

Merton Disability Health and Care Profile

October 2018

Working to be
LONDON's
BEST COUNCIL

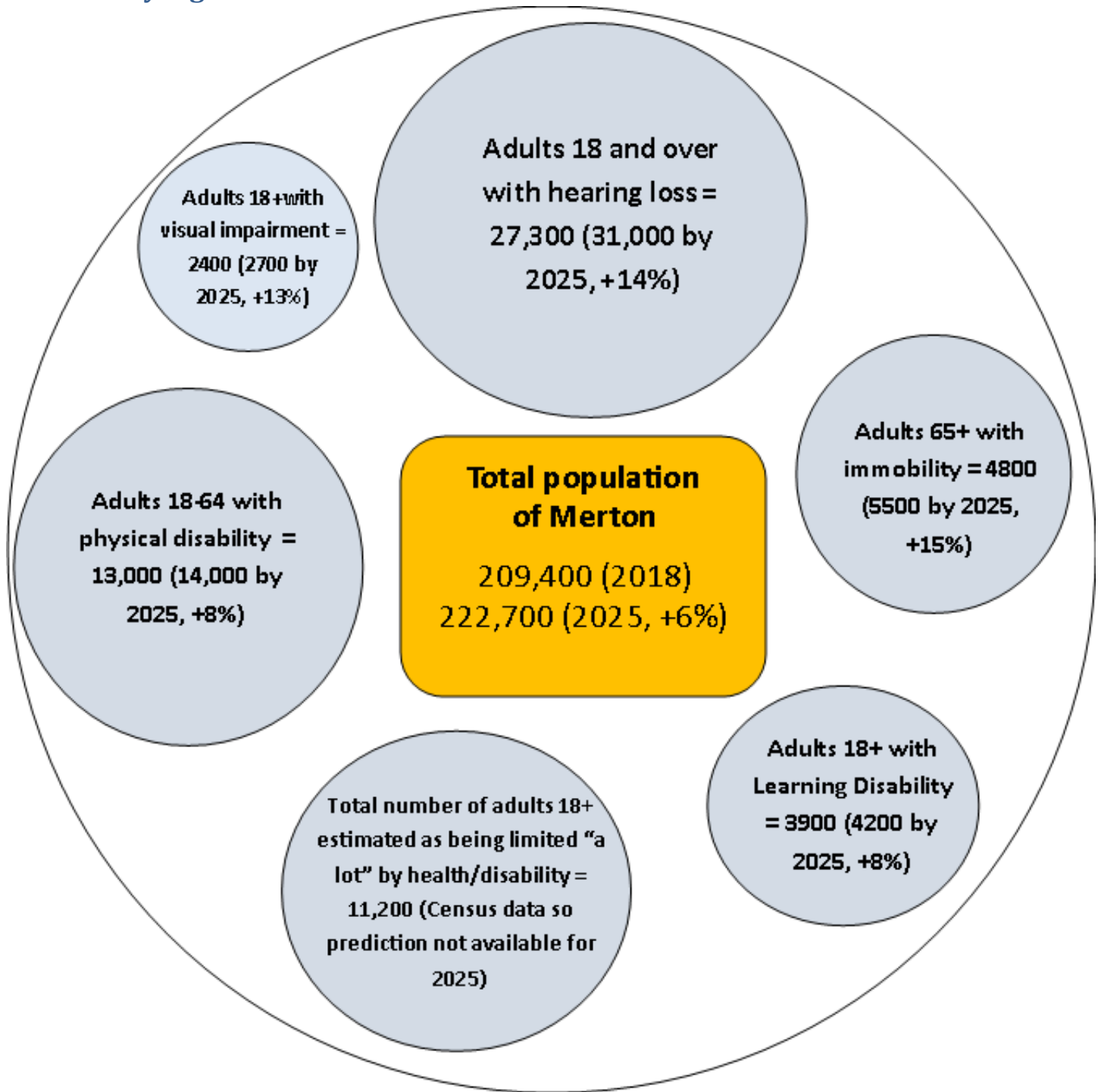
Index

Contents

Summary Figures	4
Key Facts	5
Introduction.....	5
Aims and objectives.....	5
Scope	7
The National Picture	7
The census	7
Overall numbers in Merton	7
Years of life expected without disability	8
Population projections and survey research used to model future numbers of particular types of disability	8
Local data from GPs and Social Services	9
Learning disabilities.....	10
Summary: Putting it all together - what are the implications of these numbers for providers and commissioners?.....	11
Appendix A	12
Definition of disability from the Equality Act 2010 Guidance	12
Appendix B	13
30% most and 30% least deprived wards	13
Comparator boroughs	13
East and West Merton	13
Appendix C	14
Disability Free Life Expectancy at birth	14
Merton, London and England	14
Merton and statistical neighbours.....	14
Merton and geographical neighbours	14
Merton – 30% most and least deprived wards.....	14
Merton wards.....	14
Disability free life expectancy at 65	14
Appendix D	16
Definitions for Disability.....	16
Appendix E	17
Physical Disability	17
Key message.....	17
Moderate Physical Disability.....	17

Severe Physical Disability	17
Immobility	17
Limitations of daily activities	18
Work-limiting Core	18
Appendix F	19
Sensory Disability	19
Hearing	19
Sight	19
Appendix G	21
Learning Disability	21
Prevalence and prediction of learning disabilities	21
Residents receiving long-term Local Authority support	21
Appendix H	23
Data from Merton Social Services	23
<i>Key message</i>	23
Glossary	24
Further reading	25

Summary Figures



The data above shows approximate figures for 2018 and predicted to 2025. There is no way of knowing, from the data available, where the circles overlap.

Key Facts

- Hearing loss has the highest estimated prevalence in 18-64 year olds in Merton 2018 (8.3%) compared to the other disabilities investigated (7.3% physical, 2.4% learning, 0.1% sight)
- Merton shows the longest disability-free life expectancy at birth for males (66.4) and females (66.5) out of all statistical neighbours (Barnet, Ealing, Enfield and Redbridge)
- There is a gap of 7.8 years for males and 7.1 years for females between the 30% most and least deprived areas of Merton for disability-free life expectancy at birth
- Merton has the highest percentage of residents not limited in daily activities (87.4%) and the lowest percentage of residents limited a lot (5.6%) compared to statistical neighbours
- The proportion of Merton residents registered by a GP as having Learning Disabilities (1.74%) was significantly lower than London (1.96%) and England (2.63%) in 2016/17

Introduction

Disability is one of the nine protected characteristics under the Equality Act 2010. This means that the council and its public sector partners have a duty to consider how its decisions and policies affect disabled people.

This health and care profile is a baseline source of information to enable the council and its partners to plan to meet that duty. It is part of a set of documents which together form the current Merton Joint Strategic Needs Assessment (JSNA).

Estimates of numbers of disabled people and the proportion of the population they represent vary widely depending on the definition used. In the Equality Act, a disability means a physical or a mental condition which has a substantial and long-term impact on ability to do normal day to day activities (see Appendix A for definition). We will use this as the baseline definition for this profile.

Aims and objectives

The aims of this profile are

- (1) To describe current estimates of the numbers of disabled people in Merton, and how these compare to our neighbours
- (2) To forecast how these numbers may change over time

The specific objectives are to

- (1) To identify the main sources of numerical information about disabled people in Merton and their strengths and weaknesses
- (2) To highlight and explain differences between information sources
- (3) To provide estimates for some specific types of disability namely physical disability, sensory impairments and learning difficulties. Note that disability due to mental health problems has not been included. This is the subject of a separate JSNA profile forthcoming.

Scope

This profile is focussed on 4 specific areas:

- Overall numbers (including disability due to mental health problems)
- Physical disability
- Sensory impairment (hearing and vision)
- Learning disability

Children and young people (CYP) are excluded from consideration because the system of care and education for CYP is managed separately. Children and young people grow into adults, so there is a critical link between the two systems and this has been highlighted below where it applies.

A companion report will also be published (to follow) that highlights the broader context of disability and key issues facing disabled people.

Information sources about disabled people vary in the geographical area which they cover. Some information is only available at a national level and has to be “scaled down” to give numbers for Merton; other information is post-coded and can be “scaled up” to neighbourhood or ward level or beyond. Appendix B has details of the geographical comparisons which have been made.

The public health intelligence team is working on an ongoing basis to understand the pattern and extent of disability as a whole and specific types of disability. More information will be published as this work allows. A separate profile on mental health will follow.

The National Picture

The census

The census, which is completed once every 10 years, includes a question about whether daily activity is limited by ill-health or disability. This can provide information about the overall numbers of disabled people and also the number of years that Merton people can expect to live with a disability.

Like any information source on disability the census has its strengths and weaknesses. One of the strengths of the census is that it is easy to compare rates in different areas both large and small. One of the main weaknesses is that the information may be out of date.

Overall numbers in Merton

The results from the last census in 2011 suggest that about 25,000 residents in Merton have day-to-day activities limited either a lot (11,000) or a little (14,000). This is about 11% of all adult Merton residents, which is a lower rate than London or England and Wales (E&W) as a whole (14% and 18%) respectively.

Figure 1 shows how these percentages vary in different regions. Note the actual counts from the census were adjusted to take into account that not everyone replies to the census to give the numbers quoted here.

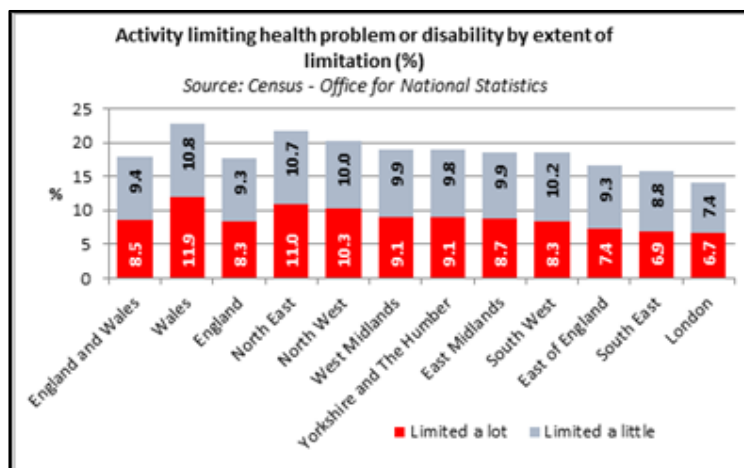


Figure 1: Activity limiting health problem or disability by extent of limitation (%).

England, Wales, Regions, 2011, usual residents

Years of life expected without disability

Answers to the census question on whether activities of daily living are limited can be combined with data on the length of life of people in Merton to calculate how many years people can expect to live without limitation. This is termed “Disability Free Life Expectancy (DFLE)”.

These calculations show that both men and women have an average DFLE at birth of 66 years as opposed to an overall life expectancy at birth of 80 for men and 84 for women, meaning that on average, men in Merton live 14 years and women 18 years with disability.

This is a very broad definition of disability. It includes physical and cognitive impairment due to old age and mental health disability, as well as the specific types described in more detail below.

As this calculation is based upon census answers and mortality data which is post-coded, equivalent numbers can be produced for particular wards or parts of Merton. These calculations show a difference of about 7 years between east and west Merton (definitions can be found in Appendix B).

Similar calculations can be performed to see how many more years someone aged 65 on average will live with disability. These show that on average men and women aged 65 can expect to live a further 9.5 years without disability, as opposed to 84 and 87 years overall, meaning on average older people have 10 (men) and 13 (women) of life with disability. As with the picture at all ages, there are inequalities by east/west locality and ward.

Appendix C provides more detailed information.

Population projections and survey research used to model future numbers of particular types of disability

A different way to estimate the total numbers of disabled people in Merton and to forecast how these will change in future years is to combine projections of the future population of the Borough with estimates of the prevalence of disability.

The advantage of this method is that it can produce estimates of numbers for particular types or aspects of disability, depending on what researchers have investigated and for particular age ranges. The weakness of the method is that it is only as good as the population forecasts it is based upon, and factors such as new housing estates and changes in the pattern of migration due to Brexit etc. are difficult to forecast accurately. The actual numbers for Merton may be quite different

but these projections give an idea of the size of specific groups and how they are likely to change over time.

In this profile we have focussed on the numbers from the model for 2018 and 2025 for the following conditions (Appendix D gives definitions for degrees of disability for the data):

- Physical disability in the 18-64 year old population
- Immobility in the 65+ population
- Hearing loss
- Visual impairment
- Learning disability

NB: More information about learning disability follows later in this profile.

For physical disability, the models suggest there are about 10,000 people aged 18-64 in Merton with a moderate physical disability and 2,800 with a severe physical disability [Appendix E]. These represent 7% and 2% of the population of that age overall. These are the estimates for 2018; the model predicts that moderate physical disability numbers will rise by about 8% to 11,000 and severe physical disability by 14% to 3,100 by 2025. These percentages are similar to those modelled for London (9% and 12%) but higher than England (3% and 5%).

The model estimates immobility rather than physical disability for people 65 years and older. There are estimated to be about 4,800 such older people in Merton in 2018, and this is forecast to increase to 5,500 by 2025. The model also suggests that rates are 2.1 times higher in the 85+ group than the 65+ overall.

This model does not calculate the likely differences between wards but the same inequalities can be expected as for life expectancy.

In terms of hearing impairment (Appendix F), the model estimates that in 2018 there were 27,000 people in Merton with hearing loss and this is forecast to rise by about 1650 by 2025. Rates of sensory disability increase with age, with more than 90% of those 85+ estimated to have this problem.

Numbers predicted to have severe visual impairment are much lower – 90 for those aged 18-64 and 790 for those aged 65+. There are about twice as many older people estimated to have a moderate degree of visual impairment – about 1500 in 2018. [Appendix F]

For learning disabilities (Appendix G), the model predicts there are currently about 3,300 people affected aged 18-64, and about 500 people 65 years and older. More information on Learning Disabilities follows in the next section.

All these numbers are predictions based on national rates. The actual numbers in Merton may be higher or lower. This is one of the areas of work in progress.

Local data from GPs and Social Services

The third and final source of numbers on disability used for this health and care profile is the data collected locally by GPs and social services departments. These sources of information have the advantage that they are real data based on actual people and no assumptions have been made that national rates and projections apply unchanged in Merton. The weakness of this information source is that for various reasons there will be some disabled people who are not known to their GP or social services. The numbers here therefore tend to be lower than those derived from the modelling, and this provides us with some estimates of “unmet need”.

Whilst in theory GPs and social services could collect data on all types of disability, the system as currently configured is focussed mainly on people with learning disabilities, with limited information for other types of disability, just actual numbers split into age groups. See Appendix H.

Learning disabilities

In 2016/17, the latest year for which data are available, Merton GPs recorded 691 of their patients as having LD. This compares to approximately 7000¹ receiving long term support from social services (across all needs).

Both these data sources can be compared with neighbouring Boroughs (See Appendix B), and over time. Details are shown in Appendix G. In summary, these comparisons show that Merton social services record a higher percentage of their adult population receiving long term support than most other Boroughs and the proportion of these people who live in settled accommodation is higher than the London average.

¹ Based on 2.84 x GP registered population, all ages, as at January 2018

Summary: - What are the main facts for providers and commissioners to consider?

This report brings together the numbers from the 3 sources of information and the following is a summary relevant to the planning and delivery of services, for further consideration by both providers and commissioners:

- (1) Men in Merton on average live 14.4 years of their life with disability and women 18.2, which is longer than their time at school. This includes impairment due to old age as well as specific disabilities from birth or acquired during life. People resident in the better off parts of Merton on average have 4.5 fewer years disabled than the Borough average, and people in the more deprived areas 3 more years than this average.
- (2) There are an unknown number of people whose daily activities are limited by a health problem or disability who are not counted in research or planning. Some of these people will be getting all the help they need from families, friends or neighbours, but others will not be and may have unmet needs for care.
- (3) There is a lot of information that might help with commissioning and delivering good quality services for disabled people which is not known, e.g. the extent to which physical disability, sensory impairment and learning difficulties overlap; the relative importance of moves in, moves out, and young people turning 18 which contribute to the changes in numbers predicted to take place over the next few years. Work is ongoing.
- (4) For the one type of disability where there are multiple sources of information, i.e. Learning Disabilities, there is a difference between the people that GPs record as having Learning Disabilities and those with Learning Disabilities receiving long term support from social services. This is not surprising as the medical definition of learning disability and social care eligibility are different. Diagnosis does not drive eligibility in social care, an assessment of someone's ability to undertake the activities of daily life is more important.

An illustration of the key numbers of this profile is shown at page 2

Appendix A

Definition of disability from the Equality Act 2010 Guidance²:

What does 'substantial' and 'long-term' mean?

'Substantial' is more than minor or trivial, e.g. it takes much longer than it usually would to complete a daily task like getting dressed.

'Long-term' means 12 months or more, e.g. a breathing condition that develops as a result of a lung infection.

A disability can arise from a wide range of impairments including:

- sensory impairments affecting sight (not corrected by spectacles/contact lenses) or hearing;
- impairments with fluctuating/recurring effects e.g. Rheumatoid Arthritis, Myalgic Encephalitis (ME), Chronic Fatigue Syndrome (CFS), Fibromyalgia, Depression and Epilepsy;
- progressive, such as Motor Neurone Disease, Muscular Dystrophy, and forms of Dementia;
- auto-immune conditions such as Systemic Lupus Erythematosus (SLE);
- organ specific, including respiratory (e.g. asthma), and cardiovascular (e.g. stroke);
- developmental, such as Autistic Spectrum Disorders (ASD), Dyslexia and Dyspraxia;
- learning disabilities;
- mental health conditions with symptoms such as anxiety, low mood, panic attacks, phobias, or unshared perceptions; eating disorders; bipolar affective disorders; Obsessive Compulsive Disorders; personality disorders; post-traumatic stress disorder, and some self-harming;
- mental illnesses, such as Depression and Schizophrenia;
- those produced by injury to the body, including to the brain.

Impairments may be congenital (born with) or acquired (developed after birth). In addition, it may not always be possible to categorise a condition as either a physical or a mental impairment: there may be adverse effects which are both physical and mental in nature; furthermore, physical effects may stem from an underlying mental impairment, and vice versa.

² "Equality Act 2010 Guidance", Office for Disability Issues HM Government, May 2011. Accessed at: <http://www.equalityadvisoryservice.com/ci/fattach/get/586/1354033333/redirect/1/session/L2F2LzEvdGltZS8xNTM3NDYxNDMyL3NpZC9JQTNMZGdYbg==/filename/disability-definition.pdf>

Appendix B

30% most and 30% least deprived wards

To study inequalities in areas of deprivation and affluence, figures are provided where possible for the 30% most and 30% least deprived areas in Merton. These are listed below.

30% most and 30% least deprived wards in Merton

Most deprived	Cricket Green
	Figges Marsh
	Lavender Fields
	Pollards Hill
	Ravensbury
	St Helier
Least deprived	Cannon Hill
	Dundonald
	Hillside
	Merton Park
	Wimbledon Park
	Village

Comparator boroughs

Where possible, data from comparator boroughs is shown alongside that of Merton, London and England. This is usually where the data is available nationally and rates or percentages are given as well as counts. There are two lists of comparator boroughs – one geographical (neighbouring boroughs) and the other statistical – boroughs that have a similar population make-up to Merton. These are shown below:

Statistical neighbours	Geographical neighbours (ONS)
Barnet	Croydon
Ealing	Kingston-upon-Thames
Enfield	Richmond
Redbridge	Sutton
	Wandsworth

For locally supplied (for example Council) data, the data is usually counts rather than rates and therefore it is not possible to compare directly with other boroughs.

East and West Merton: Wards fall into East and West as below:-

East: Abbey, Colliers Wood, Cricket Green, Figges Marsh, Graveney, Lavender Fields, Longthornton, Pollards Hill, Ravensbury, St Helier

West: Cannon Hill, Dundonald, Hillside, Lower Morden, Merton Park, Raynes Park, Trinity, Village, West Barnes, Wimbledon Park.

Appendix C

Disability Free Life Expectancy at birth

Merton, London and England

- Merton males have a longer DFLE at 66.4 years compared to London (63.8) and England (62.8)
- Merton females have a longer DFLE at 66.5 years compared to London (63.7) and England (62.3)

Merton and statistical neighbours

- Merton shows the longest DFLE for both males (66.4) and females (66.5) out of all statistical neighbours

Merton and geographical neighbours

- Merton shows the 2nd highest DFLE for females (66.5) behind Richmond (67.2). For males, Merton is second lowest (66.4), ahead of Wandsworth (60.9)

Merton – 30% most and least deprived wards

Average	30% least deprived	30% most deprived
Males	70.9	63.1
Females	70.9	63.8

Merton wards

- For males, the ward with the highest DFLE is Village at 74.8 and the lowest Cricket Green at 61.7
- For females, the ward with the highest DFLE is Village at 73.6 and the lowest Cricket Green at 63

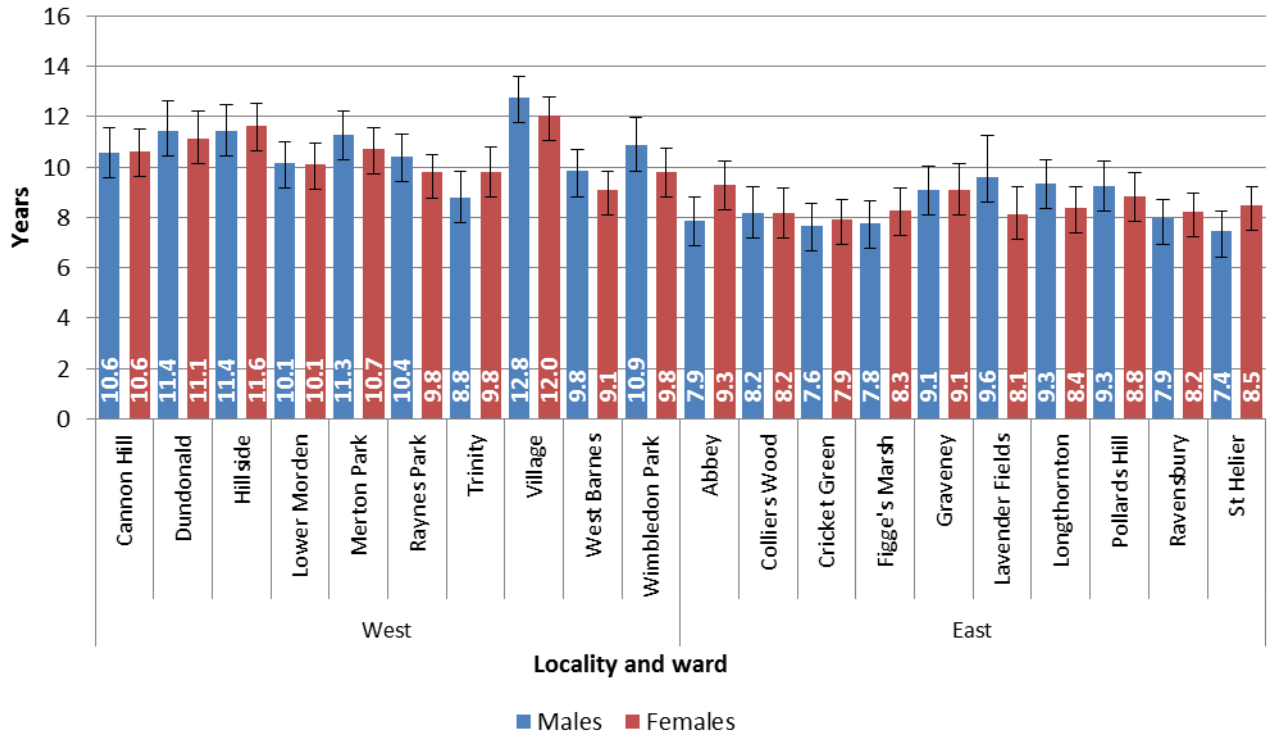
Disability free life expectancy at 65

- For males, there is a gap of 7.8 years between the 30% most (63.1) and least (70.9) deprived areas in Merton
- For females, there is a gap of 7.1 years between the 30% most (63.8) and least (70.9) deprived areas in Merton
- For males, the ward with the highest LE at 65 is Village at 12.8. The lowest ward is St Helier at 7.4
- For females, the ward with the highest LE at 65 is Village at 12.0. The lowest ward is Lavender Fields at 8.1

Appendix C continued

Disability-free life expectancy at age 65 by gender in Merton Locality and ward, 2009-2013

Source Office for National Statistics



Appendix D

Definitions for Disability

Dimensions of disability	Survey Question	Response	Disability score
Locomotion	1. What is the furthest you can walk on your own without stopping and without discomfort?	Only a few steps	2
		More than a few steps but less than 200 metres	1
		200 metres or more	0
Locomotion	2. Can you walk up and down a flight of 12 stairs without resting?	Not at all	2
		Only if hold on and take rests	1
		Yes	0
Locomotion	3. Can you, when standing, bend down and pick up a shoe from the floor?	No	1
		Yes	0
Personal Care	1. Can you get in and out of bed on your own?	Only with someone to help	2
		With some difficulty	1
		Without difficulty	0
	2. Can you get in and out of a chair on your own?	Only with someone to help	2
		With some difficulty	1
		Without difficulty	0
3. Can you dress and undress yourself on your own?	Only with someone to help	2	
	With some difficulty	1	
	Without difficulty	0	
4. Can you wash your hands and face on your own?	Only with someone to help	2	
	With some difficulty	1	
	Without difficulty	0	
5. Can you feed yourself, including cutting up food?	Only with someone to help	2	
	With some difficulty	1	
	Without difficulty	0	
6. Can you get to and use the toilet on your own?	Only with someone to help	2	
	With some difficulty	1	
	Without difficulty	0	
Seeing	Can you see well enough to recognise a friend at a distance of four metres (across a road)? If no, can you see well enough to recognise a friend at a distance of one metre (at arm's length)?	Cannot recognise a friend at one metre	2
		Can recognise a friend at one metre but not four metres	1
		Can recognise a friend at four metres	0
Hearing	Is your hearing good enough to follow a TV programme at a volume others find acceptable? If not, can you follow a TV programme with the volume turned up?	Cannot follow a TV programme even with the volume turned up	2
		Can follow a TV programme with the volume turned up	1
		Can follow a TV programme at normal volume	0

Scores

Physical Disability	A score of 2 for any question listed in the Locomotion and Personal Care sections indicates the person has a serious physical disability An answer of 1, but not 2, for any question listed in the Locomotion and Personal Care sections, indicates a moderate physical disability
----------------------------	---

Sight	A score of 2 for the question listed in the Seeing section indicates the person has a severe visual impairment A score of 1 for the question listed in the Seeing section indicates the person has a moderate visual impairment
--------------	--

Hearing	A score of 1 or 2 for the question listed in the Hearing section indicates the person has some hearing loss
----------------	---

Appendix E

Physical Disability

Key message

The highest prevalence of physical disability is present in older age categories and is expected to rise by 2025, which follows the national trends. A physical disability is defined under the Equality Act 2010 as “a physical or mental impairment that has a substantial and long term negative effect on your ability to do normal daily activities”. (Gov.UK)

This report includes data for varying degrees of disability, immobility, limitations in daily activities and work limiting disability. Merton is compared to statistical and geographical neighbours to see how the borough is performing against similar and neighbouring boroughs.

Moderate Physical Disability

- PANSI (Projecting Adult Needs and Service Information) estimates the percentage of people in Merton aged 18-64 predicted to have a moderate physical disability in 2018 is 7.3% (N=10,126), slightly higher than London (7.1%) but lower than England (7.8%). It estimates that this will rise slightly to 7.5% by 2025 (10,965)
- The highest prevalence can be seen in the older age brackets, with 14.9% (N=3069) of 55-64 year olds are expected to have a moderate physical disability in 2018. The trend is not expected to increase until 2025 (14.9%, N=3,665 due to increasing population)

Severe Physical Disability

- The percentage of people 18-64 with a severe physical disability in 2018 is 2.1% (N=2,868), predicted to rise slightly to 2.2% (N=3,181) by 2025. This is highest in the 55-64 age group (2018) at 5.8% (N=1,195) and the trend is predicted to rise slightly by 2025 (N=1,427)

Moderate Physical Disability	2018	2025
Merton	7.3% (N=10,126)	7.5% (N=10,965)
London	7.1%	7.3%
England	7.8%	7.9%
Serious Physical Disability	2018	2025
Merton	2.1% (N=2,868)	2.2% (N=3,181)
London	2.0%	2.1%
England	2.3%	2.4%
Immobility	2018	2025
Merton	18.4% (N=4,817)	18.6% (N=5,542)
London	18.4%	18.4%
England	18.4%	18.9%

Immobility

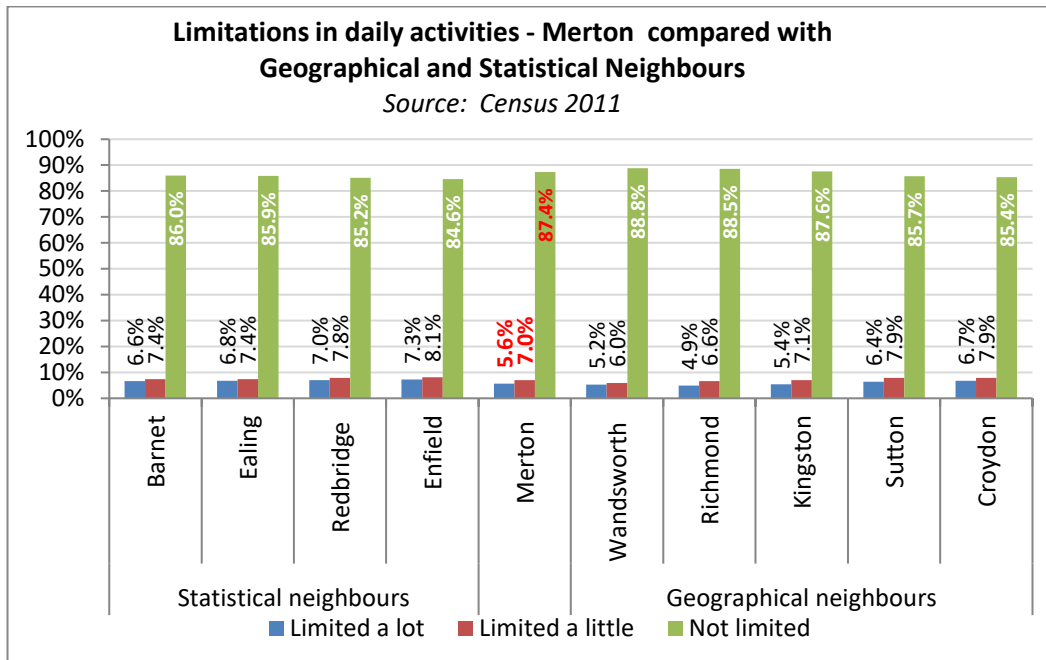
- POPPI (Projecting Older People Population Information System) estimate, in 2018, 18.4% (N=4,817) of people aged 65 and over were unable to manage at least one activity on their own. This is due to rise to 18.6% (N=5,542) by 2025
- The age band with the highest percentage of immobility is in the 85 and over group, with 44.3% (N=1,640) in 2018 unable to manage at least one activity on their own. This percentage is predicted to drop slightly to 44.1% by 2025

Limitations of daily activities

- In 2011, 25,232 residents felt their day-to-day activities were limited 'a little' or 'a lot' due to disability. This is a lower proportion (12.6%) than London (14.1%) and England (17.6%). A higher number of female residents felt their day-to-day activities were limited due to disability in comparison to males

Appendix E continued

- Statistical neighbours** - Merton has the highest percentage (87.4%) of residents not limited due to disability compared to statistical neighbours and the lowest percentage of residents (5.6%) limited a lot due to disability
- Geographical neighbours** - Merton lies in the median range of residents not limited and limited a lot due to disability



Work-limiting Core

- In 2015, 13.5% (18,700) of people in Merton aged 16-64 were Equalities Act core or work-limiting disabled. Rates in Merton are lower than London (16.1%) and significantly lower than England (19.2%). The 2015 value has risen slightly from 12.9% (17,800) in 2014
- Statistical neighbours** – Merton shows the lowest percentage (13.5%) compared to statistical neighbours
- Geographical neighbours** – Merton's value is 4th highest (13.5%) out of the 6 geographical neighbours

Appendix F

Sensory Disability

Sensory disability includes hearing loss and visual impairment.

Hearing

Key message

Hearing loss has the highest estimated prevalence in 18-64 year olds in Merton 2018 (8.3%) compared to the other disabilities investigated (7.3% physical, 2.4% learning, 0.1% sight). It is expected to rise in both 18-64 year olds and in the over 65 age groups by 2025.

- PANSI has estimated the number of people aged 18-64 with hearing loss in 2018 as 8.3% (N=11,535) and this is predicted to rise to 8.9% (N=12,972) by 2025. These figures are higher than London (8% in 2018 and 8.5% in 2025) but lower than England (9.6% in 2018 and 10% in 2025)
- The highest percentages are in the 55-64 age group, 25% (N=5,159) in 2018 rising to 25.4% (N=6,255) by 2025
- POPPI has estimated the number of people aged 65 and over with hearing loss in Merton in 2018 as 60.2% (N=15,761), similar to London and England. By 2025, the figure is predicted to rise slightly to 60.7% (N=18,084)
- The highest percentages are in the 85+ age group, with a value of 93.2% in 2018 rising slightly to 93.6% by 2025

Sight

Key message

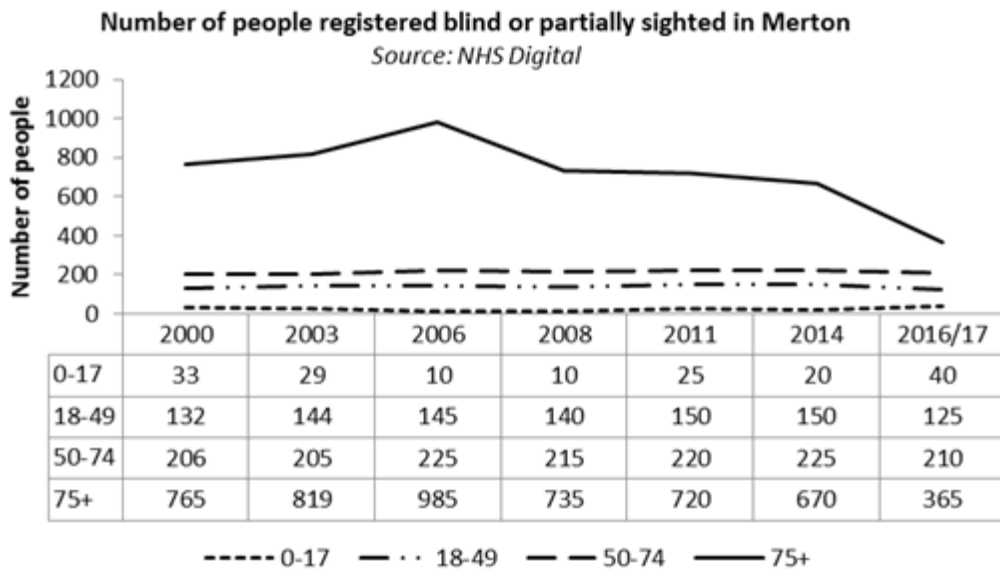
Numbers of moderate or severe visual impairment in 18-64s and 65-74s are expected to remain stable to 2025. People registered blind or partially sighted are highest in the 75 and over age group.

- PANSI has identified that 0.1% (n =90) of people aged 18-64 have a severe visual impairment in Merton. This is similar to London (0.1%) and England (0.1%) and the percentage is expected to remain steady
- POPPI has identified the number of people aged 65-74 years with a moderate or severe visual impairment in 2018 as being 5.6% (N=790), which is similar to London (5.6%) and England (5.6%) and is predicted to remain stable to 2025
- The percentage of people over 75 with moderate or severe visual impairment in Merton is 12.4% in 2018 (N=1,500) rising slightly to 2025 (12.4%, N=1,786). Merton figures are similar to London (12.4% both years) and England (12.4% both years)

Some hearing loss aged 18-64	2018	2025
Merton	8.3% (N=11,535)	8.9% (N=12,972)
London	8.0%	8.5%
England	9.6%	10.0%
Some hearing loss aged 65+	2018	2025
Merton	60.2% (N=15,761)	60.7% (N=18,084)
London	60.3%	60.3%
England	60.5%	61.7%
Severe visual impairment aged 18-64	2018	2025
Merton	0.1% (N=90)	0.1% (N=95)
London	0.1%	0.1%
England	0.1%	0.1%
Moderate or severe visual impairment aged 65-74	2018	2025
Merton	5.6% (N=790)	5.6% (N=862)
London	5.6%	5.6%
England	5.6%	5.6%

Appendix F continued

Moderate or severe visual impairment aged 75+	2018	2025
Merton	12.4% (N=1,500)	12.4% (N=1,786)
London	12.4%	12.4%
England	12.4%	12.4%



- People registered blind or partially sighted are highest in the 75 and over age group. However, the trend has fallen considerably following a peak in 2006. For those aged under 75, the trend has remained fairly constant since 2000
- Service users in the least deprived quintiles have the highest percentage of sight impairment (partially sighted) compared to those in the most deprived areas. However the highest values for severe sight impairment are in those in the most deprived areas
- The highest identifiable cause responsible for 17.6% of all visual impairment is Age related Macular Degeneration (AMD). It is known that 14% of Merton Vision users aged 80 and over have AMD.
- Glaucoma accounts for 8.5% of all visual impairment, Diabetic Retinopathy for 5.4%, Cataracts for 5.7% and 22.7% other causes. Unknown accounted for 40.1%
- The highest proportion of sight impaired service users by age and gender are females aged 80 and over (2013/14 – 2015/16). The highest male values are in the 20-39 age category

Appendix G

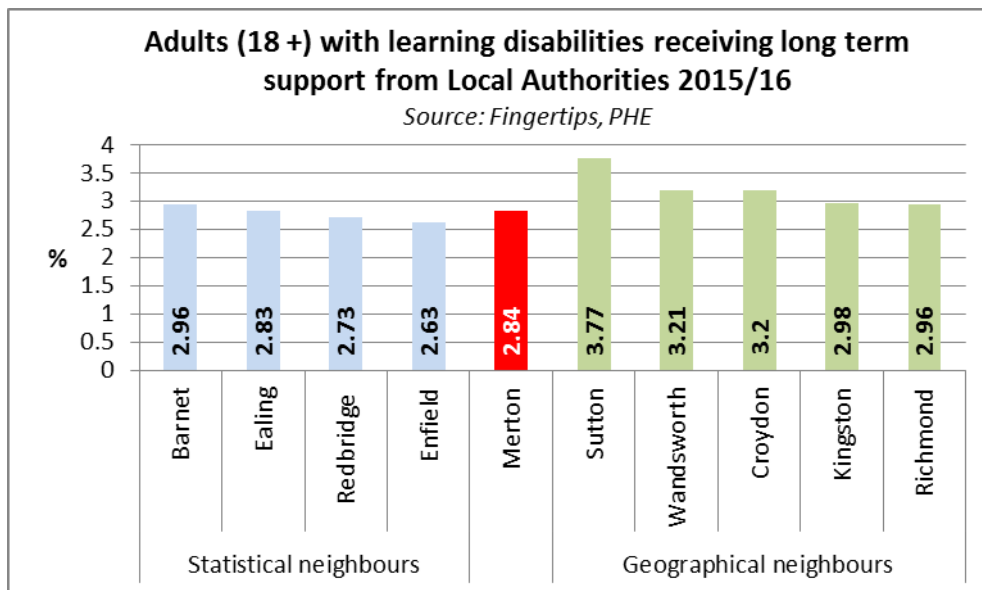
Learning Disability

Prevalence and prediction of learning disabilities

- Prevalence is expected to rise by 2025 in all age groups due to population growth
- In 2016/17, 691 (1.74%) Merton Residents were registered with Learning Disabilities by their GP. This is significantly lower than London (1.96%) and England (2.63%)
- 313 people with LD reported that they live in stable and appropriate accommodation. This is three quarters (75.2%) of Merton's learning disability population, which is higher than London (71.3%) but slightly lower than England (76.2%). The benefits of people with LD living in this environment include a better quality of life, improved safety and reducing the risk of social exclusion as well as helping to prevent hospital re-admissions and costly residential care.
- **Statistical neighbours** (QOF prevalence) – Merton shows the 2nd lowest values for learning disabilities (1.74%), slightly higher than Ealing at 1.72%
- **Geographical neighbours** (QOF prevalence) – Merton lies 3rd out of 6 geographical neighbours (1.74%), with Sutton the highest value (2.81%) and Richmond the lowest (1.42%)
- PANSI estimates that 2.4% (N=3,387) of the population of 18-64 year-olds would have learning disabilities in 2018 and predicted to rise to 3,547 (still 2.4%) by 2025
- The highest percentage is in the 18-24 year-old category at 2.7% (N=376 in 2018 and N=374 in 2025)
- For the 65 years and above age groups, Merton shows a value of 2.1% (N=545) in 2018 which is the same as London and England (2.1%). In Merton, numbers are expected to rise to 621 due to population growth.

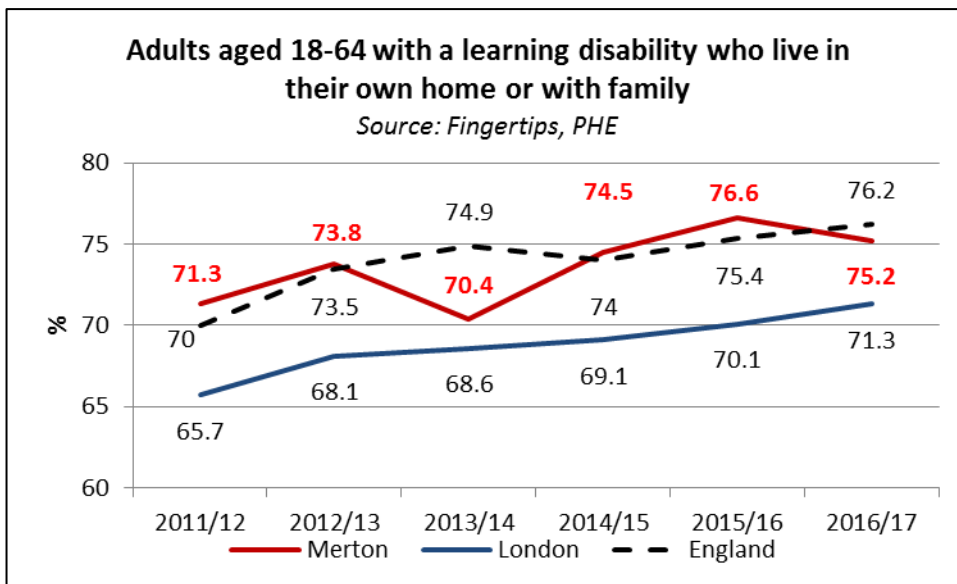
Residents receiving long-term Local Authority support

- In 2015/16, the rate of Merton residents aged 18 and older with learning disabilities receiving long-term local authority support (2.84%) was lower than England (3.33%) and similar to London (2.77%)
- Compared to **statistical neighbours**, Merton showed the 2nd highest value of adults 18+ with LD receiving long term support from Local Authorities behind Barnet (2.96%)
- Compared to **geographical neighbours**, Merton showed the lowest value of adults aged 18+ with LD receiving long term support from Local Authorities



Appendix G continued

- The percentage of adults with learning disabilities in “settled accommodation” (either living at home or with family), which contributes towards improving safety, reducing risk of social exclusion, increased quality of life and helps reduce the chance of being readmitted into hospital is 75.2% for Merton in 2016/17, lower than England at 76.2% but higher than London at 71.3%
- The trend for Merton is rising generally as can be seen in the line graph below. Values have risen from 71.3% in 2011/12 to 75.2% in 2016/17



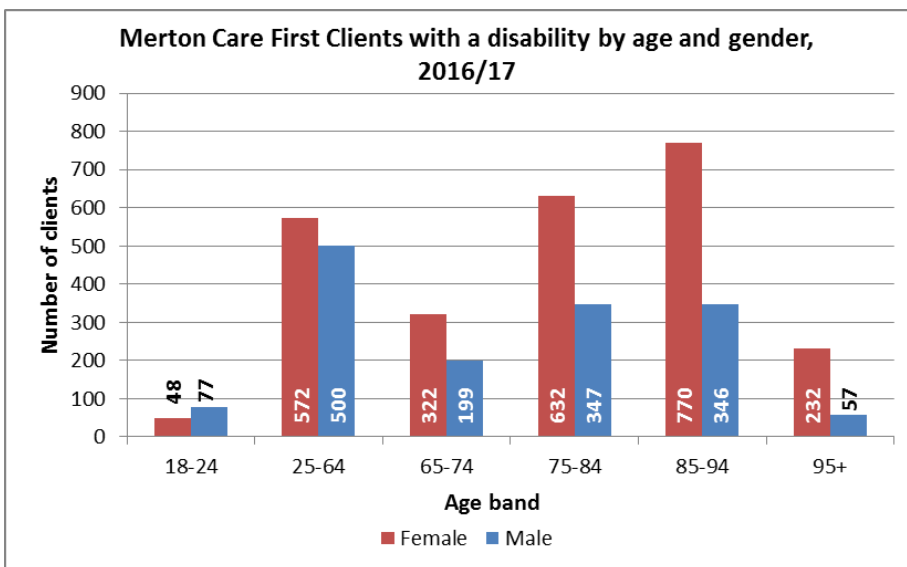
Appendix H

Data from Merton Social Services

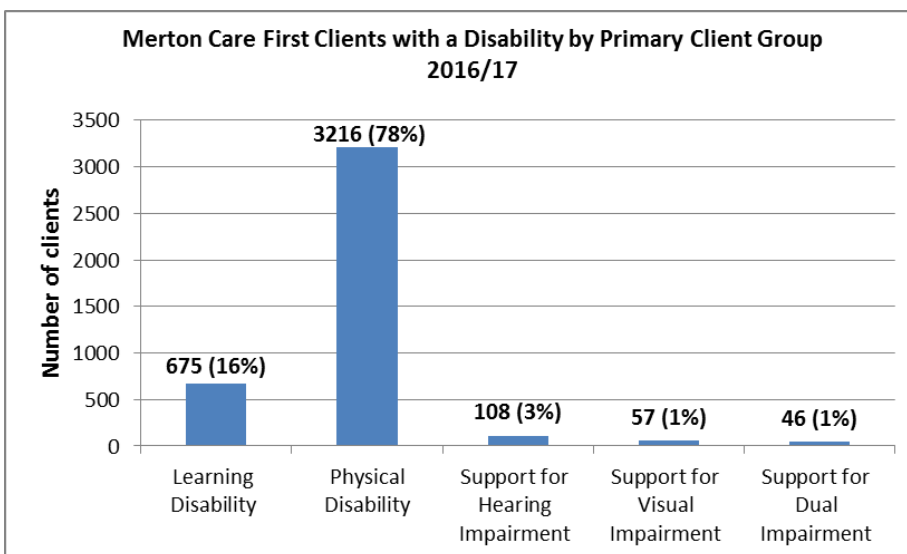
Key message

The majority of clients receiving Primary Support services during 2016/17 were in the older age category, female and had a physical disability.

- Data from Care First for 16/17 shows a total of 4102 clients whose principal reason for support was physical disability, learning disability, sensory impairment, visual impairment or both. Details are shown in the graphs below
-
- A majority of clients receiving Primary Support services during 2016/17 were females at 63% compared to males at 37%
- The numbers were proportionally higher in the older age groups



- The highest proportion of disabled people requiring Primary Support in 2016/17 was for people with a physical disability, making up 78% of all Care First Clients, as the following graph shows.



Glossary

Adult Social Care in England is defined as the provision of social work, personal care, protection or social support services to adults in need or at risk, or adults with needs arising from illness, disability, old age or poverty. These services have to be paid for, usually by the local council or through private funds.

CareFirst is one of the leading social care case management systems for Adult Social Services. CareFirst clients are people accessing Adult Social Care.

Disability-Free Life Expectancy (DFLE) estimates the average number of years an individual is expected to live free from a limiting illness or disability based upon a self-assessment of health.

Disability Living Allowance (DLA) is a tax free benefit for disabled people who need help with mobility or care costs DLA is ending for people who were born after 8th April 1948 and are 16 or older. You can now only make a new claim for DLA if you are under 16.

Equalities Act Core Disabled – According to the Equality Act 2010, one is considered disabled if they have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on their ability to do normal daily activities. Further information can be found in Appendix A.

Healthy Life Expectancy (HLE) estimates the average number of years an individual is expected to spend in ‘Very good’ or ‘Good’ health based upon a self-assessment of health.

Merton Centre for Independent Living (MCIL) are an organisation run and controlled by deaf and disabled people, delivering services for deaf and disabled people within The London Borough of Merton.

Personal Independence Payment (PIP) was introduced in April 2013 and helps with some of the extra costs caused by long-term ill health or a disability.

Primary Support Services refers to healthcare delivered outside hospitals. It includes a range of services provided by GPs, nurses, health visitors, midwives and other healthcare professionals and allied health professionals such as dentists, pharmacists and opticians. It includes community clinics, health centres and walk-in centres.

Work-limited core refers to those with a disability that affects the amount and nature of work the individual can engage with.

Further reading

Equality Act 2010 Guidance

Office for Disability Issues HM Government

<http://www.equalityadvisoryservice.com/ci/fattach/get/586/1354033333/redirect/1/session/L2F2LzEvdGltZS8xNTM3NDYxNDMyL3NpZC9JQTNMZWdYbg==/filename/disability-definition.pdf>

Learning Disability Profiles

Public Health England

<https://fingertips.phe.org.uk/profile/learning-disabilities>

Merton Health and Wellbeing Strategy

2015/16 – 2017/18

<https://www2.merton.gov.uk/merton-health-and-wellbeing-strategy-web.pdf>

Merton Joint Strategic Needs Assessment

<https://www2.merton.gov.uk/health-social-care/publichealth/jsna.htm>

Public Health Profiles: Merton

Public Health England

<https://fingertips.phe.org.uk/search/disabilities#page/0/gid/1/pat/6/par/E12000007/ati/102/are/E09000024>

Tackling health inequalities – progress in closing the gap within Merton

Annual Public Health Report 2018

<https://www2.merton.gov.uk/Annual-Health-Report2018.pdf>

The 9 protected characteristics: Merton

Merton Council

<https://www2.merton.gov.uk/9%20PC%20July%202018%20Final.pdf>

World report on disability

World Health Organisation

http://apps.who.int/iris/bitstream/handle/10665/70670/WHO_NMH_VIP_11.01_eng.pdf;jsessionid=0B60D1D0F730F6C388BDE33394431310?sequence=1