

Key messages

Live Well

Headline

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

Key statistics

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

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

Smoking and Respiratory Health – COPD & Asthma

- 1 in 7 residents (around 22,900) in Merton still smoke, which is similar to London and England. Prevalence remains static and is highest in the East (17.2%) of the Borough (compared to 10.8% in West Merton - a 6.4% difference), in adults in routine and manual occupations, as well as those with long-term mental health conditions.
- 1% of Merton residents or about 2,150 people are diagnosed with chronic obstructive pulmonary disease (COPD), which is a disabling disease often leading to exacerbations and hospital admissions. Prevalence is lower than the England rate but similar to both London and South West London. The prevalence is higher in East Merton compared to West Merton and is likely associated with a higher smoking prevalence in the East. There were 51 COPD deaths in 2020 compared to 64 deaths in 2019 and 67 deaths in 2018.

- In 2020/21, an estimated 4.7% of or 10,000 Merton residents aged 6 and over are recorded as having asthma, which often affects young people and their quality of life. Recorded asthma prevalence is lower than England, however, it is higher in East Merton (5.1%) compared to West Merton (4.2%).
- Environmental air pollution and poor housing also worsens these conditions (see also Healthy Place chapter).

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

- Diabetes remains a key issue for Merton and is increasing annually. The diagnosed prevalence of diabetes is 6.4% or 13,700 people, higher than south West London but lower than England's. The diagnosed prevalence of diabetes is higher in East Merton compared to West Merton.
- Hypertension is a major risk factor for cardiovascular disease. In Merton the diagnosed prevalence rate of hypertension (10.6%) is stable and is similar to South West London (10.5%) and lower than England (13.9%). The diagnosed to expected ratio of hypertension across SWL in 2019/20 was 59%, which means that there are a large number of people in Merton with undiagnosed high blood pressure.
- The diagnosed prevalence of cardiovascular disease (a combination of heart attacks and stroke) in Merton (7%) is lower than England (11%). The trend for cardiovascular diagnosis has remained stable in Merton. A similar pattern to diabetes can be seen for cardiovascular disease e.g. East Merton (2.1%) has a higher prevalence of diagnosed coronary heart disease compared to West Merton (1.7%). In England, people living in most deprived areas are four times more likely to die prematurely from cardiovascular diseases compared to those living in least deprived areas.

Adult Mental Health and Suicide

- The COVID-19 pandemic had a significant impact on wellbeing with almost 28% of Merton residents reporting a high anxiety score (2020/21) which is almost a 6% increase from the previous year and 1 in 4 adults were lonely in 2019/20. In a 2021 international meta-analysis, during the pandemic the overall prevalence of depression, anxiety, distress, and insomnia were 31.4%, 31.9%, 41.1% and 37.9% respectively, which was higher than pre-pandemic.
- National estimates suggest that 20% of the UK population will require additional intervention due to the impact of the COVID-19 pandemic. The support required is likely to change over time, with anxiety and depression needs increasing in the short-term and other conditions e.g. PTSD more likely to follow later. Impact on severe mental illness and complexity of need, potentially due to late presentation due to the pandemic, is still being investigated.
- Suicide rates are calculated on a three-year rolling average and in Merton these have declined slightly since 2016-2018. The 2019-21 rate (6.5 per 100,000), is similar to the

London average and significantly lower than the England average. Nationally there has been concern about the pandemic increasing suicide rates. Although rates did not increase nationally during 2020, it is too early to know if there are any long-term impacts on suicide due to risk factors e.g. household employment and finance.

Sexual Health

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

Substance Misuse

- Alcohol is the most commonly used substance in Merton, with higher numbers for those in treatment and for estimated unmet need than for drugs. There are an estimated 1,700 dependent drinkers in Merton and a further 38,000 adults who drink to a level that increases the risk to their health (“hazardous drinking”). The proportion of those reporting the use of drugs in last year has been decreasing since 2003/04.
- In Merton in 2020 there were 64 deaths due to alcohol related mortality in Merton. This is an increase from the previous year of 45. Substances misused by those in treatment was alcohol (475), followed by cannabis (155), and opiates with crack cocaine at (115), and opiates without crack cocaine (115).
- Alcohol related and alcohol specific hospital admissions have reduced in England, London and Merton in 2021. Alcohol-specific mortality in 2020 is significantly higher in Merton than in London (16.6 per 100,000 vs London at 9.9 per 100,000) and this has increased since 2019 (8.0 per 100,000¹). Further analysis is required to make sense of this pattern.

- Around 70% of adults presenting to services with an alcohol problem in Merton also have a co-existing diagnosis of depression and or anxiety and vice versa – people with common mental health issues often self-medicate.

Conclusions to inform priorities

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