., (2014) The socioeconomic gradient in physical inactivity: Evidence from one million adults in England. Social Science and Medicine. Available from: https://doi.org/10.1016/j.socscimed.2014.10.039

[298] Age UK Merton Active Ageing Survey (Internal Report)

Frailty

5.4.6 Frailty definitions include a state of reduced resilience with slower recovery from a period of ill-health[299]. It is a long-term condition[300] where body systems gradually lose in-built reserves and develop reduced muscle mass and fatigue. Common related difficulties include falls, immobility and incontinence. Frailty is often categorised as 'mild,' 'moderate' or 'severe'. Frailty adversely impacts a person's ability to live independently. It can lead to people staying at home through fear of falling and subsequent social isolation. People who are frail are at greater risk of anxiety and depression and are more likely to have unplanned admissions to hospital.

5.4.7 The electronic Frailty Index (eFI) is used in primary care health records to identify patients aged 65+ as 'fit', 'mildly frail', 'moderately frail', or 'severely frail'. However, this is a proxy measure as a diagnosis of frailty can only be made following a clinical assessment. In 2018 the eFI estimated 48% of patients 65+ in Merton were fit, 33% were mildly frail, 14% were moderately frail and 5% were severely frail[301]. Nationally older people in deprived areas are more likely to be frail than those living in less deprived areas. This may be partly due to the impact of other long-term conditions which often overlap with frailty; both are linked to deprivation (Figure 74).

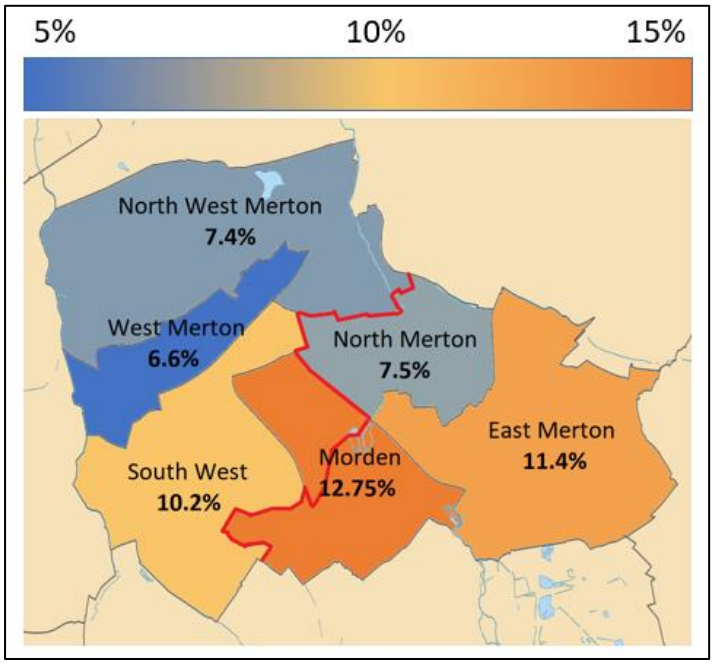


Figure 74 - The proportion of the population in each Merton primary care network (PCN) in Merton that have mild, moderate or severe frailty according to the eFI in 2018[302].

5.4.8 Many support and screening services for older people were cancelled in the initial response to the COVID-19 pandemic. Attendance nationally was further impacted by

[299] The British Geriatrics Society (2020) Frailty: what's it all about? https://www.bgs.org.uk/resources/frailty-what%E2%80%99s-it-all-about
[300] NHS England NHS England » Ageing well and supporting people living with frailty
[301] Source: Merton Clinical Commissioning Group. E-Frailty Index data, 2018.
[302] Source: Merton Clinical Commissioning Group. E-Frailty Index data, 2018.

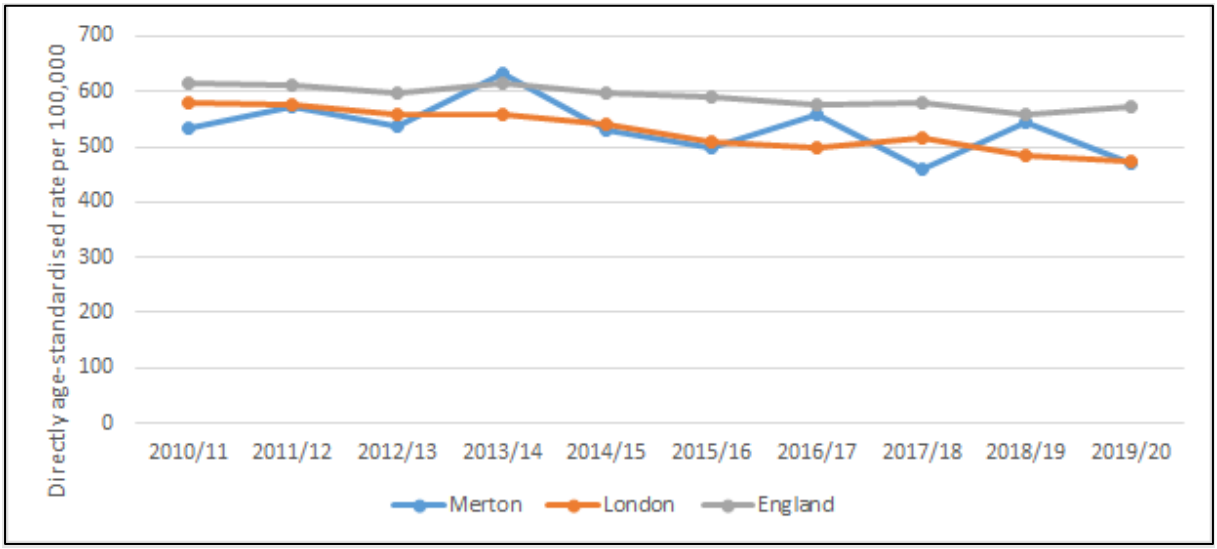
concerns of the risks of COVID-19 at face-to-face appointments. Services in Merton adapted to an online offer, such as Thinking Works energy assessments, or home visits only where needed, such as the falls prevention service. A detailed discussion around the impact of loneliness and isolation on older people is discussed in Chapter 4 Live Well, as COVID-19 has magnified some of these issues.

Falls

5.4.9 Falls are the largest cause of hospital admissions for older people. Whilst only 5% of falls lead to hospital admissions, the fear of falling can impact a person's confidence to go out, to see family or friends, visit green spaces or go to the shops, all of which can impact wellbeing and lead to isolation. Nationally, emergency hospital admissions due to falls in people aged 65 and older has been increasing modestly over the last decade (2,126 per 100,000 in 2010/11 to 2,222 per 100,000 in 2019/20 across the UK[303]). We also have anecdotal reports that falls have also been an issue locally over the past year[304].

5.4.10 The risk of falling is linked to a range of factors including muscle weakness, poor balance, visual impairment, polypharmacy and environmental hazards. The consequence of a fall is linked to bone health (e.g. osteoporosis), frailty and low weight. In 2019/20 the hospital admission rate due to falls for older people (65+) in Merton was 2,780 per 100,000, higher than both England and London.

5.4.11 Serious consequences of a fall include hip fractures as only 1 in 3 people will recover full mobility whilst 50% will face some type of disability and 1 in 5 will die within one year. Merton's rate of hip fractures was 470 per 100,000 in 2019/20, similar to London and England (Figure 75). Hospital admissions by ward highlights a number of wards in the east and south of the Borough that have higher rates for hip fractures (Figure 76).



[303] PHE Fingertips: Productive Healthy Ageing Profile https://fingertips.phe.org.uk/profile/healthy-ageing/data
[304] AgeUK insights

Figure 75[305] – Emergency hospital admissions for fractured neck of femur in persons aged 65 and over, directly age standardized rate per 100,000 in Merton, compared to London and England benchmarks. Source: Hospital Episode Statistics (HES)

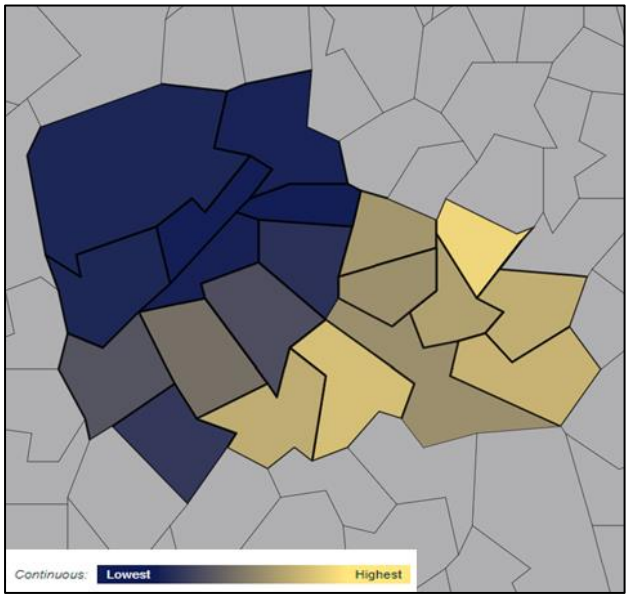


Figure 76 Emergency hospital admissions (fracture neck of femur), indirectly age-standardised ratio, 65 years and over, persons per 100 by Merton ward. 2013/14 to 2017/18. Source: Hospital Episode Statistics (HES)

5.4.12 Forthcoming research from Public Health England has highlighted the risk of de-conditioning leading to falls. Nice guidelines recommend strength and balance training for those at risk[306]. However during COVID-19 lockdowns, national guidance advised against leaving home more than once a day. Furthermore, the Falls Prevention Service had to close group falls prevention classes whilst work continued a one-to-one basis; gyms and leisure centres were closed; and the community and voluntary sector cancelled in-person group physical activities. While some have moved to online provision, issues around digital inclusion may contribute to existing inequalities in fall vulnerability among Merton's population.

Older age mental wellbeing

5.4.13 Older people are at high risk of poor mental wellbeing. Mental health disorders, such as depression, and social isolation and loneliness commonly affect older people.[307] In Merton, around one in ten (9.8%) older people live alone, similar to the London average. The

[305] Source: Public Health Outcomes Framework (PHOF) - https://fingertips.phe.org.uk/profile/healthy-ageing
[306] Source: National Institute for Health and Social Excellence. Falls in older people: assessing risk and prevention. NICE. 2013, Available from: https://www.nice.org.uk/guidance/cg161
[307] Source: Age UK. Hidden in plain sight the unmet mental health needs of older people. 2016. Available from: https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/health--wellbeing/rb_oct16_hidden_in_plain_sight_older_peoples_mental_health.pdf rb_oct16_hidden_in_plain_sight_older_peoples_mental_health.pdf (ageuk.org.uk)

number of older people with depression in Merton is expected to increase, from 2,297 in 2020 to 3,354 people by 2040[308].

5.4.14 The risk of loneliness in older people is unequally distributed across Merton, with the highest risk being in East Merton [309]. The wards of Figge's Marsh, Ravensbury and Abbey have the most sub-areas with the highest risk of loneliness whereas the Village has the lowest risk (Figure 77).

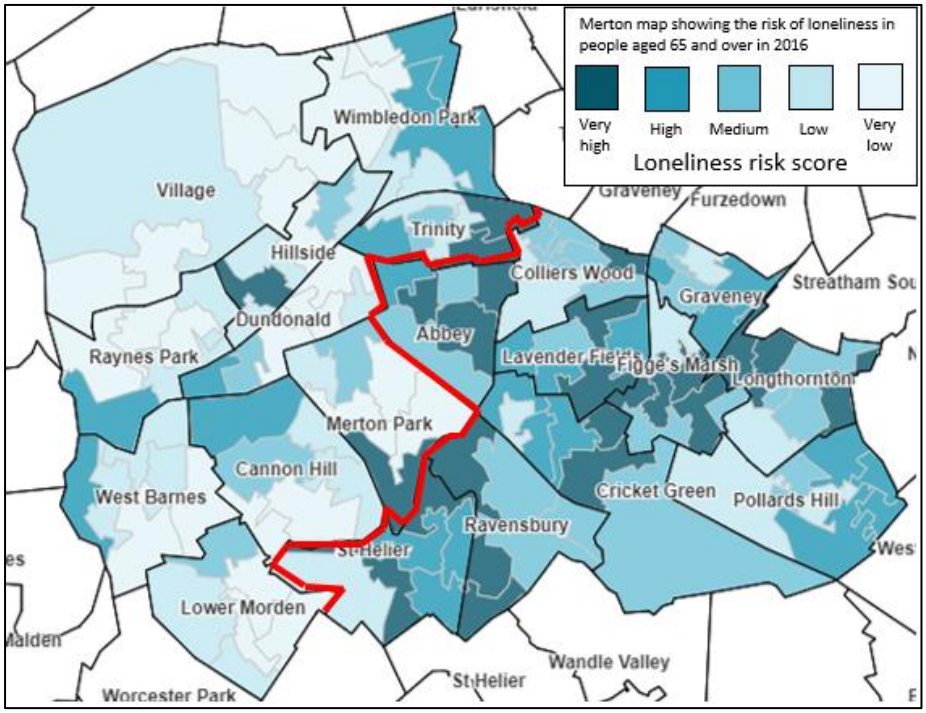


Figure 77 Merton map showing the risk of loneliness in people aged 65 and over in 2016. Risk score is given relative to neighbourhoods across England.[310]

5.4.15 Between October 2019 and March 2021, a total of 1835 patients were supported by social prescribers, with 3 in 10 referrals being for social isolation. Of these nearly 30% were aged 65 years and older. There was an increase in the number of and source of referrals to Merton's Befriending Service from April to June 2020 (109 referrals) compared to the pre-pandemic period of January to March 2020 (59 referrals)[311]. In 2019/2020 only 40.6% of adult's social care users in Merton reported they have as much social contact as they would like, this is likely to have increased with the reduced visits to care homes and to those who were shielding over the past year.

[308] Source: Institute of Public Care (2020) Projecting Older People Population Information System (POPPI). Depression. Available from https://www.poppi.org.uk/index.php?pageNo=332&areaID=8640&loc=8640.
[309] Source: Age UK. (2016). Age 65 + >> Risk of Loneliness. Available at: http://data.ageuk.org.uk/loneliness-maps/england-2016/merton/
[310] Source: Age UK. Age 65 + >> Risk of Loneliness. (2016). Available at: http://data.ageuk.org.uk/loneliness-maps/england-2016/merton/
[311] Source: London Borough of Merton and Age UK Merton. Befriending service data 2019-2020 (internal only).

5.4.16 The COVID-19 pandemic has impacted mental wellbeing, social isolation and loneliness as people have been separated from loved ones during lockdowns, shielding and social distancing. Opportunities for in-person social connection, an important element of wellbeing, have been reduced. A national study conducted during the pandemic found that older people who were shielding were twice as likely to experience severe symptoms of depression and anxiety (32% of participants) than those of average risk (17% of participants)[312].

Dementia

5.4.17 Merton has a lower recorded prevalence of dementia in older people than London, but more than the national average (Table 12 and Figure 78). Dementia prevalence in Merton is projected to increase between 2020 and 2040 from 1,883 to 2,871, where more women than men will have dementia[313]. Dementia prevalence is unequally distributed in the borough. East Merton has a higher percentage of dementia (0.7%), whereas North, Northwest and West Merton (0.5% for all) have the least (Figure 79). Local data is needed to understand how dementia prevalence varies by ethnic group and income status to further understand these health inequalities.

Table 2[314] – Dementia related indicators for Merton, London, and England

	Year	Merton	London	England
Dementia: Recorded prevalence (aged 65 years and over)	2020	4.01	4.17	3.97
% of those aged 65 or over estimated to have dementia who have a coded diagnosis of dementia as at 31st March 2021	2021	63.2	65.6	61.6
Rate of emergency admissions for people with dementia (aged 65+) per 100,000	2019/2020	4767	4013	3517
Carer-reported quality of life score for people caring for someone with dementia (out of 12)	2018/19	6.5	7.2	7.3

[312] Source: UCL. Depression and anxiety twice as common among older people who were shielding. Available at: Depression and anxiety twice as common among older people who were shielding | UCL News - UCL – University College London.

[313] Source: Projecting Older People Population Information (POPPI). Dementia. Available at: https://www.poppi.org.uk/index.php?pageNo=334&sc=1&loc=8356&np=1 .

[314] Source: Public Health Outcomes Framework (PHOF) https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia

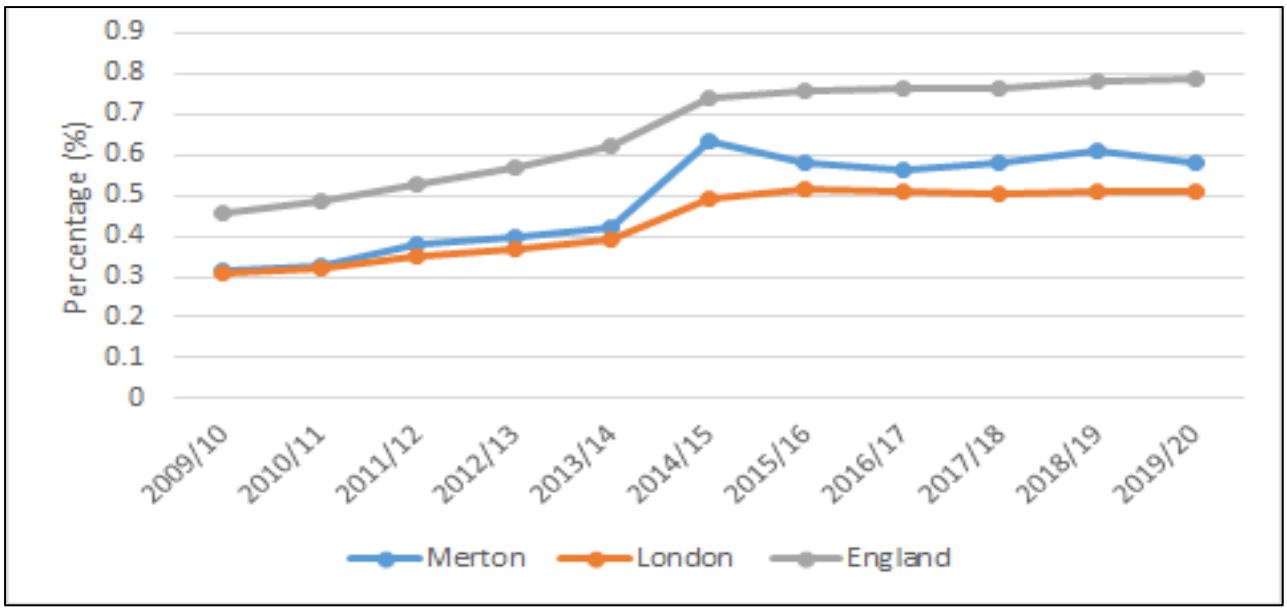
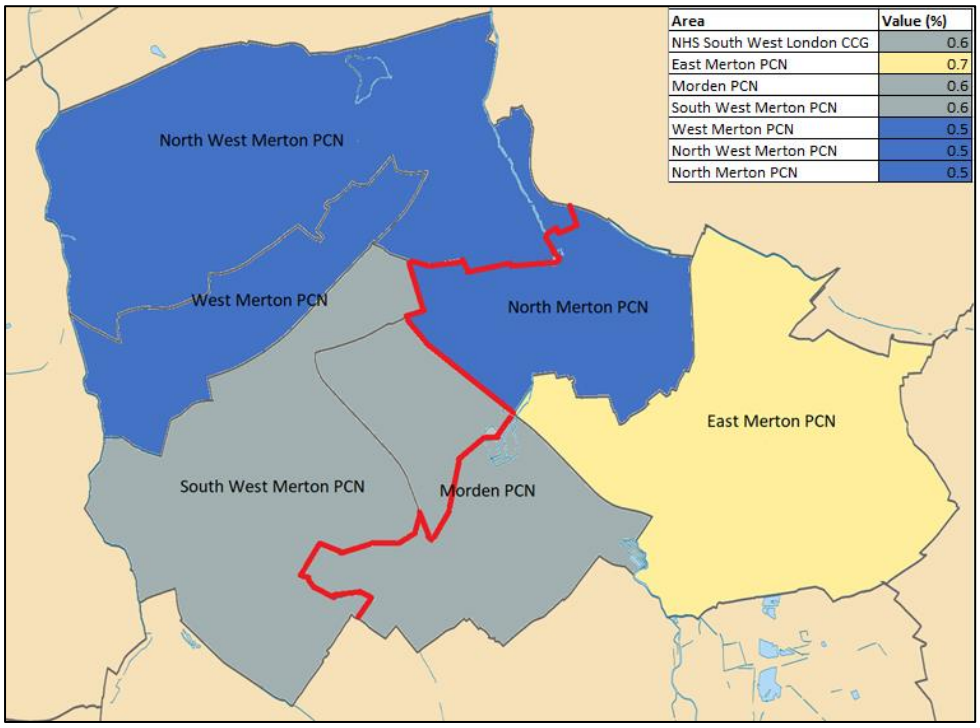


Figure 78[315]: Dementia: QOF prevalence (all ages). The number of people with dementia recorded on GP practice registers in as a proportion of the people (all ages) registered at each GP practice between 2009/10 and 2019/20 in Merton, compared to London and England benchmarks. Source: Quality and Outcomes Framework (QOF), NHS Digital



[315] Source: Public Health Outcomes Framework (PHOF) https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia

Figure 79[316]: Dementia: QOF prevalence (all ages). The number of people with dementia recorded on GP practice registers in as a proportion of the people (all ages) registered at each GP practice in 2019/20 by Merton primary care network (PCN). Source: Quality and Outcomes Framework (QOF), NHS Digital

5.4.18 Dementia diagnosis rates (number diagnosed with dementia and number estimated to have dementia) in Merton have fallen during the COVID-19 pandemic from 68.9% in March 2020 to 63.7% in April 2021[317]. Diagnosis is important to enable future planning and support. Delayed dementia diagnosis can lead to increased unplanned admissions, increased length of stay and delayed discharge.

5.4.19 A survey on dementia and the COVID-19 pandemic in Merton found negative impacts on mental health based on the views of 38 respondents. Of the survey sample, all carers and 93% of people living with dementia reported feeling more anxious, bored, lonely and sadder during lockdown. When asked about dementia symptoms, 86% of carers surveyed reported a deterioration in the person they were caring for in lockdown. Social isolation also emerged as an issue, with only 25% of people living with dementia being able to continue accessing support groups during lockdown. Many dementia services moved online during the pandemic and the survey highlighted variation in the ability to use and access IT devices such as smart phones with dementia status, gender, ethnicity and socioeconomic status contributing to these disparities[318]. Lockdowns as a result of COVID-19 have been difficult for people living with dementia and their families. Home Instead, an independent home care organisation in Merton, reported:

"*...we have had so many enquiries from sons and daughters who are shocked at how their loved ones have deteriorated. The smiling face on the zoom call has masked the grim reality of just how vicious lockdown has been, especially on those with neurological conditions such as dementia, MND [motor neurone disease] and Parkinsons. And the reality of how Mum hasn't coped is hitting home. The house has become a hoarder's paradise, Dad is struggling to help Mum with her personal care, and her dementia has really progressed."*[319]

5.4.20 As well as social isolation, older people in Merton have experienced mental health issues during COVID-19. A support worker at Wimbledon Guild in August 2020 reflected on the increased confusion experienced by older people with dementia "*Not understanding the virus means they can't understand why their family and friends aren't coming to see them anymore*". They had also noticed wider negative mental health impacts, "*I never saw people so desperate to talk to someone. The depression is much worse*"[320]. Further work exploring the impact on older people's mental health and how mental health services can support this cohort in light of the pandemic is needed.

[316] Source: Public Health Outcomes Framework (PHOF) https://fingertips.phe.org.uk/profile-group/mental-health/profile/dementia

[317] Source: NHS Digital. Recorded Dementia Diagnosis. (2021) Available at: Recorded Dementia Diagnoses - NHS Digital .

[318] Source: Merton Dementia Action Alliance. Summary of the Report on the Effects of the Pandemic on People Affected by Dementia in Merton. (2021)

[319] Source: Home Instead (email correspondence 25/05/2021). Lockdown stories.

[320] Source: London Borough of Merton and Wimbledon Guild (email correspondence) Date: 14.08.2020.

Carers

5.4.21 In 2019 there were an estimated 16,327 unpaid carers in Merton and of these 2980 were estimated to be carers aged 65 and over.[321] An estimated 68% of all carers in Merton reported their caring role had impacted their emotional health whilst 70% reported that caring had impacted their physical health[322].

5.4.22 Only 25% of carers reported they had enough social contact. A national survey on the impact of COVID-19 on unpaid carers found carers were more likely to avoid physical contact with others outside of their household (92% compared to 88%) which may reflect concerns regarding viral transmission of the COVID-19 virus and the implications it may have on those they care for, and also a larger proportion of carers reported that COVID-19 had an impact on their life compared to non-carers (63% vs 56% respectively).[323]

5.5 End of Life

5.5.1 End of Life Care (EoLC) refers to the support patients receive in their last months or years of their lives. It involves working with patients to ensure their wishes are considered so that they can live as well as possible and die with dignity. One indicator of the quality of End of Life Care is dying in a preferred place of death, such as dying at home. Other elements include advance care planning and bereavement support.

5.5.2 Palliative care supports people who have an incurable illness by managing pain and symptoms, and supporting someone's social, spiritual and psychological needs. Co-ordinate My Care (CMC) contains key information about patients, allowing for their needs and wishes around care to be recorded. This is used across the health and care system. Plans are developed with a patient and clinician. Whilst CMC covers EoLC it also supports people with a range of long-term conditions. In 2018/19 41.1% of people dying in Merton died in their usual place of residence, slightly higher than the London average at 39.5% but below England average at 46.6%. By end of March 2021, 1125 patients in Merton had a CMC plan. In Merton 73.8% of patients with a CMC plan achieved their preferred place of death, compared to 76% across South West London[324].

5.5.3 COVID-19 has meant End of Life Care has never been more important. National research has highlighted the distress that social distancing regulations have caused, with those bereaved not able to visit loved ones in hospital and care settings[325].

5.6 Conclusion

5.6.1 People with a learning disability can live independently or be supported to live as independently as possible. They do however face health inequalities and local research has

[321] Source: Carers Strategy 2021 –2025 p11 available at Carers Strategy 2021-2026 FINAL.pdf (merton.gov.uk)
[322] Source: Merton Carers Strategy 2021-2016. Carers Strategy 2021-2026 FINAL.pdf (merton.gov.uk)
[323] Source: Coronavirus and the social impact on unpaid carers in Great Britain (ONS), 2021.Coronavirus and the social impacts on unpaid carers in Great Britain - Office for National Statistics (ons.gov.uk)
[324] Source: SW London STP data for April 20 to March 21
[325] Source: 'A qualitative study of bereaved relatives' end of life experiences during the COVID-19 pandemic', (2021), Hanna J et al (2021) Palliative Medicine. Available at https://doi.org/10.1177/02692163211004210

highlighted the adverse impact that COVID-19 has had on people with a learning disability and their carers.

5.6.2 Long-term conditions are a major challenge to the health care system with an increasing number of people living with multi-morbidity and preventable complications. Multi-morbidity is associated with poorer quality of life and health outcomes for our residents. Common long-term conditions such as type 2 diabetes, cardiovascular disease and chronic respiratory disease (COPD) are more common in East than West Merton.

5.6.3 The COVID-19 pandemic has had a significant impact on the availability and capacity of NHS services in many areas especially cancer, mental health, and diabetes. This, combined with fewer people seeking care during the pandemic, will likely have increased unmet care needs and worsened undertreated and undiagnosed long-term conditions. There will be a need to monitor cancer screening rates to ensure any reduction during COVID-19 is addressed. Further exploration is also needed to understand the impact of COVID-19 on mental health in Merton and to ensure services are available to support residents.

5.6.4 The COVID-19 pandemic has had a substantial impact on healthy ageing. The closure of many face-to-face borough services has led to a remote, online offer of services which some groups may have found more difficult to access and benefit from than others.

5.6.5 The pandemic has impacted a range of health issues in older people and unequally across this population group. Older people living with dementia and their carers have been particularly affected by lockdowns, ill mental health, lack of social contact and symptom deterioration. Furthermore, the pandemic is likely to lead to physical deconditioning within older people which may have a future impact on frailty, risk of falls and hip fractures[326]. Moreover, many older people in Merton, particularly in East Merton, were asked to shield. This group are likely to be disproportionately affected by poor mental health due to their social isolation. Further data is needed to understand the impact of COVID-19 on health inequalities facing older people in Merton.

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6 Merton as a Healthy Place

Key Messages:

- Merton has a range of community assets that promote positive health and wellbeing and have provided valuable support during COVID-19, including;
    - Good schools, libraries and children centres
    - Active community groups and voluntary organisations
    - Diverse green spaces
- COVID-19 has negatively impacted Merton's economy:
    - As of 14th April 2021, a total of 38,200 people had been furloughed across Merton. Unemployment is 6.2%; higher than the national average of 4.8%

[326] Public Health England (2021) Wider impacts of COVID-19 on physical activity, deconditioning and falls in older adults https://www.gov.uk/government/publications/covid-19-wider-impacts-on-people-aged-65-and-over

    - The claimant rate rose to 7.4% during the pandemic with highest rates in East Merton, where more people work in jobs disproportionally affected by the pandemic
- Housing in Merton is of good quality, however there are higher levels of overcrowding in East Merton and housing in Merton is less affordable than regional and national averages
- Homelessness is less prominent in Merton than other boroughs but is an area of growing concern due to low levels of social housing and economic uncertainty
- Merton is a safe borough with low crime rates relative to London and England, though a Public Space Protection Order area has been introduced to address antisocial behavior related to alcohol consumption in public places
- Merton has good transport links and levels of cycling are higher than the London and England average; however they are lower than neighbouring boroughs which have better cycling infrastructures
- Merton residents report traffic and congestion (associated with air pollution) as key neighbourhood concerns.

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6.1 Introduction

6.1.1 A job, a home, and a friend are often cited as three of the most important drivers of living a healthy and happy life[327]. This chapter will explore these factors whilst also focusing on how the places we live, work and play have a profound impact on our health.

6.1.2 A healthy place is somewhere that promotes good mental health and wellbeing, makes healthy choices easier, and protects people from harm[328]. These are all affected by how we interact with the streets, buildings, green spaces, community spaces and social connections that make up our neighbourhoods. Formal community infrastructure such as community groups, voluntary organisations and informal assets such as strong social connections, levels of trust and civic participation are also key determinants of health.

6.2 Housing

6.2.1 Housing is one of the main settings for health in our lives[329]. Houses provide shelter, warmth and a place of socialisation with friends and family. For many during the COVID-19 pandemic, housing has also become a place of work. This section will look at housing within Merton considering household demographics, the private housing market, social housing, fuel poverty and excess winter mortality, and homelessness.

Household Demographics

[327] Source: Health Matters: Health and work - Public health matters (blog.gov.uk)
[328] Source: Merton Health and Wellbeing Strategy https://www.merton.gov.uk/assets/Documents/Health%20and%20Wellbeing%20Strategy%202019%20FINAL%20WEB.pdf
[329] Source: Public Health Matters - https://publichealthmatters.blog.gov.uk/2015/10/21/bringing-together-housing-and-public-health/

6.2.2 This section described the make-up of households in Merton. The majority of households in Merton are made up of couples or single person households with low numbers of student and multi-person households (Figure 80). Merton has a smaller proportion of households with over 6 people than the London average, although this is still higher than the national figure (Table 13).

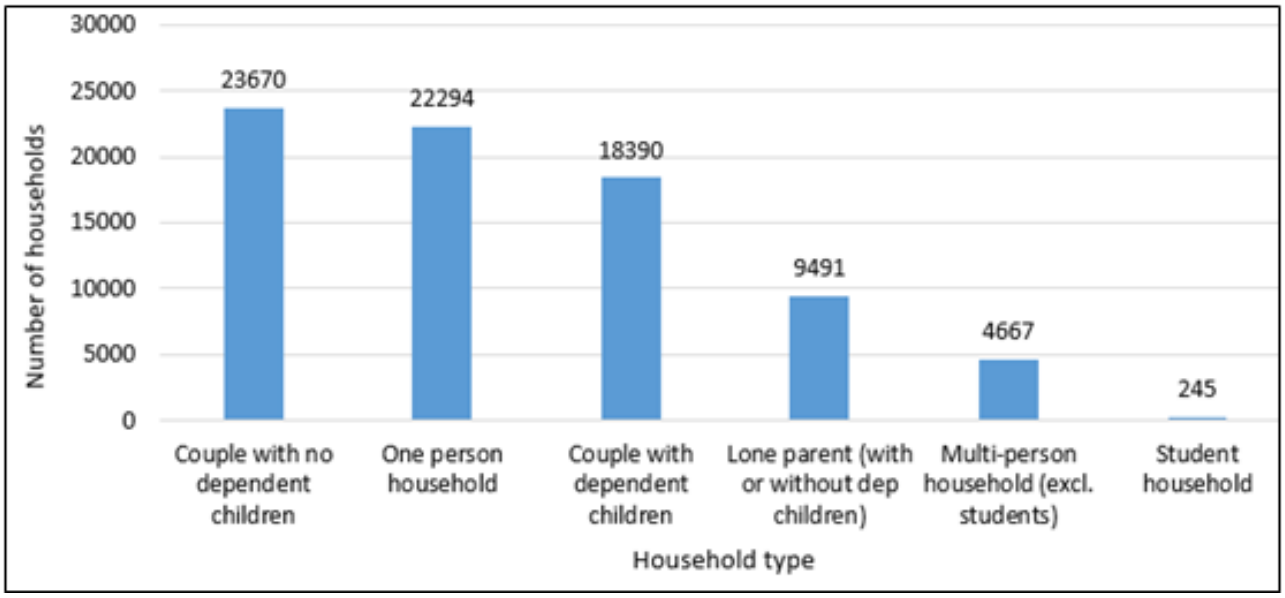

Figure 80 - Number of households in Merton by type, 2011 census. Note: multi-person household includes multi-generational households.

Table 13 - Households with 6+ people and single person households in Merton, London, and England according to 2011 census

	Merton	London	England
Households with 6+ people	2,629	125,953	519,277
Percent of households with 6+ people	3.3%	3.9%	2.4%
Single person households	22,294	1,030,558	6,666,493
Percent of households with only 1 person	28.3%	31.6%	30.2%

6.2.3 Most recent data show that 7.2% of Merton total households (private and social housing) are overcrowded. This is slightly lower than the London average but significantly higher than the national rate of 3%[330]. Rates of overcrowding are higher in East Merton than West Merton (Figure 81).

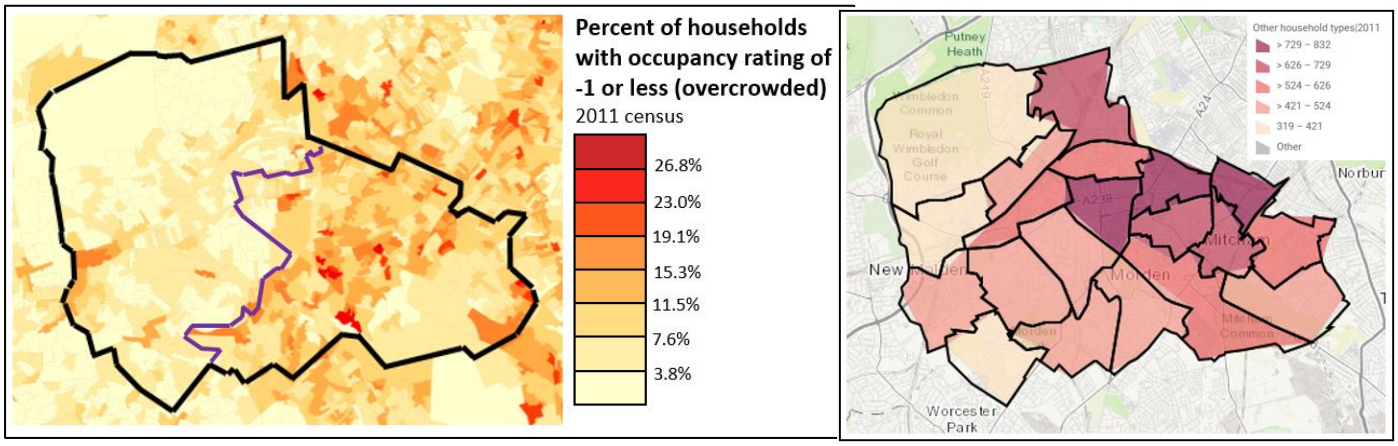

Figure 81 - (left) Overcrowding in Merton. Black line shows approximate Merton border, purple line separates East and West Merton[331]. (right) Other Households (Multiple person non-student households and student households) in Merton 2011[332]

6.2.4 More households in East Merton are HMOs (Houses of Multiple Occupation), with particular concentrations in Abbey, Colliers Wood and Graveney wards (Figure 81). HMOs are at increased risk of COVID-19 transmission.

6.2.5 Multigenerational households are those where an adult aged 65 years or older co-resides with at least another person who is more than 20 years younger, or with a child[333]. Multigenerational households have been associated with higher COVID transmission, especially due to the risk to older relatives[334]. Although data is not currently available at the Merton level, it is likely there are more multigenerational households in East Merton.

6.2.6 Access to gardens have become more important during the pandemic lockdowns. Most households in Merton have access to a private or shared garden but this ranges across the borough. Almost all households in the Cannon Hill area have access to a garden (96%), whereas only three-quarters (74%) do in Wimbledon Park and Durnsford Road wards. Households in Wimbledon Hill, Colliers Wood, Mitcham West and Merton Church Road &

[330] Source: English Housing Survey https://www.ethnicity-facts-figures.service.gov.uk/housing/housing-conditions/overcrowded-households/latest
[331] Source: NOMIS - https://www.nomisweb.co.uk/census/2011/qs408uk
[332] Source: MertonData https://data.merton.gov.uk/
[333]Source: Housing, household transmission and ethnicity, November 2020 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/943178/S0923_housing_household_transmission_and_ethnicity.pdf
[334]Source: ONS https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/bulletins/familiesandhouseholds/2019#multi-family-households-are-the-fastest-growing-household-type-in-the-uk-but-currently-represent-the-smallest-share-of-households

Phipps Bridge are also much less likely to have access to garden spaces[335]. This means certain households in Merton would have found it more difficult to spend time outside for physical and mental health purposes compared to those with access to gardens and outside space.

The Housing Market

6.2.7 The London Plan identified the need for 66,000 additional homes per year across London. Merton's ten-year London Plan housing target is 9,180 (918 per year).

6.2.8 Most housing types in Merton are less affordable compared to both London and England, so lower-income residents and first-time buyers may struggle to get on the property ladder[336]. Average rental prices have increased 39% over the last 10 years [337] Expensive housing (both for ownership and rental) is likely to push low-income households in to overcrowded and unsuitable conditions. Housing is more expensive in West Merton, with Wimbledon Village having some of the highest house prices in the country. Prices are cheaper in East Merton but are still significantly higher than national averages.

Social housing

6.2.10 The 2011 Census showed that Merton's social housing stock is the fifth lowest in London at 14%. The London average is 20% with the proportion being much higher in some Boroughs including Hackney and Southwark. No new social housing was made available in Merton during 2018-2020.

6.2.11 In 2021 there were 9,125 households on the Councils Housing Register (households waiting for a council house), including accepted homeless households and only 191 social housing homes that became available for letting. The greatest need on the housing register are two- and three-bedroom homes, whereas most of the available homes are one-bedroom properties. Additionally there were 153 accepted homeless households.

6.2.12 There was a reduction in the number of households on the register from 2019/20 following installation of new housing system. All households were written to and asked to update their Choice Based Lettings (CBL) details. Households that did not update their details or whose letters were returned were removed from the register. Over 4,500 households on the Register experienced overcrowding as their primary need. Rates of overcrowding are higher in East Merton than West Merton (Figure 81).

Fuel poverty and excess winter mortality

6.2.13 Low income combined with high energy costs often results in homes that are not heated sufficiently. A household is *fuel poor* if the fuel costs of the household are above

[335] Source: ONS https://www.ons.gov.uk/economy/environmentalaccounts/articles/oneineightbritishhouseholdshasnogarden/2020-05-14#gardens

[336] Source: Merton data hub - https://data.merton.gov.uk/housing/

[337] Source: Merton Homelessness Strategy https://www.merton.gov.uk/assets/Documents/Draft%20Homelessness%20Strategy%20to%202025.pdf

average (the national median level) and, were they to spend that amount, the residual income would drop below the poverty line. Fuel poverty is more prevalent in inner London boroughs and lessens in outer London.

6.2.14 Over one in seven (14.7%) of households in Merton were in Fuel Poverty as of 2019, similar to both London and England (Figure 82). However this represents an increase in the borough since 2015 from 10.2%,in line with national trends[338].

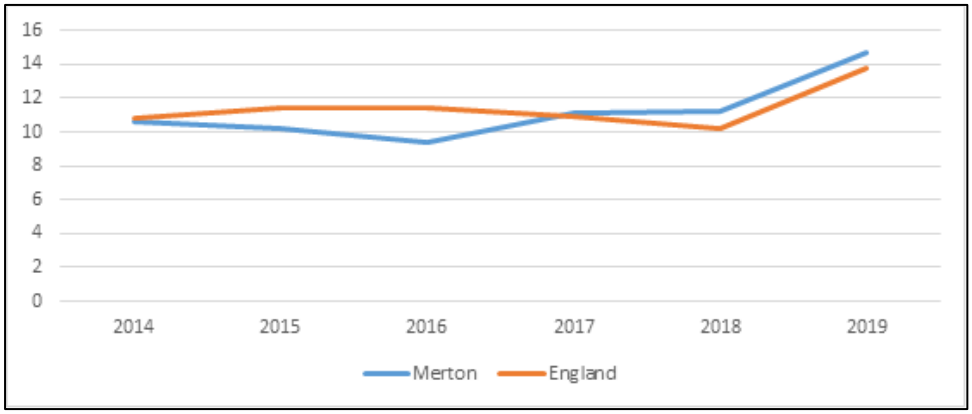

Figure 82 – Percentage of households living in fuel poverty[339]

6.2.15 Fuel poverty is often a greater concern for elderly populations. However, Merton has a high level of over 65s receiving winter fuel payments (95.3%) and low levels of older people living in deprivation (16.1%). Levels of deprivation for older people are considerably lower in Merton compared to the London average[340]. More people in older age groups are living in deprivation in East Merton (Figure 83).

[338] Source: LG Inform - https://lginform.local.gov.uk/reports/lgastandard?mod-area=E09000024&mod-group=AllRegions_England&mod-metric=2131&mod-type=namedComparisonGroup
[339] Source: LG Inform - https://lginform.local.gov.uk/reports/lgastandard?mod-metric=2131&mod-area=E09000024&mod-group=AllBoroughInRegion_London&mod-type=namedComparisonGroup
[340] Source: LG Inform - https://lginform.local.gov.uk/reports/lgastandard?mod-metric=381&mod-area=E09000024&mod-group=AllBoroughInRegion_London&mod-type=namedComparisonGroup

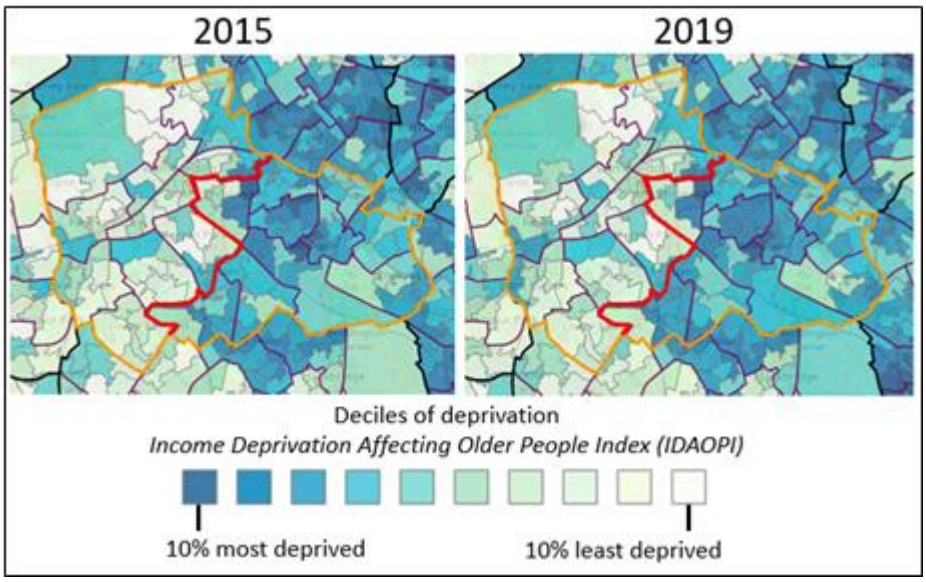

Figure 83 - Deciles of deprivation – Income deprivation affecting older people index (IDAOPI) domain in 2015 and 2019. Red line is the East and West Merton boundary[341].

6.2.16 In 2018/19 there were an estimated 100 excess winter deaths[342] in the borough. An Excess Winter Deaths index (EWD index) is used to compare excess winter deaths across areas. This is measured as the ratio of extra deaths from all causes that occur in all of those aged 85 and over in the winter months compared with the expected number of deaths, based on the average number of non-winter deaths in those aged 85 and over.

6.2.17 In 2018/19 Merton had an EWD score of 26.5%. This is higher than the London and national levels for the same period (Figure 84).

[341] Source: Merton Data – deprivation https://data.merton.gov.uk/deprivation/report/view/894b549a8b89427b838efd740c528407/E01003380/

[342] Note: Excess winter deaths are calculated as winter deaths minus the average non-winter deaths

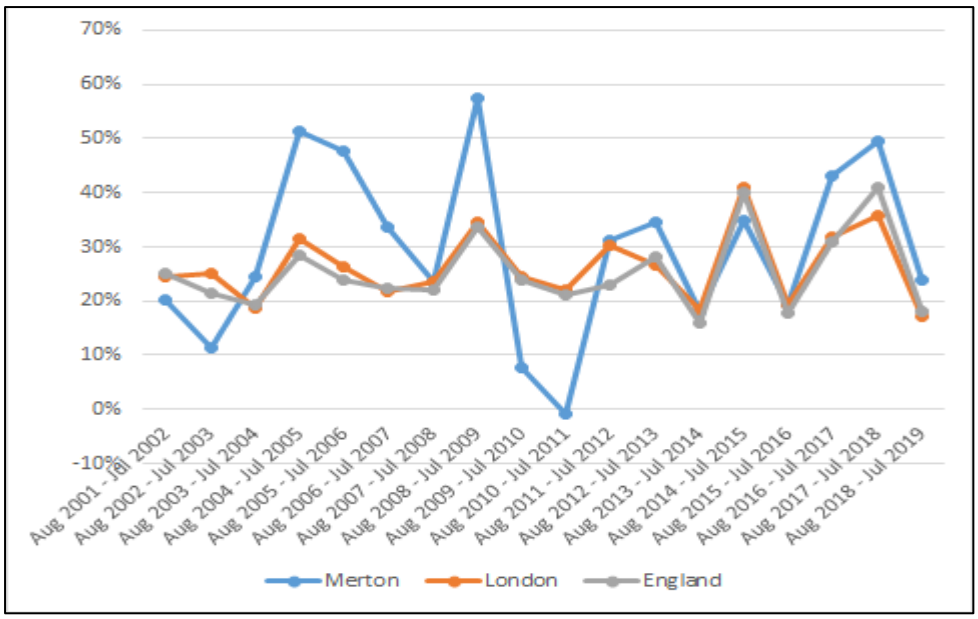

Figure 84 – Excess Winter Deaths Index (EWD Index) is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in all those aged 85 and over in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths in those aged 85 and over[343].

Homelessness

6.2.18 Rates of households in temporary accommodation in Merton are lower than those for London (1.9 vs 16.5 households per 1000). Latest available data (Dec 2020 to Mar 2021) indicates there were 250 children in temporary accommodation in Merton which is the lowest in London[344].

6.2.19 Although Merton's levels of homelessness and use of temporary accommodation is low, homelessness applications due to evictions are expected to rise following the ending of the evictions moratorium (31 May 2021).

6.2.20 This will likely increase pressure on council services, at a time compounded by the government's 'everyone in' principle where councils were required to arrange temporary accommodation for all rough sleepers in their areas, to limit the spread of COVID-19. Summary information about Merton's housing is provided in Table 14.

[343] PHE Fingertips Public Health Profiles - PHE

[344] Source: LG Inform https://lginform.local.gov.uk/reports/lgastandard?mod-metric=12891&mod-area=E09000024&mod-group=AllBoroughInRegion_London&mod-type=namedComparisonGroup

Table 14 – Merton indicators for housing compared to London and England

Indicator	Merton	London	England
Overcrowded households 2011- ONS Data[345]	7.2	7.5	N/A
Homelessness: households in temporary accommodation per 1000- 2020	1.9	16.5	3.8
Housing affordability ratio- 2020[346]	14.2	11.8	7.8
Adults with a learning disability who live in stable and appropriate accommodation- 2019[347]	74.3%	76.2%	77.3%
Adults in contact with secondary mental health services who live in stable and appropriate accommodation- 2019[348]	88%	64%	58%
Excess winter deaths index in people aged 85+ (%) 2019[1]	49.4%	35.8%	41.1%
% people aged 65+ receiving winter fuel payments	95.3%	90.0%	94.1%
% of Households in Fuel Poverty[349]	14.7%	15.2%	13.8%
Older People in Deprivation, English Indices of Deprivation 2015, IDAOPI[350]	16.1	22.2	16.2

6.3 Employment and work

6.3.1 Employment and work has an important impact on health outcomes, both in terms of whether somebody is in employment or not, and the pay, conditions and benefits associated with an individual's job.

[345] Source: London data – overcrowded householdshttps://data.london.gov.uk/dataset/overcrowded-households-borough
[346] Source: ONS housing affordability https://www.ons.gov.uk/peoplepopulationandcommunity/housing/bulletins/housingaffordabilityinenglandandwales/2020
[347] Source: Source: Public Health Outcomes Framework (PHOF) https://fingertips.phe.org.uk/search/learningdisability#page/3/gid/1/pat/6/par/E12000007/ati/102/are/E09000024/iid/10601/age/183/sex/4/cid/4/tbm/1
[348] Source: Public Health Outcomes Framework (PHOF) https://fingertips.phe.org.uk/search/secondarymental#page/3/gid/1/pat/6/par/E12000007/ati/102/are/E09000024/iid/10602/age/208/sex/4/cid/4/tbm/1
[349] Source: ONS housing affordability https://www.ons.gov.uk/peoplepopulationandcommunity/housing/bulletins/housingaffordabilityinenglandandwales/2020
[350] Source: Merton Data - deprivation report https://data.merton.gov.uk/deprivation/report/view/894b549a8b89427b838efd740c528407/E01003372/

6.3.2 The COVID-19 pandemic has had a massive impact on employment and work both nationally and in Merton. Unemployment has risen, particularly among the under 25s, and many people have been furloughed. Some industries such as retail and entertainment have been disproportionately affected with some sectors struggling to recover. For some, the pandemic has led to greater flexibility with work as many transitioned to working from home. These effects have been felt unevenly across the borough, with residents in East Merton generally experiencing more of the negative economic impacts than those in West Merton.

Employment

6.3.3 The largest employers in Merton include the council, employing 5,400 people including school staff, followed by Tesco's, Sainsbury's, Metropolitan Police and London General Transport Services which each employ between 800-900 people. Merton also has 12,000 small businesses. The largest industries include Wholesale & Retail Trade (16% of the local economy) and Administrative & Support Services (16% of the local economy) (Figure 85). Education, Health & Social Care and Professional, Scientific and Technical activities also provide a large proportion of the jobs in the borough[351].

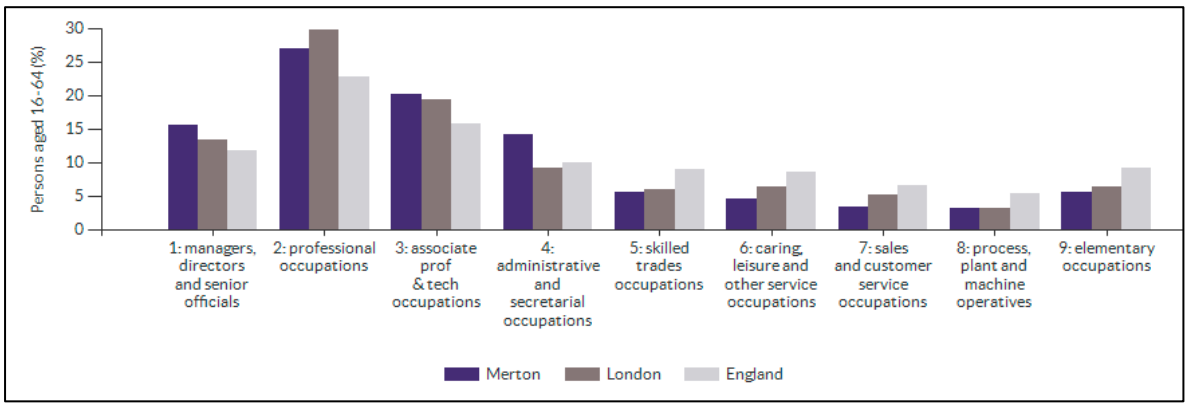

Figure 85[352]: Occupation type in Merton, December 2020.

6.3.4 Residents in Merton are more likely to belong to the Managers, Directors & Senior Officials occupation group than London and England[353]. These residents are more likely to live in West Merton. Residents in East Merton are more likely to belong to Elementary Occupations, Caring, Social, Leisure and Process Plant & Machine operative groups (Figure 86).

[351] Source: NOMIS www.nomisweb.co.uk_reports_1_1946157274_report.pdf&d=DwIGaQ&c=

[352] Source: ONS APS HmJinpA0me9MkKQ19xEDwK7irBsCvGfF6AWwfMZqono&r=1_xnJjTdxtrNnxwtGNNy8atIcXo_Tbp3YedWfDJtNDU&m=BJuChEK6MwuE7G5iRThqFvhh9x89XHD13C7T6RoDu0s&s=8vsMFfcjeOayuDIYThjLrLEhaDVqsb0DsUXE_Nnb7fY&e=

[353] Merton Data: Economy and Employment https://data.merton.gov.uk/economy-and-employment/#/view-report/a48c0401174b43ef86d22167353b9140/___iaFirstFeature

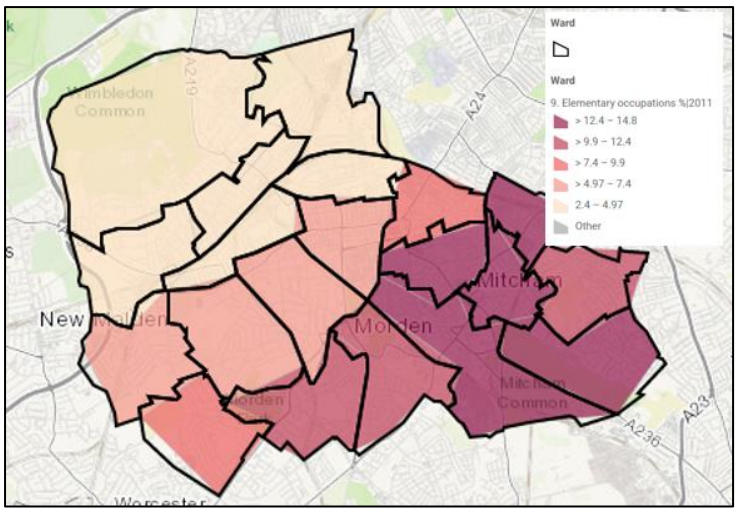

Figure 86 - % Elementary Occupations by ward 2011; where Elementary Occupations include various manual tasks including but not limited to cleaning, conducting deliveries or simple tasks in farming or manufacturing processes[354]

6.3.5 As of 14th April 2021, a total of 38,200 people had been furloughed across Merton. June 2020 was the peak with 28% of eligible individuals furloughed (Figure 87). Given that industries and sectors more acutely affected by the pandemic are more represented by residents in East Merton, it is likely that more residents in these wards were furloughed.

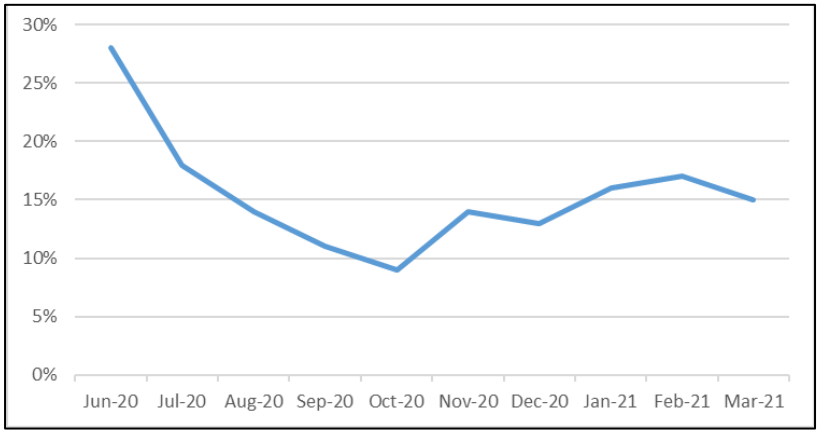

Figure 87 - % of eligible jobs furloughed

Unemployment

6.3.6 Unemployment in Merton as of December 2020 stood at 6.2%, higher than the London (6%) and England (4.8%) averages (Table 15). This is an increase from 5.8% from April 2020 at the onset of the pandemic[355].

[354] Source: Merton Data – economy and employment. https://data.merton.gov.uk/economy-and-employment/map/

[355] Source: NOMNIS – Merton unemployment levels https://www.nomisweb.co.uk/reports/lmp/la/1946157274/subreports/ea_time_series/report.aspx

6.3.7 The pandemic has also impacted the amount of people claiming either Jobseekers Allowance or Universal Credit in Merton. Figure 88 shows the rise in the total claimant rate (those claiming either Job Seekers Allowance or Universal Credit) in Merton rising from 2.7% in March 2020 to 7.4% in March 2021.

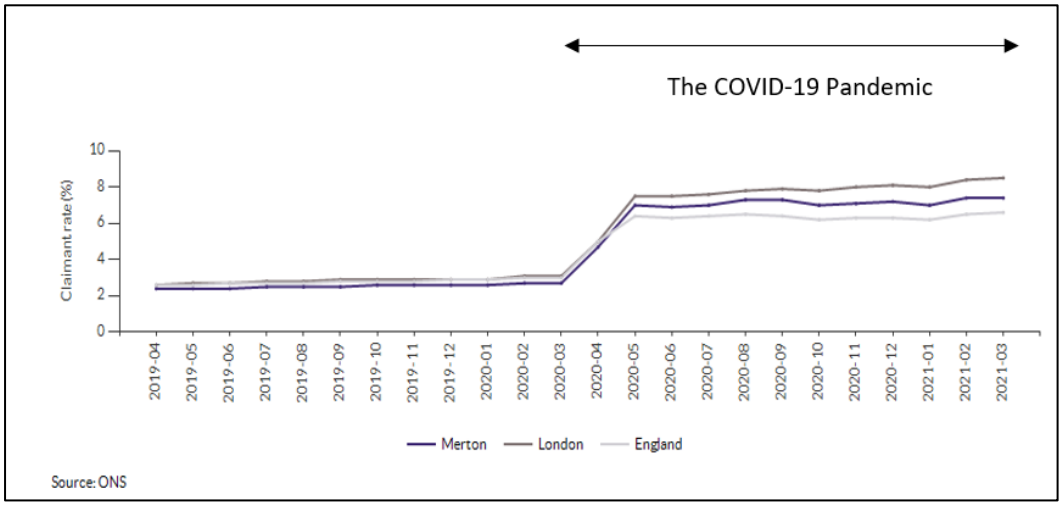

Figure 88[356]: Claimant rate % in Merton, London and England

6.3.8 The rise in the claimant rate has been highest in East Merton with Figges Marsh, Pollards Hill and Cricket Green wards having a claimant rate of approximately 12% compared to 2.7% in Wimbledon Village (Figure 89).

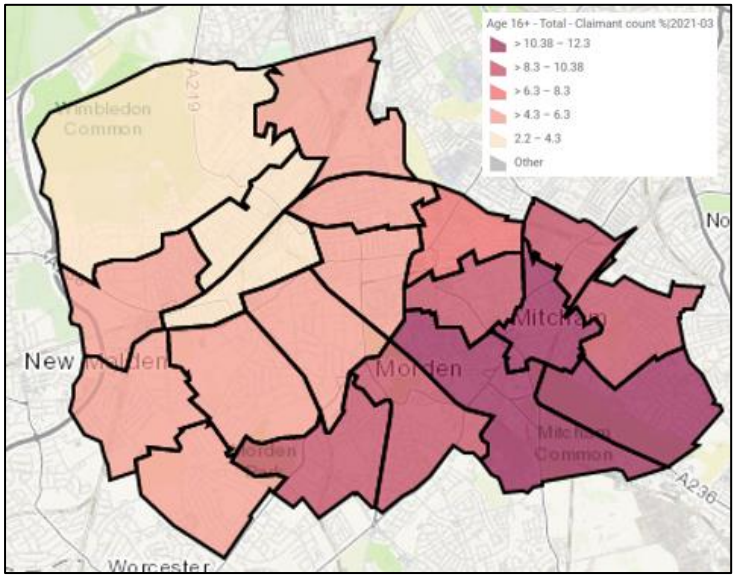

Figure 89 - Age 16+ Total Claimant Count% by ward 2021

Table 3 – Employment data in Merton

[356] Source: ONS – Claimant count and vacancies https://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/datasets/claimantcountandvacanciesdataset

Indicator	Merton	London	England
% aged 16-64 in employment- 2020[357]	81%	75.1%	76.2%
Unemployment- 2020 [358]	6.2%	6%	4.8%
Long term claimants of Jobseeker's allowance per 1000- 2020[359]	1.9	2.8	2.6
Economic inactivity rate %- 2019[360]	14%	20.9%	20.6%
Gap in employment rate for those with a learning disability 2019[361]	77.8	68.1	70.6
Gap in employment rate for those with a long-term health condition 2019[362]	8.6	11.5	10.6
Gap in employment rate for those in contact with secondary mental health services 2019[363]	67	68.2	67.2
Gender pay gap- 2020[364]	5.3%	18.3%	16.6%

6.4 Community Assets

6.4.1 Merton has a range of public and community assets that are important to health; there are many green spaces, libraries, educational attainment is high and there is an active Voluntary and Community sector. There are a total of 11 children's centres in Merton with 8

[357]Source: Public Health Outcomes Framework (PHOF) https://fingertips.phe.org.uk/search/employment#page/3/gid/1/pat/6/par/E12000007/ati/301/are/E09000002/iid/92313/age/204/sex/4/cid/4/tbm/1

[358] Source: Merton Economy and Employment data https://data.merton.gov.uk/economy-and-employment/

[359] Source: Public Health Outcomes Framework (PHOF) https://fingertips.phe.org.uk/search/longterm#page/3/gid/1/pat/6/par/E12000007/ati/302/iid/91133/age/204/sex/4/cid/4/tbm/1

[360] Source: Public Health Outcomes Framework (PHOF) https://fingertips.phe.org.uk/search/economicinactivity#page/3/gid/1/pat/6/par/E12000007/ati/102/are/E09000024/iid/92899/age/204/sex/4/cid/4/tbm/1

[361] Source: Public Health Outcomes Framework (PHOF) https://fingertips.phe.org.uk/search/gap%20in%20employment#page/0/gid/1/pat/6/par/E12000007/ati/102/iid/90282/age/204/sex/4/cid/4/tbm/1

[362] Source: Public Health Outcomes Framework (PHOF) https://fingertips.phe.org.uk/search/gap%20in%20employment#page/0/gid/1/pat/6/par/E12000007/ati/102/iid/90282/age/204/sex/4/cid/4/tbm/1

[363] Source: Public Health Outcomes Framework (PHOF) https://fingertips.phe.org.uk/search/gap%20in%20employment#page/0/gid/1/pat/6/par/E12000007/ati/102/iid/90282/age/204/sex/4/cid/4/tbm/1

[364] Source: Public Health Outcomes Framework (PHOF) https://fingertips.phe.org.uk/search/genderpaygap#page/3/gid/1/pat/6/par/E12000007/ati/102/are/E09000024/iid/93350/age/164/sex/4/cid/4/tbm/1

centres located in East Merton and 3 located in West Merton and a total of 7 libraries in Merton[365].

6.4.2 During the COVID-19 Pandemic, Merton Connected, together with the voluntary sector in the borough, mobilised a volunteer taskforce to help isolated households and those at risk. Many residents in Merton have come forward to volunteer supporting the council, voluntary organisations, the NHS and supporting each other in the community.

6.4.3 Despite having an active voluntary and community sector, the fact that BAME communities were unaware of the serious nature of the virus, as reported in the Merton COVID-19 Resilience Programme, is suggested to be partially a result of the closure of a number of BAME organisations, such as SLAWO (South London African Women's Organisation) working with domestic violence victims, the Sickle Cell & Thalassaemia Association and ADSAG (Asian Diabetic Support & Awareness Group) working with Diabetics. These organisations often act as conduits for important health messages, and may have provided vulnerable people with the cultural linguistic support they needed during the pandemic.[366]

6.4.4 The COVID-19 pandemic has changed the way that we experience our local areas and have highlighted the inequalities in places. Increased home working for some has meant a greater appreciation of our local neighbourhood and the services, assets and challenges within it. The lockdown also led to local green spaces playing an important role as a place to exercise and socialise.

Open space

6.4.5 Merton is one of the greenest boroughs in London with 35% of the borough classed as open space. This includes parks, commons, playgrounds, sports fields, allotments, cemeteries and churchyards, urban farms and woodlands. Merton also has:

- 15 Local Nature Reserves
- 56 Sites of Importance for Nature Conservation

6.4.6 Residents have very high rates of access to regional (99%) and metropolitan parks (98%) with good access to both district (77%) and local (72%) parks. Areas where there is lower access to district and local parks include Wimbledon town centre, Colliers Wood, some areas of Mitcham and the north east of the borough[367] (Figure 90).

[365] Source: Merton Libraries https://libraries.merton.gov.uk/client/en_GB/merton/?rm=BRANCHES2%7C%7C%7C1%7C%7C%7C0%7C%7C%7Ctrue

[366] Source: MERTON COVID-19 RESILIENCE PROGRAMME: An Assessment of the Impact of the Corona Virus Pandemic on BAME Communities in the London Borough of Merton - https://democracy.merton.gov.uk/documents/s39179/REPORT%20LBM%20BAME%20VOICE%20COVID-19%20RESILIENCE%20PROGRAMME%20190521.pdf

[367] Source: Merton Green and Blue Infrastructure https://www.merton.gov.uk/assets/Documents/Stage2a_12_GreenBlueInf_FINAL.pdf

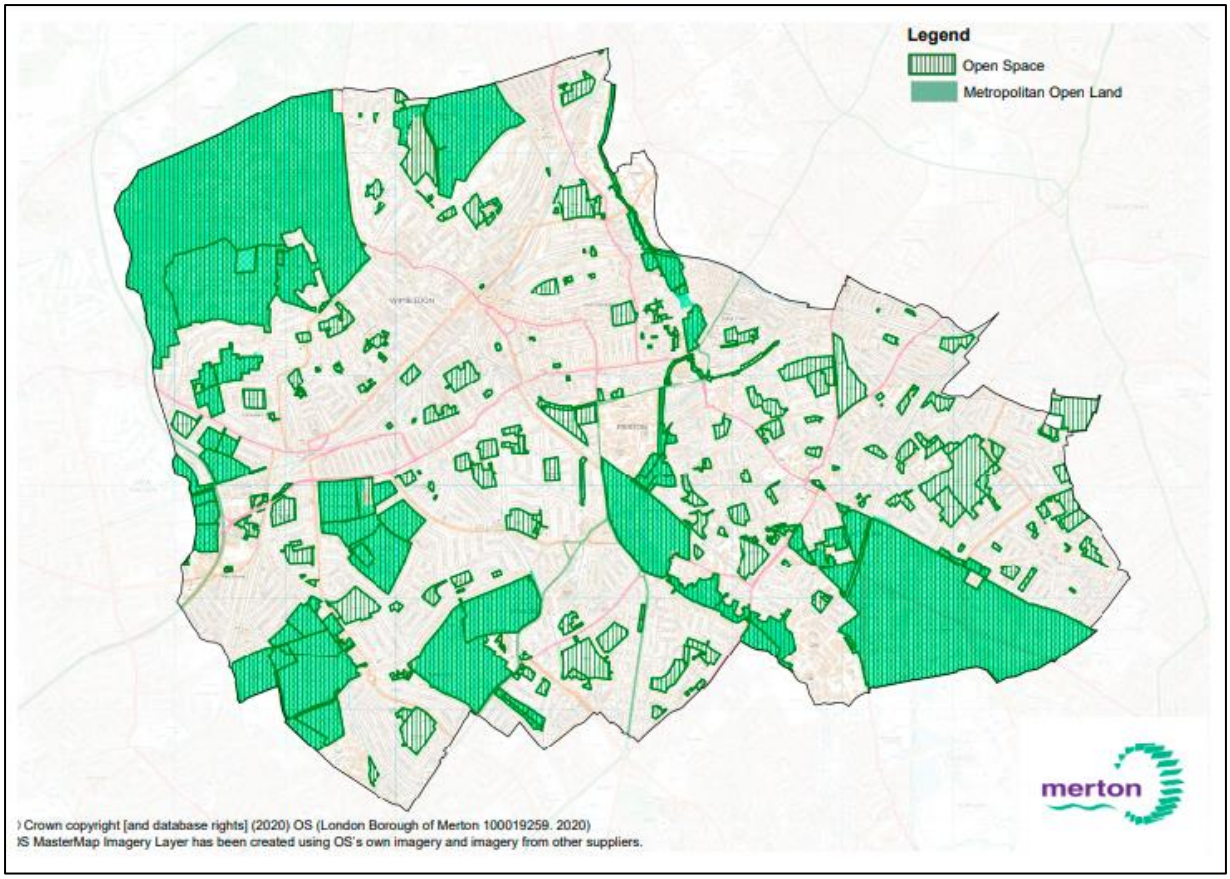

Figure 90 - Open and Metropolitan Space in Merton

Public Transport and Active Travel

6.4.7 Overall Merton has good access to public transport with access to underground lines (the District and Northern lines), the Tramlink to Croydon and national rail services to central London and southeast England. This is supported by extensive bus networks across the borough. However, this masks inequalities across the borough with much greater access to transport infrastructure in West Merton (primarily around Wimbledon and Morden) than East Merton (Figure 91). These inequalities in access to transport limits access to crucial employment opportunities and other services across the borough and wider London area.

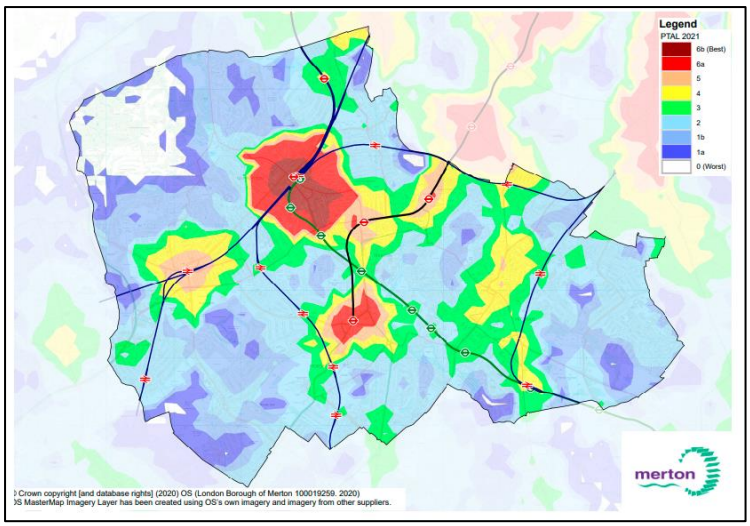

Figure 91 - Public Transport Access Levels (PTAL) in Merton

6.4.8 Rates of cycling and walking in Merton are higher than the London and England average (Table 16). Although this is encouraging, levels of cycling are still lower than the neighbouring boroughs of Kingston, Richmond and Wandsworth which have more developed cycling infrastructures. There are small sections of integrated cycling infrastructure such as Cycleway 31 between Raynes Park and New Malden and the Cycle Superhighway (CS7) in Colliers Wood. The rest of Merton's cycle lanes are often of a lower standard than neighbouring boroughs however, and remain disjointed from the rest of the network.

6.4.9 In 2020 there were 175 casualties in Merton involving pedestrians or cyclists with several of these being fatal[368]. Casualties fell sharply in March 2020 during the first lockdown but have since returned to comparable levels to previous years.

6.4.10 The pandemic had a sudden and dramatic impact on travel demand as a direct consequence of the lockdown of March 2020 and the associated social distancing requirements. The timing of journeys also changed, and so did destinations, shifting towards local travel. Following the easing of lockdown restrictions during the summer, some aspects of travel have recovered, but have not still returned to pre-pandemic levels (Figure 92).

[368] Transport for London (2020) Road danger reduction dashboard https://tfl.gov.uk/corporate/publications-and-reports/road-safety

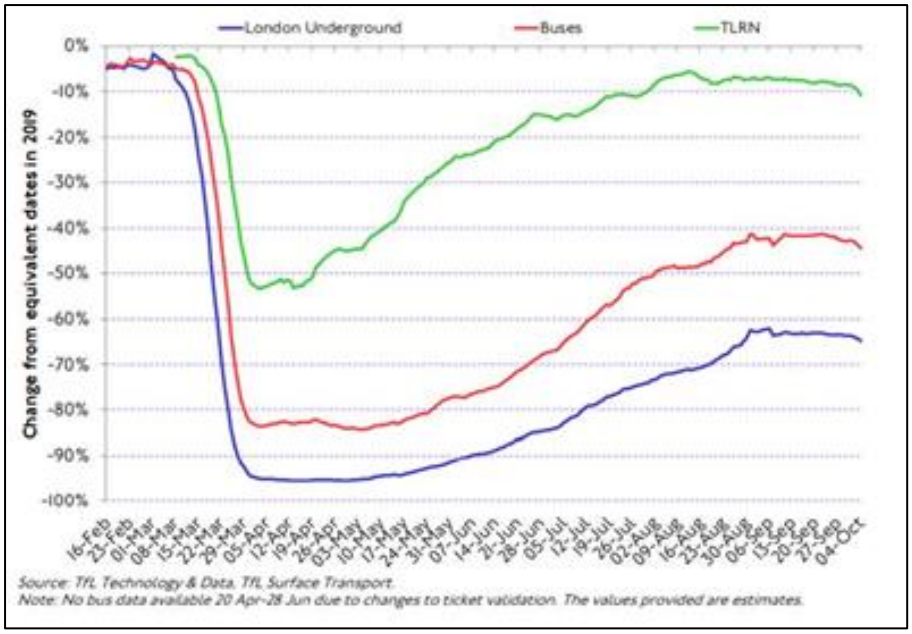

Figure 92[369] - Demand on London Underground, Buses and Transport for London Road Networks (TLRN) in London, 7-day moving average, February 2019-October 2020

6.4.11 As part of the COVID response, Merton Council implemented a series of pavement widening programmes in town centres throughout the borough to create more space for active travel options and support social distancing in public spaces. Indicators on community assets are provided in Table 16.

Table 4 - Indicators for Community Assets

Indicator	Merton	London	England
% adults cycling for transport 3 days/week- 2019[370]	6.9%	5.2%	3.1%
% adults walking for transport 3 days/week-2019[371]	38.8%	35.5%	22.7%
Utilisation of outdoor space for exercise/health reasons- 2016[372]	16.5%	18%	17.9%

[369] Source: TFL Technology and Data. TfL surface transport. https://tfl.gov.uk/info-for/open-data-users/our-open-data

[370] Source: Public Health Outcomes Framework (PHOF) https://fingertips.phe.org.uk/search/cycle#page/3/gid/1/pat/6/par/E12000007/ati/301/are/E09000002/iid/93440/age/164/sex/4/cid/4/tbm/1

[371]Source: Public Health Outcomes Framework (PHOF) https://fingertips.phe.org.uk/search/walking#page/3/gid/1/pat/6/par/E12000007/ati/301/are/E09000002/iid/93439/age/164/sex/4/cid/4/tbm/1

[372] Source: Public Health Outcomes Framework (PHOF) https://fingertips.phe.org.uk/search/space#page/3/gid/1/pat/6/par/E12000007/ati/301/are/E09000002/iid/11601/age/164/sex/4/cid/4/tbm/1

6.5 Climate change and air pollution

6.5.1 Climate change is an acute global issue and has some direct present day impacts on health in Merton. The overall climate risk* in Merton is higher in East Merton particularly in Colliers Wood town centre, Mitcham town centre, and parts of Morden and Longthornton wards. Flooding and heat risk is also higher in East Merton than in West Merton (Figure 93).

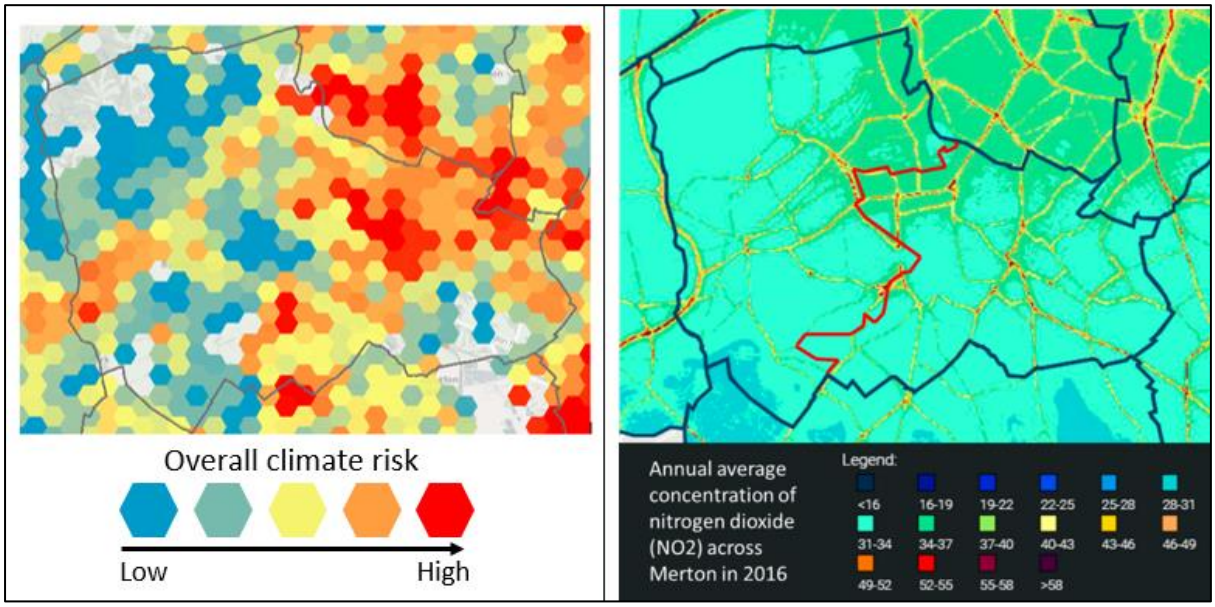

Figure 93 - (left) Overall Climate Risk in Merton[373]. (right) London Borough of Merton mapped NO2 concentrations.*

*Climate risk scores are derived from a combination of 13 indicators including 6 climate exposure metrics 7 climate vulnerability metrics

6.5.2 Merton has been an Air Quality Management Area (AQMA) since 2003 with an Air Quality Action Plan (AQAP) that sets out actions to improve local air quality. Latest monitoring results confirm that Merton regularly exceeds Government Air Quality objectives in relation to concentration of both nitrogen dioxide (NO2) and fine particulate matter (PM10)[374]. Although levels of PM10 in the borough are better than the London average they are higher than neighbouring boroughs in South West London. Areas of high air pollution in Merton are almost entirely along main roads and associated with traffic and congestion. Residents consistently highlighted traffic and congestion as a key area of concern across the borough in the recent 2021 Neighbourhood Feedback Survey[375].

[373] Source: Greater London Authority & Bloomberg Associates: Climate Risk Mapping (2021) LondoN Climate Risk Metrics https://gisportal.london.gov.uk/portal/apps/webappviewer/index.html?id=7322196111894840b5e9bae464478167

[374] Microsoft Word - London Borough of Merton ASR for 2020_FINAL https://www.merton.gov.uk/assets/Documents/London%20Borough%20of%20Merton%20ASR%20for%202020_FINAL.pdf

[375] Source: Merton Food Survey report (internal only)

6.5.3 During 2019 all educational institutions in the borough screened for poor air quality using nitrogen dioxide diffusion tubes. Of the institutions that were monitored a small number were retained for ongoing observation following further monitoring in 2020. Principally these institutions are located on, or in close proximity to busy roads. The details of the monitoring programme and results are available in the London Borough of Merton Air Quality Annual Status Reports for 2019 and 2020. There are more schools in East Merton being monitored than West Merton but there is also a sizeable concentration nearby the A2 that runs through the middle of the borough[376].

6.5.4 Although Merton has previously suffered from air quality above the mean objective, monitoring at Merton Civic Centre showed that levels of NO2 during April 2020 (during the first lockdown) were consistently lower than corresponding levels in April 2019 (Figure 94). These findings were replicated at other automatic monitoring sites across the borough. However, levels of PM10 did not see any reductions post-lockdown. This is most likely due to the wider range of sources of this form of pollution. Data on key air quality and climate change indicators is provided in Table 17.

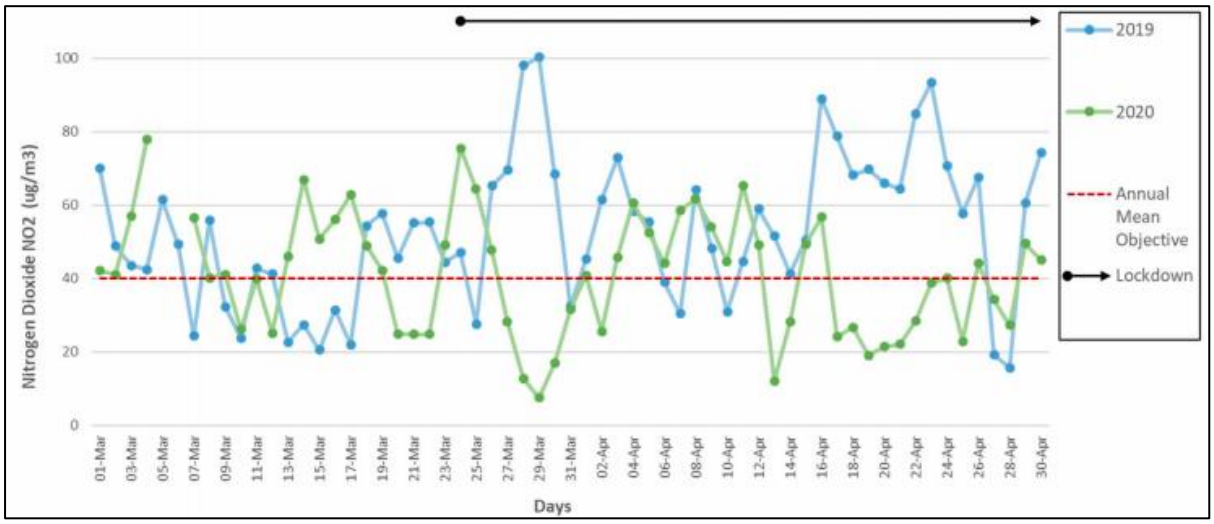

Figure 94 Continuous monitoring station Morden Civic Centre- Nitrogen Dioxide March-April 2019 vs March-April 2020 data[377]

Table 5 - Climate Change, Air Quality and Pollution Indicators in Merton [378]

Indicator	Merton	London	England

[376] Source: Merton Air Quality and Reports https://www.merton.gov.uk/communities-and-neighbourhoods/pollution/air-quality-and-air-pollution/local-air-quality-management
[377] Source: Merton Annual Status Report https://www.merton.gov.uk/Documents/Annual%20Status%20Report%202020.pdf
[378] Source: Public Health England (2021) Fingertips Public Health Profiles: Wider Determinants of Health Wider Determinants of Health - PHE https://fingertips.phe.org.uk/profile/wider-determinants

% of the population exposed to road, rail and air transport noise of 65 dB(A) or more during the daytime - 2016	9.5%	12.1%	5.5%
Air pollution: mean measure of fine particulate matter (µg per m^3) - 2019	11.1	11.4	9.0
Fraction of mortality attributable to particulate air pollution – 2019	6.3	6.4	5.1

6.6 Crime and Safety

6.6.1 Overall Merton is a safe borough with a lower crime rate compared to London and England. Merton compares well to figures for both London and England on a range of indicators including rates per population of children in the youth justice system, first time entrants to the youth justice system, violent sexual crimes and the proportion of offenders reoffending. However, Merton performs less well in terms of hospital admission rates due to violent crime with 61.6 admissions per 100,000 people compared to London and England (47.5 and 45.8 per 100,000 people) (Table 18). Crime rates in Merton initially dropped during the first lockdown before rising again through the summer and falling again during the winter lockdown (Figure 95). Crime has now returned to pre-pandemic levels.

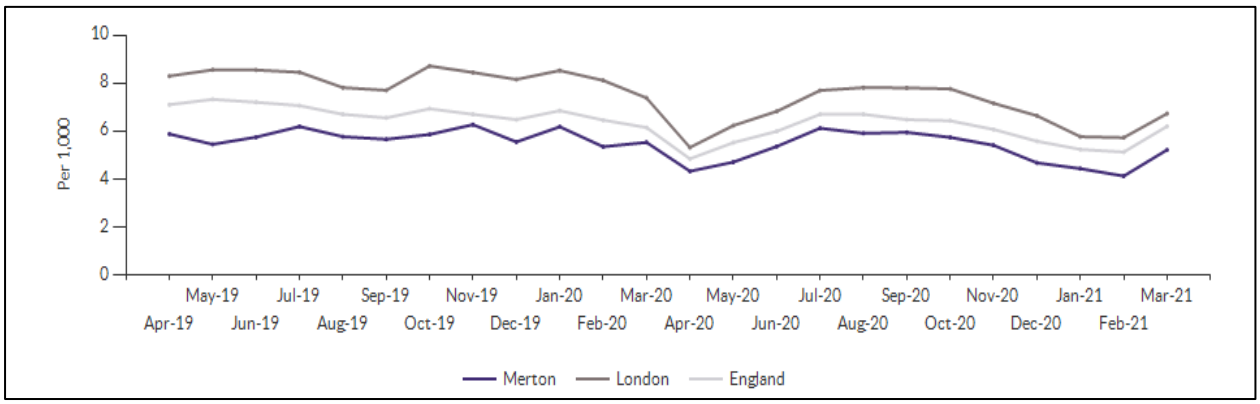

Figure 95[379]: Crime rate in Merton

6.6.2 The wards of Cricket Green, Figges Marsh, Graveney, Lavender Fields and Ravensbury are all part of a Public Space Protection Order (PSPO) area introduced to tackle anti-social behaviour related to alcohol consumption in public places [380](Figure 96). The

[379] Police Data – www.data.police.gov.uk

[380] Action to clamp down on alcohol fuelled anti-social behaviour in Mitcham | Merton Council News Room

PSPOs have been brought in as a tool to address anti-social alcohol related behaviour in the affected areas.

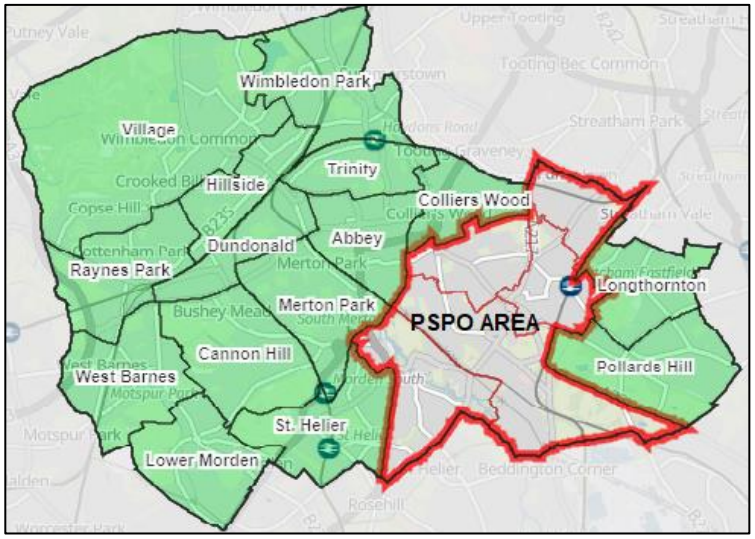

Figure 96 - Public Space Protection Order (PSPO) Areas in Merton

6.6.3 Certain groups in Merton are over-represented in crime statistics compared to the London average. Under-18s make up 27% of sexual offence victims although they only make 23% of Merton's population. Similarly the black population in Merton are over-represented as victims of sexual offences (17%) and domestic violence (15%).[381]

6.6.4 In 2020 there were 495 total traffic collisions in Merton compared to 562 in 2019. The number of traffic collisions fell sharply during the first lockdown before gradually rising through the summer and autumn. Collisions had returned to pre-pandemic levels by December 2020[382] (Figure 97).

[381] Source: Office for policing and crime, London - violence against women and girls. 2019. https://www.london.gov.uk/sites/default/files/annex_1_-_evidence_pack.pdf.
[382] Source: Transport for London (2020) Road danger reduction dashboard https://tfl.gov.uk/corporate/publications-and-reports/road-safety

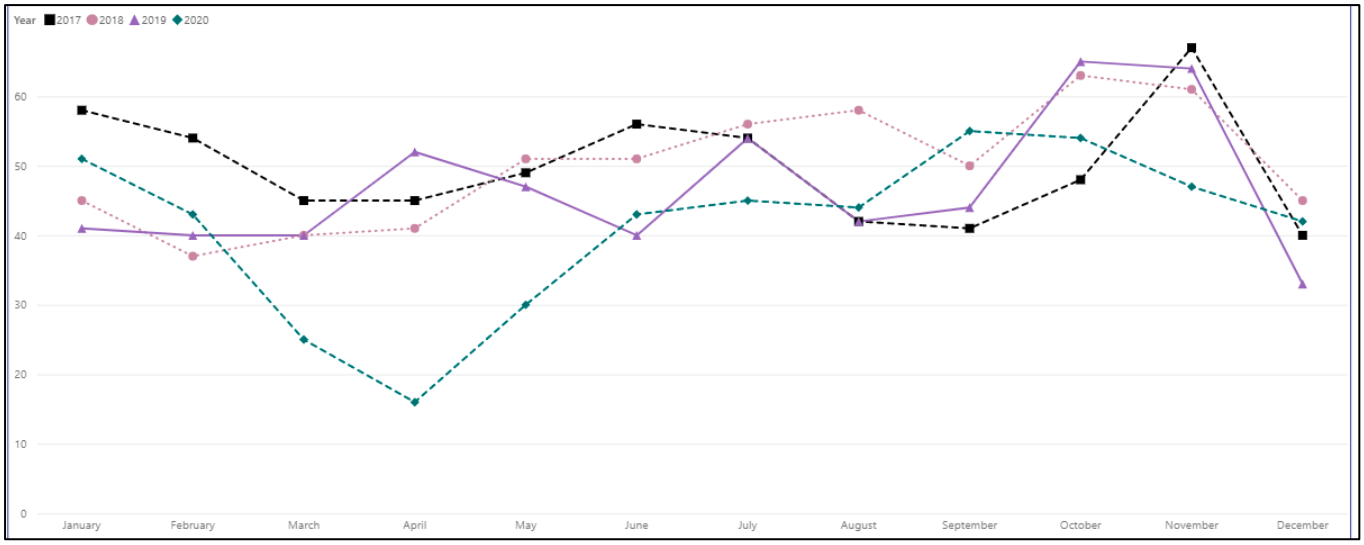

Figure 97 - Total traffic casualties in Merton, monthly comparison for years 2017–2020 [383]

6.6.5 In 2019 the incidence of children killed and seriously injured on roads per 100,000 people in Merton was comparable to London but significantly lower than the national incidence (Table 18).

Table 6 – Crime indicators in Merton

Indicator	Merton	London	England
Crime rate per 1,000 people, 2021[384]	5.2	6.7	6.2
Children in the youth justice system per 1000, 2020[385]	3.2	4.4	3.5
First time entrants to youth justice system per 100,000, 2019[386]	156	260.2	208
% of Offenders Re-offending, 2018[387]	26%	28.5%	29.1%
Violent crime: hospital admissions per 100,000, 2017/18 – 2019/20[388]	61.6	47.5	45.8

[383] Source: Transport for London (2020) Road danger reduction dashboard https://tfl.gov.uk/corporate/publications-and-reports/road-safety
[384] Source: Merton - Crime - UTLA | Merton | InstantAtlas Reports
[385] Source: Public Health Outcomes Framework (PHOF) https://fingertips.phe.org.uk/search/childrenin#page/3/gid/1/pat/6/par/E12000007/ati/102/are/E09000002/iid/90848/age/211/sex/4/cid/4/tbm/1
[386] Source: PHE Fingertips: Public Health Outcomes Framework (PHOF) https://fingertips.phe.org.uk/public-health-outcomes-framework
[387] Source: PHE Fingertips: Public Health Outcomes Framework (PHOF) https://fingertips.phe.org.uk/public-health-outcomes-framework
[388] Source: PHE Fingertips: Public Health Outcomes Framework (PHOF) https://fingertips.phe.org.uk/public-health-outcomes-framework

Violent crime: offences per 1000, 2019-20[389]	19	24.9	29.5
Proportion of Sexual Offence Victims Under 18, 2018 [390]	30%	27%	0%
Children Killed and seriously injured* casualties on roads per 100,000, 2017-19[391]	12.4	12.7	18
Violent crime – sexual offices per 1000, 2019-20[392]	1.3	2.0	2.5

**Examples of serious injuries include fractures, severe cuts, burns and crushing requiring hospital treatment*

6.7 Conclusions

6.7.1 Overall Merton as a place is healthy and safe with many social & physical assets and a strong sense of community. However there are large inequalities within the borough with West Merton having more advantages in terms of place compared to East Merton.

6.7.2 The COVID-19 pandemic has highlighted the relationship between the places we live and health and wellbeing. There has also been a greater appreciation of our local areas as people have spent more time at home during lockdowns. Many people have volunteered at a variety of locations including the NHS and other voluntary organisations. The Merton community has come together during the pandemic to support residents across the borough.

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[389] Source: PHE Fingertips: Public Health Outcomes Framework (PHOF) https://fingertips.phe.org.uk/public-health-outcomes-framework
[390] Source: London Assembly - https://www.london.gov.uk/sites/default/files/annex_1_-_evidence_pack.pdf
[391] Source: Public Health Outcomes Framework (PHOF) https://fingertips.phe.org.uk/search/traffic

[392] Source: PHE Fingertips: Public Health Outcomes Framework (PHOF) https://fingertips.phe.org.uk/public-health-outcomes-framework