

Introduction to The Merton story 2022/23

About the Merton Story 2022/23

The Merton Story is an annual high-level assessment of the health and wellbeing needs of Merton's population, last published in 2021. 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 Assessments (JSNA), which is owned by the Merton Health & Wellbeing Board (H&WBB) 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.

Last year's Merton Story contained a significant focus on the COVID-19 pandemic, and this year this theme continues. Though vaccination has significantly weakened the link between COVID infection and severe outcomes such as hospitalisation and death, other impacts of the pandemic (amongst other influences) are being increasingly felt especially in the context of the current increases in cost of living. The Merton Story 2022 chapters will explore changes to Merton's population and life expectancy, the ongoing impacts of COVID-19 and the unequal impacts of the pandemic, the current position for children and young people, adults and older people in terms of living healthy lives, and some of the key factors related to Merton as a healthy place.

There are several topics we are not covering in depth in this year's Merton Story, though they are key issues for Merton

- Alcohol and Substance Misuse: a comprehensive needs assessment is in progress, following concerning data about increases in alcohol consumption and related admissions to hospital. The findings will be available later in 2022.
- Climate Change: The Annual Public Health Report will be on how action to tackle climate change can have benefits for health, including chapters on active travel and food.

Methods

We identified key issues for analysis in the Merton Story 2022/23 using several key approaches

- We automatically pulled the [Public Health Outcomes Framework](#) for Merton, comparing current data to recent years, as well as to South West London and England. This gave us a comprehensive overview of what the key issues emerging from this data set are. Initially we took an inclusive approach to ensure we identified any potential issues to use the RAG rating higher, lower, or similar for the comparison of values and confidence intervals (CIs) from what the published data source has provided. Where data sources have not provided RAG ratings of values and CIs to say higher, lower, or similar we have used the benchmarking method 'CIs that overlap with the reference value', from the Office of Health Inequalities and Health Disparities (OHID) for consistency. However in order to keep the Chapters non-technical we have not quoted the numeric CIs we have adopted the convention that CIs are not overlapping or that the reference value lies outside the Merton CI this is 'higher or lower' (see appendix x for examples). If reference values sit or overlap within the Merton CIs we can say they are 'similar' to Merton (see appendix for examples).
- We drew on insights from our chapter leads, key stakeholders for each chapter and a broad steering group involving colleagues from the CCG and the Voluntary and Community Sector, to identify any other key issues based on partners' insights.
- We also looked at the Merton Story 2021, to ensure that any key issues from last year were reviewed.

The Merton Story 2022/23 is broken down into chapters that match our Health and Wellbeing Strategy. Each chapter is then made up of subchapters with a standard template – to ensure consistency across chapters as far as possible, and help to make the chapters accessible. Analysts and chapter leads worked together to review available data, narrowing the content of each chapter to provide a succinct summary of the key issues. It is not possible through the Merton Story to conduct deep dives into chapters; recommendations are included for future data analysis into the topics. Key messages were pulled out from each chapter, these were then brought together to form the summary key messages of the Merton Story 2022.

In the final writeup of the Merton Story 2022/23, Merton's ward boundaries recently changed. However as much of the data available at the time of writing relates to the old ward boundaries, we have presented the old ward boundaries on maps for consistency, except for some sections of the chapter on population size and growth where data is available on the new ward boundaries. Maps in the population and life expectancy chapter include maps on both the new and old ward boundaries but it is important to note that the data in this chapter is based on the old ward boundaries and have been overlaid with the new ward boundaries only. Future editions of the Merton Story will need to reflect the new ward boundaries and data based on these new ward boundaries too as data becomes available.

Census 2021 data has also been included where data has become available. Further data from the 2021 Census will be added to the next Merton Story. Also, it is important to note that The Merton Story 2022/23 does not use the terms BAME (Black, Asian and Minority ethnic) and BME (Black and Minority ethnic) as they provide emphasis on certain ethnic minority groups (Asian and Black) and exclude others (Mixed, Other and White ethnic minority groups). The terms can also mask disparities between different ethnic groups and create misleading interpretations of data. In March 2021, the Commission on Race and Ethnic Disparities recommended that the government stop using the term BAME. One of the recommendations in the final report on COVID-19 disparities, published in December 2021, was to refer to ethnic minority groups individually, rather than as a single group.

Throughout this work, our steering group provided advice, feedback and input. This brought together council colleagues, NHS colleagues and partners from the Voluntary and Community Sector. We are grateful for their contributions.

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 Black, Asian and Minority Ethnic group voice & MenCap](#)

Wider determinants of health

Many factors contribute to the health of individuals and populations. Whether people are healthy or not is partly determined by their social circumstances and their environment. These factors are often called the “wider” or “upstream” determinants of health and have greater impact on the health of populations overall than downstream factors, such as access to and quality of health care services. Recent studies of life expectancy and mortality changes found that for cardiovascular disease about 40 percent of the improved life expectancy was attributable to public health interventions, 35 percent was attributable to pharmaceuticals, 13 percent was attributable to other medical care, and –7 percent was attributable to other/unknown factors¹.

Health determinants act through disease risks, as do interventions to prevent disease. 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.

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.

¹ Buxbaum et al. Contributions Of Public Health, Pharmaceuticals, And Other Medical Care To US Life Expectancy Changes, 1990-2015. Health Affairs 2020; 39: <https://doi.org/10.1377/hlthaff.2020.00284>