The Merton Story – Key Health Issues in Merton

Introduction

Local authorities and CCGs have equal and joint statutory duties to prepare and publish a joint strategic needs assessment (JSNA) for their area, through the Health and Wellbeing Board. The JSNA is the on-going process to describe the current and future health and wellbeing needs of the local population to inform services. It provides a framework for improving local health and wellbeing and addressing inequalities.

This *Merton Story* is a snapshot of the local needs identified through the JSNA process, developed to inform commissioning intentions. This snapshot is planned to be updated on an annual basis. It is complemented by a range of other needs assessment documents being produced as part of the JSNA process.

The Merton Story

Overall Merton is healthy, safe and has strong community assets

The health of people in Merton is generally better than the London and England average. Life expectancy is higher than average and rates of death considered preventable are low. This is largely linked to the lower than average levels of deprivation in Merton. We have a range of community assets that are important to health; there are many green spaces, educational attainment is high and we have high levels of volunteering.

Merton also has a diverse and growing population. Merton's population is projected to increase by 3,000 people between 2017 and 2020. The age profile is predicted to shift –with a notable growth in the proportions under the age of 16 years and those over 50 years old.[1]

Despite this positive picture, there are areas of concern and ambition

Closing the health divide as part of the growth regeneration agenda

Significant social inequalities exist within the borough. The eastern half has a younger, poorer and more ethnically mixed population. The western half is whiter, older and richer. Largely as a result, people in East Merton have worse health and shorter lives.[2]

Life Expectancy at birth in Merton is 80.5 years for males and 84.2 years for females. [3] In East Merton life expectancy in men is 78.9 years compared to 81.9 years in West Merton. Women's life expectancy is 83.3 years in the East compared to 85.1 years in West Merton.[4]

There is a gap of 6.2 years in life expectancy for men between the most deprived and least deprived areas in Merton. The gap is 3.9 years for women.[3]

[1] GLA population projections 2015 Round. Using Housing-linked projections incorporating data from the 2013 Strategic Housing Land Availability Assessment (SHLAA) using the Capped Household Size projection model
[2] East Merton Health Needs Assessment, January 2014
http://www.merton.gov.uk/east_merton_health_needs_assessment.pdf
[3] Public Health Outcomes Framework (PHOF), PHE, May 2017
[4] Local Health, PHE, November 2016

Premature mortality (deaths under 75 years) is strongly associated with deprivation, with all wards in East Merton being more deprived and having higher rates of premature mortality than their West Merton counterparts. Of all deaths in East Merton, nearly 2 in 5 deaths were premature. In comparison, in West Merton, just over 1 in 4 deaths were premature.[5]

Marked social inequalities (as highlighted below) are important drivers of the health divide. However Merton's plans for economic growth and regeneration have the potential for improving life chances and securing better health outcomes over time.

- Unemployment claimant rates in Merton are 1.5%; however rates are significantly higher in the East of the borough (2.1%), compared to West Merton (0.8%). Unemployment in East Merton is higher than London (1.8%) and England (1.8%).[4]

- 16% of households are overcrowded in Merton. This is higher in the East (20.4%) than West of Merton (11.1%).[4]

- Merton's social housing stock is amongst the lowest in London at 14%. The London average is 22% with social housing stock as high as over 59% in boroughs like Southwark. The profile of stock differs between owner occupied and social housing in Merton, with 58% of social housing and 63% of private rented homes being flats, compared with only 24% in the owner-occupied sector.[6]

- Overall, Merton has a lower overall crime rate (5.4 total notifiable offences per 1,000 population) compared to London (7.7) (2016). However there are variations-with higher rates of crime in the East (6.5) compared to the West (5.2). Since 2013 there have been year on year increases in total crime rates for London and Merton (although there have been changes in definitions for reporting crime).[7]

- Low income combine with high energy costs is strongly linked to living in homes that are not heated sufficiently (fuel poverty). An estimated 10.6% of household (8384) are fuel poor in Merton, which is similar to London and England (2016). Fuel poverty is more prevalent in inner London boroughs and lessens in outer London.[8] Since 2012 levels of fuel poverty in Merton have increased, and a similar trend is evidence for London as a whole.

Maximising the potential for prevention

The main causes of ill health and premature deaths in Merton are cancer and circulatory disease (including coronary heart disease and stroke). Known risk factors (unhealthy diet, smoking, lack of physical activity, and alcohol) account for around 40% of total ill health. Consequently changing patterns of unhealthy behaviour must be an important focus for prevention efforts. Furthermore, most risk factors are inversely associated with socio-economic conditions.

The numbers of people in Merton with unhealthy behaviours are substantial. This is despite some positive rankings against London and England for these primary risk factors.

[5] Primary Care Mortality Database, 2011-2015
[6] Merton Health & Wellbeing Strategy, 2015/16-2017/18.
[7] Metropolitan Police Service – Crime Mapping 2016
[8] Estimates of sub regional fuel poverty in England, 2014 data, Department of Energy & Climate Change, published 2016.

- 23,500 adults smoke in Merton; representing 14.7% of adults; and 22.5% are routine and manual workers (2015).[3] The level of smoking is not significantly different from London (16.3%) and England (16.9%).[3]

- 46,000 adults are physically inactive, with 28% of adults doing less than 30 minutes of physical activity a week. This level has increased since 2014.[3]

- 97,200 adults are overweight or obese (59.5% of adults). This is a lower proportion compared to London and England.[3]

Based on modelled data, there is marked variation in patterns of healthy behaviours between East and West Merton. For example 55% of adults (over 16 years) consume 5 or more portions of fruit and vegetables every day. Only 36% of adults have healthy eating patterns in East Merton compared to 44% in West Merton.[9]

An estimated 16.5% of the population use of outdoor space for exercise/health reasons in Merton (2015/16) which is lower than London (18%) and England (17.9%).[3] This is despite Merton being one of the greenest boroughs in London with 677ha of public open spaces. Green spaces make up 18% of the borough, compared to the London average of 10%. Merton has over 65 parks and open spaces.[10]

New revised estimates of local alcohol consumption are due to be issued shortly.

The scale of alcohol related harm is significant. In 2015/16 there were 2,980 admission episodes to hospital for alcohol related conditions (broad definition). While the number is substantial, this represents a lower rate of admissions (1,870 per 100,000 population) compared to London (2,235) and for England (2,179).[11] There is a significant variation between the East and West of the borough, with a higher rate of alcohol-related admissions in the East compared to the West.[4]

642 adults were in contact with specialist substance misuse treatment services in 2016/17. 345 (53.7%) were treated for drug misuse, 195 (30.4%) for alcohol and 102 (15.9%) were treated for alcohol and drugs misuse. The rate of successful treatment completion for opiate users was 6.7%, with a decline from previous years. 53.6% of alcohol clients completed treatment successfully, a rate higher than the national average (38.3%).

Around 22% of substance misuse clients were treated concurrently for mental illness.

In 2015/16 8% of the population aged 16 and over self reported a low happiness score compared to 8.3% in London and 8.8% in England and 22.2% of people aged 16 and over self reported a high anxiety score compared to 20% in London and 19.4% in England.[12]

1 in 250 people between the ages of 15-59 years in Merton were diagnosed with HIV. There were 4.21 per 1000 diagnosed in Merton which is lower than London (5.83). In 2015 there

[9] Mosaic data tool, Experian
[10] Future Merton, The London Borough of Merton
[11] Local Alcohol Profiles for England (LAPE)
[12] Annual Population Survey (ONS)

were 7,717 HIV testing uptake. HIV testing uptake was higher than both London and England. Merton was the 7th highest of all 32 London boroughs.[16]

In 2016 screening coverage rates for breast and cervical cancer were both lower than the England average but similar to London. The number of eligible women screened adequately within the previous 3.5 or 5.5 years for cervical screening was 45,677 women (67.9%) in Merton, and the number of eligible women screened adequately within the previous 3 years for breast screening was 12,896 women (70%).[3]

Giving every child the best start in life

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

'School readiness' is a key measure of a child's development- the percentage of children achieving a good level of development at the age of reception. In 15/16, 71.2% of children living in Merton achieved this standard - which is 1,915 reception children. This is the same as London but higher than the England average (69.3%). This was an improvement against the previous 3 years.[3]

However children with free school meal status do less well. In 15/16, 58.5% of children with free school meal status achieved a good level development, representing a trend of continuous improvement over the past four years. Also, whilst all other pupils have improved, the gap in school readiness between children with free school status and their peers has reduced (to 12.7%). The gap nationally is 15%.

Family context has profound influence on a child's healthy development and life chances. Children living in poor social circumstances are most at risk of poor health outcomes.

While Merton has lower rates of children living in deprived circumstances, numbers remain substantial.

- Around 6,500 children under 16 years in Merton are living in poverty (2014).[3]

- In 2016 there were 165 children in care. This continues the trend of gradual increase since 2012. The rate of children in care (35 per 10,000 children) is significantly lower compared with outer London boroughs (47 per 10,000 children) and England (60 per 10,000 children).[13]

- Parental mental health problems, parental misuse of alcohol and drugs and domestic violence are the most significant risk factors that impact on a child's health and wellbeing. Of the 2,517 children in receipt of services as Child in Need in 2014/15, almost 1,000 of these children were in need due to abuse, neglect or family dysfunction.[13]

There were 1,045 Merton Resident Children with a Statement of special education needs 2015. Numbers have increased significantly over the previous four years; and growing at a faster rate than London, statistical neighbours and national comparators.[14]

[13] Children looked after in England 2015-2016, Department for Education September 2016
[14] Merton JSNA 2014/15

Uptake of childhood immunisations has increased in Merton however, as with most boroughs in London we are below the national target of 95%. MMR for 2 doses at age 5 years in Merton is 80% compared to London 81.7% and England 88.2% (2015/16).[3]

4,500 primary school children (aged 4-11) are estimated to be overweight or obese. 1 in 5 entering reception are overweight or obese and this increases to 1 in 3 children leaving primary school in Year 6 who are overweight or obese. Obesity is more common in Black and Minority Ethnic Groups (BAME) and in poorer communities in East Merton.[15]

There has been a general decline in the proportion of 4-5 year olds that are of excess weight, however, a decline among 10-11 year olds is only starting to become evident (2015/16). Despite this recent promising trend, the overall gain in excess weight amongst children between reception and Year 6 remains substantial (an increase of 15.7%).[15]

Since 2006 there has been a decline in under 18s conceptions from 41.1 per 1000 to currently 14.1 per 1000 in 2015.[3] This is lower than London (19.2) and England (20.8). Merton has the 10th lowest numbers of under 18 conceptions in London with 43 cases of teenage pregnancy – over half of these pregnancies resulted in abortion in 2015.[16] Wards in East Merton have the highest rates of teenage pregnancies compared to the West of Merton.[4]

Alcohol and drug misuse are markers of risky behaviours and vulnerability among young people. Locally in 2016/17 97 young people (under 18s) required access to specialist substance misuse services. This is an increase from previous years, and is in contrast to the national trend of decline in young people entering specialist substance misuse services.[17]

In 2015/16 the Merton rate of child admissions (under 17 year olds) for mental health conditions (108.2 per 100,000 children 0-17 years) was one of the highest against LA nearest neighbours and compared to England (85.9). This equated to 50 young people being admitted. This represents a 'stable' trend of mental health admissions assessed over the last 5 years period, and is similar to the national trend.[18]

Promoting independence and recovery

The population is ageing: the number of people aged 65 or over is projected to increase by 13% (from 25,200 in 2017 to 28,400 in 2025).[1] This further increases the challenge of caring for increasing numbers of people living with multiple long term conditions such as heart disease, diabetes, cancer, mental health conditions, and dementia.

Joined-up care and support helps to deliver better experiences and outcomes for people with multiple long-term conditions and their carers. It also saves money across the health and social care system through a shift to out of hospital services.

[15] Annual Public Health Report 2016 – Childhood Obesity
[16] Sexual & Reproductive Health Profiles
[17] The National Drugs Treatment Monitoring System (NDTMS)
[18] Children & Young People's Mental Health & Wellbeing Profile, PHE

An estimated 1,686 older people (65 years and over) have dementia in Merton; and 74.4% have received a formal diagnosis. This represents a higher diagnostic rate compared to London (71.1%), and England (66.4%).[19]

Recent evidence is emerging that healthy lifestyles such as avoidance of tobacco, alcohol, poor diet and physical inactivity can reduce the risk of dementia.[20]

10,571 people have been recorded with diabetes (2015/16). This equates to 6% of the population, and similar to London (6.3%) and 6.5% England overall. 68% of diabetes patients achieved the treatment standard of good blood pressure control. This is significantly lower than the average for London.[21]

There are an estimated 24,000 adults (16-74 years) with common mental health disorders such depression and anxiety (2015), representing 16% of the adult population in Merton. There are 10,617 adults identified with depression by Merton GPs (6.1% of patients).[22] This suggests that a substantial proportion of adults in Merton experiencing common mental health conditions remain undetected. The 6.1% figure is lower compared against England (8.3%) but slightly higher than the London average (6%).

Latest data (September 2016), for access to psychology therapies (IAPT) shows, each month, that of those patients completing treatment, 50% are moving to recovery. This Merton recovery rate is higher than England (48.4%). In Merton there has been an overall decline in recovery rates, based on trend analysis.[22]

There are around 2,775 adults (aged 18 years and over) in contact with specialist mental health services (2015/16). This represents a rate of 1,758 per 100,000 population, and significantly lower than the London average (2,474) and England (2,451).[23]

Merton performs well for providing support to people in the community. In 2015/16, 1,496 people accessing long term community support received self-directed support – a rate of almost 100% of users, and higher than local authority compactors and England (87%). In 2015/16 34.3% of service users and 94.1% of carers received a direct payment, against 30.4% and 73.3% (respectively) in the comparator group of local authorities.

Delayed transfer of care from hospital to home is an important measure of the interface between health and social care. 3.6 adults per 100,000 population in Merton experienced a delayed transfer attributable to social care or jointly to social care and the NHS in 2015/16. This is a lower rate compared to England, however higher against comparator authorities.[24] The proportion of older people being offered reablement services, following discharge, is improving (although lower than the England average). With establishment of a new community health provider, joint working between health and social care has a new impetus and is focussed on preventing unnecessary admissions to and supporting recovery on discharge from hospital.

[19] NHS England April 2016
[20] Health Matters: midlife approach to reduce dementia risk. PHE, 2016
[21] Diabetes Profile, PHE
[22] Common Mental Health Profiles, PHE, June 2016.
[23] Severe Mental Illness Profile, PHE
[24] Adult Social Care Outcomes Framework (ASCOF), 2016

Feeling isolated and lonely has a profound negative effect on physical and mental health and wellbeing. This is particularly important given we have an estimated 5,900 people aged over 75 living alone. Many people who use social care services would like more social contact- with around 40.4% of users reporting that they had as much social contact as they would like (2015/16), and this is significantly lower than the average for England (45.4%), although similar to the average for London.

In 2015/16 were 757 emergency admissions for injuries due to falls among people of aged 65 years & over. Falls are the leading cause of older people being admitted to hospital as an emergency. Having a fall can have a significant negative impact on long terms outcomes for older people. The Merton rate of emergency admissions for injuries due to falls for 65 year olds and over (2,960 per 100,000 population) is significantly higher than for London (2,253) and England (2,169).[3]

Further resources

There are a vast amount of data sources and information located on the web relating to the content of this report and similar related information. Some of this information can be located by anyone with an interest by accessing the following websites:

https://fingertips.phe.org.uk/

https://www.gov.uk/guidance/phe-data-and-analysis-tools

http://www.localhealth.org.uk/