



Bromley Clinical Commissioning Group

# **BROMLEY JOINT STRATEGIC NEEDS ASSESSMENT**

## **2017**

### **Executive Summary**

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## **JSNA Report Contents**

The report consists of a collection of chapters each available as separate documents:

1. Demography
2. Life Expectancy & the Burden of Disease
3. Aspects of Health Protection and Health Improvement
4. Adult Mental Health and Suicide
5. Drug Misuse in Adults
6. Domestic Violence

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## Introduction

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 of services and interventions that will achieve better health and wellbeing outcomes and reduce inequalities.

The JSNA helps organisations in Bromley to fulfil the Equality Duty by considering the needs of all individuals in Bromley.

Much of the information in the JSNA is based on information from routine data sources and from health profiles which allow us to benchmark our position in Bromley against London and England. However, as in previous years, the editorial team has invited and received useful input from stakeholders with a special interest in specific groups of the population.

This is the second of a two-part JSNA delivered across 2016-2017. The contents of this year's report have been revised and it contains updates and analysis in the following chapters:

- Demography
- Life Expectancy and Burden of Disease
- Aspects of Health Protection and Health Improvement
- Domestic violence

There are also 2 in-depth chapters providing a more detailed review of the health needs of two vulnerable groups within Bromley:

- Adults who misuse drugs
- Adults with mental illness

An update to the separate Health Needs Assessment for Children and Young People is expected later on this year

This is the 5th JSNA published for Bromley since the implementation of the Health and Social Care Act (2012) and the transfer of public health teams to the local authority. A comprehensive evaluation of the Bromley JSNA is proposed reviewing the process, outputs and outcomes of the provision of the JSNA. A plan will be developed, in response to the findings, to revise the process, content and format of the JSNA to ensure it is fit for purpose and able to provide the intelligence needed to inform the complex strategic commissioning decisions of the future.

# Executive Summary

## 1. The Population

The population of Bromley continues to grow, to a size of over 330,000 in 2017. It is predicted to increase by a further 10% in the next 10 years to 364,000 in 2027.

There has been an overall increase of 27% in the number of live births in the borough in the last 15 years with a total of 4326 live births in 2016.

The number of young children (aged 0-4) in the borough is predicted to rise slightly over the next 15 years from 21,600 in 2017 to 22,300 in 2032. However the number of young children as a proportion of the total population in Bromley will decrease from 6% to 7% over the 15 year period.

The proportion of older people in Bromley (aged 65 and over) is expected to increase gradually from 17% in 2017 (57,800 people) to 20% in 2032 (76,100).

This equates to an additional 18,300 people aged 65+ living in the borough in the next 15 years, including an additional 7900 people aged 80+.

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 the numbers of over 75s.

The latest (2017) GLA population projection estimates show that, in 2017, the ethnic minority population of Bromley is 19.8%. This proportion varies by age group, with the greatest proportion of the BME population being in children and young people. 19% of 0-4 year olds in Bromley are from BME groups compared to 5% of those post retirement age. The overall ethnic minority population of Bromley is projected to rise to 23% by 2027. The greatest proportional rise is in the Black African group which is predicted to grow in size by 45% over the next decade. 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.

## 2. Life Expectancy and the Burden of Disease

Life expectancy in Bromley has been increasing steadily for the last 20 years and is currently 81.3 years for men and 85.1 years for women (2013-15). However, there is a gap between wards with the highest and lowest life expectancy of 8.3 years for men and 6.4 years for women. There is a negative correlation between levels of life expectancy and area deprivation. The wards with the lowest life expectancy for both men and women in Bromley are Crystal Palace (76.6 years and 81.6 years) and Plaistow & Sundridge (78.1 years and 82.4 years).

The infant mortality rate in Bromley has been consistently below the national average and has decreased overall over the last decade (from 4.6 to 2.7 deaths per 1000 live births). There has been a rise in infant mortality rates in Bromley over the last 2 monitoring periods (2013/15 and 2014/16). This could be attributed to changes in the definition of still births and more accurate recording practices. Further monitoring over a longer period is required to establish if this is an enduring trend.

The main causes of death in Bromley are cancer (29.5% of deaths), circulatory disease (27.9%) and respiratory disease (13.9%). The proportion of deaths caused by circulatory disease has been falling since 2012 and in 2017 the proportion of deaths from cancer was greater than the proportion of deaths from circulatory disease for the first time.

The rates of premature death (death before age 75) for cardiovascular disease (CVD), cancer and respiratory diseases are generally better than the regional or national averages. Premature mortality rates from CVD in Bromley have been falling steadily since 1995 and are currently considerably lower than the regional or national average (56.4 per 100,000 compared to 74.9 per 100,000 in London and 73.5 per 100,000 in England). However these figures mask variation within the borough. There is a significant inequality in CVD premature mortality rates between men and women in Bromley (81.8 per 100,000 compared to 33.8 per 100,000 respectively). There is a positive correlation between premature mortality from CVD and levels of deprivation across the borough.

Evidence suggests that there are still many people living in Bromley with undiagnosed hypertension and undiagnosed atrial fibrillation (potentially 32,500 people with undiagnosed hypertension and potentially 3530 people with undiagnosed atrial fibrillation). Data also suggests that those who have been diagnosed are not receiving the optimal treatment required to adequately control these conditions. These people are at higher risk of stroke, kidney disease heart disease and other conditions.

The NHS Health Check programme is intended to improve the early identification of circulatory disease risk and prevent the development of those conditions listed above. Information on the outcomes of the NHS Health Check Programme in Bromley is provided in the section on Aspects of Health Protection and Health Improvement.

Although survival rates from cancer in Bromley are improving there have been over 10,000 deaths from cancer in Bromley in the last 10 years. A significant proportion of cancers in Bromley are only detected in the later stages which will adversely impact survival rates (36.3 % of cancers were detected early, at stage 1 or 2, in Bromley compared to 48.2% nationally). The incidence of all cancers in Bromley is still rising with nearly 1600 new cancer registrations annually, indicating the need for good prevention strategies. The four most common cancers registered in Bromley in the last 10 years are breast, prostate, lung and colorectal cancer. The incidence of prostate cancer in men in Bromley has increased over the last decade from 119 to 213 cases per 100,000. In contrast the incidence of lung and colorectal cancer in men and women and breast cancer in women has fallen. Cancer screening coverage rates in Bromley have been consistently higher than the regional average and similar to the national average.

The number of people with diabetes in Bromley continues to rise and presents a growing challenge for individuals and services. In 2016/17 there were over 15,000 people diagnosed with diabetes registered with Bromley GPs. There were a further 15,000 people with non-diabetic hyperglycaemia (NDHG, the precursor for diabetes). Modelling estimates suggest the actual numbers of people at risk of developing diabetes in the borough is twice this amount at almost 30,000.

The prevalence of dementia in the Bromley population is steadily increasing with an estimated 4380 people aged over 65 living with dementia within the borough in 2017. It is likely that many of these cases will not be known to services. The rate of growth is predicted to increase with an estimated 6034 people aged over 65 expected to be living with dementia in the borough by 2030.

Further information on the mental health of the Bromley population can be found in the section on Adult Mental Health and Suicide.

### **3. Health Protection and Health Improvement**

Further work is needed to encourage the uptake of childhood immunisations as vaccination rates for several categories, such as MMR, MenC, PCV and HPV, remain below the national recommendation of 95% coverage.

There remains a potential for measles and mumps outbreaks, particularly in older children and young adults due to poor immunisation uptake, as seen in the spike in the rate of confirmed measles cases across South London in 2016.

While the reported incidence of pertussis in Bromley remains raised; it is imperative that the efforts to increase the pertussis immunisation rates, particularly for the maternal pertussis vaccination, are continued.

Uptake of the seasonal flu vaccination in all eligible groups in Bromley is significantly lower than that of England, and a large proportion of at risk individuals remain vulnerable to the serious health effects of flu. Coverage rates for the Shingles vaccination for older people also remains significantly below the England average with substantial room for improvement.

There is a continued need to improve the uptake of NHS Health Checks across most areas in the borough particularly the north and central Bromley.

As a result of NHS Health Checks in Bromley in 2016/17:

- 23 people were diagnosed with diabetes
- 134 people were diagnosed with hypertension
- 11 people were diagnosed with atrial fibrillation
- 8 people were diagnosed with Chronic Kidney Disease

A considerable number of people were identified as having risk factors for developing these diseases:

- 1442 people were found to have a moderate or high cardiovascular risk score.
- 1203 people had raised blood pressure
- 243 people had pre-diabetes
- 108 were found to have an irregular pulse

In Bromley, work to improve the pathways for patients identified at risk of atrial fibrillation, hypertension and diabetes have been prioritised for review to ensure that the opportunities to prevent the onset or progression of disease identified via the NHS Health Check are maximised.

## 4. Adult Mental Health and Suicide

There has been a steady increase in the prevalence of people registered with depression in GP records in Bromley. The depression register size has increased by 7428 cases in Bromley over the last four years, averaging around 1800 new cases each year. In 2016/17 there were over 23,000 people diagnosed with depression. This equates to a prevalence of 8.5% of the total registered population and places Bromley as the 3<sup>rd</sup> highest borough in London.

There has also been a steady increase in the number of people diagnosed with severe mental illness in Bromley, rising from 1667 (0.5%) in 2005/06 to 2904 (0.84%) in 2016/17. Schizophrenia is the most common form of severe mental illness in Bromley, closely followed by all psychosis (accounting for 31% and 29% of all SMI respectively). More men than women are affected by schizophrenia, but women have a higher recording for the other three classified disorders.

The demographic profiles of people diagnosed with either a common mental health disorder (CMD) or severe mental illness (SMI) in the borough share similarities, with most people being middle aged and living in the most deprived areas of the borough. However, the proportion of people from a BME group known to have a common mental health disorder is lower than expected based on the ethnic profile of the borough whereas the proportion of people from a BME group known to have a severe mental illness is higher than expected.

More women than men in Bromley are recorded as having either a common mental health disorder or severe mental illness. This may be a true reflection of levels of mental ill health in women, but might also be explained by the greater tendency by woman to seek medical help for mental health issues.

People in Bromley with common mental health disorders or severe mental illness have higher levels of chronic ill health, particularly heart and respiratory disease, than the general population. People in Bromley with CMD and severe mental illness also have higher rates of obesity and smoking than the general population.

The premature mortality rate for adults with SMI in Bromley is 366, meaning that those with an SMI in Bromley have a 366% increased risk of death under the age of 75 years than those without an SMI in the borough. This is higher than the average rate for London (327) but lower than the England national rate of 370. The rate in Bromley has steadily increased over the last 3 years.

Better recording of data on the lifestyle behaviours of people with both SMI and CMD in Bromley would help to establish how health promotion messages could be best delivered to this patient group to improve physical health and wellbeing and reduce the risk of developing co-morbidities.

Bromley has the 5th highest intentional self-harm rate in the region and ranks 16th out of 33 London boroughs on suicide rates (where 1 is lowest). Suicides continue to be more prevalent in males, up to three times the rate in females, whilst rates of admission for intentional self-harm continue to be more prevalent in women and young people.

The numbers of suicides in Bromley are very erratic year on year but on average about 20 people take their own lives in Bromley each year. The most common methods of suicide in Bromley are hanging, strangulation or suffocation. The proportion of suicides by self-poisoning is reducing, whilst the proportion of suicides by jumping from a height or in front of a moving object is increasing.

Rates of hospital admissions for intentional self-harm have fluctuated in Bromley over the last decade with a peak in 2009-11. Although rates have declined since then, there appears to be the beginning of an upward trend.

The proportion of hospital admissions for intentional self-harm is highest in people aged 20-49. Although there are fewer admissions of intentional self-harm in older residents, research shows that older people who self-harm are three times more likely to commit suicide than the younger people who self-harm.

The relationship between deprivation and hospital admissions for intentional self-harm in Bromley is not linear but analysis at ward level show that hospital admission rates are significantly higher in the Cray Valley wards and Penge and Cator than the rest of the borough.

## **5. Drug Misuse in Adults**

Bromley has the 7th lowest estimated rate of Opiate and/or Crack use in the region and lower overall rates of drug use compared to the regional and national average. However the estimated consumption rate for Opiate and/or Crack use in young people in Bromley (age 15-24) is higher than the regional or national average. Rates of combined Opiate and/or Crack use are also rising in the older population (age 35-64).

The estimated level of unmet need (those with problematic substance misuse but not currently in contact with treatment services) in Bromley is much higher than the England average. It is estimated that 63% of drug users in Bromley are not known to treatment services, ranking Bromley second highest in the region.

The rate of hospital admissions for substance misuse in young people in Bromley is significantly higher than the national and regional average. The rates for young people are increasing more steeply in Bromley than across London or England as a whole. Hospital admission rates for substance misuse in Bromley positively

correlate with levels of socioeconomic deprivation. In contrast there is no observable link between drug-related death rates and deprivation in Bromley.

There were a total of 50 drug-related deaths in Bromley between 2012 and 2016. The rate of drug-related deaths in Bromley is lower than other local authorities in the same socioeconomic deprivation bracket and among the lowest in the region. The average age at the time of death was 47 years. 67% of local drug-related deaths were classified as accidental poisonings, compared to 55% nationally.

Whilst the illicit use of drugs in Bromley is increasing, the number entering treatment is decreasing. Opiate users still dominate adult treatment, these clients generally face a more complex set of challenges and it is more challenging to achieve positive and sustainable outcomes.

Of those in contact with treatment services in Bromley nearly 50% of clients are age 40+, this is slightly higher than the national average. The age profile of clients newly presenting for treatment has also shifted to an older population.

In 2016/17 there were 100 children known to be living with people misusing drugs in Bromley who had presented to substance misuse services for the first time in that period.

Bromley has a higher proportion (37%) of new clients presenting with a co-occurring mental health condition (dual diagnosis) compared to England (24%). Half of all women who present new to treatment, for non-opiate or non-opiate and alcohol misuse have a co-occurring mental health condition.

16% of all people presenting to drug treatment services in Bromley cited a problem with prescription only or over the counter medication (POM/OTC) this is similar to the national average (15%). Only 11% of new clients in Bromley, who were eligible for hepatitis B vaccination and accepted to be vaccinated, actually started a course of vaccination.

17% of all drug treatment clients in Bromley successfully completed treatment compared to 15% in England. Locally the current treatment drop-out rate is lower than the national average (12% in Bromley compared to 17% nationally). Men were more likely to drop-out early across all substance groups both locally and nationally.

Opiate clients have the lowest proportion of successful completions compared to rates for the other substance groups (8% in Bromley, 7% nationally). In Bromley the rates of opiate users achieving abstinence within 6 months is currently the same as the national average (39%). Women in Bromley presenting to treatment for opiate use had higher successful completion rates compared to men (12% compared to 6%).

## **6. Domestic Violence**

There were 2568 domestic violence offences reported in Bromley between Oct16-Sept 17. This is a rise of nearly 60% over the previous 5 years. The number of high risk domestic violence cases referred to MARAC in Bromley rose by 6% in the last year, predominantly driven by an increase in referrals from the police. The rate of cases discussed at MARAC is lower in Bromley than the national average (13 cases per 1000 population compared to 35 cases per 1000 population nationally).

There were 476 referrals to the Bromley Domestic Abuse Advocacy Project (BDAAP). The number of referrals has increased consistently from just over 300 in 2014/15. The highest volume of referrals was from residents living in Cray Valley Clock House and Penge & Cator.

82% of the referrals to BDAAP were women. Women of childbearing age form a significant proportion of referrals received. In 2016/17, 212 dependents of the victims of domestic abuse were known to the BDAAP. There has been a decline in the proportion of referrals from people from a Black or Black British background over the last 3 years. However the highest proportion of referrals from the BME community still comes from this group.