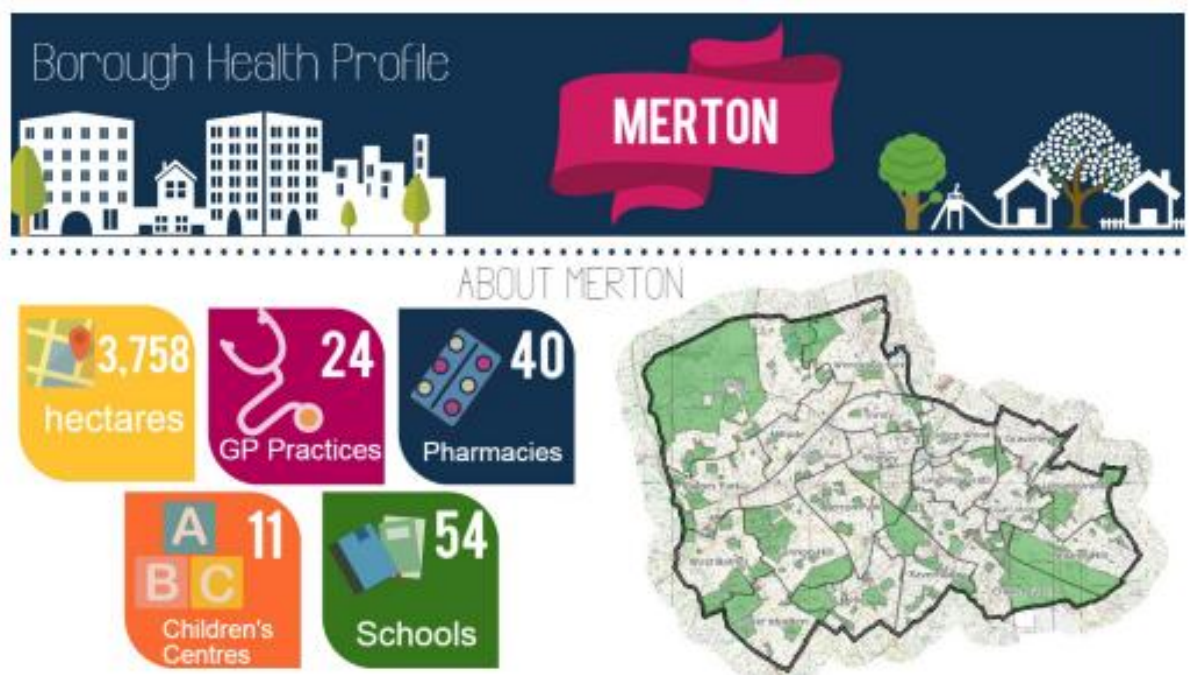


2015

JSNA Summary Document



London Borough of Merton Joint Strategic Needs Assessment

Summary Document 2015

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Borough Health Profile



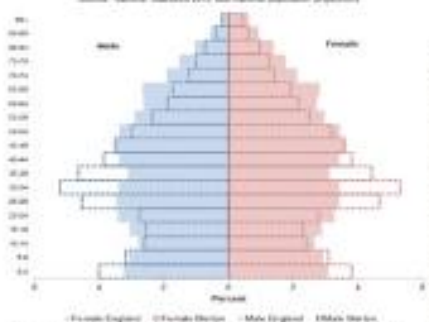
MERTON



ABOUT MERTON



Merton and England 2014 Age Structure by Gender



Compared to England, Merton has a higher proportion of children (aged 0-9) and a higher working age population (aged 25-44).

POPULATION



205,100
residents in 2014



1 IN 3
residents are of
BAME
background

35% of Merton's residents are of BAME background, which is lower than London (49%), but higher than England (14%).

LIFE EXPECTANCY AT BIRTH



The male life expectancy at birth is 80.4 years, which is higher than the England average of 78.9 years.



The female life expectancy at birth in Merton is 84.2 years, which is higher than the England average of 82.8 years.

DEPRIVATION

Index of Multiple Deprivation 2010



Merton is in Quintile 4, among the least deprived places in the country. However, this masks pockets of deprivation within the borough.

Children and Older People Deprivation



Overcrowding



16% of households are overcrowded (lower than 21.7% in London).

CRIME RATE



offences per 1,000 population lower than London (7.2 per 1,000 population).

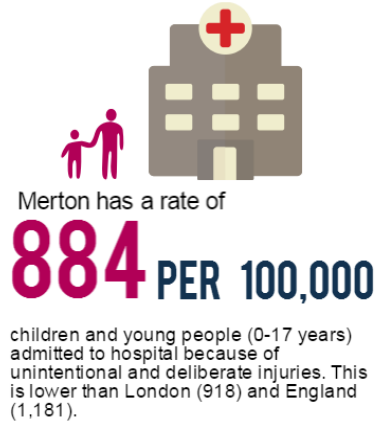
Highest number of offences
1. Anti Social Behaviour
2. Violence Against the Person

CHILDREN & YOUNG PEOPLE

School Readiness



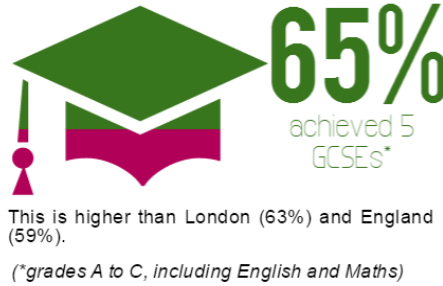
CYP Admission for Injury



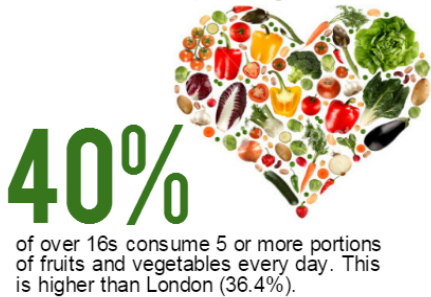
Obesity at Year 6



GCSE Achievement

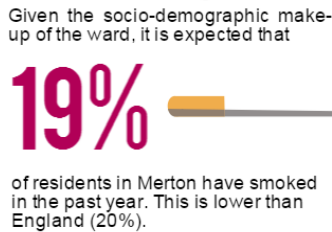


Healthy Eating



ADULTS

Smoking

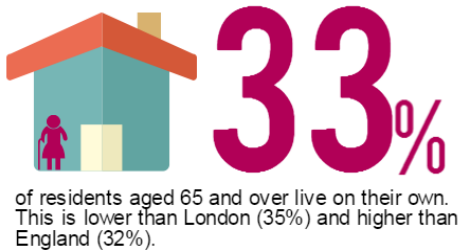


Obesity



OLDER PEOPLE

Living Alone

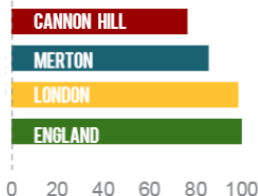


Long-term Limiting Disability



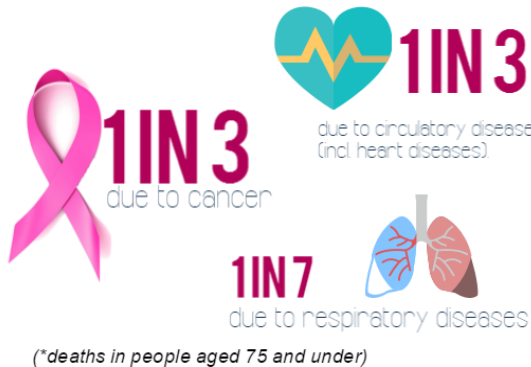
POOR HEALTH & PREMATURE DEATHS

Hospital Stay for Alcohol-Related Harm



The borough has a SAR* of 85.6 for hospital admissions for alcohol attributable conditions. This is lower than London (98.5) and England (100.0).
 (*Standardised Admission Ratio)

Main Causes of Premature Deaths*



MORE INFORMATION

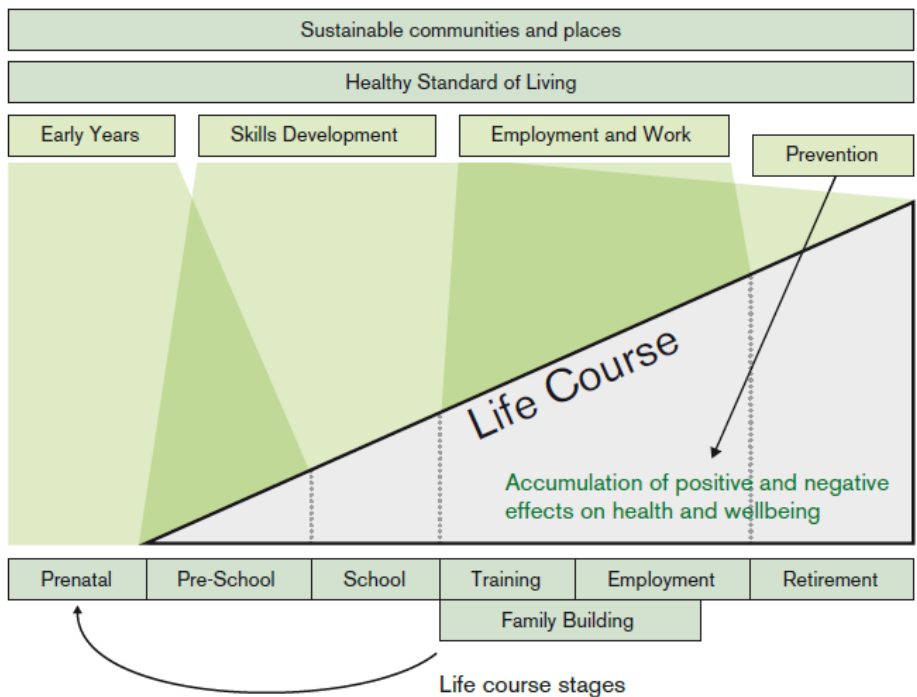


public.health@merton.gov.uk
 www.merton.gov.uk/health-social-care/publichealth/jsna.htm

1. Merton’s approach to the JSNA

The Joint Strategic Needs Assessment (JSNA) analyses the current and future health needs of Merton’s population to inform commissioning of health, well-being and social care services locally. Merton’s JSNA is structured on a life course model, looking at the health and wellbeing of our residents during pregnancy, early years, from children and young people, through to adults and older people. It covers lifestyle risk factors, physical and mental health, as well as the demographic make up of our residents and the wider environment within which our residents live. The analysis contained in the JSNA underpins the refreshed Health and Wellbeing Strategy 2015-2018, launched in June 2015.

Figure 1: Areas of action across the life course (Marmot Review 2010: Fair Society, Healthy Lives)



Since January 2015, the Merton JSNA content is available [online](#), fully searchable and more user friendly for commissioners and decision-makers across the council and partners. This enables the JSNA to be updated as and when new data or analysis is available, such as new Health Needs Assessments (HNAs). Summary findings can quickly be added to the online JSNA web pages, with links to the full reports, so that the intelligence is readily available to support commissioning decisions.

A JSNA Summary will be prepared on an annual basis, summarising **key health headlines, changes and trends** under each of the life course themes. Each section will also highlight **key insights** gained from work in Merton during the previous year that tells us something new about our local population and how best to improve health and wellbeing, extend healthy life and address inequalities in the most effective way. This new research and evidence is summarised here, but available in full in the online JSNA. **Key areas of focus** for the next year are summarised, but again, more detail and previous recommendations are found online.

To complement the online JSNA and this summary document, Public Health has developed [Ward Health Profiles](#) for each of Merton's 20 wards, providing an overview of key health and related factors. Each profile looks at the ward's demographic make-up, life-expectancy at birth, deprivation, crime, health indicators for children, adults and older people, as well as main causes of mortality.

2. Merton: the people and the place

Merton the people

- Merton has a increasingly young population
- The number of children (0-19 years) is forecast to increase by 2,200 (4.4%) between 2014 and 2020.
- The number of people aged over 65 is also forecast to increase by over 2,100 people (9.2%).
- As a whole, Merton is less deprived than the average for both London and England. However, three wards are more deprived than the average for London: Cricket Green, Figge's Marsh and Pollards Hill.
- Health outcomes are generally better than those in London and in line with or above the rest of England. However, there are inequalities between East and West, and within population groups.

The influences on health – social determinants of health – are the conditions in which people are born, grow, live, work and age. These conditions combine to create health and ill health and are dependent on a nurturing environment in childhood, the quality of education, employment and economic wellbeing, and the built and natural environment.

Summary of demographics

Merton's 2014 population projection is 203,200 people living in nearly 80,400 occupied households. Population density is higher in the east wards of the borough compared to the west wards.¹ Just over half the borough is female (50.6%) and the borough has a similar age profile to London as a whole.¹ Greater London Authority (GLA) population data (2014) shows Merton's current BAME population is 76,188. Black, Asian and Minority Ethnic (BAME) groups make up 35.1% of the population, lower than London (40.2%).^{1,2} Based on GLA trend-based projections, Merton's population will increase by 13,245 people between 2014 and 2020.¹ The age profile is projected to change, with the most notable growth in those under 16 and over 50, and a decline in the proportion of people aged 25-35 years old.¹ Merton's ethnic composition is also forecast to change, with the BAME proportion increasing from 37% to 40%.¹

Deprivation

The Indices of Multiple Deprivation (IMD) set out the relative position of local areas in terms of deprivation. Updated indices of deprivation were released in September 2015.³ The IMD reflects the multidimensional nature of deprivation, with an overall score that is weighted most heavily on the domains of income (22.5%) and employment (22.5%), but also includes other domains (not just financial). East Merton and West Merton are less deprived than the average for both London and England. However, three wards are more deprived than the average for London: *Cricket Green*, *Figge's Marsh* and *Pollards Hill*. One ward, *Ravensbury*, is less deprived than the average for London, but more deprived than the average for England.

Health headlines: Inequalities

Health outcomes in Merton are generally better than those in London, and in line with or above the rest of England. However, there is a difference between the most and least deprived areas within the borough of about 7.9 years for men and about 5.2 years for women. Between 2009-11 and 2011-13 this gap increased

¹ GLA Population Projections 2013 Round.

² ONS 2011 Census; <http://www.ons.gov.uk/ons/guide-method/census/2011/index.html>

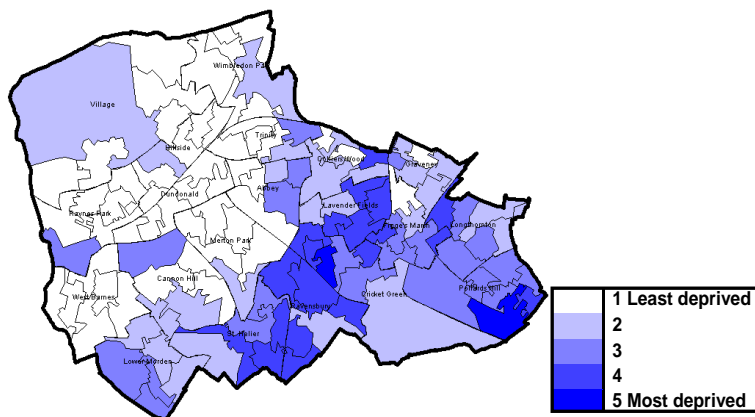
³ <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

by about one year for women. Premature mortality (deaths under 75 years) is strongly associated with deprivation; all wards in East Merton are more deprived and have higher rates of premature mortality.

Education

Education is linked to life expectancy and inequalities, and has a direct effect on health and social outcomes.⁴ There is high overall adult educational attainment in the borough, however, two areas that fell within the 20% most deprived for education (in 2010). These areas also fell within the overall most deprived areas in 2010, reflecting an inequality in educational attainment.⁵

Figure 2: IMD 2010: Education, Skills and Training Deprivation



Employment

The relationship between health and low income exists across almost all health indicators.⁶ Merton residents who are in active full-time employment are distributed all over Merton. However, unemployed residents are concentrated towards the east of Merton, and self-employed residents are concentrated toward the west.

New research and evidence since the previous JSNA 2014/15 report

East Merton health needs assessment (2013-14)

Key messages:

- The most important public health threats in Merton are heart disease, stroke, cancer and diabetes; respiratory disease is also common.
- Performance of the smoking cessation services was poor (*although since the HNA was undertaken, more recent data shows that the performance of the current provider is now bucking national trends and supporting more residents to stop smoking*).

East Merton has a younger, poorer and more ethnically mixed population, who have worse health and shorter lives. Most of the excess deaths in East Merton are from cardiovascular disease and cancer, and diabetes is more common in East Merton than West. This is not reflected in admission rates, suggesting that need for services in East Merton is not matched by uptake of inpatient services. Improving the quality of chronic disease management requires new models of care for East Merton.

Recommendations from this work are integrated into the ‘Key Issues’ at the end of this section

⁴ Measure of America and United Way American Human Development Project (2009). *Goals for the Common Good: Exploring the Impact of Education*.

⁵ Department for Communities and Local Government. English indices of deprivation 2010

⁶ London Health Observatory. Determinants of Health.

www.lho.org.uk/LHO_Topics/Health_Topics/Determinants_of_Health/Income.aspx

Merton the place

- Merton has more than 100 parks and green spaces; 99.6% of Merton's area is within less than 400m distance from a publicly accessible open space
- Only 15.0% of outdoor space in Merton is utilised for exercise or health reasons
- There is a high level of housing need among Merton residents
- 6.2% of mortality in Merton is attributable to air pollution

Green environment

Open spaces and the physical environment place a key role in encouraging healthy lifestyles. Provision and utilisation of high quality green space is worse in deprived areas than in affluent areas.⁷ Merton has more than 100 parks and green spaces, and 99.6% of Merton's area is within less than 400m distance from a publicly accessible open space (AMR 2013/14)⁸. However, only 15.0% of outdoor space is utilised for exercise or health reasons (PHOF 1.16) which is low (higher than 11.8% in London but lower than England 17.1%). Public Health and Green Spaces have worked together over the last year to provide more green gyms in local parks. Work is also underway with Culture & Leisure to identify and train a network of outdoor community physical activity instructors to encourage higher usage by those most inactive. The borough has also been successful in a partnership bid for funding from Sport England to increase the number of inactive residents using the Wandle Trail. The bid was led by the Wandle Valley Regional Park Trust and includes partners across Leisure, Green Spaces and Active Travel, the National Trust and other boroughs. It has been praised for its innovation, joint strategic working and involvement and matched funding from Public Health.

Housing and the built environment

The 2011 Census shows that there are 78,757 households within Merton:

Type of Housing	Owner-occupied	Social housing	Renting privately	Total
No. of households (%)	47,360 (60.1%)	11,102 (14.1%)	19,503 (24.8%)	78,757 (100%)

The number of households in Merton is projected to increase to 99,000 (15%) by 2021, an average annual household growth of 2.2%. This is ranked the fourth highest household growth in England⁹ with much of the increase expected to be in single person households. Lone parent households are also set to increase by 9%. Merton's social housing stock is amongst the lowest in London at 14% of total stock. The London average is around 22% with social housing stock as high as over 59% in large boroughs such as Southwark. 58% of social housing and 63% of private rented homes are flats, compared with only 24% in the owner-occupied sector. With projected increases in people aged over 65 years (an estimated 11% increase between 2011 and 2017),¹⁰ one of the key concerns is the increase in older people living alone. This has implications for health and social care since 57% of the 'fuel poor' are aged 60 plus. Although the number of homeless households in Merton is amongst the lowest in London, homelessness is on the increase, with homelessness applications rising from 188 in 2010-11 to 279 in 2011-12 and the number of households accepted as statutory homeless increasing from 89 in 2010-11 to 101 in 2011-12. The borough's most recent Local Plan Authority Monitoring

⁷ <https://www.noo.org.uk/LA/tackling/greenspace>

⁸ Merton Local Plan Authority Monitoring Report 2013/14.

⁹ National Statistics, Department for Communities and Local Government (2013). *Household Interim Projections 2011 to 2021, England and its Local Authorities*.

¹⁰ SHLAA.

Report (AMR) 2013/14 states that 440 additional new homes were built during the previous year, more than the annual target. This included 163 additional affordable homes (37%, just under the 40% target).

The Council's Housing Strategy recognises that housing is much more than a roof over our heads: it is a fundamental part of our lives and contributes to health, ability to work, children's education, and overall wellbeing. There are common themes running through the strategy, particularly regarding homelessness:

- Responding to Social Housing Reform to meet needs
- Preventing and addressing homelessness
- Meeting the needs of vulnerable and minority groups
- Regenerating housing and shaping neighbourhoods

For many households, access to suitable affordable housing is difficult, the demand for social housing far exceeds supply. Rising house prices lead to difficulties in accessing home ownership, and the welfare reforms have created new challenges. The role of the private rented sector is increasingly important, and there is an increasing pressure for this sector to provide good quality housing for those unable to access social or affordable home ownership.

Healthy High Streets

Merton's AMR shows that 6% of shop units in the borough are A5 hot food takeaways (this does not take into account clustering, or the significant proportion of A3 restaurants that sell takeaway food), 1.5% (33) are betting shops, and 0.5% (10) are pawnbrokers or money service shops. These figures have not changed significantly since 2012. The Public Health team has undertaken a survey of the health of high streets around the Mitcham Town Centre area which is reported later in this document.

Transport

Promoting and enabling sustainable 'active' travel modes such as walking, cycling and using public transport enable people to integrate increased physical activity levels into their everyday lives. In Merton, car trips as a proportion of trips overall are higher than Inner London, although lower than Outer London. Against a backdrop of gradually falling car trips in outer London,¹¹ there is an opportunity to encourage reduction in private car trips and increase in more sustainable modes particularly walking and cycling. The rate of those killed and seriously injured (KSI) on Merton's roads is 24.1 per 100,000 (2012-14), better than the London (29.8) and England (39.3). Public Health part fund the school travel plan officer in the borough, and the borough-wide Merton on the Move campaign is encouraging residents to do more active travel.

Air quality

Air quality is an important Public Health issue in London.¹² Local authorities have a statutory duty to manage local air quality and are required to carry out regular reviews and assessments of air quality. In 2013, 6.4% of mortality was attributable to particular air pollution in Merton (PHOF 3.01), slightly lower than London (6.7) as an outer London borough, but higher than England (5.3). Current monitoring indicates that the annual mean nitrogen dioxide objective continues to be exceeded at roadside and nearby locations, and public health and environmental health colleagues are working together to consider how to tackle air pollution in the borough, to reduce both short and long term effects on health.

¹¹ Travel in London Report 7, 2014, Transport for London

¹² The Health Impact of Air Pollution and the Role of Public Health England, PHE

New research and evidence since the previous JSNA 2014/15 report

Planning and Public Health: best practice guide

Merton Public Health team, with the London Healthier High Streets Group, commissioned the Town and Country Planning Association (TCPA) to develop a practical [best practice guide](#) to public health involvement in the planning process for councils. This was developed and piloted in Merton by public health and planning and has been well received by other London boroughs and the GLA.

Review of policies: Local Plans, Health and Wellbeing Strategies and JSNAs

TCPA also reviewed borough policies, including Local Plans, Health and Wellbeing Strategies and Joint Strategic Needs Assessments across London. The [review](#) highlighted good examples of innovative planning policy (e.g. to promote active travel, to limit fast food takeaways), and concluded that Health and Wellbeing Boards (HWBBs) should set firm priorities in the Health and Wellbeing Strategies for Public Health engagement with planning. HWBBs should also consider engaging built and natural environment officers (Planning, Housing) through inviting a senior officer to sit formally on the Board or setting out mechanisms for regular engagement and collaboration on key priorities.

Estates regeneration Health Impact Assessment (HIA)

Circle Housing Merton Priory (CHMP) plans to regenerate three estates in Merton over the next decade starting from 2016: Ravensbury (Morden), High Path (Wimbledon) and Eastfields (Mitcham). Public Health has supported Future Merton to undertake an HIA of the plans, by providing an HIA framework, as well as data at ward and estate level to establish a baseline of health and wellbeing of the population, and identify vulnerable groups. Public Health also continues to discuss an approach to evaluating the impact with Future Merton and CHMP.

Qualitative Health Impact Assessment of private sector housing in Merton (2015)

Public Health and the Housing Environmental Health team jointly commissioned the Building Research Establishment (BRE) to conduct a HIA of private sector housing in Merton. Poor housing impacts health, from risk of falls to exacerbation of chronic conditions and a contributing to excess winter deaths.

Key findings:

There are an estimated 8,967 category 1 hazards in Merton's private sector stock; the estimated cost of mitigating these hazards is £33 million, with £13.3 million in the private rented sector. If these are mitigated, the estimated total annual savings to society in Merton are £3.7 million (£1.5 million to the NHS).

Recommendations:

An active housing enforcement strategy and work by landlords to mitigate category 1 hazards is necessary, in accordance with legislation in the Housing Act 2004. Landlord Accreditation Schemes can help educate landlords on the need to mitigate hazards. Professionals working with families should also be made more aware of landlord duties. The hazard of damp and mould, flames, hot surfaces and falling between levels particularly affects children, and a multi-agency approach to education, accessing local knowledge with Health Visitors or through Children's Centres, is crucial to reducing these hazards. Initiatives to reduce the incidence of falls are one of the more cost effective strategies, and targeting dwellings occupied by persons over 60 will bring the greatest benefit.

Merton the people and the place: key issues and focus areas for the coming year

There are clear inequalities in life expectancy for both gender and levels of deprivation between East and West Merton. Addressing this requires national, regional and local action across government, the NHS, the voluntary and community sectors and the private sector, and effective local delivery focused on health equity across all policies. Most importantly, it requires participation and empowerment of individuals and local communities. High-level recommendations to achieve this include:

- Understanding the social determinants of health and the role of local government in creating health, enables Public Health to make the most of its new home and advocate for more effective use of local government levers, including early childhood development, education and training, employment, and licensing and planning. A number of current local initiatives tackle multiple/cross-cutting objectives to reduce health inequalities, such as promoting active travel and access to green spaces across the social gradient.
- Prioritising prevention to reduce future need for health and social care services.
- Strengthening partnerships with the voluntary, community and business sectors can enable broader reach, by embedding health as part of all frontline work.
- Strengthening a targeted approach to address differences in health and social outcomes across Merton, and responding to our increasing ethnic diversity. Efforts should be spread proportionally across all social groups, according to need.
- Ensuring more robust data is captured through health needs assessments and to improve population service access, through health equity audits, for example, to improve understanding of service needs.

Areas for further work across local HWBB partners include:

- Conducting Health Impact Assessments (HIAs) to understand the local impact of changes to the welfare system and public sector cuts, particularly on health inequalities; and considering how to achieve fair economic growth and regeneration, along with health, that benefits all sectors of our population.
- Further support for locally developed and evidence-based community regeneration programmes that use spatial planning to: remove barriers to community participation and activity; reduce social isolation; and provide opportunities for integration of health, social care and determinants of health.
- Build on the Qualitative Health Impact Assessment of private sector housing in Merton, to develop an approach to tackle cross-cutting issues such as fuel poverty, climate change, excess winter deaths, and falls.
- Scoping underway across Public Health, Adult Social Care (ASC), Merton Clinical Commissioning Group (MCCG) and partners to conduct a joint adult disabilities HNA in 2016 to improve the quality of disability data available to inform commissioning decisions.

3. Merton voice

- Overall Merton residents remain generally positive about their health and wellbeing, with around 90% reporting that they are satisfied with life, felt happy yesterday and feel that life is worthwhile. However, there are variations between groups, for example those with disabilities.

Annual Residents Survey HWB questions

The Merton's Annual Residents' Survey was carried in September/October 2014. Overall Merton residents remain generally positive about their health and wellbeing, with around 90% reporting that they are satisfied with life, felt happy yesterday and feel that life is worthwhile.

- Reflecting concern about crime, 'feeling safe in your local area' is the area that most residents feel needs to be improved to improve their sense of health and wellbeing (52%).
- About a third (31%) of Merton Residents say that their sense of health and wellbeing could be improved by increasing their satisfaction with how their area looks.
- A quarter (24%) felt that satisfaction with health and mental health could be improved, and 1 in 10 residents rate local health services as poor.
- However, there are differences between population groups, for instance those with disabilities score themselves less positively across all the wellbeing measures in the survey compared to non-disabled people, and only just over half of disabled people agree that the council is listening (53%) compared to 60% of non-disabled people.

Results available from: <http://www.merton.gov.uk/council/performance/residentssurvey.htm>

Merton young residents survey (2014)

The residents survey included a section on feedback from young residents, based on interviews with nearly 250 young people. Overall, young people are fairly positive about their health and wellbeing, with 92% saying that they are fairly satisfied with life. Young people's concerns are generally similar to those of adults. Litter is the biggest concern, but satisfaction with street cleaning remains positive. Bullying also remains a key concern although concerns have reduced four percentage points from last year (25%) and are in line with the London average (26%), but the level of concern over crime has fallen significantly by 11% this year. Merton council is viewed positively by young residents, with: 77% feeling they get the services they need (a slight increase from 2013); 84% feeling that the council does enough to protect young people (a significant increase); and 89% agreeing that Merton is a good place to live. Significantly more young residents in Merton feel that the council involves young people, compared to the London average. The perception of many services by young people continues to be better than the London averages, including local health services, libraries, and sixth form education.. Services such as parks, playgrounds and open space, activities for young people, local health services and the police demonstrate a marked improvement from last year.

Results available from: <http://www.merton.gov.uk/council/performance/residentssurvey.htm>

Annual GP (2015) patient survey

- 80% of respondents with Merton GPs felt their experience was 'good.' This is similar to last year's result, however lower than England overall (85%).
- There was variation across the borough in experience of GP surgeries across the borough.

Results available from: <https://gp-patient.co.uk/>

'My Voice Matters: My Inclusion Matters' (2014)

A debate was hosted by Merton Centre for Independent Living in December 2014 on 'Access and Inclusion for disabled people in Merton,' which included a workshop on health. Key points expressed included:

- Concerns that people weren't being treated holistically by the health profession: "there needs to be a wider perspective of people's access and health needs"
- The need for preventative care: "Prevention really needs to be taken seriously"
- Referrals were highlighted as an issue with GP services, hospitals, health centres, mental health teams, and rehab facilities, as was the need for more flexible access to appointments.
- Concerns over the Nelson Centre and co-ordination of health services were expressed.
- GPs receptionists were felt to be asking personal questions; some people reported positive experiences with pharmacists.
- The lack of communication between health and social care, and discharge from hospital not having been properly planned were discussed.

Changes advised to make health more inclusive and accessible were:

- Being more mindful of the layout of GP receptions, to include less boundaries and be more inviting.
- Supporting patients to become the experts about themselves and available services.
- Improving communication and joined up services by health professionals.

Healthy high streets consultations (2015)

In 2015, the Royal Society of Public Health (RSPH) published a report looking at the health of high streets across the UK, recognising the positive and negative impact that businesses on the high street – from food outlets to hairdressers, cultural centres to payday loan shops – can have on the public's health. Taking the opportunity of the review of the borough's Statement of Licensing Policy and the proposed introduction of a new Cumulative Impact Zone (CIZ) around Mitcham Town Centre and Figge's Marsh, Public Health commissioned two pieces of work in mid 2015 to look at the health of some of Mitcham's high streets:

Youth Inspectors

A group of Youth Inspectors spent 2 days walking the area covered by the proposed Mitcham CIZ, noting whether premises they passed sold alcohol or fast food, and the appearance of stores and streets, as well as any antisocial behaviour or litter. In addition to alcohol findings discussed later in this document, they found that although there was fresh fruit or vegetables on sale in at least 60% of premises that sold food ingredients (convenience stores, corner shops, grocers, off-licenses, supermarkets etc), a quarter of these had low stock, limited selection or poor quality produce on offer. Fast food outlets made up three quarters of the available food provision, and that there were very limited healthy food options. The majority of litter noted was smoking-related (cigarette butts, packaging), followed by fast food packaging. Youth Inspectors unanimously felt that betting shops and payday loans shops made the high street less healthy. Their general impressions were that the high streets around Mitcham were unhealthy: "it is due to the amount of alcohol and unhealthy food that is for sale in area that make it an unhealthy high street."

Healthwatch Merton

Through face-to-face consultation in Mitcham Town Centre and an online survey, Healthwatch gathered people's views of the kind of high street/town centre they would like to have in their community as well as finding out what they didn't like. In addition to the findings on alcohol set out later, the Healthwatch work found:

- Almost 40% of people felt there were too many fast food outlets in the area, and that they would like better access to healthy foods including more restaurants that provide healthy options.
- Respondents felt that there was a strong link between the availability of alcohol in the area and people visibly drinking in public during the day and night as well as anti-social behaviour, which residents and visitors to Mitcham found intimidating.
- A significant proportion of respondents also felt that there were 'too many betting shops' with people strongly linking this to anti-social behaviour and crime.
- Almost 10% of participants commented that there was too many barber shops in the area. A number of respondents felt that there has been a link between the increase in barber shops and crime.
- A regular feature of discussion was the lack of amenities and activities, particularly for children and young people. A number commented on the closure of McDonalds and felt that this was a focal point for socialising. The lack of interesting shops, cafes and leisure/cultural activities to attract people to the town centre was raised.
- A number of respondents raised the lack of sufficient toilet facilities in the town centre as an issue.
- Another common topic for discussion was the lack of engagement by the Local Authority with residents and visitors to the area around the Rediscover Mitcham project.

Merton voice: key Issues and focus areas for the coming year

- Commissioners have a legal duty to seek the views of service users and patients when commissioning services. This includes looking at users' experience of existing services, and seeking views about planned changes to services before they are made.
- A better understanding of patient or service user experience can help drive improvement by showing where efforts need to be targeted. Commissioners can draw on a wide range of data sources, including national and local, and qualitative and quantitative, to support this process.
- Commissioners also need to consider what the appropriate involvement approach for different projects is. For a major service change, formal public consultation will be required. When seeking to improve health outcomes and access to services for specific groups, engagement may include social marketing insight work to help understand the beliefs and attitudes that influence health behaviours and use of services.
- It is important that commissioners are proactive in seeking views from marginalised groups who often experience poorer health outcomes, often referred to as 'seldom-heard voices'.

Areas for further work across local HWBB partners include:

- Conducting Health Impact Assessments (HIAs) to understand the local impact of policies and commissioning decisions, particularly on health inequalities
- Scoping underway for a joint adult disabilities HNA in 2016 to improve the quality of disability data available to strengthen the JSNA and inform commissioning decisions.

4. Pregnancy and maternal health, early years, and children and young people

The Marmot Review, *Fair Society, Healthy Lives*, identified giving every child the best start as the highest priority in reducing the inequalities gap that exists between different groups of people. Action to reduce health inequalities needs to start before birth and be followed through the life of the child to improve adult health outcomes. *The Healthy Child Programme: pregnancy and the first five years of life (DCSF and DH 2009)* sets out an integrated approach to improving the health and wellbeing of children and supporting families and sets out recommended standards for service delivery.¹³ Improving health and well-being outcomes and reducing health inequalities is a major focus for pregnancy and maternal health, early years and children and young people in Merton.

Changes in PHOF data from the previous year¹⁴

Positive	Negative
<p>Reduction in:</p> <ul style="list-style-type: none"> • Smoking at time of delivery • Infant Mortality & low birth weight • Excess weight in 4-5 year olds • Children living in Poverty • Pupil absence • Children NEET • Under 18 conceptions • Hospital admissions for unintentional and deliberate injuries 15 – 24 year olds • First time entrants to the youth justice system <p>Increase in:</p> <ul style="list-style-type: none"> • Childhood Immunisations • Breastfeeding initiation 	<p>Increase in:</p> <ul style="list-style-type: none"> • Excess weight in 10 – 11 year olds • Hospital admissions for unintentional and deliberate injuries (0-4 and 0-14 years)

Health and Well-being: pregnancy and maternal health in Merton

The determinants for poor pregnancy and maternal outcomes include obesity, alcohol consumption, drug misuse, homelessness, mental health, teenage pregnancy, domestic violence and sexually transmitted infections. Women on low income, women with a low level of education and previously ill women are more at risk of developing complications during childbirth and after delivery.

Health headlines and context for Merton

- There has been a 29% net increase in births from 2,535 in 2002 to 3,292 births in 2014.¹⁵
- There is a much higher proportion of children aged 0-4 years and adults aged 24-44 years compared to England (from the 2011 Census age profile).¹⁶

¹³ Healthy Child Programme (2009). Department of Health (DH), Department for Children Schools and Families (DCSF).

¹⁴ This table, and those later in the document, reflects positive or negative changes in data since previous PHOF compared to the most recent data available. This does not reflect the size or significance of the change, or trends over time. For indicator values and benchmarking see: <http://www.phoutcomes.info/>

¹⁵ Births Summary tables 2014, ONS

- Infant mortality is slightly less than London and England, at a rate of 3.6 infant deaths per 1,000, compared with 3.9 regionally and 4.1 nationally (2011 – 2013 pooled data).¹⁷
- Smoking in pregnancy for Merton (2014/15) is 4.4% which is lower than London (4.8%) and England (11.4%).¹⁸

Figure 4. Maternity Indicators 2014/15

Maternity Indicator 2014/15	St Georges Hospital	Kingston Hospital	Epsom and St Heliers Hospital
Booking assessments completed by 12+6 gestation	82.2%	92.7%	87.3%
Caesarean section rate	23.1%	28.8%	27.5%
Unplanned Caesarean-section rate	13.4%	14.8%	17.9%
Midwife to births ratio	1 : 27	1 : 32.5	1 : 27
Breastfeeding Initiation*	92.8%	88.3%	84.0%

Source: South West London Maternity Dashboard 2014/15 * Breastfeeding initiation data from HSCIC website¹⁹

Analysing Merton resident women’s births (2014), the following has been observed:

- 97.9% of births were in NHS hospitals, 1.5% at Home and 0.5% in non-NHS hospitals. 51.9% of women gave birth at St George’s Hospital, 19.1% at Kingston Hospital and 16.2% at St Heliers Hospital; the remaining were at other hospitals or at home.
- 58% of births were to women in East Merton and 42% to women in West Merton. The wards with the highest proportion of births in 2014 were Figge’s Marsh (7.1%), Cricket Green (7%) and Wimbledon Park (6.5%).
- There are more women in the older age range (35-39, 40-44 and 45+ years) giving birth in Merton than the national average.²⁰
- 6.6% of babies born had a low birth weight (<2500grams), less than London (7.3%) and England (7%). 96.8% of births were singleton births and 3.2% were twins.

New research and evidence since the previous JSNA 2014/15 report

NICE guidance

- *Intrapartum care: Care of healthy women and their babies during childbirth (December 2015).*
- *Safe midwifery staffing for maternity settings (February 2015)*
- *Improving maternal and child nutrition (July 2015)*
- *Diabetes in pregnancy: management of diabetes and complications from preconception to the postnatal period (February 2015)*

Relevant local strategies for this topic

- *Merton Health and Wellbeing Strategy 2015 – 18*
- *The South West London Maternity Network launched in July 2013.*

¹⁶ 2011 Census age profile, Merton v England

¹⁷ HSCIC website: https://indicators.ic.nhs.uk/download/NCHOD/Data/04N_161CRP2_13_D.xls

¹⁸ HCCIC website: <http://www.hscic.gov.uk/catalogue/PUB14258/stat-wome-smok-time-deli-eng-q4-13-14-tab.xlsx>

¹⁹ HSCIC website: http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2014/03/Breastfeeding-1415Q4_v2.xlsx

²⁰ Births Summary tables 2014, ONS

Pregnancy and maternal health: key Issues and focus areas for the coming year

- Ensuring that infant mortality and low birth weight remain low in Merton, by: addressing child and family poverty and housing needs; reducing maternal obesity and improving nutrition; and ensuring good access to antenatal care and support during the first year of life, targeting areas of need..
- Considering options to increase capacity to deliver holistic improvements in maternity services, as set out in the South West London strategy.
- Ensuring effective delivery of the Family Nurse Partnership, targeting mothers aged under 20 years.
- Improve data quality around breastfeeding and ensure a greater focus on targeting areas/groups with lower breastfeeding rates.
- Reviewing the rate of caesarean deliveries, elective and emergency, and how this can be reduced.
- Ensuring the South West London maternity dashboard is monitored to provide standardised data from providers, and there is robust data analysis to inform commissioning.
- Ensuring the new national Maternity and Children's Data Set, which over time will result in comprehensive data (HSCIS-MCDS), to inform local commissioning.
- Conduct a needs assessment on improving health and well-being outcomes on maternal health.

Health and wellbeing in the early years in Merton

To ensure the best start in life for a child, the areas that matter the most are a healthy pregnancy; good maternal mental health; secure bonding with the child; love and responsiveness of parents along with clear boundaries, as well as opportunities for a child's cognitive, language and social and emotional development. Access to high quality services also facilitate good development in the early years. Early intervention to support children's readiness for school is important in improving the long-term health, emotional, educational and social outcomes of young people and reducing the risk of negative outcomes such as anti-social or violent behaviour or children not achieving their potential.

Relevant local strategies for this topic

- *Merton Health and Wellbeing Strategy 2015 – 18*
- *Children and Young People's Plan 2016 - 19*

Health headlines and context for Merton

- There are 15,000 (7.5%) 0-4 year olds, which is expected to rise by 780 by 2017.
- 59.9% of children achieve a good level of development at age 5, slightly below the England (60.4%) and London (62.2%) average (2013/14).²¹
- There is a 38.9% gap in child development at age 5 between the lowest 20% achieving a good level of development in the Early Years Foundation Stage and the overall average for Merton (2013).²¹
- Childhood immunisation coverage in general has been below London and England levels and the World Health Organization's target of 95%; there is variation in levels of immunisation coverage by GP practice.
- 100% of Children's Centres, and 85% of schools in Merton have been judged as good or outstanding (2014/15).²² 78% of users of Children's Centres live in areas of deprivation (2014/15).
- 29.2% of 5 year olds are estimated to have experienced decayed teeth, slightly higher than England (27.9%) but lower than London (32.9%) (2012).²³

²¹ ChiMat website: <http://atlas.chimat.org.uk/IAS/dataviews/view?viewId=282>

²² Merton Children and Young People's Plan 2016-19

²³ National Dental Epidemiology Programme for England, Oral Health Survey of five-year-old children 2012.

- Emergency attendances for children aged 0-4 years were higher (698.2 per 100,000) than London (648.4 per 100,000) and England (483.9 per 100,000) in 2010/11.²⁴
- Hospital admission rates for unintentional and deliberate injuries for 0-4 year olds are 135.2 per 10,000, higher than London (105 per 10,000), and lower than England (140.8 per 10,000) but statistically similar to England. The rate for 0-14 year olds for Merton is 106.1 per 10,000 which is higher than London (86.8 per 10,000) but lower than England (112.2 per 10,000).

New research and evidence since the previous JSNA 2014/15 report

Review of Health Visitor services in Merton (2014)²⁵

Key messages:

Service user feedback: 89% of parents/carers rated the service good or very good; the top 4 extra support needs for families were support with breastfeeding, immunisations, infant feeding and contraceptive advice; 15% of respondents stated they had no extra support needs; areas cited for improvement were access, information and consistency of service/advice received and continuity of care; and of those parents who had extra support needs, 70% stated their needs were met; 19% partly; 8% not by the Health Visitor service.

Recommendations: Ensure greater joined up commissioning; greater integrated delivery; communication with other services and service users; efficiencies through capacity planning; and transition planning for transfer of commissioning responsibility to the Local Authority.

Early years: key Issues and focus areas for the coming year

- The high birth rate and increase in children under 5 will place additional demands on affordable childcare, nursery provision and health services, in particular on newborn and child screening, immunisations and six-week checks.
- Continue to deliver effective, impactful and evidence based parenting programmes, targeted where necessary to support families and child development focusing on those who are hard to reach.
- Commissioning of Community Health Services, which includes Health Visiting (including Family Nurse Partnership), School Nursing, Specialist Nursing for Children Looked After, Care Leavers and the Multi-Agency Safeguarding Hub (MASH) and Children's Community Therapy and Specialist Healthcare Support and Co-ordination has taken place with new service specifications from April 2016 onwards.
- Ensuring families move seamlessly through services with issues identified early on, and support provided in a timely way, by reviewing, aligning and developing an Early Years pathways pilot between GPs, Maternity Services, Health Visiting Service and Children's Centres services to foster new ways of working and scale up across the borough if successful.
- Monitoring mobilisations of the new Community Services contracts to ensure a smooth transition period and implementation of new service specifications, and the integrated 2 year reviews between Health Visiting Teams and Children's Centres
- Using the transfer of Health Visiting commissioning responsibility from NHS England to Public Health as an opportunity to tailor services to better meet local needs and address health inequalities.
- Continue to improve childhood immunisations rates towards reaching the World Health Organisation (WHO) target by developing and implementing a joint action plan to take forward recommendations from the Immunisations Scrutiny Review.

²⁴ ChiMat 2013 data

²⁵ London Borough of Merton – Review of Health Visiting Services (2014)

- Focus on improving 'School readiness' scores 'Good Level of Development at age 5' indicator to ensure the best start in life for children.
- Continue to focus on attracting families living in areas of deprivation to engage with a wide range of Children's Centre services including access to play and stay and early education groups, job clubs, child health services, midwifery and antenatal as well as targeted home visiting services.
- Reviewing data on hospital attendances/admissions for children aged 0-17 years, including a focus on the 0-4 age group, and further developing local initiatives to reduce A&E attendances.
- Deliver evidence based training for frontline staff coming into contact with families to increase their knowledge and skills to provide brief advice and signposting/referral for a range of lifestyle issues.

Health and wellbeing of children and young people in Merton

Many life-long health behaviours are set in place during the second decade of life. Physical activity declines across adolescence, particularly for young women, and nutrition often falls short of national recommendations. Around one in five school pupils aged 11-15 are obese.²⁶ Poor health relates to the circumstances in which young people live; their access to health care, education and leisure opportunities; and their homes, communities, towns and cities. It also reflects individual and cultural characteristics such as social status, gender, age and ethnicity, values and discrimination.²⁷

Relevant local strategies for this topic

- *Merton Health and Wellbeing Strategy 2015 – 18*
- *Merton Children and Young People's Plan 2016 - 19*

Health headlines and context for Merton

- There are 50,148 children and young people aged 0-19 in Merton (25% of the total population); this is forecast to increase by around 2,200 (4.4%) by 2020.²⁸ The proportion of BAME people in the 0-19 age group is forecast to increase from 38% in 2004 to 52% in 2020.²⁹
- There are fewer children living in poverty (15.8% or about 7,240 children) compared with London (23.5%) and England (18.6%) [Includes all dependent children under 20 years old]. However based on the Income Deprivation Affecting Children Index (IDACI) 2015, Merton has 6 of the top 10% most deprived LSOAs of England which include Pollards Hill, Figges Marsh, Cricket Green and Abbey wards. This highlights the inequalities that exist between the east and the west of the borough.
- There is an difference of nearly 15.4% in levels of excess weight (overweight and obesity) in children aged 5 to 11, from just over 20.9% at Reception level to 36.3% at Year 6 level (2013/14). At Reception this is lower than London (23.1%) and England (22.5%); at Year 6 this is higher than England (33.5%) and similar to London (36.3%). There is variation by gender, ethnicity, geographical area, and level of deprivation.
- There are increasing numbers of children with statements of SEN with ASD.³⁰

²⁶ Key Data on Adolescence 2015. Association for Young Peoples Health (AYPH). Public Health England and CRIPAAC

²⁷ Health Policy for children and adolescents. No. 6. World Health Organisation (WHO)

http://www.euro.who.int/_data/assets/pdf_file/0003/163857/Social-determinants-of-health-and-well-being-among-young-people.pdf

²⁸ GLA Population Projections 2013 Round, SHLAA capped, age range creator

²⁹ Ethnic profile of 0-19 age group 2014-2020 – GLA 2013 round SHLAA – based ethnic group population projections

³⁰ ChiMat website: <http://atlas.chimat.org.uk/IAS/dataviews/view?viewId=315>

- Nationally and in Merton there has been an increase in children in care and on a child protection plan. Merton's Children in Need (CIN) rate per 10,000 (355.1 in 2013/14,) is lower than the London average (367) but higher than the National (346).³¹ The rate of children subject to a child protection plan in Merton (40.3 2013/14) are higher than the national (42.1) and London (37.4) rate.
- There has been an increase in the number of looked-after children (LAC) in Merton.
- The estimated prevalence of Mental Health disorders suggests there are a total of 2550 children and young people aged 5-16 in Merton experiencing a mental health disorder (adjusted for age and sex).³²
- The hospital admissions rate for 10 – 14 year olds for unintentional and deliberate injuries is 106.1 per 10,000, higher than London (86.8 per 10,000) but lower than but statistically similar to England (112.2 per 10,000). The rate for 15-24 year olds is statistically better than England at 105.2 per 10,000 versus 136.7 per 10,000.
- Hospital admissions as a result of self-harm is 191.2 per 100,000 10 – 24 year olds which is lower than England (367.3 per 100,000) [pooled data 2011/2012 – 2012/13].³³
- Hospital admissions for alcohol-specific conditions in children and young people aged under 18 are the ninth highest in London (although still lower compared with England).
- 88% (326 of 370) of high need 'troubled families' turned around from 2013 to 2015. This means either getting children back into school, cutting youth crime/antisocial behaviour across the whole family, getting adults into work or reducing the costs to the taxpayer of tackling their problems.
- The teenage pregnancy rate has decreased to 22.1 per 10,000 15-17 year olds in 2013 from 2012 (24.3 per 10,000). This is also lower than the England average of 24.3 per 10,000.
- In the year prior to September 2014, the London Borough of Merton Child Sexual Exploitation service has worked with 67 cases, between the ages of 11-17 years old which is a combination of clients who have actually been exploited and those at significant risk of being exploited.³⁴
- 4.3% of young people aged 16-18 years are Not in Employment, Education or Training (NEET) in Merton which is higher than London (3.4%) but lower than England (4.7%) in 2014.³⁵

New research and evidence since the previous JSNA 2014/15 report

CAMHS health needs assessment (2014-15)³⁶

Key insights gained from this work included:

- Nationally and locally, CAMHS is being prioritised to improve the support available and emphasise strategies that contribute to preventing mental health disorders and improve emotional wellbeing.
- Population projections suggest that need for Child and Adolescent Mental Health Services (CAMHS) is likely to increase in the coming years, with particularly high growth in the numbers of 10-14 year olds.
- Better quality data is required to more effectively monitor, plan and prioritise services.
- Engagement with children and young people needs strengthening locally.
- A new CAMHS Strategy sets out a comprehensive plan for transforming local services, with cross-agency working to ensure all efforts are fully integrated across health, education and social care, reflecting an increased emphasis on prevention and early intervention initiatives.

³¹ Merton Children and Young People's Plan 2015-18

³² CAMHS Needs Assessment. London Borough of Merton. Public Health 2015

³³ ChiMat website: <http://atlas.chimat.org.uk/IAS/dataviews/view?viewId=450>

³⁴ Child Sexual Exploitation needs assessment. London Borough of Merton. Public Health 2015

³⁵ Public Health Outcomes Framework (PHOF) - www.phoutcomes.info

³⁶ CAMHS Needs Assessment. London Borough of Merton. Public Health 2015

Child Sexual Exploitation Review (2015)³⁷

A rapid review of the evidence for tackling Child Sexual Exploitation (CSE) in Merton was conducted.

Key commissioning recommendations were:

- Consult on and agree a local multi-agency (pan London compliant) dataset for CSE.
- Ensure: accurate and proactive recording of children and young people at risk of CSE by Police and Health services; use of data to effectively identify and monitor children and young people at risk of CSE (including use of the CSEGG 11 indicators); regular audits of all CSE referrals; review of data capture and analysis in order to inform strategic and operational planning; and a consistent and systematic recording process to map and monitor persons of interest and perpetrators.
- Continue to build awareness and resilience in children and young people to help prevent them being sexually exploited, and give conspicuous care to young people placed out of borough, so that they are effectively linked in to appropriate CSE services. The types of exploitation include inappropriate relationships, peer-on-peer, gang/group associated and organised/networked sexual exploitation.

Looked After Children health needs assessment (2015)³⁸

Key findings:

Strengths in Merton:

- A strong strategy & planning focus on Looked After Children and Young People (LACYP) priorities and best practice, and focus and consensus on areas of concern for LACYP in health.
- Health outcomes for LACYP are better than England averages.
- Specific services are perceived as working very well (e.g. virtual school, substance misuse services)

Areas for improvement in Merton:

- Improving joint working in health, wellbeing and social care services: clear roles, communication, information sharing, service pathways, and training
- Improving access and continuity of care for LACYP in health services, especially CAMHS, and broader engagement with LACYP and carers
- Addressing disparities in health outcomes persist in comparison to peers.

Recommendations were in the areas of: *Strategy and Commissioning; Workforce Development; Prevention and Early Identification; and Systems*. Needs assessment findings and recommendations will be addressed by the London Borough of Merton (LBM) and Merton Clinical Commissioning Group (CCG), through the development of a detailed plan outlining actions, responsibilities and timelines.

Children and young people: key issues and focus areas for the coming year

- Implementation and monitoring of the refreshed *Health & Well-being Strategy 2015-18* and the refreshed *Children and Young People's Plan 2016-2019*.
- Planning for the rapid increase in the primary school age group that will increase demand for: school places; SEN provision; and children's social care services.
- Developing a joint work plan on obesity across the HWBB partners. Merton has signed up to taking forward the Healthier Children, Healthier Places toolkit (Sector Led Improvement, based on the work of the GLA and the London Health Improvement Board towards a London obesity framework.)
- Developing a Multiagency Provider Board for children with complex needs to drive through improvements in the complex care pathway and provide joined up services.

³⁷ Child Sexual Exploitation needs assessment. London Borough of Merton. Public Health 2015

³⁸ Looked After Children's needs assessment. London Borough of Merton. Public Health 2015

- Continuing to develop the multidisciplinary EHC Team to support implementing the new Education, Health and Care (EHC) plans to ensure provisions that meet the needs of children and young people with SEND (up to 25 years) and their families.
- Transforming CAMHS locally through the implementation of the CAMHS Strategy overseen by the CAMH Partnership Board.
- Undertake needs assessments on areas identified as priorities within the year to improve outcomes for children and young people
- Evaluating the impact of the local targeted Healthy Schools programme in the East of the borough, with a view to making recommendations on the framework model for delivery.
- Continue to deliver a NEET strategy with resources focusing on engaging with more vulnerable young people.

5. Healthy lifestyles in Merton

- Lifestyle risk factors explain around 40% (39.6%) of total ill health with the leading risk being diet, closely followed by smoking and high body mass index (BMI).
- Across the most deprived areas in England, the leading risk factors are smoking, high BMI, and high blood pressure.

Changes in PHOF data from the previous year

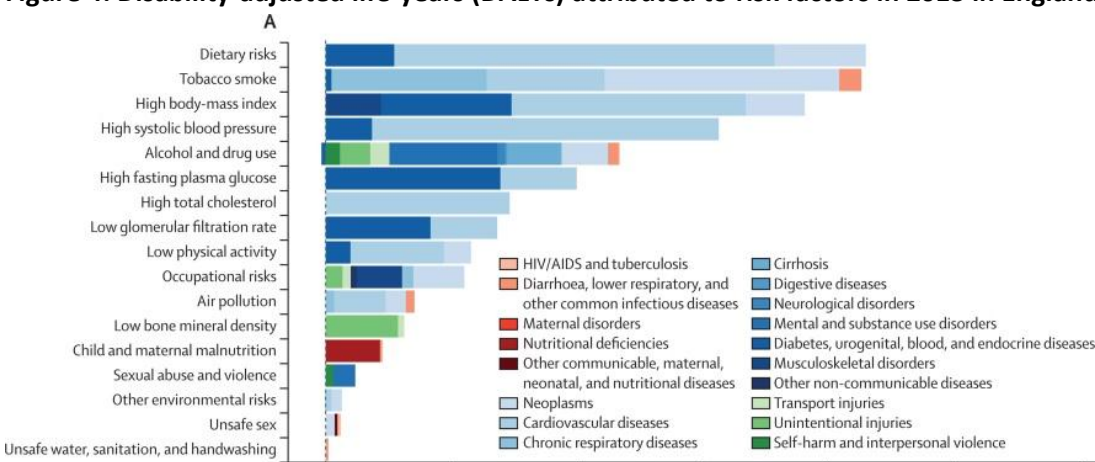
Positive	Negative
<p>Reduction in:</p> <ul style="list-style-type: none"> • Smoking at time of delivery • Excess weight in 4-5 year olds • Sickness absence (% working days lost) <p>Increase in:</p> <ul style="list-style-type: none"> • Breastfeeding initiation • Successful completion of drug treatment - non-opiate users 	<p>Increase in:</p> <ul style="list-style-type: none"> • Excess weight in 10 – 11 year olds • Smoking prevalence (total; routine/manual) • Admission episodes for alcohol-related conditions (narrow definition) <p>No change in</p> <ul style="list-style-type: none"> • Inactive adults • Successful completion of drug treatment - opiate users

The recently published analysis of the Global Burden of Diseases³⁹ shows that across England, our health has improved considerably since 1990 in comparison to other high-income countries, evidenced by an increase in average life expectancy of 5.4 years. However, analysis shows:

- Premature mortality has fallen dramatically, but rates of morbidity have not, which means that we are living longer but spending more years in poor health; and
- Progress made at national level is not matched by improvement in health inequalities.

Lifestyle risk factors explain around 40% of total ill health with the leading risk being diet, closely followed by smoking and high body mass index, BMI (see Figure 4). Across the most deprived areas in England, the leading risk factors are smoking, high BMI, and high blood pressure. Alcohol and drug use are more highly ranked risk factors in more deprived areas compared with less deprived areas.

Figure 4: Disability-adjusted life-years (DALYs) attributed to risk factors in 2013 in England



³⁹ Changes in health in England, with analysis by English regions and areas of deprivation, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013

New research and evidence since the previous JSNA 2014/15 report

Review of the Livewell Service:

Livewell is the borough's main commissioned service to support residents with behaviour change around smoking, diet, physical activity and alcohol. In 2015 Public Health commissioned an independent review of the service, to inform re-commissioning of the service from April 2016.

Key findings:

- There is a clear need for lifestyle health interventions in Merton, particularly smoking cessation in the East of the borough to prevent smoking related co-morbidities.
- Setting health improvement targets for individuals is important; the role of health trainers and health champions to address this is critical to secure targeted and lasting benefit in the community.
- LiveWell's impact against locally defined needs has been strong; 80% of those seen by the service were from the east of the borough (areas with highest health inequalities).
- The service was perceived by professional stakeholders to be making a positive contribution towards the health and wellbeing of those residents in need of access to health improvement and stop smoking services. It was felt LiveWell offers a service that addresses the diverse needs of BME communities and concentrates its efforts where the need is greater.

In May 2014, Merton Clinical Commissioning Group (CCG) conducted a community services survey with its GP practice membership including the LiveWell Service; feedback was positive.

- There was a view that health improvement the approach needs to be more holistic, addressing more than only the physical risk factors that people present with.
- It was felt that more could be done to gain the support of other associated services such as housing, where staff are in direct contact with people.

The review concluded that the service going forward should be funded through a block contract, not be subject to PBR which was unlikely to add value, and service targets should be used to adjudge the likelihood for contract continuity and extensions beyond the initial 3 year period.

Healthy weight and diet

- Nearly two thirds (58.3%) of adults aged 16+ in Merton (around 100,000 people) are currently overweight (40.3%) or obese (18.0%).
- Modelled estimates of fruit and vegetable consumption in adults show that Merton is significantly better than the England average.
- Food poverty is worse in the East of the borough.

A healthy weight is defined as a Body Mass Index (BMI) of between 18.5 – 24.9 kg/m². More than this is defined as 'excess weight' which includes overweight (BMI 25-29.9) and obesity (BMI>30); less than this is 'underweight'. Excess weight is affected by complex social and environmental factors, including increasing access to unhealthy energy-dense food and environments which are not conducive to people of all ages getting out and getting active (i.e. 'obesogenic' environments which promote weight gain). The Foresight report 'Tackling Obesity: Future Choices' highlighted that humans are biologically vulnerable to obesogenic

environments.⁴⁰ Obesity significantly increases the risk of ill health and a range of chronic diseases, particularly type 2 diabetes, stroke and coronary heart disease, cancer and arthritis. Annual costs to the NHS for treating obesity-related illnesses are estimated to be £4.2bn,⁴¹ in addition to the wider costs to society including sickness absence and costs to social care.

Halting the rise and reducing population levels of obesity requires a system wide approach across the life course to address the 'obesogenic environment' in which our residents live:

- **Prevention** throughout the lifecourse but particularly in early years, supported by an environment which makes the healthy choice the easiest choice.
- **Treatment** through a range of multi-component weight management services (see NICE guidelines) for those who are overweight and obese, through to bariatric surgery for morbidly obese patients.
- Full use of **policy and regulatory levers**: obesity needs to be recognised as a priority for policy making across sectors other than health, and there is evidence that 'whole setting' approaches (e.g. in schools) are more effective than targeting individual behaviour change. Similarly, regulatory approaches have been more successful for other health issues (e.g. tobacco) than individual behaviour change; this is likely to be transferrable to healthy weight, e.g. sugar taxes or mandatory food labelling.
- Good nutrition is essential for maintaining both mental and physical health and in the prevention and management of diet-related conditions such as cardiovascular disease, cancer, diabetes and obesity. UK dietary recommendations are represented by the Eatwell Plate which shows how to achieve a balanced diet for people over 2 years of age.

Health headlines and context for Merton

- Nearly two thirds (58.3%) of adults aged 16+ in Merton are currently overweight (40.3%) or obese (18.0%). This is similar to London (57.3%), and significantly lower than the England average (63.8%).⁴²
- The trend is upwards; forecasts predict obesity will affect 60% of men and 50% of women in Britain by 2050.⁴³ Similar trends towards increasing overweight are likely to be seen in Merton unless there is a step change in behaviours and environments.
- Nationally the health of most population groups would benefit from an improved diet. There is a lack of comprehensive local data on diet and nutrition as dietary surveys are both complex and expensive. The only data on fruit and vegetable consumption in adults, a modelled estimate, shows that Merton is significantly better than the England average.
- Food poverty is worse in the East of the borough as indicated by the higher usage of the food bank.

New research and evidence since the previous JSNA 2014/15 report

Research about the food environment

Since 2014, Public Health Merton has hosted dietician students on placement, who have conducted a number of pieces of work including:

⁴⁰ Butland B, Jebb S, Kopelman P, et al. Foresight report: Tackling obesity: future choices - project report. London: Government Office for Science, 2007

⁴¹ National Obesity Observatory, 2010

⁴² Sport England Active People Survey 2012 & 2013 GLA SHLAA Capped Round Population Projections

⁴³ Butland B, Jebb S, Kopelman P, et al. Foresight report: Tackling obesity: future choices - project report. London: Government Office for Science, 2007, quoted in PHE (2014) Adult obesity and type 2 diabetes

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/338934/Adult_obesity_and_type_2_diabetes_.pdf

Food poverty:

An analysis of food poverty as evidenced by food bank usage found:

- Just over 2,000 clients accessed the Trussel Trust food bank in 2013/14; 78% of clients were from the east of the borough, consistent with the patterns of deprivation.
- Families experience summer holiday hunger leading to a rise in demand in August.
- The food bank regularly sees clients who do not have cooking facilities.

Recommendations for action: the inclusion of advice on eating well on a low budget with the food parcels that are given out; and exploration of opportunities for 'Eat Well, Spend Less' courses that teach people how to cook on a low budget; and advice on food budgeting, hygiene and nutrition.

Healthy Options in and around Children's Centres:

Dieticians spoke to staff at an East Merton's Children's Centre. Unhealthy snacks were brought in to afterschool clubs, but staff did not feel they had the knowledge or skills to broach the subject, given: healthy lifestyles may not be a high priority for parents facing bigger challenges (e.g. food poverty, benefit issues, mental health); and knowledge and skills relating to healthy lifestyles are limited. They reported limited access to fresh food locally: fast food outlets are abundant and there are limited supermarkets within walking distance (basic mapping of the area revealed 41 take-away outlets within 1 mile).

Recommendations for action included support and training for Children's Centre staff around healthy eating messages.

Mapping of fast food outlets

- There are currently 135 fast food takeaways (A5 units) in Merton; this number has not significantly changed in the last 3 years. There are 215 restaurants and cafes (A3 units); this number has increased by 12.5% in the past 3 years. A3 units tend to be restaurants in less deprived areas (e.g. Carluccios), but be indistinguishable from fast food takeaways in more deprived areas (e.g. Fried Chicken shops).
- The wards with the highest number of A5 takeaways, and the highest rate of takeaways per 100,000 population, as well as the highest density of takeaways per km² are Abbey and Figge's Marsh. These should therefore be targeted for interventions such as Healthier Catering Commitment, or for responding to planning decisions around change in use to A5.

Recommendations for future work include investigating the food purchasing habits of young people and families around schools, and breast feeding friendly cafes in Merton.

Availability of cookery courses

Dietician students also mapped services that aim to improve the cooking skills and/or nutrition knowledge of the residents of Merton. They found that there were some healthy food and nutrition courses available, but that there may be inequalities in provision and financial and cultural barriers to access.

Consultation about the food environment: Merton Food Summit

Public Health brought together organisations working across the food cycle in Merton in April 2015 for a Food Summit, to establish a baseline for food-related activities across the borough and to identify priorities for partnership action.

Relevant Local Strategies

- *Merton Health and Wellbeing Strategy 2015-2018*
- *Merton Food Charter* (Available from <http://www.merton.gov.uk/health-social-care/publichealth/mertonfoodcharter.htm>)

Healthy weight and diet: key Issues and focus areas for the coming year

- We must make tackling obesity a borough-wide priority, to reduce the current and future burden of ill health in Merton attributable to unhealthy weight. Action must be cross-sector and cross-organisational, involving the council, NHS, voluntary sector and partners, and go beyond individual behaviour change, to reshape the built and social environments in which our residents live, travel and work; including development of a cross-borough healthy weight strategy across the lifecourse, taking into account both individual behaviour change and work with planning and environmental health to drive changes to the obesogenic environment.
- Joint working between Environmental Health and Public Health to further develop the Healthy Catering Commitment with local fast food outlets, and a responsible retailers scheme with convenience stores around increasing access to healthy and affordable food and reducing the sugar. Consider how to further embed sustainable healthy food provision into the mind-sets of local businesses, schools, healthcare providers and other public sector organisations.
- Continuing to work across LBM Planning and Public Health teams to embed impact on health as a criterion for planning considerations, and corporately to embed healthy and sustainable food procurement and supply across the public sector.
- Joint working across the partnership to promote and implement the Merton Food Charter, a borough-wide vision for creating a healthy sustainable food environment in Merton.
- Commissioning of a new integrated weight management and health improvement procurement based on evidence of best practice and NICE guidelines, including brief interventions training of frontline staff across the borough, including outside the health sector, to increase confidence and competence of staff in supporting behaviour change.
- Continuing to develop and monitor the impact of internal LBM and external 'healthy workplaces' outreach with Merton Chamber of Commerce, providing local businesses with a framework for supporting employees to be healthier and more productive.
- Considering how to gather more conclusive data on the dietary habits of Merton residents as well as on other healthy lifestyles, as we have no local healthy lifestyles survey data.
- Working to increase fruit and vegetable consumption, oily fish and fibre, and reduce salt, sugar and fat in the diets of Merton residents, especially in low income groups, concentrating efforts to improve healthy eating environment in Figge's Marsh and Abbey wards.
- Developing alcohol prevention work, highlighting links between alcohol calories and weight.
- Engaging in national advocacy around action on the food environment, particularly sugar.
- Conducting a food poverty needs assessment, based on the recent Sustain Food Poverty report.

Physical activity

- In Merton, the number of residents who are active enough to benefit their health appears to have increased slightly since 2012, although 1 in 4 Merton residents are inactive.
- Men (50.4%) are more active than women (31.6%) in Merton: this gap, and that between different ethnic groups, is larger than elsewhere.

Public Health England's 'Everybody Active, every day' (2014) framework states that physical inactivity is costing the UK an estimated £7.4bn a year, is the fourth largest cause of disease and disability in the UK and directly contributes to one in six deaths in the UK.

Health headlines and context for Merton

- In Merton, the number of residents who are active enough to benefit their health appears to be increasing, with 60.5% of residents active for the 150 minutes per week recommended the Chief Medical Officer, which is higher than in 2012 (54.4%). This is not significantly different than London (57.8%) and England (57%) averages.
- Positively, the number of residents who are classed as inactive (taking part in less than 30 minutes of activity per week) in Merton (23.6%) is significantly better than London (27%) and England (27.7%). This is particularly encouraging and the overarching message should encourage all groups to do a little more activity on top of what they currently do. However, it is unacceptable that 1 in 4 Merton residents are inactive and so moving those who are inactive to a significant level of activity should be prioritised as this has the greatest benefit.
- The Active People Survey (APS) shows that 40.7% of residents are active once a week; compared to 38.1% in London and 35.5% in England. The trend data shows a large increase between 2012 and 2013, possibly as a result of the Olympics, but participation fallen back and is now at the same level as it was in 2009.
- Men (50.4%) are more active than women (31.6%) in Merton. This pattern echoes both London (Men 43.9% vs. Women 32.3%) and England (Men 40.6% vs. Women 30.7%), however it is noticeable that there is a larger gap between the genders in Merton than regionally or nationally, which seems to be because men are more active in Merton compared to London and England.
- In Merton, residents with a White British ethnicity are more active (42.9%) than both London (38.3%) and England (25.1%). Residents from Black and Minority Ethnic groups (37.75%) are as active as London (38.2%) and more active than England (33.9%). It is noticeable that there is a larger gap between the ethnicities than is seen at regional or national level, which should be explored further.
- Participation by age in Merton is relatively similar to the regional and national picture. As residents age they become less physically active, which is of concern due to the protective effect that physical activity has on a number of conditions such as diabetes.

New research and evidence since the previous JSNA 2014/15 report

Physical Activity Audit (2015)

Merton Public Health commissioned the UKactive Research Institute to conduct a physical activity service assessment, building on existing partnerships and engage with a wide range of local stakeholders including private, voluntary, and public sector organisations. This was in response to Public Health England publishing the 'Everybody Active, Every Day' (EAED) framework that sets out opportunities for action using four domains; active society, moving professionals, active environments and moving at scale. At the time of writing (October 2015) the findings of the assessment are still being finalised, but initial findings include:

Insight:

- A clear ambition for greater cohesion between teams within the local authority, and a determination to raise physical activity as a priority, and awareness of physical inactivity issues amongst senior officers.
- A link between Transport & Town Planners and Public Health has been recognised as significant at a strategic level and is being utilised to influence planning and health impact assessments.

Strengths:

- Active workplaces in both the public and private sectors, and active travel specifically focused at schools and communities. Healthy walks programming is free, inclusive, and progressive.
- Health inequalities have been identified, targeted, and are being monitored.

Development Opportunities:

- Communication – both within authority (interdepartmental) and externally (planned and targeted marketing campaigns to raise awareness of campaigns).
- Evidence based group and one-to-one physical activity programming.
- Engrain physical activity within policies, commissioning, and planning across the life course that will contribute to a wider active society, and link local health policy to planning, transport, and housing.
- Develop knowledge and engage professionals within education, sport and leisure, health and social care, planning and transport, and the clinical commissioning group to facilitate action and increase awareness to a level in line with healthy eating and smoking cessation.
- Improve the systematic use of evaluation in existing and planned.

Relevant Local Strategies

- *Merton Health and Wellbeing Strategy 2015-2018*
- *Merton Culture and Sport Framework*

Physical activity: key Issues and focus areas for the coming year

- How to effectively monitor the activity and inactivity levels across Merton, to ensure that resources are targeted at the most in need groups.
- How to utilise the evidence based 'PHE Everybody active, every day' framework to increase activity/reduce inactivity in Merton, implementing the findings of the UK Active physical activity service assessment, exploring in greater detail the Active People Survey to identify priority groups and emerging trends and working across the partnership to create an environment and culture that is conducive to physical activity.
- How to work in partnership with primary care to support prevention agenda and increase physical activity brief interventions.
- How to get the appropriate 'mix' of activities and intervention to drive up participation e.g. leisure centres, active travel programmes, green outdoor activities, sport/other cultural activities e.g. dance

Smoking

- Percentage of the population that smokes (2014/15): Merton 15.5%, London 17.0%, England 18.0%.
- Merton appears to have bucked the national trend in smoking cessation, with 517 four-week quits in 2014/15, compared to 495 in 2013/14 (up 4.4%), which appears to demonstrate the successful approach of our local stop smoking service (LiveWell).

Smoking is one of the biggest causes of death and illness in the UK. It significantly increases the risk of developing more than 50 serious health conditions, for the individual who smokes, and for their family, friends and colleagues through second hand smoke. There is a strong link between cigarette smoking and socio-economic group, and smoking has been identified as the single biggest cause of inequality in death rates between rich and poor in the UK.

From 1st October 2015 it has been illegal to smoke in a car or other vehicle with anyone under the age of 18. This provides an additional opportunity to encourage and signpost smokers to the Merton stop smoking service. LBM is currently re-commissioning smoking cessation services as part of the integrated healthy weight and healthy lifestyles service.

Health headlines and context for Merton

- In Merton, 15.5% of the population smoke, not significantly lower than either London (17.0%) or England (18.0%). Since 2010, the prevalence of smoking has been decreasing nationally and regionally. In Merton, the prevalence has fallen from 16.2% in 2010; although the prevalence is slightly higher in 2014 (15.5%) than 2013 (13.9%), the difference is not significant.
- 254.8 deaths per 100,000 are attributed to smoking in Merton, lower than London (275.9) and England (288.7). However this appears to be increasing since its lowest point (238.9) in 2009-2011.
- Smoking rates tend to be higher in areas of higher deprivation. The prevalence of smokers from routine and manual backgrounds/households in Merton (20.2%) is higher than the average for the borough (15.5%). The rate appears to be decreasing over time from 23.5% in 2011/12 to 16.5% in 2013/14, but up again to 20.2% in 2014. This is still lower than London (25.3%) and England (28.0%).
- Smoking in pregnancy has detrimental effects for the health the baby and health the mother. 4.4% of mothers in Merton smoke at the point of delivery, lower than London (4.8%) and England (11.4%).
- Nationally, the number of people who successfully quit smoking through NHS Stop Smoking Services in 2014/15 is down 23% on 2013/14 figures. Partially explained through a drop in prevalence, there is anecdotal evidence that this is in part due the increase in use of e-cigarettes.
- Merton appears to have bucked the national trend, with 517 four week quits in 2014/15 compared to 495 in 2013/14 (up 4.4%), which appears to demonstrate the successful approach of our local stop smoking service (LiveWell).
- Local service data for the stop smoking service shows that in 2014/15
 - Just under 80% of the successful quitters were from white backgrounds.
 - 278 (53.7%) of the successful quitters were female.
 - The largest group of successful quitters (29%) were aged between 45 and 59 years
 - The majority of successful quitters were from managerial and professional occupations (23%), closely followed by routine and manual occupations (22%) and then retired (15%).
 - The majority of successful quitters used Varenicline (Champix) only (165), followed by those who used a combination of licensed nicotine containing products (163), those who used a single licenced nicotine containing product (127) and those who did not have any licensed or unlicensed nicotine containing product (31).
 - 447 (86.4%) of successful quitters attended one to one support from the service, 64 (12.3%) attended drop in clinics and 6 (1.1%) received telephone support.

New research and evidence since the previous JSNA 2014/15 report

Smoking Insight and Sector Led Improvement on Tobacco

Smoking Insight

Public Health Merton commissioned Cause Action Ltd, working in partnership with Skyrocket Research and The University of Greenwich to deliver a project aimed at encouraging and supporting more Merton residents who smoke to engage with the (LiveWell) Stop Smoking Service.

The main findings from the insight phase were:

- The current service – its delivery model and promotion – is attractive to, and welcomed by, those smokers who are willing to give up and open to support.
- New services will need to be designed to attract smokers with different mind-sets – for example those who might consider cutting down but do not want to quit.

- It is likely that smokers are being “lost” in the time between hearing about the service from a health professional, or self-referring, and attending their initial session. This “customer journey” process needs to be analysed and improved.
- GP practices need to easily access all services options available to patients and take a more proactive role in ensuring smokers find a service that suits them.
- Relationships and processes between GPs and Pharmacies can be improved so they collaborate to ensure as many smokers as possible access benefit from the service.
- Options for adapted recruitment activity include focusing on smaller geographical areas, using “lung age” to initiate engagement, developing deeper relationships with Community Groups, dentists and hospitals, and sending personalised invitation letters.

At the time of writing (October 2015) components two and three are still in development, but the insight phase has already been beneficial to the current service as well as contributing to the commissioning of the service, as part of the integrated health improvement service, that will start in April 2016.

CLear – Sector Led Improvement

Merton took part in the CLear (Challenge, Leadership and Results) assessment on tobacco. The process culminated in an action plan that will build on current performance and areas for development, including

- All partners agreed that more joint working would be good, to target action effectively.
- Exploring links between antisocial behaviour and underage sales and developing actionable intelligence on other areas of concern e.g. underage sales.
- The embedding of a public health role in the regulatory service division provides an innovative opportunity for joint work.
- Exploring the role of CQUINS, Quality Premiums and other incentive programmes to embed prevention and making every contact count.
- The opportunities arising from the emerging use of e-cigarettes and the need for clear and consistent messaging around the benefits and concerns of their use.
- The opportunities that would be realised from the development of a tobacco control alliance and action plan for Merton, which the evidence seems to suggest would be crucial to tackling tobacco.

Relevant local strategies for this topic

- *Merton Health and Wellbeing Strategy 2015-2018*

Smoking: key Issues and focus areas for the coming year

- Joint recommissioning between LBM Public Health and MCCG of an integrated healthy lifestyles and weight management service, including smoking, around a single point of access.
- The role of e-cigarettes to support people to quit. PHE recently published their position, including a call for stop smoking services to engage with smokers who want to quit using e-cigarettes. The local service is ‘e-cigarette friendly’ and is developing protocols and point of sale promotional materials.
- Partnering with primary care to support the prevention agenda e.g. the GP pro-active pilot.
- Supporting smoke free environments. We are putting up signs encouraging smokers not to smoke in the 55 playgrounds in Merton. Although not enforceable, this compliments the smoke free message across Merton. We are also working with litter enforcement officers to offer a refund of a fine for dropping cigarette butts if an individual is referred to local smoking cessation services and quits.

- Supporting enforcement teams to deliver test purchases of age restricted products, at a time when budgets are decreasing.
- Capitalising on the smoke free cars legislation, emerging evidence on e-cigarettes, smoke free playgrounds and further strengthen an already well performing service to (1) support more Merton residents to stop smoking or (2) minimise the harm caused by smoking.

Substance misuse (drugs and alcohol)

- The performance of the drug treatment system (as measured by the successful completion of treatment), remains strong in Merton; indicators place Merton in the upper quartile of nationally-recorded performance.
- However, the treatment naïve population (those who have never accessed treatment) needs to be verified.
- Health and wellbeing indicators for young people in treatment locally are improving in line with national trends; successful completions of treatment for young people (94%) continue to be above national average (79%), and re-presentations to services are low (3%) compared to England (6%).
- Hospital admissions due to alcohol conditions and substance misuse are higher than England averages for young people.

Substance misuse is often a symptom as opposed to a cause of vulnerability for young people, many of whom have broader difficulties that are compounded by drugs and alcohol which require addressing simultaneously (PHE 2013). Social deprivation, poor housing, crime and association with those involved in crime, along with poor diet, low income and potentially less opportunity for educational attainment can all contribute to negative life experiences and chances for those affected by them.

A broad range of integrated preventive and specialist young people's substance misuse interventions are essential to achieve positive outcomes for young people through both reducing risk and building resilience. Specialist interventions for young people's substance misuse also provides value for money. A Department for Education cost-benefit analysis found that every £1 invested saved £1.93 within two years and up to £8.38 in the long term (PHE 2013).

Health headlines and context for Merton

- The performance of the drug treatment system, as measured by the Public Health Outcomes Framework (PHOF) indicators 2.15i and ii, remains strong in Merton with planned discharge for opiate users at 16.1% year to date against an 11 – 17% target.
- Planned discharges year to date for drinkers is 55%, placing Merton in the upper quartile of nationally-recorded performance. Merton is also within the top quartile for successful completion rates for non-opiate users.
- The rate of Hepatitis C testing in Merton has shown considerable improvements, particularly for new clients. This group has shown a steady increase in testing rates from 54% of those eligible in quarter one 2014-15, up to 78% in quarter one of 2015-16.
- Numbers of young people in specialist substance misuse treatment reduced minimally in 2014-15, in line with national trends and in spite of reduced numbers of young people entering youth justice services. Early data from Q1 2015/16 indicate numbers are increasing to previous levels.

- Numbers of young adults (18 to 24s) in young people's services have remained steady for the last three years. Successful completions of treatment for young people (94%) continue to be above the national average (79%) and re-presentations to services locally are low (3%) in comparison to national averages (6%).
- Outcomes for young people entering specialist treatment in Merton are good with young people both reducing use of alcohol or drugs and becoming drug free following treatment.
- Health and wellbeing indicators for young people involved in treatment locally are improving in line with national trends. Patterns of drinking and drug use behaviour are also shifting from weekday /evening activity to weekend activity, all at lower levels following treatment.
- Merton's specialist young people's substance misuse service has been re-designed to integrate substance misuse treatment with detached youth provision and sexual health promotion, creating a new Risk and Resilience Service. This will ensure evidence-based substance misuse interventions are linked to the broader context of young people's lives, building resilience and reducing risks.
- Hospital admissions due to alcohol conditions for young people are lower than the regional average but higher than England averages. Hospital admissions due to substance misuse for young people aged 18 to 24 are, however, higher than both regional and England averages.

Relevant Local Strategies

- *Merton Health and Wellbeing Strategy 2015- 2018*
- *Merton Strategic Plan 2015 -2016*
- *Merton Children and Young People's Plan 2015 – 2018*
- *Merton Adult Services Commissioning Strategy 2015 – 2018*
- *Merton Joint Teenage Pregnancy and Substance Misuse Strategy 2014-2017*

New research and evidence since the previous JSNA 2014/15 report

Tier 4 (commissioned substance misuse inpatient) review

Public Health and MCCG commissioned a review of the Tier 4 substance misuse services in early 2015, to inform future commissioning decisions. The review clearly demonstrated both need and demand for T4 provision and in particular residential and community detox and residential rehabilitation, provided options for development of services, and recommended transfer of T4 contract management T4 to Public Health to ensure alignment to whole treatment system.

Adult Substance Misuse Service Consultations

A consultation was conducted around the re-tender of the Adult Substance Misuse Service. This highlighted the need to commission accessible services closer to the Borough (the inpatient detoxification service located in Crawley, Sussex, currently forms part of the Adult Service retender). Two events were held with GPs and pharmacies in November 2015 around new models of care for substance misuse, including development of Shared Care in primary care.

Consultation regarding drinking issues in Merton has highlighted the need to work more effectively with hard to engage drinkers, as well as continuing to undertake preventive work through identification and brief advice and training for professionals.

Public Health and Licensing: Data Analysis and Consultation about the Alcohol Environment

To ensure an environment and a culture in the borough that prevents and addresses alcohol-related problems, the Merton Public Health team and partners engaged in the planning and licensing process:

Data analysis:

The Director of Public Health is now a Responsible Authority, and able to comment on licensing applications. In 2014, Merton Public Health, jointly with 5 other London boroughs, commissioned Safe Sociable London Partnership (SSLP) to develop a scanning tool which pulls together postcode-level public health data relevant to the licensing objectives into an easy to interpret graphic and dashboard. Since October 2014, this data has been used to inform Public Health representations to the Licensing Committee, and has been well received by other Responsible Authorities.

Consultation:

Public Health provided qualitative and quantitative data to inform the review of the borough's Statement of Licensing Policy:

- Public Health conducted an analysis of local data around antisocial behaviour, violence, ambulance call outs and other alcohol-related harms in May 2015 to inform the decision both on the implementation of a new cumulative impact zone (CIZ) in Mitcham Town and the area of the zone.
- In August 2015 we commissioned a team of Youth Inspectors to audit 165 shops and premises in the proposed Mitcham Town CIZ. They found many convenience stores or supermarkets sold alcohol, and the majority sold super strength alcohol and alcohol in single cans. Just over a third of stores had significant advertising of alcohol outside, in the window, or clearly visible from outside the store. They concluded that overall, the high streets were unhealthy due to the amount of alcohol and unhealthy food for sale in the area.
- Healthwatch Merton gathered local residents' views on the proposed Mitcham CIZ using an online survey, two 'pop up cafes' in Mitcham Town Centre and a drop-in at a local GP practice. 192 people participated, a third of whom felt that Mitcham Town Centre has too many alcohol shops. Among responses directly relating to the alcohol environment were concerns about street drinkers and litter, with comments regarding broken glass and beer cans on the streets. There was significant mention of anti-social behaviour and crime and safety during the night. Several respondents noted a desire for restrictions on alcohol, fast food and betting shops in the Town Centre.
- A locally commissioned research project into young people's substance misuse and annual substance misuse data also confirmed higher levels of alcohol use by young people in Merton in comparison to national figures. Young people whose families were affected by substance misuse also reported accessing alcohol through the home from parents or older siblings.

Substance misuse: key Issues and focus areas for the coming year

- Developing preventive work on substance misuse and promoting access to services and advice.
- Redesigning, commissioning and mobilising a new integrated substance misuse service to be in place in 2016, maintaining investment in treatment and rehab services, while developing increasing focus on prevention and service delivery in primary care. The new service must have proactive links with the young people's Risk and Resilience service, and key support agencies, including mental health.
- Validating 'treatment naïve' population numbers i.e. those not accessing services (last refreshed in 2012), and identifying and using suitable methods in the new service to engage this population.
- Analysing local and national data to identify trends and issues (e.g. New Psychoactive Substances)

- Audits: A&E liaison data to ensure appropriate advice and referrals; pharmacy provision and needle exchange; and supervised consumption, for adults and young people.
- Auditing and supporting PSHE provision in respect of Drug and Alcohol Education in Primary, Secondary and Alternative Education Provision.
- Continuing to influence alcohol licensing applications and awards in Merton through provision of public health data and intelligence, and joint work across all Responsible Authorities to promote a safe and sociable alcohol environment in the borough.
- Supporting the new service to target detached youth activity to areas of high need in the borough and enable fast-tracking of vulnerable young people requiring treatment into specialist provision.

6. Adult health and wellbeing in Merton

Physical health

- There is variation in the prevalence of many long term conditions across Merton
- In 2013/14 Merton CCG had the highest prevalence of COPD compared with statistical neighbours, and the second highest prevalence in SW London comparable with NHS Kingston CCG. (QOF 2013/14)
- There is lower uptake in Merton than the national average for breast and cervical screening, and bowel screening uptake is lower than in Richmond, Sutton and Kingston.
- Research found approximately 2/3 of the eligible population of Merton have not had a health check.

Chronic long-term conditions are a major cause of morbidity, mortality and costs to the health and social care system locally and nationally. There is enormous potential for prevention and early detection and management of these conditions to reduce hospital admissions and bed days. Transforming health care delivery, to achieve less reliance on hospital services and more imaginative and effective use of community-based approaches, provides people with more accessible care, strengthens collective health resources and reduces the burden on the acute sector. The NHS Health Checks Programme is key to identifying people at risk of these conditions through screening or surveillance and enable prevention and early intervention.

Smoking, poor diet, overweight/obesity, unhealthy lifestyles and lack of physical activity are modifiable risk factors common to many long term conditions. These risk factors are linked with income, socioeconomic position, levels of education, stress and unhealthy coping mechanisms, and multiple co-morbidities. Consequently, there are well established health inequalities and potential equity issues (access) linked with many long term conditions.

Changes in PHOF data from the previous year

Positive	Negative
<p><u>Reduction in:</u></p> <ul style="list-style-type: none"> • Under 75 mortality rate for CVD and preventable CVD • Emergency readmissions within 30 days of discharge • Preventable sight loss- age related macular degeneration <p><u>Increase in:</u></p> <ul style="list-style-type: none"> • Recorded diabetes • Flu vaccination coverage, at risk populations and 65+ 	<p><u>Reduction in:</u></p> <ul style="list-style-type: none"> • Cancer screening coverage - breast and cervical cancer <p><u>Increase in:</u></p> <ul style="list-style-type: none"> • Female mortality rate from causes considered preventable • Under 75 mortality rate from cancer • Under 75 mortality rate from respiratory disease and preventable respiratory disease

Health headlines and context for Merton

- In 2013/14, Merton CCG had the highest prevalence of COPD compared with statistical neighbours, and the second highest prevalence in SW London comparable with NHS Kingston CCG (QOF 2013/14).
- There is variation in the prevalence of long term conditions across Merton. Further work is planned to ascertain the “unwarranted variation” locally.
- A significant proportion of the population in Merton who are likely to have conditions such as COPD and diabetes have yet to be identified.

- In Merton (QOF, 2013-14), the recorded prevalence of diabetes (adults) is 5.6% (England 6.2%).
- NHS Merton CCG has prioritised diabetes early detection and management and had two quality premium metrics around structured education and increasing the detection of undiagnosed cases.
- Overall, Merton CCG does well on measures relating to neurological conditions, with a slightly higher spend for better outcomes compared with CCGs nationally.
- While local neurological services are highly valued, reports indicate that some individuals experience delays in access to ongoing care.

New research and evidence since the previous JSNA 2014/15 report

Cancer health needs assessment (2014)

Key findings:

- 54% of all cancers in Merton CCG are breast, lung, prostate or colorectal cancers
- 70% of people with cancer have at least one other long-term condition.
- Lower uptake than national average for breast and cervical screening (Breast screening uptake in Merton is 66.2% and in England 75.9%, cervical screening uptake 69.7% in Merton and 74.2% in England). Bowel screening uptake lower than in Richmond, Sutton and Kingston. Low screening uptake among Black and Asian Minority Ethnic groups (BAME). Most screening targets in Merton are missed during the month of August; therefor interventions are needed to overcome this.

Neurological conditions health needs assessment (2014-15)

Key messages:

- Merton CCG does well on measures relating to neurological conditions, with a slightly higher spend for better outcomes compared with CCGs nationally; non-elective inpatient care represents the highest proportion of the neurology budget, and comorbidities play a significant role in care needs.
- Local services are valued, however some individuals experience delays in access to ongoing care.
- Inequalities are observed in use of health services; there are higher rates of admission among people from 'other' ethnic backgrounds and those from more deprived areas of the borough.
- Commissioners should ensure sufficient capacity exists in community services to ensure access to ongoing therapies for individuals with neurological conditions, and integrated local pathways across secondary, community and social care address support needs of people with neurological conditions.

NHS Health Checks insight research (2015)

Insight research was commissioned to inform a social marketing plan to increase NHS Health Checks uptake.

Key findings:

- Those that have not had a health check are more likely to be younger, male, live in the east of the borough, be South Asian, be smokers and be less engaged with primary care than those that have.
- Of those who have not yet had a check, 65% would be "fairly" or "very" interested in having one.
- Reaching less engaged groups: health checks need to be delivered and promoted differently for different segments. This includes optimising the invitation process and uptake in pharmacies.

NHS 7 day working review (2015)

A rapid review was conducted to provide an evidence on the prioritisation of seven day NHS working in Merton. Key findings:

- There is a need to lower the rate of unplanned admissions for Ambulatory Care Sensitive Conditions (ACSC) generally, and unplanned hospitalisations for asthma, diabetes and epilepsy in under 19s.
- There is a need to prioritise areas that impact the top 5 conditions leading to unplanned admissions (all ages) over weekends: influenza and pneumonia, dehydration and gastroenteritis, asthma, Chronic Obstructive Pulmonary Disease (COPD) and cellulitis.
- There is a need for particular provisions for frail older people with multiple long term conditions.
- There is a need for a systematic approach to seven day working, and learning from the minimal evidence available to minimise the risk of failure.

Pharmaceutical Needs Assessment (2015)

Key findings: The PNA identified that access to pharmaceutical services for the residents of Merton is good and that there are currently no gaps in the provision of essential and advanced services, however there was a gap in the provision of the minor ailments service (an enhanced service) on Sundays in the East Merton and West Merton localities.

The full PNA is available at http://www.merton.gov.uk/merton_pharmaceutical_needs_assessment.pdf

Relevant local strategies for this topic

- *Merton Health and Wellbeing Strategy 2015-2018*
- *NHS Merton CCG Operating Plan*
- *NHS Merton CCG Cancer Action Plan*

Physical health: key issues and focus areas for the coming year

- Improvements in early detection and management of long-term conditions provide opportunities for the quickest gains in life expectancy. Identifying people at risk of long term conditions through screening or surveillance, along with improved access to services, will improve residents' quality of life and reduce the need for more expensive acute services.
- The CCG should consider new models of service provision that involve more care being provided in community settings and less at hospital sites. A whole systems approach focusing the model of care is needed to deliver 'integrated' services. This should include access to support for primary prevention and for secondary prevention (in primary); these services should work in close partnership with social services.
- Merton CCG should continue to take steps to lead improvement in the quality of primary care management of chronic diseases in East Merton. A networking approach to primary care development may be an important way of achieving this.
- Interventions to support individuals to reduce risk factors need to be in place. A programme of personalised advice and support services has been introduced to support healthy lifestyle choices; this includes the Stop Smoking Service. Commissioners need to monitor and evaluate its success.

- Wider local authority input through existing contracts with services such as leisure and housing, and through planning responsibilities, will help to support people to achieve healthy lifestyles and will be of significance in reducing the risk of disease in a wider range of population groups.
- There are variations in the prevalence of diseases across Merton and these need to be understood better. For instance, there are clear inequalities in coronary heart disease (CHD), stroke, diabetes, respiratory disease (COPD) and cancer across the borough and between genders. Merton CCG should work with practices to reduce these variations, to ensure that patients are identified early and receive timely and appropriate treatment and support for their condition.
- Developing, refining and evaluating the Proactive GP Pilot and consider extending to all GP Practices.
- In diabetes, more needs to be done locally on: helping people and families to achieve and maintain a healthy weight; early identification of those at risk and having disease; ensuring access to appropriate services to support people with diabetes to control their blood sugar levels and reduce potential complications; reducing GP Practice variations and better achievement of the care processes; and ensuring that the Merton GP Practices take part in the National Diabetes Audit.
- Ensuring implementation of the National Diabetes Prevention Programme, the National TB Strategy and specifically the LTBI (Latent TB Infection) testing programme in Merton.
- Improving uptake and coverage of screening, targeted at deprived areas and disadvantaged groups, is needed for early identification and improving outcomes. Commissioners need to use social marketing approaches to understand why the uptake of screening services is below national rates and how future uptake could be improved. Groups for particular focus are: people with learning disabilities, ethnic minorities, young women and socially deprived groups.
- Developing, refining and evaluating the ACE (Accelerated, Coordinated and Evaluated) Programme (sponsored by NHS England) to increase bowel cancer screening uptake in people 60 years and over.
- Statutory bodies in Merton should consider the extent to which a new health care facility in East Merton could contribute to health improvement in that locality.
- Commissioners should ensure that sufficient capacity exists in community services to ensure access to on-going therapies for individuals with neurological conditions and that integrated local pathways across secondary, community and social care address relevant support needs of people with neurological conditions.
- Pending plans: Review of paediatric upper respiratory tract infections and asthma, neurological conditions action plan, and HNAs in asthma, CVD, diabetes, COPD, and learning disabilities.

Mental health

- Black ethnicities and people from the most deprived areas of Merton were over-represented and Asians under-represented in both the in-patient population and the (CMHS) populations.
- There are 1926 people with dementia, a prevalence of 0.9% for Merton CCG, higher than England (0.7%), and London (0.7%).

Mental health:

One in four people in the UK will experience a mental health problem in the course of a year. In 2004, 22.8% of the total burden of disease in the UK was attributable to mental disorder (including self-inflicted injury), compared with 16.2% for cardiovascular disease and 15.9% for cancer, as measured by Disability Adjusted Life Years (DALYs)⁴⁴.

People experiencing a physical health condition are also more likely to suffer mental ill health. The reverse is also true: mental ill health may often increase the risk of physical illness.⁴⁵ There are key inequalities in physical health for people with serious mental health problems. Mental ill-health can be both the cause and the consequence of social exclusion leading to a vicious cycle of homelessness, unemployment, and worsening physical and mental health.

The cost of mental health problems to the economy in England have recently been estimated at £105 billion each year and treatment costs are expected to double in the next 20 years (NEPHO). The Greater London Authority published a paper in 2014, 'London Mental Health: The invisible costs of mental health;'⁴⁶ it estimates that mental ill health impacts result in around £26 billion each year in economic and social costs to London.

Dementia

Dementia is a progressive syndrome, characterised by widespread impairment of mental function. Dementia is associated with complex needs particularly in the later stages, and is one of the major causes of disability and dependency among older people. Both prevalence (known cases) and incidence (new cases) of dementia rise exponentially with advancing age however; it is possible to have dementia when you are younger. Alzheimer's disease is the most common form of dementia and may contribute to 60–70% of cases⁴⁷. It can be overwhelming not only for the people who have it, but also for their caregivers and families. The National Dementia Strategy (2009)⁴⁸ advocates for 'Improving public and professional awareness and understanding of dementia' as a key contributing factor to the prevention of dementia.

⁴⁴ World Health Organization (2008) Global Burden of Disease Report. WHO

http://www.who.int/healthinfo/global_burden_disease/estimates_country/en/index.html

⁴⁵ Royal College of Psychiatrists Physical Illness and Mental Health

⁴⁶ London Mental Health: The invisible costs of mental ill health; Greater London Authority, January 2014

<http://www.london.gov.uk/sites/default/files/Mental%20health%20report.pdf>

⁴⁷ World Health Organisation Dementia Factsheet <http://www.who.int/mediacentre/factsheets/fs362/en/>

⁴⁸ The National Dementia Strategy 2009 <https://www.gov.uk/government/publications/living-well-with-dementia-a-national-dementia-strategy>

Changes in PHOF data from the previous year

Positive	Negative
<p>Reduction in:</p> <ul style="list-style-type: none"> • Social Isolation: % of adult social care users who have as much social contact as they would like • Depression/anxiety among social care users • Depression prevalence • Suicide rate <p>Increase in:</p> <ul style="list-style-type: none"> • % of adults in contact with secondary mental health services who live in stable and appropriate accommodation • Satisfaction with social care support & protection • Employment of people with mental health disorders • Dementia diagnosis rate 	<p>Reduction in</p> <ul style="list-style-type: none"> • Self-reported well-being - people with a high anxiety score • Rate of recovery for IAPT treatment <p>Increase in:</p> <ul style="list-style-type: none"> • Gap in the employment rate for those in contact with secondary mental health services, and the overall employment rate • Emergency admissions for neuroses • Schizophrenia emergency admissions • Excess under 75 SMI mortality • Premature SMI mortality • Emergency hospital admissions for intentional self-harm

Health headlines and context for Merton

- Overall Merton does well on many measures of mental health, with lower spend and better outcomes. Modelling predicts increased demand for mental health services over the next 5 years.
- The 3 top causes for in-patient admission were *schizophrenia, psychoactive substances and mood affective disorders*. The 3 top causes for Community Mental Health Services (CMHS) referrals were *mood affective disorders, psychoactive substances and schizophrenia*.
- There are 1926 people with dementia, a prevalence of 0.9% for MCGG, higher than England (0.7%), and London (0.7%). Black ethnicities and people from the most deprived areas of Merton were over-represented and Asians under-represented in in both the in-patient population and the (CMHS) populations.

New research and evidence since the previous JSNA 2014/15 report

Adult Mental Health Needs Assessment (2014)

Key findings:

Where there is room for improvement:

- Equity: Under-representation of Asians and over-representation of black minority ethnic groups.
- Services that address dual diagnosis of substance misuse and mental ill-health, and hidden harms.
- Personality disorders (PD): Around 8-9% of all in-patient cases and patients in CMHS are seen because of personality disorders. There needs to be more and better access to psychological treatment (DBT/MBT).
- Primary care variation by practice, variable quality outcomes and under-diagnosis. Primary Care management of the physical health of Merton residents with schizophrenia; more work is required to ensure the physical health of residents with schizophrenia is better managed in primary care.
- In terms of IAPT services, Merton has the lowest proportion of cases that moved to recovery in SW London and compared with the London average. From August 2012- August 2013, the recovery rate for Merton was 35.7% against a local target of 43% and a national target of 50%.

Dementia health needs assessment (2015)

Key findings:

Where Merton is doing well:

- Dementia continues to be an area of high profile and priority and robust stakeholder engagement.
- Merton has made substantial progress in identifying and diagnosing those with dementia, and there is a wide range of sources of information for dementia advice and services.
- The Community Mental Health Team (CMHT) has coped with increased demand and caseload (although this is a key future consideration).

Where there is room for improvement :

- Tackling dementia stigma through increased education to all stakeholders.
- Reducing variation in dementia diagnosis rates between GP practices and between localities.
- Improving data capture around ASC caseload and cost of people with dementia.
- End of Life Care (EoLC) discussions with people with dementia and their carers.
- Improving the process for reacquiring social services support after hospitalisation for residents with dementia, and tackling the misinformation about the entitlements of people who are self-funding.
- Better out of hours support and crisis support for carers, and increased availability of GPs as a source of information and advice on living well with Dementia.
- Increasing the available community activities, particularly for Black and Minority (BAME) groups
- Tackling the service gap of an older people's psychiatric liaison resource for residents in acute care.

Mental health: key issues and focus areas for the coming year

- The most important modifiable risk factor for mental health problems in childhood, and thus in adult life in general, is parenting⁴⁹.
- A range of targeted and outcome specific early intervention and support services should be considered, culturally sensitive to Merton's BAME groups, to promote mental health wellbeing and reduce stigma.
- Merton must take a whole community approach to recovery, addressing factors that influence mental wellbeing for everyone, whether or not they have a diagnosis; and creating environments and cultures that support wellbeing from schools and colleges, to work places and on the streets.
- For people with mental ill-health unable to attend mainstream education, training or work, London Borough of Merton should ensure that commissioned services are effective in providing alternative educational or occupational activities according to their individual needs and capacity to engage with such activities, with an ultimate goal of returning to mainstream education, training or employment.
- The range of accommodation in Merton for people with mental health need should be reviewed, to establish current need, and enable planning for the future provision of housing and support options.
- All employers in Merton (including in LBM and MCCG) should be sensitive to potential mental health issues underlying sickness absence, ensuring adequate occupational health provision, employee assistance programmes to prevent the build-up of stress, and promotion of healthy workplaces.
- Ensuring stop smoking services are available to Merton residents with mental ill-health.
- Ensuring that relevant services are aware of the Dementia Hub in Merton and how patients with dementia can be referred to it, particularly GP practices.
- Strengthening services for dual diagnosis of substance misuse and mental ill health, to ensure early identification, clear eligibility criteria, referral and care pathways, and robust outcome measures.

⁴⁹ <http://www.fph.org.uk/parenting>

- Developing services and pathways to reduce demand on acute beds, by increasing care for the mental and physical health of the frail and elderly in community settings, and providing a holistic assessment.
- Front-line staff and health care professionals in primary care must be trained to better recognise and refer in mental ill-health and the early signs of dementia.
- Carers' needs must be addressed and a new Carers strategy must be developed for Merton.
- Variations in quality and under-diagnosis need to be understood in greater depth and minimised in primary care, particularly in GP practices in East Merton.
- The physical health of Merton residents with mental health conditions needs to be monitored regularly.
- Dementia: ensure sufficient capacity of the Community Mental Health Team (CMHT), and that any developments to the memory assessment service are in line with Memory Services National Accreditation Programme (MSNAP) recommendations; and reduce the disparity in diagnosis rates between GP practices and investigate the cause of the variation.
- Finalising and taking forward the implementation plan for MH overall, and the crisis concordat plan, and developing the Dementia strategy for 2016-2020
- Adult mental health peer support services review and developing pilot programmes are currently underway
- Implementation of the London-wide Digital Mental Wellbeing Project in Merton, once procured.

Sexual health

- STI rates are increasing: Merton ranks 23 out of 326 local authorities for the rate of Gonorrhoea which is a marker of high levels of risky sexual behaviour (96.9 per 100,000). This is a marked increase since the last available data in 2011 when it was 76.6.

Sexual health is a wide ranging public health issue. Most of the adult population of England will be sexually active at some time. Many people, including health professionals, are not comfortable talking about sexual health issues and some groups are at high risk of poor sexual health due to stigma and discrimination which can impact their ability to access services. Commissioning of effective interventions and services is essential to improving outcomes.

In England, 50% of pregnancies are unplanned which has a major impact on individuals, families and society. When this is a teenage pregnancy, there are many specific adverse consequences for both mother and child. The cost of teenage pregnancy to the NHS is estimated at over £63m a year, and the estimated cost of benefit payments to a teenage mother for three years after birth is between £19,000-23,000⁵⁰.

It is estimated that one person is diagnosed with HIV every 90 minutes. Over half of those newly diagnosed are diagnosed after the point at which they should have started treatment⁵¹. Each new case of HIV infection is estimated to represent between £280,000 and £360,000 in lifetime treatment costs⁵².

⁵⁰ Teenage Pregnancy Next Steps: Guidance for local authorities and Primary Care Trusts on the effective delivery of local strategies, 2006, Department for Education and Skills.

⁵¹ A Framework for Sexual Health Improvement in England, 2013, Department of Health.

⁵² Sexual health commissioning in local government, 2015, Local Government Association.

Young people aged 15 to 24 years, men who have sex with men (MSM) and black Caribbean ethnic groups experience higher rates of STIs. In Merton 42% of new STIs were seen in 15-24 year olds and 26.8% (where sexual orientation was disclosed) in MSM.

There is considerable geographic variation in the distribution of STIs, HIV and teenage pregnancy across Merton. Rates of STIs, HIV and teenage pregnancy are strongly correlated to socioeconomic deprivation, with the highest incidence in the east of the borough. Access to services is lower in this part of the borough.

Changes in PHOF data from the previous year

Positive	Negative
<p>Reduction in:</p> <ul style="list-style-type: none"> • Teenage conceptions • Late diagnosis of HIV • STI re-infection rates (used as a marker for risky sexual behaviour) <p>Increase in:</p> <ul style="list-style-type: none"> • Chlamydia diagnoses amongst 15-24 year olds showing increased success of the programme 	<p>Increase in</p> <ul style="list-style-type: none"> • Sexually transmitted infections • HIV prevalence • Chlamydia (all ages) and Gonorrhoea

Health headlines and context for Merton

- In 2013, the rate of chlamydia diagnoses per 100,000 young people aged 15-24 years in Merton was 2063.4 (compared to 2015.6 per 100,000 in England). This is an increase since the last available data from 2011 when it was 1987.8 which indicates increasing success of the local screening programme.
- In 2013, Merton ranks 23 out of 326 local authorities for the rate of Gonorrhoea which is a marker of high levels of risky sexual behaviour. The rate per 100,000 is 96.9. This is a marked increase since the last available data in 2011 when it was 76.6.
- In Merton, between 2011 and 2013, 39% of HIV diagnoses were made at a late stage of infection (CD4 count <350 cells/mm³ within 3 months of diagnosis) compared to 45% in England. This is a downward trend since last JSNA.
- In 2013, the under-18 conception rate per 1,000 female aged 15 to 17 years in Merton was 22.1, while in England the rate was 24.3. This shows a continued downward trend for Merton.
- Among women under 25 years who had an abortion in 2013, the proportion of those who had had a previous abortion was 32.8%, while in England the proportion was 26.9%
- In 2013, Merton is ranked 306 out of 326 local authorities in England for the rate of GP prescribed Long-acting reversible contraception (LARC), with a rate of 22.7 per 1,000 women aged 15 to 44 years, compared to 52.7 in England.

New research and evidence since the previous JSNA 2014/15 report

- There has been a refresh of the sexual health and contraceptive data for Merton provided by Public Health England. New information on the effectiveness of Pre-exposure Prophylaxis (PrEP) to prevent men who have sex with men being infected with HIV.
- Increase in STIs across London – especially Syphilis and Gonorrhoea. Merton has seen an 8.9% increase in Gonorrhoea which is indicative of risky sexual behaviour.
- Increasing evidence on the effectiveness of online testing and home sampling for STIs and HIV.
- Independent review of local contraceptive and sexual health services was undertaken in 2014/15.

Sexual health services user survey (2014)

- A survey of user satisfaction of GUM and contraceptive services, conducted in 2014, showed that most were extremely or fairly satisfied with the: expertise and friendliness of staff; information given; location of service; confidentiality. Users were less satisfied with: convenience of opening hours; getting their results; making an appointment; and onward referral to other services.
- Main barriers to access were: fear of being seen by someone they know; services not being available at convenient times; and fear that family/friends will find out they are using a sexual health service.
- Key issues were wish for: increased service availability; further signposting; greater involvement of community groups; and service maintenance.

Relevant local strategies for this topic

- *Merton Children and Young People's Plan 2015 – 2018*

Sexual health: key Issues and focus areas for the coming year

- Continue to implement the recommendations from the young people's sexual health and substance misuse needs assessment (2013) – see online JSNA for specific recommendations
- Sexual health services are mandated to provide comprehensive, open access, sexual health services for their local population.
- STI rates are increasing at the same time as budgets are being reduced so creative solutions will be needed in order to meet Public Health Outcome Framework targets.
- As sexual health services are open access and demand led, there is a risk of budget over spend.
- There will be a community based level 2 contraceptive and sexual health service from April 2016.
- Procurement of level 3 sexual health services contributing to London wide transformation of services.
- Provision of HIV home sampling to MSM, part of national Public Health England procurement.
- Support to GPs to increase provision of LARC .
- New prevention and support services targeted at MSM and Black Africans commencing in April 2016.
- It is important to keep a continued focus on teenage pregnancy, which is associated with poorer outcomes for both young parents and their children.
- Implementation of the Healthy Living Pharmacy model rewarding good practice in pharmacies.
- Embed the condom distribution scheme for 13-24 year olds into the young persons risk and resilience service.

7. The health and wellbeing of older adults in Merton

- There are more older people in the west than the east of Merton and the older people in the east are more deprived

There are more older women (in terms of population numbers) than men in Merton; there are 13,740 women as opposed to 10,983 men aged 65 and over. There is a higher prevalence of osteoporosis and rate of falls in women than in men therefore there is a greater need for falls prevention services for women in Merton. There is an east and west divide in falls prevention services.

Changes in PHOF data from the previous year

Positive	Negative
<u>Reduction in:</u> <ul style="list-style-type: none"> • Emergency hospital admissions for injuries due to falls in persons aged 65-79 	<u>Reduction in:</u> <ul style="list-style-type: none"> • Older people's perception of community safety <u>Increase in:</u> <ul style="list-style-type: none"> • Social Isolation of Adult Social Care users • Emergency hospital admissions for injuries due to falls in persons aged 80+ • Emergency admissions for fractured neck of femur in persons aged: 65 and over; 65-79; and 80 and over

Health headlines and context for Merton

- Older people make up 12.3% of the population of Merton; this is predicted to grow by 14.7% in the next 10 years. Of people aged 65 and older 44% are men and 56% are women. There are more older people in the west than the east of Merton, but those in the east are more deprived.
- Overall the health of people aged 65 and over in Merton is better than the England average based on proxy measures such as Disability Free Life Expectancy (DFLE) at 65.
- The increase in older people leads to demand for falls prevention services as well as health and social care resources to deal with the issue of falls.
- In Merton there is an NHS-led specialist falls services and a range of fall prevention initiatives in the form of keep fit and exercise classes provided by the voluntary sector. There are two Leisure Centres and a pool which all provide concessionary membership fees for people of retirement age depending on the membership .
- There are initiatives provided by Merton Council as part of the strategy entitled "Celebrating Age – Valuing Experience" a strategy for people aged 50 and above including increasing physical activity in older people.

New research and evidence since the previous JSNA 2014/15 report

Falls prevention health needs assessment (2014-15)

Key messages:

Where Merton is doing well:

- Merton's emergency admissions rate for a broken hip (2012/13) was 13th lowest of 32 London CCGs.
- The rate for Merton residents who return to their usual place of residence following admission for a hip fracture (a proxy measure for availability and quality of community care and home-support services) is similar to the London and England rate, and most comparators.

Where Merton is not doing so well:

- Merton has a significantly higher rate of older people, older women and those aged 80 and above being admitted to hospital for falls related injuries compared to the England average.
- The falls-related mortality rate in the people aged 75 and older for both men and women is second highest of all the 11 comparators.
- Merton is slightly below the national average in terms of the osteoporosis QOF indicator (percentage of patients aged 50 to 74 years with a fragility fracture, in whom osteoporosis is confirmed on DXA scan, who are currently treated with an appropriate bone-sparing agent)
- The Merton rate for admissions into care homes (a proxy measure for delaying dependence and preventing frailty) is higher than similar local authorities and the London rate.

Service User Consultation:

Three broad themes that emerged from consultations with service users were: Service users' understanding of the determinants of falls; the Merton falls pathway, and barriers to accessing falls prevention services.

Service Providers

The overarching themes that emerged from consultations with Service Providers were: primary prevention and shared ownership of the issue of falls, the referral process into the SMCS Falls Prevention Service, and collaborative working and true integration.

Over 75s review (2015)

- There is limited evidence of interventions that work in the community to reduce hospital admissions.
- An overriding theme is the use of multidisciplinary case management of targeted groups, with effective data collected on outcomes and costs.
- Size of GP practice is associated with number of admissions; larger practices have fewer admissions, as they have the capacity for specialist clinics services and higher ratios of GPs to patients.
- A&E and non-elective admissions and attendances, as well as ambulance call out data, provide better signalling on which groups to target in Merton. Falls Prevention and Nursing Home Liaison are two areas not already incentivised, where more can be done in primary care.

Befriending literature review (2014)

Key messages:

- Social isolation and loneliness contribute to poor health outcomes of older people. Low intensity initiatives to address this are required in Merton for the growing over 65s population, to reduce or delay the need for health and social care services.
- Best practice guidelines suggest no specific model, but that services should involve service users in planning and delivery of services and be responsive to their needs, promote access for those most likely to benefit, necessitate collaborative working from local partners, and be outcomes-focused.

- Befriending initiatives are a potential low-cost, low-intensity intervention to reduce the social isolation and loneliness experienced by older people. Various service models exist, including face-to-face and telephone based schemes alone or in combination.
- Little evidence exists on the effects of befriending interventions on reduced ill-health and use of services, however qualitative data demonstrates positive effects on quality of life and well-being.

Community navigators (2015)

A review of community navigators services was conducted. Key messages include:

- Many interventions exist to reduce, isolation and loneliness in older people; befriending, social group schemes and community navigators have been reported to be more effective.
- People who use befriending or community navigator services report that they were less lonely and socially isolated following the intervention.
- When planning services, strong partnership arrangements need to be in place between organisations to ensure developed services can be sustained
- Successful programs ensure older people's involvement in planning, implementation and evaluation.
- Successful services have a clear model and focus, strong recruitment partnership practices for volunteers or key staff and standardised data collection to capture and monitor outcomes.
- Interventions of community navigator schemes tend to be unstructured, personalised and fall on a wide continuum making it challenging to compare outcomes or measure cost-effectiveness.

Relevant local strategies for this topic

- *Merton Health and Wellbeing Strategy 2015-2018*

Older adults: key issues and focus areas for the coming year

- A joint and integrated approach by the CCG and Local Authority is required in falls prevention to: promote physical activity among older people, provide health promotion and prevent frailty and accidents (Objective 4 of the DH systematic approach to fall prevention at a population level) .
- There is a need to strengthen links with the Fracture Liaison Service (FLS); particularly for those with fragility non- hip fractures which tend to precede hip fractures.
- Consider developing a Falls Prevention and Bone Health Locally Commissioned Service (LCS) and targeted work for residents aged 65 years and over in East Merton ACSC NEL admission and ambulance call-out hot spots in Abbey, Colliers Wood, Cricket Green and Figge's Marsh wards.
- Dementia: Ensure sufficient capacity of the Community Mental Health Team (CMHT), that any developments to the memory assessment service are in line with Memory Services National Accreditation Programme (MSNAP) recommendations, and investigate and reduce the disparity in dementia diagnosis rates between GP.
- Complex patients, defined as patients whose primary AND secondary diagnosis includes ACSCs (ICD10 Codes) and additionally dementia, Parkinson's disease and Multiple Sclerosis (MS) are a small percentage of NEL admissions in patients over 50, are likely to be high cost patients and worth targeting.



Merton the place for a good life



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www.merton.gov.uk/health-social-care/publichealth/jsna.htm