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HEALTH SCRUTINY SUB-COMMITTEE BRIEFING

Meeting to be held on Thursday 14 February 2013

QUESTIONS ON THE HEALTH SCRUTINY HOLDER BRIEFING

The Briefing comprises:

1 JOINT STRATEGIC NEEDS ASSESSMENT 2012/13 (Pages 3 - 16)

Members and Co-opted Members have been provided with advanced copies of the Part 1 (Public) briefing via email.

Printed copies of the briefing are available upon request by contacting Helen Long on 020 8313 4595 or by e-mail at helen.long@bromley.gov.uk.

***Copies of the documents referred to above can be obtained from
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Agenda Item 1

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London Borough of Bromley

PART 1 - PUBLIC

Briefing for Health Scrutiny Sub-Committee

14 February 2013

JOINT STRATEGIC NEEDS ASSESSMENT 2012/13

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1. Summary

- 1.1 The Joint Strategic Needs Assessment (JSNA) is a statutory process for local authority and Bromley Clinical Commissioning Group to undertake, and to produce an updated assessment annually.
- 1.2 This report describes the main issues affecting the health and wellbeing of the population of Bromley. Its purpose is to provide the basis for an understanding of the current and future health and wellbeing needs of the population over both the short term (three to five years), and the longer term future (five to ten years) to inform strategic planning commissioning services and interventions that will achieve better health and wellbeing outcomes and reduce inequalities.
- 1.3 This report provides the draft Executive Summary.

DRAFT JOINT STRATEGIC NEEDS ASSESSMENT 2012/13

EXECUTIVE SUMMARY

1. DEMOGRAPHY

- 1.1 This year, the initial findings of the 2011 Census are included in the JSNA, although the population projections are still based on the 2001 Census data.
- 1.2 The population of Bromley is rising and is predicted to continue to rise. The 2012 estimate of the resident population is 316,647; this is expected to increase to 326,217 by 2017 and 332,956 by 2022.
- 1.3 The number of births has risen considerably in recent years (an increase of 29.1% in 2011 compared to 2002) and is likely to continue to do so. This has resulted in a concomitant increase in the numbers of 0 to 4 year olds.
- 1.4 The number of older people in Bromley is increasing in line with the rise in the overall population, so the proportion of older people is predicted to remain fairly stable at 15.6% over the next 10 years.
- 1.5 There has been an increase in the proportion of the ethnic minority population in Bromley from 13.5% in the 2001 census to 22.6% in the 2011 Census. For the first time, the 2011 Census has included Gypsy/Irish Travellers as an ethnic category, with 0.2% of Bromley's population stating that they belong to this category.
- 1.6 The 2011 Census shows that although there has been a significant increase in the proportion of people working in higher professional occupations, there has also been a marked increase in the proportion of never worked and long term unemployed in Bromley.

What this means for the JSNA

- Services need to cater for an increasing number of people in Bromley.
- Consideration needs to be given to the increasing numbers of older people and young children who are higher users of health and social care services.
- The increase in numbers of children will impact on requirements for primary and secondary school places

2. THE HEALTH OF PEOPLE IN BROMLEY: LIFE EXPECTANCY AND THE BURDEN OF DISEASE

- 2.1 Life expectancy at birth in Bromley has been rising steadily over the last 20 years, and the latest figures (2007-09) report a life expectancy of 79.9 years for men and 83.8 years for women.
- 2.2 However, life expectancy is 7.8 years lower for men and 6.2 years lower for women in the most deprived areas of Bromley compared with the least deprived areas.
- 2.3 The infant mortality rate in Bromley (3.0 per 1000 live births) is lower than in England as a whole (4.4 per 1000 live births), and has been fairly steady over the last 4 years.
- 2.4 The key causes of death in Bromley remain circulatory disease, cancer and respiratory disease.

- 2.5 The prevalence of heart disease has been stable over the last four years and mortality rates continue to decrease.
- 2.6 The NHS Health Checks Programme is identifying a high risk of CVD in the next 10 years in 8% of screened individuals.
- 2.7 The prevalence of stroke has increased in the last year, but the mortality rate continues to decrease.
- 2.8 The prevalence of hypertension remains above 17% (with over 46,000 cases), despite evidence of under identification of cases. Control of hypertension in Bromley is less effective than across London and England.
- 2.9 The numbers of people in Bromley with diabetes continues to rise, with 13,335 cases on the disease register in 2011-12.
- 2.10 The incidence of all cancers in Bromley has been rising over the last 28 years. But mortality has been falling and survival has been improving. The number of cancer registrations per year has increased since 2002, but been fairly stable since 2006.
- 2.11 The four most common cancers registered in Bromley in the last 10 years are breast, prostate, lung and colorectal cancer.
- 2.12 About 13% of deaths in Bromley are caused by respiratory disease. This includes influenza and COPD. Chronic Obstructive Pulmonary Disease (COPD) is mainly caused by smoking. Although the prevalence of smoking in Bromley is lower than the London and England averages, smoking prevalence is higher in routine and manual workers.
- 2.13 Mental health problems affect a large proportion of the population, with approximately 158 people per 1,000 of the Bromley population aged 16 to 74 years suffering from a mild to moderate disorder (i.e. anxiety and/or depression).
- 2.14 In 2012 it was estimated that there were 4102 people with dementia in Bromley. GP registers identify 1,703 patients with dementia, suggesting that some cases are not known to clinical services. By 2030 the number of people with dementia in Bromley is estimated to increase to 6047.
- 2.15 In 2010 there were 143 conceptions in females aged between 15 and 17 years. This represents a rate of 26.4 per 1000 female population aged 15 to 17 years, which is lower than both the London rate (37.1) and the England rate (35.4). There has been a 17.8% reduction in the under 18 conception rate since 1998.
- 2.16 Of the 143 under 18 conceptions in 2010, 93 (65%) resulted in a termination of pregnancy. This is significantly higher than the England rate (50.3%), and slightly higher than the London rate (62.5%).
- 2.17 The rate of sexually transmitted infections (STIs) in Bromley is significantly lower than the London rate and the England rate.
- 2.18 Bromley has a high rate of hospital admissions with any mention of pelvic inflammatory disease in women aged 15 to 44 years (564 per 100,000 population) as compared with the London rate (240.3) and the England rate (247.9). This high rate in Bromley merits further investigation.
- 2.19 The prevalence of HIV in people aged 15 to 59 years in Bromley is significantly higher than the prevalence across England, but is lower than the prevalence for London. The number of people living with HIV in Bromley has increased by 68% in the last five years, with the highest rates in the North West of the borough.

- 2.20 Of concern is the increase in the number of cases of whooping cough (Pertussis) in 2012. This is in line with the national trend. In Bromley, most cases have occurred in adults aged over 25 years.
- 2.21 Coverage rates for immunisation have been improving over the past four years, but remain lower than the WHO recommendation of 95%. Rates of immunisation uptake of the preschool booster and 2nd MMR are especially low.
- 2.22 Smoking is a major risk factor for circulatory disease, cancer and respiratory disease. Smoking prevalence in Bromley is estimated to be 18.1% and prevalence has been rising since 2009.
- 2.23 A survey in Bromley last year found that a significant proportion of people asked had been offered and bought illicit tobacco products in the last year.
- 2.24 Obesity is a key risk factor for circulatory disease and cancer, and also for diabetes, which is a precursor to circulatory disease.
- 2.25 The modelled estimate for obesity prevalence in Bromley of 21.8% of those aged 16 years and over represents approximately 54,163 adults in Bromley.
- 2.26 Data collected for Bromley as part of the National Child Measurement Programme (NCMP) show rising trends in the prevalence of overweight in children in Reception Year and Year 6 with a slight drop in the prevalence of obesity in the same age groups.
- 2.27 There is scope to increase levels of physical participation in Bromley. Current levels for adults are below the national average.
- 2.28 Cycle segmentation data suggests that certain areas within the borough have greater propensity to take up cycling. Households broadly within Bromley North, Shortlands, Copers Cope, Beckenham and around Crystal Palace have the greatest propensity and should be areas in which cycling promotion and activity should be targeted to generate the greatest return.

What this means for the JSNA

- There is a need for continued action to address health inequalities with the disparity in life expectancy between the most and least deprived areas of the Borough.
- Prevention, identification and good management of long term conditions (in particular obesity, diabetes, hypertension and HIV) continue to be a priority for Bromley.
- Improving immunisation uptake remains a priority in the face of recent outbreaks of infectious diseases such as pertussis.
- Smoking prevalence is rising and there is evidence of illicit tobacco trading.
- The prevalence of obesity is still a matter for concern.
- There is scope to increase levels of physical activity participation in Bromley.

3. RENEWAL AREAS

- 3.1 Action on health inequalities requires action across all the social determinants of health. Although deprivation scores for Bromley are low overall, there is considerable variation across different areas in the borough, resulting in about 5% of Bromley's population living in the most deprived quintiles of the country. In order to improve deprivation scores, action is needed across all of the domains used in establishing the Index of Multiple Deprivation: income, employment, health deprivation and disability, education, skills and training, barriers to housing, living environment and crime.
- 3.2 In response to the London Plan Regeneration Areas Policy, six of the Bromley "Places" are being identified in the evolving Local Plan as five Renewal Areas: "Crystal Palace, Penge & Anerley", "Bromley Common", "The Cray Valley", (combining "Cray Valley, St Paul's Cray & St Mary Cray" with "Orpington, Goddington & Knoll", "Mottingham" (abutting Lewisham and Greenwich regeneration areas) and "Ravensbourne Plaistow & Sundridge" (abutting a Lewisham regeneration area).

4. HOUSING

- 4.1 The 2011 Census found that there were 130,862 households in Bromley and this figure is predicted to rise together with a reduction in average household size. Approximately 71% of dwellings are owner occupied, this figure is falling and there has been a growth in the private rental sector.
- 4.2 A Housing Condition Survey (2005) indicated that approximately 33% of private sector dwellings in the Borough fail the Government's Decent Homes Standard. Vulnerable households are four times more likely to occupy non-decent dwellings if they live in certain wards within the borough.
- 4.3 The main cause in Bromley of homes not meeting the Decent Homes Standard is lack of thermal insulation.
- 4.4 Bromley continues to experience a significant increase (over 150%) in the number of households presenting faced with homelessness. This has resulted in a significant rise in the number of households having to be placed in temporary accommodation.

What this means for the JSNA

- Managing expectations of people who are not in priority need
- Increasing demand for housing
- Increasing numbers of repossessions
- Decreasing supply of affordable housing and temporary accommodation further exacerbates the gap between supply and demand

5. CHILDREN AND YOUNG PEOPLE

Educational Attainment

- 5.1 Approximately 20% of the Borough's school intake is from neighbouring boroughs (mainly Lewisham and Croydon).
- 5.2 Early Years Foundation Stage performance has been improving year on year since 2008, with 68% of Bromley pupils attaining the expected level of performance in 2012. In addition, the

gap between the highest performing pupils and the lowest 20% at EYFS has been reducing (33% in 2010 and 29.2% in 2012).

- 5.3 Bromley's performance at Key Stage 1 is consistently at or 1-2 percentage points higher in all areas than performance nationally.
- 5.4 However, the gap in performance at Key Stage 1 between pupils eligible for Free School Meals (FSM) and non-eligible is not narrowing. Pupils not eligible for FSM consistently perform better than those eligible.
- 5.5 Bromley's performance at Key Stage 2 is also consistently above performance achieved nationally.
- 5.6 At Key Stage 2, the gap in attainment in combined English and mathematics between those pupils eligible for Free School Meals and those who are not has decreased year on year, from a gap of 29% in 2008 to 22% in 2012.
- 5.7 Girls tend to out-perform boys in most subject areas across all key stages.
- 5.8 A higher percentage of pupils in Bromley schools made the expected amount of progress between the Key Stage 1 and Key Stage 2 assessments in 2012 than nationally.
- 5.9 At GCSE (Key Stage 4), Bromley pupils also achieve higher than the national average, with 68% of pupils gaining 5+ A*-C grades (including English and mathematics) in 2012, compared with 58% nationally.
- 5.10 At Key Stage 4, the Free School Meal/Non Free School Meal gap has fluctuated over the last 3 years when looking at attainment of 5+ A*-C grades, and 5+ A*-C grades including English and mathematics. In 2011 the gap was 21% for the former and 26% for the latter.

What this means for the JSNA

- Continue to develop and sustain relationships with schools which convert to Academies to achieve jointly agreed outcomes to improve the lives of children and young people in the Borough.
- The number of five year olds achieving the expected level for the Early Years Foundation Stage Profile is in line with that of national attainment and it is an area where performance is improving, however the rate of improvement is not at the same high level as the other key stages. A focus is therefore provided on improving attainment at the Foundation Stage as studies, such as the Marmot and Field Reviews, clearly identified the importance of intervention in the early years.
- The attainment gap at Key Stage 2 and Key Stage 4 is a particular area of focus for the LA and for the Department for Education. The priority is addressing the gap between those with Free School Meals/ Non Free School Meals in particular, but there are also gaps in performance across the genders.

Children with Special Educational Needs (SEN) and Disabilities

- 5.11 During the past decade Bromley has experienced a significant increase in volumes of children with Special Educational Needs (SEN) and Disabilities.
- 5.12 In 2012 there were 9,205 pupils in Bromley schools with Special Educational Needs, an increase of 1,193 since 2008.

- 5.13 The number of pupils in Bromley with Statements of Special Educational Needs has also increased, from 1,585 in 2008 to 1,779 in 2012.
- 5.14 Pupils who have a significant degree of Special Educational Needs and Disability perform less well than their peers at all Key Stages and subjects.
- 5.15 In 2012, 30.8% of the 117 Statemented pupils in Bromley achieved the required level in reading at Key Stage 1 compared to 96.4% of pupils who have no SEN. This shows a decline on 2011 where 38.9% of 95 children with a Statement achieved the required level in reading compared to 95.9% of pupils who have no SEN. There is a similar pattern across all subjects.
- 5.16 The results are similar for subjects at Key Stage 2.
- 5.17 Performance at Key Stage 4 shows that 78.3% of pupils who have no special needs achieve the expected level of 5+ GCSEs A*-C including English and maths compared to 20.8% of the 68 pupils who have a full Statement. This shows an improvement on 2011 where 16.8% of 68 children with a Statement achieved the expected level of 5+ GCSEs A*-C including English and maths compared to 79.5% of pupils who have no SEN.
- 5.18 The number of referrals of children to the Specialist Support and Disability Panel has increased by 19% between 2010-11 and 2011-12 – an increase of 38 children to 240
- 5.19 The Borough's Supporting Inclusion in Pre-School (SIPS) programme supported 8% more pre-school children with severe and complex needs within their local community pre-school setting.
- 5.20 In addition, 22 children with complex health needs, including some requiring airway support, Hickman lines, support for complex diabetes and gastrostomy tube feeding have been supported across 18 mainstream primary and secondary schools in the Borough without requiring a full Statement.

What this means for the JSNA

- Increasing birth rates and advances in modern medicine have resulted in more children with disabilities and complex needs surviving at birth and into later life.
- The increase in numbers and complexity of needs of children with learning difficulties and/or disabilities has required more specialist and high cost provision to be made available

Children's Safeguarding and Social Care Referrals

- 5.21 Within Bromley, between 2007/08 and 2011/12 safeguarding referrals have increased by 85% (from 1,441 in 2007/8 to 2,679 in 2010/11), whilst initial contacts also increased by almost 300% (from 3,425 in 2007/8 to 10,132 in 2011/12).

What this means for the JSNA

- Initial contacts to, and Assessments by, Children's Social Care Services have significantly increased creating considerable pressures on the Council's staffing and budgets
- There does appear to be a trend for decreasing numbers of Referrals to Children's Social Care Services

Children in Care

- 5.22 The numbers of Children in Care in Bromley have increased by 18% (46) between 2007/08 and November 2011/12 to 301.
- 5.23 During the three year period from 2009 to 2012 the average time between a child entering care and moving in with its adoptive family within Bromley is 689 days. This shows a significant decrease than the average time between 2008 and 2011 which was 804 days. However, this average is longer than both the average for England (636 days) and the average of the Borough's 'statistical neighbours' (580 days).
- 5.24 Within Bromley, the percentage of young people aged 19 who were looked after aged 16 who were in education, employment or training has increased by 18% between 2010 (31%) and 2012 (49%). This is now above the national average of 36% in 2012.
- 5.25 The percentage of young people aged 19 who were looked after aged 16 who were in suitable accommodation has increased by 7% between 2010 (84%) and 2012 (91%). This is now above the national average of 88% in 2012.
- 5.26 Whilst being in the care of the Council it is acknowledged that it is important for children and young people to have stability in their placements. This means keeping movements between care placements to a minimum. Bromley has been above the England average for the percentage of children in care with three or more placements during the year since 2010.

What this means for the JSNA

- There has been a significant increase in the number of children in care over the last 5 years.
- The average time between a child entering care and moving in with its adoptive family within Bromley is below both the average for England and the average of the Borough's 'statistical neighbours'.
- The percentage of children in care who have more than 3 placement moves a year in Bromley is above that of national average

6. OLDER PEOPLE

- 6.1 Bromley has an ageing population – the largest in London with approximately 54,000 people aged 65+ years in Bromley at 2012. It is expected that this will increase to 57,000 (5%) by 2015 and will continue to increase to 74,100 (37%) by 2030.
- 6.2 There are currently over 4,100 people living in Bromley with dementia, and with the ageing population the incidence of dementia is set to rise by 4% (159 people) by 2015 and will continue to increase by 47% (1,945 people) by 2030.
- 6.3 The numbers of older people supported by Adult Social Care Services has decreased over the last four years. The largest decrease in services has been a 23% decrease in the number of people in nursing care from 320 in 2007/08 to 244 users in 2011/12.
- 6.4 However, the number of people using Direct Payments over the last four years has increased by 94% from 103 in 2007/08 to 200 users in 2011/12.
- 6.5 For people with dementia, the introduction of more self-directed support and less reliance on residential care is leading to an increased demand for complex need care packages, increasing referrals to Oxleas Memory Service, a doubling of specialist dementia residential

care since 2006/7 and the need to explore alternative models of accommodation and support to reduce need for residential and nursing care.

What this means for the JSNA

- An increasing number of older people are being supported within their own home which will have an increasing impact on community based services by all organisations that are required.
- The increase in older people who chose to manage their own support through direct payments are likely to change both the way in which services are provided and the types of services that are provided across the Borough.
- The increasing complexity of needs of the older people in residential care will impact on the services required to be provided by care homes, and the cost to the Council

7. LEARNING DISABILITY

- 7.1 The number of adults up to the age of 64 years with learning disability in Bromley is predicted to increase by 7.3% over the next 8 years.
- 7.2 Identification of adults with LD is significantly lower in Bromley than the England average. In addition, the proportion of adults known to GPs who have had a health check is already significantly lower in Bromley than the England average. This is important because people with learning disabilities have a higher prevalence of certain health problems and also have more difficulty than others in recognising health problems and getting treatment for them.
- 7.3 Bromley has significantly higher rates of emergency admissions for adults with learning disability than the England average.
- 7.4 The proportion of people with learning disability in Bromley living in non-settled accommodation is 24.08%, which is significantly higher than the England average and has been rising over the last two years.

What this means for the JSNA

- There is a need to improve the identification of people with learning disabilities in primary care.
- There is a considerable shortfall in the numbers of people identified with learning disability who have had an annual health check.

8. PHYSICAL DISABILITY AND SENSORY IMPAIRMENT

- 8.1 It is estimated that there are around 20,000 people of working age in Bromley who have a physical disability or sensory impairment, about 10% of the population aged 16-64. This figure is projected to increase to 21,750 by the year 2020.

9. MENTAL HEALTH

- 9.1 The percentage of over 18s with depression is significantly higher in Bromley than the percentages for both England and London.
- 9.2 Overall, suicide rates for men in Bromley are about three times higher than for women.
- 9.3 In 2010, 69.2% of all people dying by suicide were men, of which the 65 years and over age group had the highest number of male deaths.
- 9.4 In 2010 there were 287 hospital admissions for deliberate self-harm (a significant increase from the 122 in 2001). 86% of these admissions were for self-poisoning.
- 9.5 The 15 -19 year old age group have the highest number of admissions following self-harm, numbers remain high and throughout life up to the age of 49 for women.
- 9.6 Within the next four years there will be an increase of nearly 300 people with dementia, with the greatest increase in the over 85 year age group. As well as suffering from dementia, this group of people are also likely to be the most frail and have other long term conditions. By 2030, this group will have risen by 1,400.
- 9.7 Emotional well-being is a strong predictor of physical health. Men and women who scored highest in a survey on emotional health were twice as likely to be alive by the end of the study. Improving the mental health of the population is expected to decrease the prevalence of a variety of physical health problems, amongst others, cardiovascular disease.
- 9.8 The measure of overall emotional well-being in Bromley CYP is lower than would be expected and changes to services locally have resulted in difficulty accessing CAMHs services by front-line services.
- 9.9 Local Special Educational Needs and Disabilities (SEND) data from schools shows higher rates than would be expected of children with learning disabilities and children on the autistic spectrum.

What this means for the JSNA

- Implementation of the Mental Health Strategy and CCG Mental Health Programme are key tasks over the next few years

10. END OF LIFE CARE

- 10.1 Between 2008 and 2010, the majority of deaths in Bromley occurred in hospital (56%).
- 10.2 There has been no change in the proportion of people dying at home between the 2005-09 and 2008-10 periods in Bromley. However, there has been an increase in the proportion of people dying in care homes between the two time periods.
- 10.3 Of the deaths that occurred in hospital in Bromley during 2010, 90% of these terminal hospital admissions were emergency admissions.
- 10.4 Considerable progress has been made in implementing the Gold standards Framework in Care Homes and improving End of Life Care services in General Practice.

What this means for the JSNA

- Since there has been little change in the numbers of those dying at home in Bromley between 2005-09 and 2008-10, new approaches to increase the number of those dying at home may need to be considered.
- Given the increase in proportion of those dying in care homes in comparison to their own homes, closer examination of what is happening in care homes in Bromley to achieve this in comparison to people's own homes may be required.
- An analysis of the source of terminal admissions to hospital may be useful in order to ascertain some of the factors that contribute to the high proportion of terminal hospital admissions that present as emergencies in Bromley

11. CARERS

- 11.1 Bromley has a similar percentage of carers (10%) compared to the England total (10.3%); however, the Borough has a significantly higher percentage than across London (8.4%).
- 11.2 A higher proportion of carers in Bromley provide a lower level of care of under 19 hours per week (6.9%) than both London (5.3%) and England (6.5%).
- 11.3 Fewer carers provide intensive care of more than 50 hours per week in Bromley (2%) than England (2.4%); however, the figure for Bromley is higher than that for London (1.8%).
- 11.4 The number of young carers identified and supported by Carers Bromley has increased significantly over the past few years; however, it should be noted that from national research it is expected that these are only a portion of the actual number of young carers within the Borough.
- 11.5 In September 2012, a total of 847 young carers were known to Carers Bromley compared to 539 in June 2009. This is increase of 57%. This also reflects an increase of 22% between June 2011 [693] and September 2012, and an increase of 6% since February 2012 [802].
- 11.6 Young carers are less likely to be happy at school and more likely to be bullied than young people with no caring responsibilities. Furthermore, carers are more likely to experience poor health with people providing high levels of care twice as likely to be permanently sick or disabled.
- 11.7 Within the next three to four years the number of people needing care will outstrip the number of people able to provide that care.
- 11.8 As the number of carers increase this will also have an impact on businesses as most carers fall into the 45-64 age brackets at the peak of their careers.
- 11.9 During 2012 the London Borough of Bromley and the Bromley Clinical Commissioning Group published a revised Strategy for Carers for 2012/13. This will be reviewed and revised again during 2013.

What does this mean for our JSNA?

- There continues to be insufficient local data/ joint identification of carers and young carers
- Bromley has a similar percentage of carers compared to the England total; however, the Borough has a significantly higher percentage than across London
- The 2011 Census indicates that a higher proportion of carers in Bromley provide a lower level of care of under 19 hours per week than both the London and England averages
- It also indicates that fewer carers provide intensive care of more than 50 hours per week in Bromley than the England averages; however, this is higher than the London average
- Although it is difficult to identify the actual number of young carers in the borough, the number of young carers known to Carers Bromley has increased 57% since June 2009
- The Carers Strategy, including the Young Carers Strategy, is being refreshed during 2013
- Carers assessments have a low take up and how they are presented to carers needs to be revisited in terms of the benefits
- The carers survey undertaken during Winter 2012 will provide valuable information on the needs of identified carers

12. SUBSTANCE MISUSE

- 12.1 In Bromley the rate of adults estimated to currently be using an illicit drug is 5.4 per 1,000 population (or 1,106 people).
- 12.2 During 2010/11 there were 1,085 adults treated for drugs misuse in Bromley, of these the highest proportion was aged between 35 and 44 years.
- 12.3 In Bromley, 6% of the population in treatment present for cannabis misuse, nearly 10% for cocaine misuse and less than 1% for amphetamine and ecstasy use. Adults treated for opiates and crack make up the largest proportion of those in treatment (80%).
- 12.4 The emerging AACCE (Alcohol, Amphetamine, Cannabis, Cocaine, Ecstasy) substances are more popular with those aged between 16 and 24 years and there is little information about the long term effects or of patterns of misuse.
- 12.5 During 2010/11 there were a total of 274 people in Bromley who exited from drug treatment services. Three quarters of them were male and over 85% were white. Those aged between 25 and 44 years made up two thirds of treatment exits. Nearly half of those that exited treatment (45%) planned to do so. One quarter were referred on, and another quarter dropped out. Under 5% had unplanned exits from treatment.

What this means for the JSNA

- The patterns of substance misuse in Bromley are not high.
- The available data looks mainly at those receiving treatment for substance misuse related to opiates and crack. The emerging AACCE substances are more popular with those aged between 16 and 24 years and there is little information about the long term effects or of patterns of misuse.
- Prevention work on substance misuse should be done early and in conjunction with other risk taking behaviours such as smoking and alcohol consumption

13. ALCOHOL

- 13.1 Overall, data published in 2012 shows that Bromley is significantly better than the average for England for many alcohol-specific and alcohol-attributable indicators. These include binge drinking, alcohol-specific and alcohol-attributable hospital admission (in both males and females), and alcohol-specific mortality. However, indicators relating to alcohol and crime were significantly worse in Bromley, compared to the England average.
- 13.2 Rates for alcohol-attributable hospital admissions in both males and females have been increasing year on year between 2006/07 and 2010/11 in Bromley.

What this means for the JSNA

- More preventive work is needed to reduce the levels of alcohol-related crime in Bromley.
- An increased understanding of the impact of alcohol on domestic violence is needed.
- The levels of alcohol-related hospital attendance and admissions to reduce pressure on secondary care services
- More work is needed to raise awareness of the risks of alcohol misuse in Bromley, particularly in young people

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