

A Joint Strategic Needs Assessment for Croydon

2008/09



Director of Public Health
Executive Director of Adult Services & Housing
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NHS
Croydon

Croydon LINK

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Croydon's first Joint Strategic Needs Assessment (JSNA)

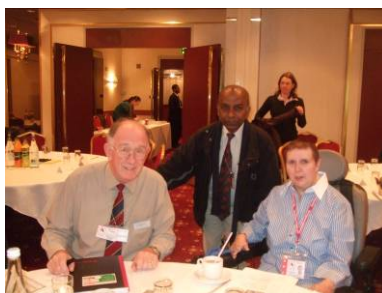
This report provides a snapshot of the findings of Croydon's first Joint Strategic Needs Assessment (JSNA). A more detailed report can be found at: <http://www.croydon.nhs.uk/aboutus/ourpriorities/Pages/JointStrategicNeedsAssessment.aspx>

Joint Strategic Needs Assessment (JSNA) is a statutory duty for Local Authorities and Primary Care Trusts (PCTs). It is an ongoing process which involves identifying population need across a number of priority areas, and assessing current service provision in relation to need and evidence of effectiveness, to inform future service planning for meeting unmet need and addressing inequalities. Put simply, in order to provide world class services a good understanding of the needs of the local population is essential.

Our first JSNA takes the form of a published document, presenting a summary of a "core dataset" to provide an overview of local health and social care needs, alongside a series of jointly undertaken needs assessments which provide comprehensive analyses for selected priority areas.

The core dataset and first chapter describe the 'bigger picture' in Croydon, including how the population will look in the next three to ten years, and what this will mean in terms of demand for some key services. The following chapters describe findings from needs assessments on three agreed topics: teenage pregnancy, mental health, and disabilities.

The topics for the needs assessments were jointly agreed. They are not intended to represent all current priorities and are not deemed to be anymore important than other organisational priorities. They are topics where more in-depth analysis was required, using various data sources, in order to inform a more targeted local approach to addressing the issues identified. The findings will be used to inform service planning, strategy developments, and the commissioning of new services.



Community engagement is essential to effective JSNA. Croydon LINKs¹ has played an active role in the development of the JSNA. A successful stakeholder event was held in September 2008. Representatives from a range of voluntary and community groups and from the PCT and local authority discussed the early findings of the needs assessments and developed recommendations based on these findings. The first draft report was posted on the **Talk to Croydon** website to obtain further community views during Autumn 2008. These views are included here.

The high level of community engagement in the production of this JSNA is a real demonstration of the strength of Croydon's commitment to working in partnership and one which we intend to continue as we move towards planning and producing our second JSNA by September 2009. As well as providing clear strategic needs analysis on an additional set of priority topics, our second JSNA will also contain achievements to date on the recommendations set out in this document.

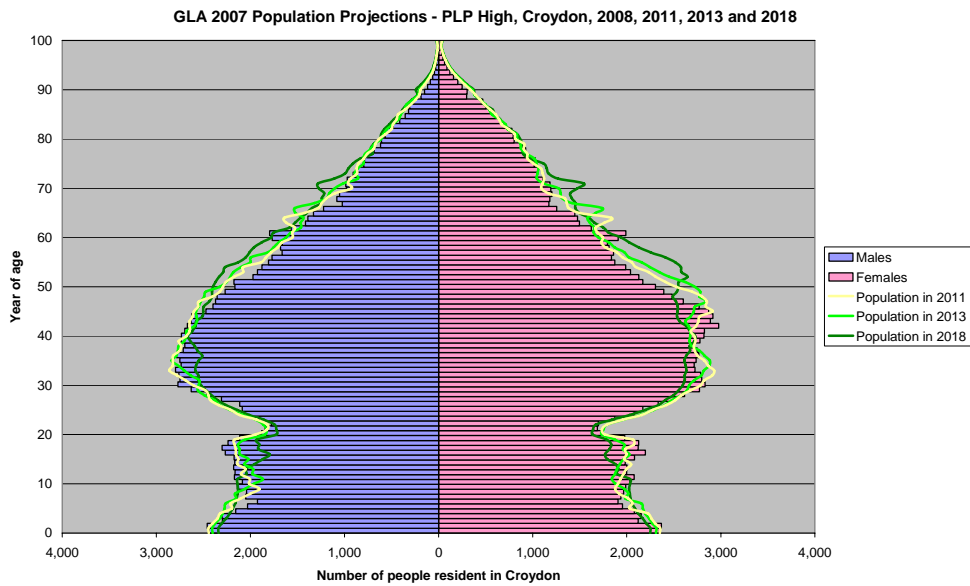
¹ LINKs are Local Involvement Networks in Health and Social Care which aim to help people influence, or change, the way that health services and social care are delivered. They are made up of individuals and community groups who work together to bring about improvements in local health and social care services. They are designed to find out what local people think about the healthcare services in their area and work with local planners to bring about changes.

A picture of Croydon: Summary of the “core dataset”

Population

With a resident population of 339,500, Croydon is the largest London borough in terms of population size. The population is typical of London in that there are more younger people and fewer older people as a proportion of the total population. However, the numbers of children and young people are expected to fall while numbers of older people will rise in future years.

Expected population change 2008-2018

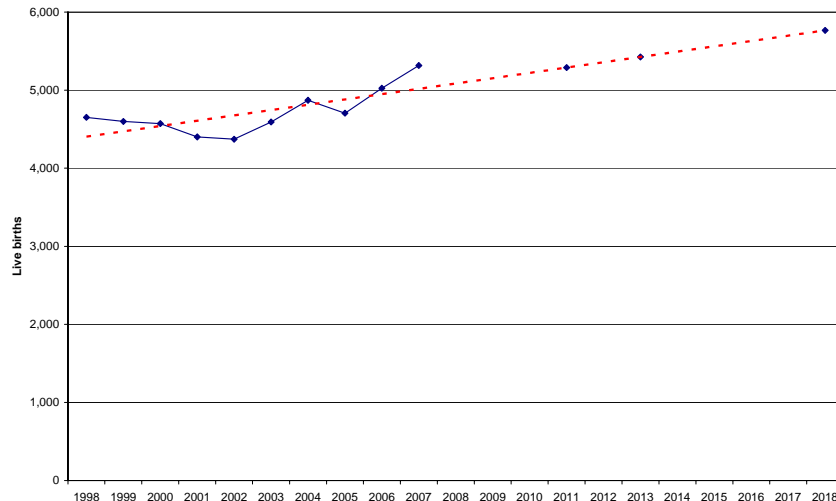


Source: GLA

Births

With 70 births per 1,000 women aged 15-44, compared with 68 in London and 62 in England, fertility rates in Croydon are above average. The number of births has risen to more than 5,000 per year and is likely to continue to rise.

Expected increase in number of births to Croydon residents, 2008-2018



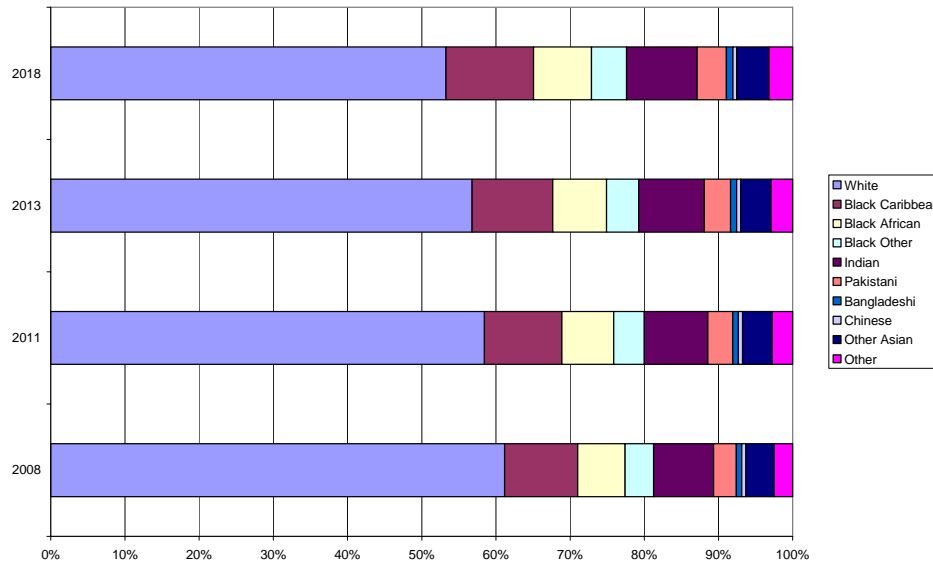
Deaths

There are around 2,500 deaths per year, equating to more than two births for each death in Croydon. Circulatory diseases and cancers are the most common causes of death.

Ethnicity

At 41%, the proportion of the population from Black & Minority Ethnic (BME) groups is similar to the London average (42%). This is expected to increase to 42% in 2011, 43% in 2013 and 47% by 2018.

Expected population change by ethnic group, Croydon 2008-2018



Disability

At 15%, the proportion of the population with a disability is slightly below average.

Religion

Christianity is the most common religion in Croydon (65%), followed by no religion / not stated (23%), Muslim (5%) and Hindu (5%).

Migration

There are around 6,000 international migrants on GP registers. Internal migration outflow exceeds inflow, while international inflow exceeds outflow.

Deprivation

Deprivation levels across Croydon vary considerably and Croydon include some of the most and some of the least deprived areas in London. On average, Croydon is slightly less deprived than the national average and considerably less deprived than London as a whole.

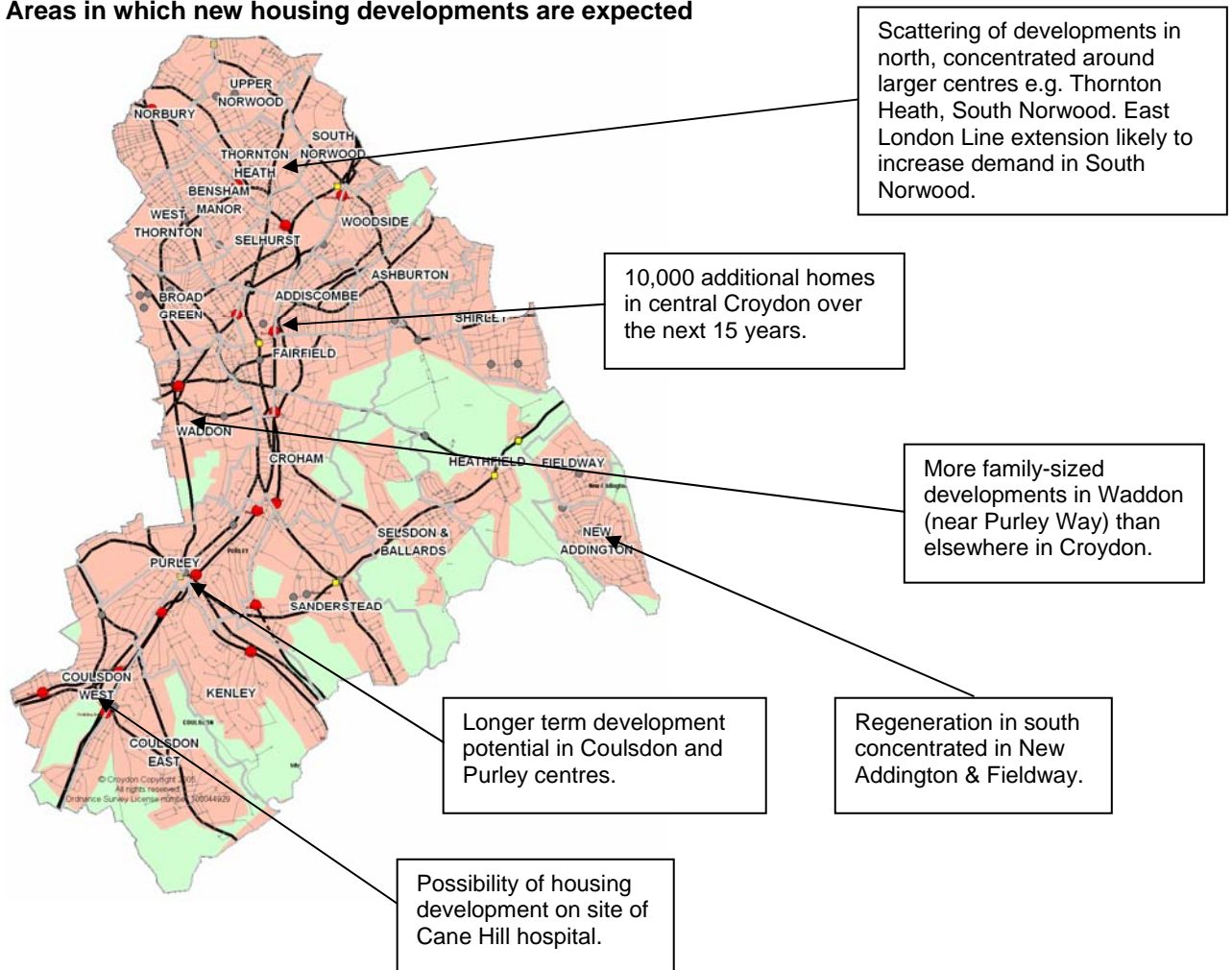
Area classification

Croydon falls into the "London suburbs" ONS cluster. The most similar local authorities are Enfield, Waltham Forest, Greenwich and Merton. The most common Mosaic type in Croydon is "D27 Multi-cultural inner city terraces attracting second generation settlers from diverse communities" (22%).

Households

Over the next fifteen years, an additional 16,250 households are expected. The majority of the development will be concentrated in central Croydon.

Areas in which new housing developments are expected



Social and environmental context

Poverty

One in four children lives in poverty.

Living arrangements

At 17%, the proportion of social rented households is below average. Household overcrowding is above the national, but below the regional, average. At 36%, the proportion of older people living alone is about average, as is the proportion of older people with no central heating. Car ownership is above average for London.

Employment

Almost three quarters of the working age population is in employment. At 15%, the proportion of adults with learning disabilities in employment is notably above average (9-10%). The unemployment rate is above the national, but below the regional, average. Average weekly incomes are above average for London and England.

Lifestyle / risk factors

Smoking

While quit rates are below average at 345 per 100,000 compared with 824 for London and 785 for England, smoking prevalence is also slightly below average (23%).

Diet

Fruit and vegetable consumption is above the national, but below the regional, average.

Alcohol

Alcohol-related hospital admission rates are below average, as are levels of binge drinking. Local data is not yet available on the numbers of alcohol-related attendances at Accident & Emergency.

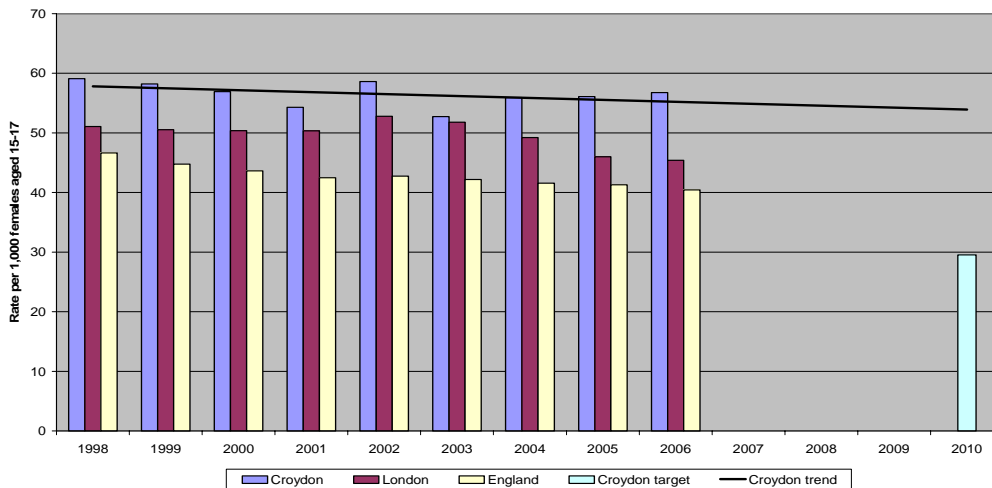
Physical activity

Levels of participation in sport and active recreation are below average.

Teenage pregnancy

At 57 under-18 conceptions per 1,000 girls aged 15-17, teenage conception rates are above the national (40) and regional (45) averages. Croydon will be unable to meet the national target to reduce the teenage conception rate by 50% by 2010 (from 1998 baseline).

Teenage conception rate, Croydon, London and England, 1998-2006



Hypertension (high blood pressure)

At 22%, hypertension prevalence is below average. The prevalence of GP recorded hypertension is approximately half the modelled (expected) level.

Obesity

GP recorded obesity prevalence exceeds estimated prevalence levels. Childhood obesity rates are above average.

Burden of ill health

Death rates

Male life expectancy (77 years) is above average while female life expectancy (81 years) is slightly below average. Infant and neonatal mortality rates are above average. Healthy life expectancy at age 65 is above average. Deaths from causes considered amenable to health care are around average until coronary heart disease (CHD) is excluded. The rate of deaths attributable to smoking is below average.

Hospital admission rates

Admission rates for cancers, mental health, infectious disease, pneumonia and stroke are below average, while admission rates for CHD and chronic obstructive pulmonary disease (COPD, or lung disease) are above average.

Diabetes

Diabetes prevalence is above average, as are estimated excess deaths among people with diabetes.

Circulatory disease

Premature death from heart disease is below average, and prevalence is below the national, but above the regional, average. Hospital admissions for heart attacks are above average for London while revascularisation rates are lower. Death and admission rates for stroke are below average.

Cancer

Cancer incidence and premature mortality rates are below the England, but above the London, average. There is above average incidence of oesophageal, cervical, prostate and bladder cancers.

Respiratory disease (COPD)

COPD mortality rates are above average while GP recorded COPD prevalence is below average and below expected levels.

Infectious disease

Tuberculosis notifications are below average for London. Chlamydia screening uptake is below average.

Oral health

Oral health is better than average.

Mental health

Prevalence of most common mental disorders is below the London average. Suicide mortality is below average.

Trauma

Admissions for hip fracture are below average as are numbers killed or seriously injured on the road.

Musculoskeletal disease

Hip replacement rates are below average for England but above average for London. Knee replacement rates are below average.

Services**Social care**

Timeliness of social care assessment is below average but timeliness of services put into place is above average. Carers' assessments are below average as are the proportions receiving direct payments.

Oral health

Access to NHS dentistry is above average for London but below the England average.

Prevention / screening

Childhood immunisation uptake is above average for London but below average for England. Flu immunisation uptake is below average. Breast screening coverage is above the London, but below the England, average.

Sexual health

Access to GUM within 48 hours is below average, but access to NHS funded abortions before 10 weeks gestation is above average.

Long-term conditions

At 80%, compared with 68% for London and 74% for England, the proportion of people with long-term conditions supported to be independent and in control of their condition is above average.

Future demand for key services

Croydon is the largest London borough in terms of population size. The population is expected to rise, with the biggest increases in the over 50 age-group and in the centre of Croydon.

Croydon's population has become increasingly ethnically diverse, with 41% of the population being from Black and Minority Ethnic (BME) groups. The growth in ethnic diversity is expected to continue, with a projected increase to 47% by 2018.

Analysis of future **housing need** in Croydon indicates that the greatest needs are for: affordable housing (either social rented or affordable private sector homes); family-sized housing; and accommodation suitable for older people with varying levels of mobility and independence.

Future demand for **school places** will be affected by local birth rates, immigration trends and, to a lesser extent, activity in neighbouring boroughs. Analysis of birth data suggests that the number of four year olds requiring a school place in Croydon will increase by 9% by 2011 and by 13% by 2018.

Latest analysis indicates that over the next five years, there will be demand for an additional 1,066 pre-school places, 921 primary school places and 709 secondary school places.

The future **health needs** of the population are a function of three key factors: demographic change; changes in health behaviours and health status; and changes in the likelihood of seeking healthcare for any given condition.

Alongside increases in life expectancy are increases in the need for health care. Increasing age is a major risk factor for a range of key disease, particularly cardiovascular, respiratory and musculoskeletal disorders.

Future numbers of GP consultations have been modelled and indicate that over the next ten years, the annual number of GP consultations is expected to increase be between 50,000 and 190,000 additional consultations – from just over a million consultations in 2008 to between 1.1 and 1.2 million by 2018.

The population will become increasingly ethnically diverse. Certain ethnic groups are at increased risks of various conditions, such as cardiovascular disease and diabetes, and low birthweight births, thus further increasing future demands placed on health services.

As medical advances continue to be made, people live longer, resulting in increases in the prevalence of long term conditions such as heart disease and chronic obstructive pulmonary disease. Alongside these prevalence increases, the number acquiring associated disabilities is likely to increase, as are the numbers of people requiring end of life care.

Teenage pregnancy

Teenage conception rates are strongly linked with socio-economic deprivation.

Around 58% of teenage conceptions are terminated.

Teenage conception rates are highest in Selhurst and Woodside, while teenage birth rates are highest in Waddon, Fieldway and New Addington.

Just over one in ten teenage mothers were, or had been “looked after” by the local authority. Two in every three had had some form of contact with social services in the past.

Almost half of teenage mothers are in education, employment or training.

Around one in ten teenage mothers who gave birth in 2007 were giving birth to a second or subsequent child.

There is an association between age at conception and likelihood of termination, with younger teenagers more likely to terminate their pregnancies.

The largest numbers of terminations and births are among White British teenagers, but the highest rates are found in the Black population groups.

Over three quarters of fathers were aware of the pregnancy. On the whole, the fathers were older than the mothers.

	Teenage Pregnancy		
We found:	More than two thirds of teenage mothers are known to social services		
We asked:	How do we ensure that teenage mothers get the support that they need?		
You told us:	"Identify groups of teenage mothers that may be missed by services"	We recommended:	Emphasise the value of the teenage pregnancy consent form for intelligence gathering and work to ensuring 100% completion
You told us:	"Social services signpost into established care pathway"	We recommended:	Ensure that local practitioners, particularly those in maternity services, universal services and children's social care adhere to the local teenage pregnancy protocol
You told us:	"Offer family-nurse partnership programme"	We recommended:	Increase opportunities for midwives, school nurses and health visitors to be family planning trained. In the interim, ensure these practitioner groups attend contraception training and are trained to be able to distribute condoms
	"Contraceptive services - high priority group"		
You told us:	"Access to advice / info"	We recommended:	Develop a mandatory training initiative for priority staff groups to ensure that local practitioners have the relevant knowledge and skills to talk to young people about sex and relationships issues
You told us:	"Work through services we know they are already accessing"	We recommended:	Explore opportunities for additional work in colleges around sex and relationships education as part of the Healthy Colleges agenda
You told us:	"Schools liaison/support/connection"	We recommended:	Explore the development of holistic health huts for young people in secondary schools that provides a range of information, advice and services on different health issues, including sexual health
	"Provide support in accessible places - may be different to usual"		

You told us:	"Support education and training participation"	We recommended:	Monitor and explore additional funding opportunities for the NEET Reduction Task Group's work with the learning and skills council and local learning providers to explore opportunities to improve access and help facilitate more young parents participating in education, employment and training
	"Make education / work and associated child care an attractive and accessible proposition"		
	"Opportunities for continuing education and easy childcare"		



Mental Health: Psychological Therapy

At present, one in six adults is suffering from a mental health problem. Over the course of a year, one in four people will experience a mental health problem.

Anxiety and depression are the most common mental health disorders. Globally, depression is the leading cause of disability.

The prevalence of common mental health problems (depression and anxiety disorders) in Croydon is estimated to be 17.2% (42,000 people).

In Croydon, 5,425 people are claiming incapacity benefit for mental health problems.

The following characteristics are associated with a higher risk of depression or anxiety: female gender, age 35-54, living in deprived area, unemployed, lacking formal qualifications, divorced or separated, living alone or as a lone parent, living in social rented housing.

Only a minority of patients with anxiety and depression will present to, and be diagnosed by, their GP.

Cognitive Behavioural Therapy (CBT) is an effective treatment for depression and anxiety disorders. Demand for NHS psychological therapy services exceeds supply.

In order to meet the nationally recommended benchmark referral rate to psychological therapy services, current number of referrals in Croydon would have to increase by 180% (from 2,884 to 8,143 referrals in a year).

Anti-depressant prescribing is more common in south and central Croydon, in white British patients, and in those aged 65+.

There is evidence that people aged over 65 in Croydon are less likely to be referred for psychological therapy, and that anti-depressant prescribing rates are high in this age group compared to all other age groups.

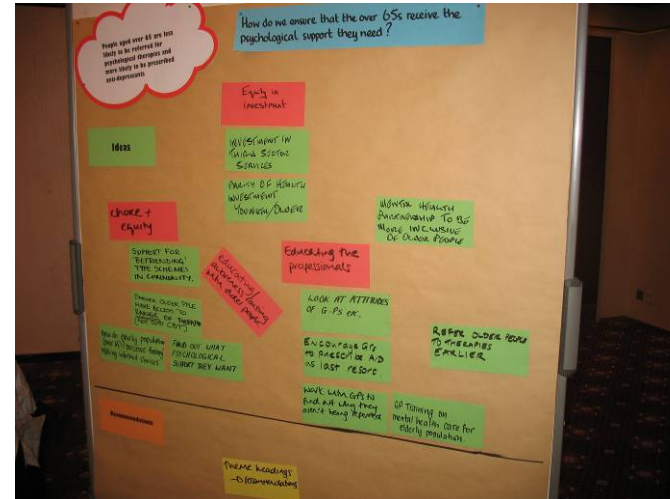
Chapter	Mental Health		
We found:	People aged over 65 are less likely to be referred for psychological therapies and more likely to be prescribed anti-depressants		
We asked you:	How do we ensure that the over 65s receive the psychological support they need?		
You told us:	<p>"Specific funding for this high volume target audience as need is un-met"</p> <p>"Make sure there are enough 'talking therapies' for all who need them"</p> <p>"Better specialised training to service providers and trainers"</p> <p>"Ensure older people have access to range of therapies (not just CBT)"</p> <p>"Ease of access - maybe open surgery at GP"</p>	We recommended:	The Croydon psychological therapy strategy should aim to increase resources available in order to increase capacity of psychological therapy services
You told us:	<p>"Refer to psychological therapies with the specialism / expertise rather than assuming medication is the only way"</p> <p>"Encourage GPs to prescribe anti-depressants as a last resort"</p> <p>"Work with GPs to find out why they aren't being referred"</p> <p>"Refer older people to therapies earlier"</p> <p>"GP training on mental health care for elderly population"</p>	We recommended:	Exploratory work should be undertaken to ensure improved diagnosis and referral of this age group within primary care. Further analysis is needed to examine reasons for higher rates of anti-depressant prescribing in over 65s locally
You told us:	<p>"Educate GPs and health practitioners of the benefits / evidence / availability of psychological therapies"</p> <p>"Referrals by GPs, home help and social services"</p> <p>"Make sure that GPs and their staff can recognise the need for psychological support"</p>	We recommended:	Further work should be undertaken with GPs and patients to inform Croydon's psychological therapy strategy, and to ensure improved diagnosis and referral of people with anxiety disorders

You told us:	"Use local community groups to access and communicate with cultural sensitivity"	We recommended:	It is important to ensure equity of access to psychological therapies for all groups
	"Making sure that service is accessible"		
	"Face to face / culture - User surveys and feedback to all private services to shape and increase"		
	"Training to change and improve the current inequality (age discrimination)"		
	"Information on services to be more accessible and in a variety of formats"		
	"Raise awareness among over-65s about psychological therapies"		
	"Expand range of specialist help available"		

On the basis of our findings, we also recommended:

That the new psychological therapy service link closely into employment support services, to encourage people back into work where appropriate.

That the new psychological therapy service be accessed by self-referral (as well as GP referral) to increase access.



Learning disability, physical disability and sensory impairment

There are 1,690 people in Croydon registered as blind or visually impaired and 2,400 registered as hearing impaired.

Croydon's wheelchair service currently has 6,500 users.

There are an estimated 5,200 people with a learning disability, of which 1,300 require specialist support.

There are 11,500 people with Blue Badges for disabled or blind people.

Over 15,000 items of equipment or adaptations were issued last year.

Around 50,000 people in Croydon have a "limiting long term illness, health problem or disability which limits their daily activity or the work that they can do".

Official labour market statistics indicate that the proportion of the working age population on disability benefits (0.8% or 1,770 people) is above average.

There are less safeguarding investigations than would be expected among people with disabilities (24/239).

There is a fragmented approach to the delivery of employment support services to people with disabilities.

There are increasing numbers of wheelchair users and increasing demand for adapted housing.

Chapter	Learning disability, physical disability and sensory impairment		
We found:	There are less safeguarding investigations in relation to adults with physical disabilities than we would expect		
We asked you:	How do we promote the safety of people with disabilities?		
You told us:	"Safeguarding - closer links with and between all agencies and organisations"	We recommended:	Address safeguarding issues through increased partnership working between all agencies and specific work to improve information sharing between the council and the police
You told us:	"Ensure consistent quality systems in place - statutory and independent sectors"		
You told us:	"Working in partnership with police; more support and intervention talks, also more informal surgeries"	We recommended:	Work with local disability fora and police in the community, including specific work with BME groups, to encourage individuals to report abuse
You told us:	"More support from key workers for vulnerable adults within the family setting"		
You told us:	"A system for professionals and family carers to raise concerns that has different stages of escalation"	We recommended:	Ensure disabled people have accessible and clear routes to report abuse
You told us:	"Voice of systematic user involvement (Advocacy / empowerments)"		
You told us:	"Better support / information to people with physical disabilities"		

On the basis of our findings, we also recommended:

Establish an Advisory Group to advise Croydon Employment Support Service on the delivery of employment services to people with physical disabilities.

Increase supply of wheelchair accessible homes and take steps to ensure that all new high priority applicants requiring wheelchair and adapted properties are approved for offers without delay.

Advise Housing Associations of the revised demand and the potential for such accommodation in the borough, with clear indication of the breakdown in types (numbers of bedrooms) required.

Establish robust mechanisms for ensuring compliance with the targets for wheelchair adapted (or adaptable) housing.

Develop an independent living strategy to maximise the number of people with disabilities who can be supported within the community, including those for whom adaptations would be required and make the case for increasing funding for adaptations on the basis that providing more adaptations will reduce the level of need for residential care, hospital treatment and other health services.



Next steps

Joint Strategic Needs Assessment is an ongoing process. Many of the recommendations outlined here are already being taken forward. In future, the JSNA will take the form of a rolling programme of needs assessments, which will be published online as they are completed. A summary report, and updated core dataset, will be published each September. This will include a summary of achievements on the recommendations.

Priorities for joint needs assessment are agreed by the Local Strategic Partnership Chief Executives. Those already agreed for 2009/10 include:

- Children with additional needs
- Healthy weight, healthy lives

Useful links

NHS Croydon website: www.croydon.nhs.uk

Croydon Council website: www.croydon.gov.uk

Croydon observatory website: www.croydonobservatory.org