

JSNA 2014 Executive Summary

2. The Population

The population of Bromley continues to grow, to a size of over 320,000 in 2014, and is predicted to expand still further over the next ten years.

Whilst the number of under 4 year olds has reached a plateau after ten years of growth, the proportion of older people in Bromley will continue to increase from 17.7% of the population in 2014, to 18.3% by 2024. Health and social care planning should take account for this rise in the numbers of older people particularly in the South of the Borough which will see the largest increase in numbers of over 75s.

The proportion of the population in Bromley which is made up of Black and minority ethnic groups has increased from 8.45% in 2001 to 17.3% in 2014. This increase has been mainly in the Black African community. Because the health risks of ethnic minority populations differ from the general population, attention should be given in health and social care planning in particular to the North West of the Borough which has the highest proportion of ethnic minorities, and also to the Cray Valley area which houses the Gypsy traveller population, who tend to experience poor health outcomes.

3. Life Expectancy and the Burden of Disease

Life expectancy at birth in Bromley has been rising steadily over the last 20 years, currently at 80.7 years for men and 84.5 years for women. However, there is an 8.7 year gap for men and 7.9 years for women between the highest and lowest life expectancy wards in Bromley, with the lowest life expectancy in the most deprived wards.

Mortality in Bromley is chiefly caused by circulatory disease (32%) and cancer (30%) with higher mortality rates for both conditions in the more deprived areas of the borough.

There is a need for continued action to address health inequalities associated with deprivation. One avenue is to improve early identification of increased circulatory disease risk through the **NHS Health Checks Programme**. However, evaluation of this programme shows low levels of uptake, particularly in the more deprived North West of the borough. Results from the programme also show that there is suboptimal follow up of patients who the programme has identified at need of further testing for diabetes, hypertension and chronic kidney disease.

In addition, there is evidence to show that there are many people living in Bromley with undiagnosed **hypertension**, and a number of people with known hypertension

which has not been adequately controlled. These people are at higher risk of stroke, kidney disease heart disease and other conditions.

Diabetes represents a continuing challenge in Bromley. The number of people affected has been rising since 2002, and for those diagnosed, control of the associated risk factors for circulatory disease is less effective than nationally. Work is necessary both to prevent and to improve identification of diabetes.

Cancer remains one of the key causes of mortality in Bromley, and although survival rates have been improving, incidence of all cancers is rising, indicating the need for good prevention strategies. In addition, a significant proportion of cancers are diagnosed outside the two week referral pathway, leading to later diagnoses, which will adversely impact survival rates, as will the low cancer screening uptake in the more deprived parts of the borough.

The rate of **sexually transmitted infections** is lower in Bromley than in London or nationally. The low prevalence of chlamydia in Bromley means that it has been necessary to adopt a targeted screening programme, which is proving successful with a high proportion of those tested proving positive for the disease.

Although Bromley as a whole has a low **HIV** prevalence, the HIV rate in the north West of the Borough is four times the Borough average and the prevalence is rising steadily. Whilst it is understood that migration from neighbouring boroughs is a contributing factor to the steady increase, further work is required to understand and ascertain if there are other contributing factors that require a particular approach to tackling the rise.

While early testing using Point of Care Testing in acceptable settings has been commissioned, further work is required to address perception of risk and transmission awareness with a view to increase the overall likelihood of actively seeking testing especially among at-risk females and also to understand which communities are more likely to confront stigma as a result of having a HIV test.

The number of **live births** is rising, reflecting the rising trends in the general fertility rates. The trends have implications for Bromley primary schools and children services in the borough.

There are higher birth rates in Bromley women aged 25-39 than England and London and there is a rising trend towards older motherhood. There is a need for reproductive healthcare services to reflect the population changes.

Abortion rates in women in their 20s are high. These women are also more likely to report a previous termination than other age groups. There is therefore a need to

understand contraception use and terminations particularly in women in their 20s in Bromley.

There is currently a gap in local data on Emergency Hormonal Contraception and Long Acting Reversible Contraception use which has created a gap in understanding of the need and use by different population groups. Further work is planned to understand the contraception service need and use in the borough.

Further work is needed to encourage the **uptake of childhood immunisations** as vaccination rates for several categories, such as MMR, Hib/MenC, DTaP/IPV (pre-school), and HPV, remain below the national recommendation of 95% coverage.

There remains a potential for **measles outbreaks**, particularly in older children and young adults due to poor immunisation uptake, as seen in the 11 confirmed measles cases in 2013.

There were 14 confirmed cases of **pertussis** (whooping cough) in 2013, highlighting the importance of immunisation against pertussis, in particular the uptake of maternal pertussis vaccination programme.

Seasonal flu vaccination rate in Bromley is lower than that of London and England, meaning a large proportion of at risk individuals remain vulnerable to the serious health effects of flu.

There is a rising prevalence of **smoking** in Bromley, this has a negative impact on Bromley's morbidity and mortality rates, local economy, health inequalities, local environment, hospital admission, re-admission and post-operative complication rates Bromley has a particularly high smoking prevalence within routine and manual worker groups, prevalence is 8% higher than the general population in Bromley and continues to increase (prevalence was 24.3% in 2011-12, rising to 26.1% in 2012-13). There is evidence that illicit tobacco and shisha use are becoming more common in Bromley.

Bromley has the third highest levels of overweight and **obesity** in London, 65% are either overweight or obese and the prevalence is rising. The prevalence of **childhood obesity** is higher than the England average and is now reducing slowly in reception year children, but continues to rise in the Year 6 cohort.

Excess weight contributes significantly to the incidence and progression of diseases such as type 2 diabetes, circulatory disease and cancer. A significant proportion of Bromley's residents (21.8% obese) are at higher risk of these conditions and of premature death.

There is scope to increase levels of **physical activity** participation in Bromley to increase health benefits. Targeting inactive populations will produce the greatest reduction in chronic disease.

There is evidence that interventions in the following areas have a positive impact on the health of the physically inactive:

- environmental changes designed to increase daily activity
- active transport – walking and cycling
- physical activity programmes for people with long term conditions
- physical activity for children in schools.

5. Housing

Housing is a fundamental need for good health and wellbeing and inequalities in a range of health issues can be tracked to the quality of housing.

The number of households in Bromley is predicted to increase steadily over coming years with the average household size set to decrease.

Approximately 71% of dwellings in Bromley are in owner occupation and approximately 13% are in the private rented sector, with 14% of social rented housing is supplied through Housing Associations.

Over the last ten years there has been a fall in the level of owner occupation and a growth in the private rental sector most likely as a result of the general economic downturn. The increase in demand in the private rental sector has driven a significant rise in rental prices for lower quartile rents.

A study of private sector housing conditions (2009 report) indicated that approximately 36% of private sector dwellings in the Borough fail the Government's Decent Homes Standard.

The volume of households faced with homelessness has risen dramatically during recent years predominantly in response to complex economic factors and the ensuing impact on housing markets, the onset of the recession and the welfare reform programme. The most significant area of increase continues to be the loss of private rented accommodation, which now accounts for more than one third of all homeless acceptances. An increasing number of households face a shortfall between benefits and housing costs and there are increasing numbers of households and children residing in temporary accommodation, in particular, outside the borough boundaries.

There is an increasing demand for private and intermediate older person's accommodation in Bromley.

6. Children and Young People

Indicators of child health in Bromley are rated higher than the national average for most aspects. **Family homelessness** and **A&E attendances in children** are rated as higher than the national average. The child mortality rate is also higher than the national and London rate.

Rates of **Type 1 Diabetes** in the children of Bromley are slightly lower than predicted rates based on national data and rates of **Type 2 Diabetes** (obesity-related) in Bromley are very much lower than predicted rates based on national data.

Although admissions to hospital for diabetic children are relatively low they could be lower if pro-active specialist support were in place. This specialist support is being increased in Bromley and future measures of both process measures and outcomes in Bromley's diabetic children is expected to improve.

Although admissions to hospital for asthma and epilepsy have been low in Bromley, the most recent data shows an increase in admissions for both conditions. Length of stay in hospital once admitted also tends to be high in Bromley. Arguably Bromley should be matching the best 5% of areas for both admissions and length of stay. These data indicate that we should be looking to reduce emergency admissions and length of hospital stay for Bromley children with asthma and epilepsy. The provision of specialist paediatric nurses for these conditions may be key to achieving this.

Self-harm appears to be an increasing issue for young people in Bromley, and there is some evidence that rates of presentation to services with self harm are higher in Bromley than in most London boroughs. In Bromley, most of the attendees presented due to self-cutting as opposed to self-poisoning suggesting a possible shift in self-harming behaviours. Of particular note were the common 'triggers' of a new episode of self-harm that presented to A&E, which included family arguments, bullying and already being an inpatient on a mental health unit. The most frequent chronic stressors of having separated parents, adoption, being a looked after child, having experienced domestic violence in the family or having been a victim of physical or sexual abuse highlights the significant psychological impact these can have on a child. The evidence that self-harm may be reduced by psychological well-being programmes for young people and gatekeeper training for those who they may present to is being taken forward in secondary schools, A&E at the PRUH and CAMHs services in the borough.

Teenage conception rates are falling in Bromley , however a higher percentage of these conceptions lead to terminations year on year. This upward trend of terminations is clearly an indication of unplanned or unwanted pregnancies.

It is therefore important to understand contraception service needs of teenagers in the borough by evaluating the impact of the provision of service such a condom provision, long acting contraceptive provision and Sex and Relationship Education (SRE) programmes in schools and FE Colleges with a view to establish if these have made a difference to avoiding unwanted teenage pregnancies.

Educational attainment at all levels in Bromley is generally above the national average, with girls outperforming boys at all levels. Despite this good achievement, however, there are certain groups of children, in particular those in receipt of Free School Meals who do not make the desired rate of progress.

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.

There has been an increase in the number of children in care over the last three years. Bromley is improving its efficiency in the amount of time it takes to move a child in with their adoptive family from coming into care. There are a higher number of children in care with 3 or more placements than the national average.

7. Older People

The number of older people in Bromley has been increasing, and is projected to continue to rise. One of the key consequences of this is a rise in the numbers of people with **dementia**. There is considerable work being done to develop an integrated approach to the commissioning and provision of services for people with dementia and their carers. Despite this, there is still under identification of people with dementia.

An increasing number of older people are being supported within their own home with a commensurate increase in demand on community services. A corollary of this is that those older people cared for in residential and nursing homes have more complex needs.

8. Learning Disability

The number of people with learning disabilities under the age of 64 years, is predicted to rise by 9.2% over the next eight years. Medical advances mean that more young people with profound and multiple disabilities are surviving to adulthood and increasing numbers of children with learning disabilities are making the transition to adult services.

Nationally, the median age at death for people with Learning Disabilities is approximately 24 years (30%) younger than for those who do not have learning disabilities, therefore it is important to ensure that good healthcare is available for people with learning disabilities. However identification of people with learning disabilities by GPs in Bromley is still lower than the expected level, and in addition, a low proportion receive health checks. This may be a contributing factor to the high rates of emergency admissions to hospital for adults with learning disability in Bromley.

9. Sensory Impairment and Physical Disability

The number of people in Bromley with physical disability or sensory impairment continues to increase.

The majority of people with hearing loss are in the older age groups and as the numbers of older people in Bromley increase, there is a need to minimise and address the consequences of hearing impairment, such as social isolation, depression and dementia.

Smoking, obesity, excessive alcohol consumption, hypertension and diabetes are all risk factors for the development of visual impairment, therefore their prevention and management should be a high priority.

Although there have been improvements in disabled access across Bromley, work is on-going in this area.

10. Mental Health

In Bromley, one person in six has a mental health problem at any one time, and one in four will have a problem during their lifetime. The percentage of over 18s with depression is significantly higher in Bromley than the percentages for both England and London, however, the suicide rate in Bromley is below the England average. In 2012, 91% of all people dying by suicide were men, of which the 45 years and over age group had the highest number of male deaths.

The number admitted to hospital with deliberate self harm have been rising over the last ten years, with the highest numbers in the 15 to 19 year age group.

Consequently, implementation of the Mental Health Strategy and CCG Mental Health Programme are key tasks over the next few years, in particular the development of Primary Mental Health Care Services.

The number of people in Bromley with dementia continues to rise, especially in the over 85 year age group, however identification of dementia is below expected levels.

Implementation of the Prime Minister's challenge on Dementia is important to improve this position.

11. End of Life Care

Good quality end of life care is critically important in giving the individual patient and their family a positive experience of care at a difficult time in their lives.

Evidence shows that the majority of people express a preference to die at home, however, in Bromley between 2010 and 2012, over half of deaths (53%) occurred in hospital. There has, however, been a consistent reduction in the proportion of hospital deaths and increase in the proportion of deaths at home, in care homes and hospices since 2006.

Coordinate My Care, a clinical service which coordinates care of patients nearing the end of life has been successful nationally in increasing the proportion of patients dying in their preferred place of death. This service has been introduced in Bromley, but an audit of some practices has shown that there is still scope for improvement in recognising patients as appropriate for end of life care and ensuring that it is possible for them to die in their preferred place of death.

Cancer patients are more likely than non-cancer patients to die at their preferred place of death, partly because it is more difficult to predict the end of life phase in these patients. Work is therefore being done in Bromley to introduce key workers to assist in proactive care planning for the end of life.

12. Carers

Data from the 2011 census indicates that 10% of Bromley's population (approximately 31,000 people) are carers. Just over 6000 of these carers provide more than 50 hours of unpaid care per week. The number of carers known to services in Bromley is much smaller. The 2013 Bromley Carers Survey found that only 45% of the respondents had undergone a Carers Assessment, which is significant given that many (particularly older) carers have a long term condition or disability themselves, and also many report that caring has a negative impact on their mental health.

There has been significant increase in the numbers of young carers identified in Bromley, however, as with adults, not all carers are known to support services. Young carers are known to experience bullying, educational difficulties and emotional problems, and so would benefit from good support.

The Carers and Young Carers Strategies are currently being refreshed.

13. Substance Misuse

Although estimates suggest that approximately 15,000 Bromley residents will have taken an illicit drug in the last year, the number of opiate, crack and injecting drug users is estimated to be under 3000.

The rates of opiate, crack and injecting drug use have been falling over the last two years and are lower than the rates for London and England.

In 2012-13, there were 529 treatment episodes for substance misuse in Bromley and an increase in the number of opiate users successfully completing treatment.

There is a higher proportion of older (60 years+) people being treated for substance misuse in Bromley. This age group often present with more complex problems which will impact on health and social care services.

14. Alcohol

Alcohol misuse is a significant public health issue, with over 26% of the population regularly consuming quantities of alcohol sufficient to damage their health. This is similar to national levels, which have been showing a trend towards an increasing proportion of people in higher risk groups.

Despite the extent of this problem, recording of alcohol consumption in primary care is low and needs to be improved.

Of concern is the trend of increasing alcohol specific hospital admission rates in under 18 year olds in Bromley.

Although alcohol-related crime rates in Bromley are lower than the national average, and have been falling, there is a gap in information relating to alcohol-related domestic violence as there are currently no national figures on prevalence.

Specialist Alcohol Treatment Services provide treatment to those whose drinking is harmful or who are alcohol dependent (5.9% of the population). In 2012-13, 380 adults received treatment, of whom 37% completed treatment successfully, this was an improvement on the previous year, but is lower than the national figure of 40%.

15. Frequent Attenders to Unscheduled Care

Increasing pressure has been put on Accident and Emergency (A&E) Departments across the country in recent years with rising numbers of attendances. Amongst these attendances are a proportion which can be attributed to a sub group referred to as A&E Frequent Attenders (attend A&E three or more times in a year).

The issue with A&E frequent attenders highlights the question of whether the healthcare needs of these patients are being met by the current service provision, and if these needs should be met by the emergency services or other alternative care pathways. Although these frequent attenders do not represent all the service users, we could see that a significant amount of resource could be saved if the number of frequent attendances could be reduced.

In 2012-13 in Bromley, 5,362 A&E frequent attenders accounted for 22.4% of all A&E attendances. The frequency of attendances ranged from 3 to 135 times, with an average of 4 visits per year. There was a particularly high proportion of frequent attenders under the age of 5 years (17.5%), with 41% of these being under the age of 1 year. The commonest presenting complaints in frequent attenders related to respiratory illness, feeling unwell, and abdominal pain. However, there were a significant numbers of attendances relating to conditions which might be better dealt with in settings other than A&E e.g. attendance for intramuscular or intravenous injections, catheter problems, blood tests, feeding tube problems.

Only a third of visits by frequent attenders resulted in hospital admission, with just under half of attendances (49%) resulting in discharge with either no follow up, or follow up by GP.

A sub group of 43 patients attended A&E 15 or more times in the year, of these, 72% were male and 23% were from outside the borough. This group of patients were most likely to present with chest pain, alcohol-related problems or mental health problems.

There are indications that improving/ developing primary and community care services could reduce the number of frequent attenders.

There is scope for further work to assess the needs of A&E frequent attenders.

JSNA Priorities

In order to decide where best to focus our efforts to improve the health of the population it is helpful to use a prioritisation framework. A simple way of considering the relative priority of different health issues is to consider the burden in terms of the numbers of people affected, and then whether the problem is improving or worsening over time. The highest priority is allocated to the issues creating the highest burden which seem to be worsening over time.

The table below has been populated to show the relative priorities of the key issues.

The red box represents the highest priority issues according to this framework.

The orange box should be considered as a warning box i.e. areas where more in-depth work is necessary to understand and manage evolving problems.

