New Addington

Health Needs assessment

Croydon Public Health

DECEMBER 2018

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1. Introduction

The borough of Croydon is currently undergoing significant housing and commercial infrastructure development. The New Addington locality is part of the council's community regeneration planning strategy given the area's significant deprivation and need. The council has made a decision in principle to build a purpose built health and social care facility fit for the future to improve residents' accessibility to health and social care provision. The CCG welcomes this new proposal as the new centre will focus on the community's specific needs to reduce existing inequalities in the New Addington locality/neighbourhood.

The new build will be designed to strengthen health and well-being outcomes for the existing and new population growth which currently is expected to increase by 8-10% across the New Addington and Selsdon wards to 2038. This growth projection may be much higher as the council is currently in discussion with the GLA about its existing housing target.

Croydon's Health and Care Plan sets out ambitious plans to help people lead their life, by preventing health or care issues arising and if they do, we support people to be as independent as possible. This means there will be a range of services in local communities tailored to local community needs. This includes a range of health and care services in community spaces such as libraries, Primary Care at Home with a complete clinical and health professional community and also three new health and care wellbeing centres across Croydon, New Addington being one of them.

However the current Parkway Health Centre facility is not fit for purpose. Years of under investment has led to poor quality estate, not fit for current purpose nor the future purpose. Equally with an increasing population the estate cannot meet the increasing demand. Therefore, the CCG is undertaking its strategic analysis to identify the best solutions for provision of a new health facility.

The CCG acknowledges a new health facility is required to meet the health provision of the current population. In order to help fund this the CCG needs to make a strong strategic business case for capital and revenue investment funding to replace the existing premises for a new modern health facility in the same area. The NHS existing approvals process is complex and needs to go through a number of bodies to seek approval for financial and capital investment.

The case for a new build has been made through the Councils planning, with support from Croydon Public health, a Health Needs Assessment (HNA) has been developed to identify the specific needs of the existing and future population. The analysis of the HNA will be critical to the Strategic Outline Case (SOC) which the council recognises is a key process to the decision making process for the NHS. The council is anticipating the SOC to be submitted to the SMT by December 2018. The HNA will inform the range and scale of services required to meet existing and future health needs.

Taking a collaborative approach with the CCG, the Public Health team defined the area of study as New Addington South and New Addington North. This area sits on 3 middle super output areas (MSOAs) (i.e. E02000223, E02000225, and E02000229), resides in the old wards of New Addington and Fieldway and is commonly referred to as New Addington. The area is served by 5 practices including Fieldway Medical Practice (H83046), Parkway Health Centre (H83027; H83006; H83028), Headley Drive (H83049). For the purpose of this report, it will be referred to as 'the area of study'. There are stark inequalities in the area in that the area experiences the whole spectrum of relative deprivation, from 5% least deprived to 5% most deprived areas of the country (**see figure 1 below**).

As per the 2011 Census, New Addington has 13 small geographical areas consisting of an average of 309 residents and 129 households known as output areas. 28 of these areas had characteristics of "intermediate lifestyles" (9 struggling suburbs and 19 suburban localities) and the rest were defined as "Aging city fringe" (detached retirement and 3 not quite Home Counties). According to ACORN Well Being data, nearly 50% of the postcodes in Croydon are "healthy" postcodes (the green dots). The majority of the postcodes in the study area are grouped as "At Risk" or "Caution" and the rest "Health Challenges".

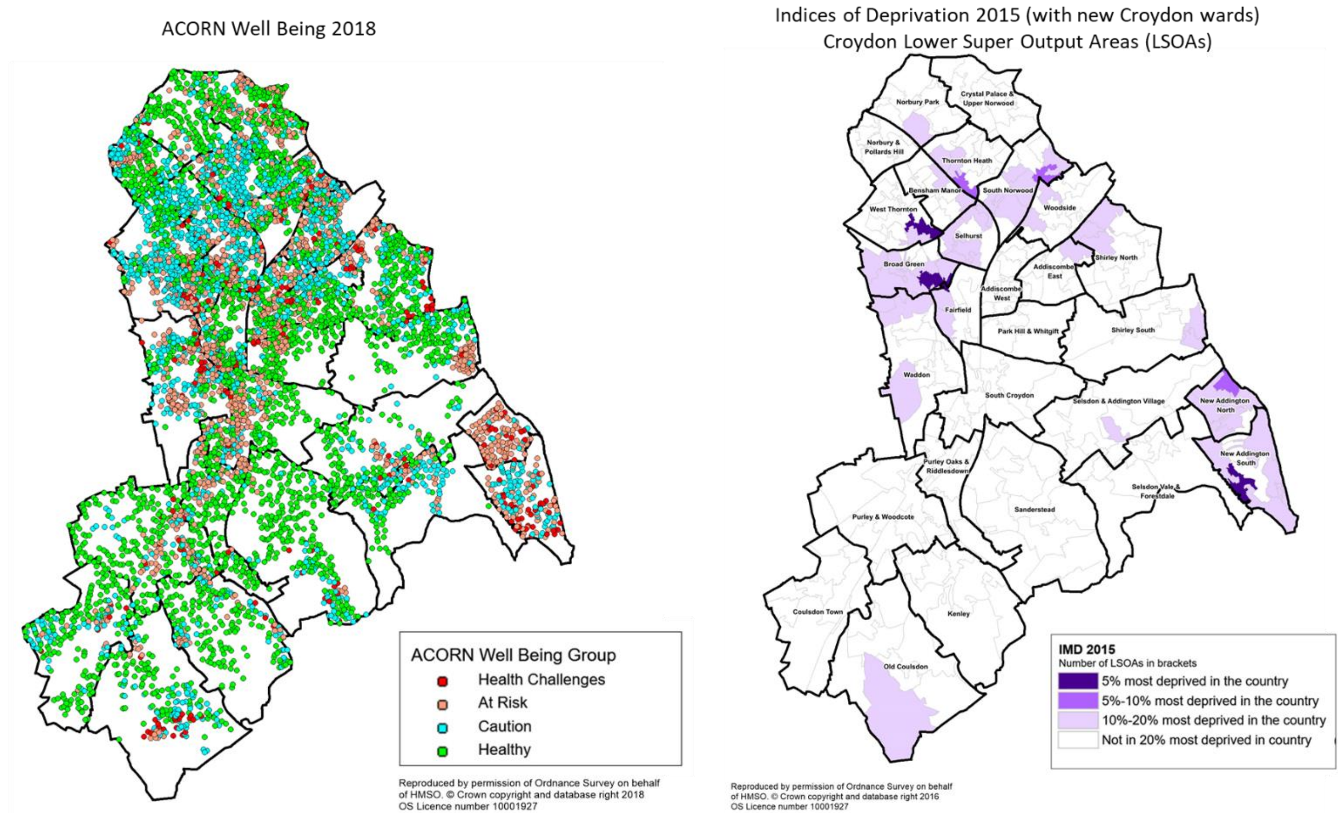


Figure 1: ACORN Well Being and Deprivation

2. Population structure

The current GP registered population in the study area as of November 2018 is at 21,889 people compared to the resident population which is at 22,744 people- all ages. This represents an observable difference from the general Croydon population, where the GP registered population was higher than the GLA resident population by almost 20,000 people[1].

The data analysis shows that 30% of the New Addington residents are children and young people aged 0-17years, and those aged 65+ make up 11% of the resident population. It is projected that the resident population will increase by 8% by 2031, mainly affected by those aged 65+. The population aged 65+ is predicted to increase by 53% in 2031 and thus contribute 17% of the resident population in the study area. The projected increase in the older population has significant implications for health and social care services.

Table 1: Resident Population-2018 and Projections

	2018	2024	2031
		Number (Percentage change)	
0-17	6,893	7103 (3%)	6936 (1%)
18-64	13,172	13676 (4%)	13644 (4%)
65+	2,670	3124 (17%)	4073 (53%)
All ages	22,732	23908 (5%)	24646 (8%)

Source: Round SHLAA based projections GLA, 2017

[1] https://www.croydon.gov.uk/sites/default/files/articles/downloads/Annual_Public_Health_Report_2017.pdf

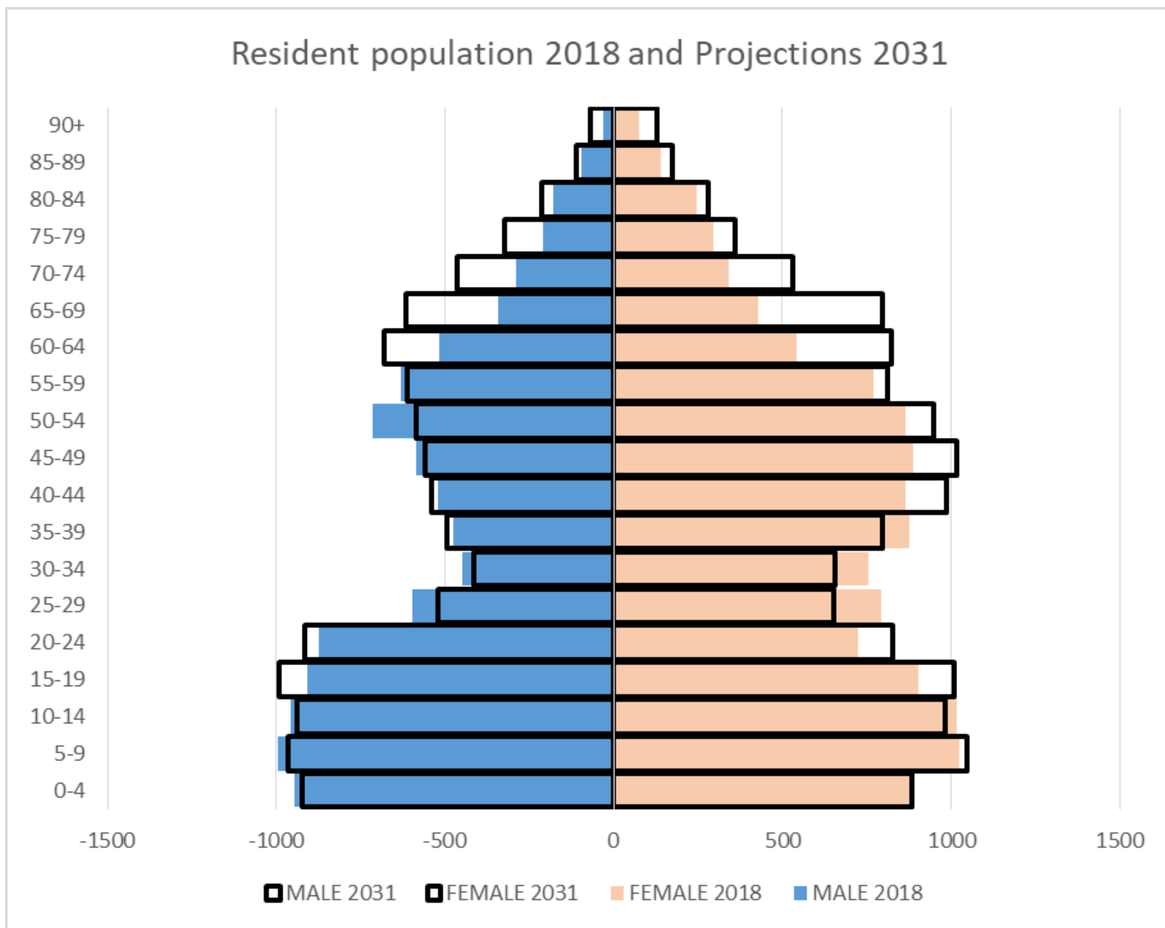


Figure 2: 2018 Resident population and 2031 population projections

Source: Round SHLAA based projections GLA, 2017

There are slightly more women (51%) than men in the registered population, not so dissimilar to the resident population (55% women). The majority of the registered patients are aged 5-29 years and 45-59 years making up 38% and 20%, respectively, of the study area registered population (**Figure 3 below**).

It has not been possible to forecast the registered population to 2031. The data is not robust enough to draw any meaningful conclusions or present visually. In the interest of rigour and quality control, we have elected to withdraw visually presenting projections for the registered population to avoid erroneous interpretation.

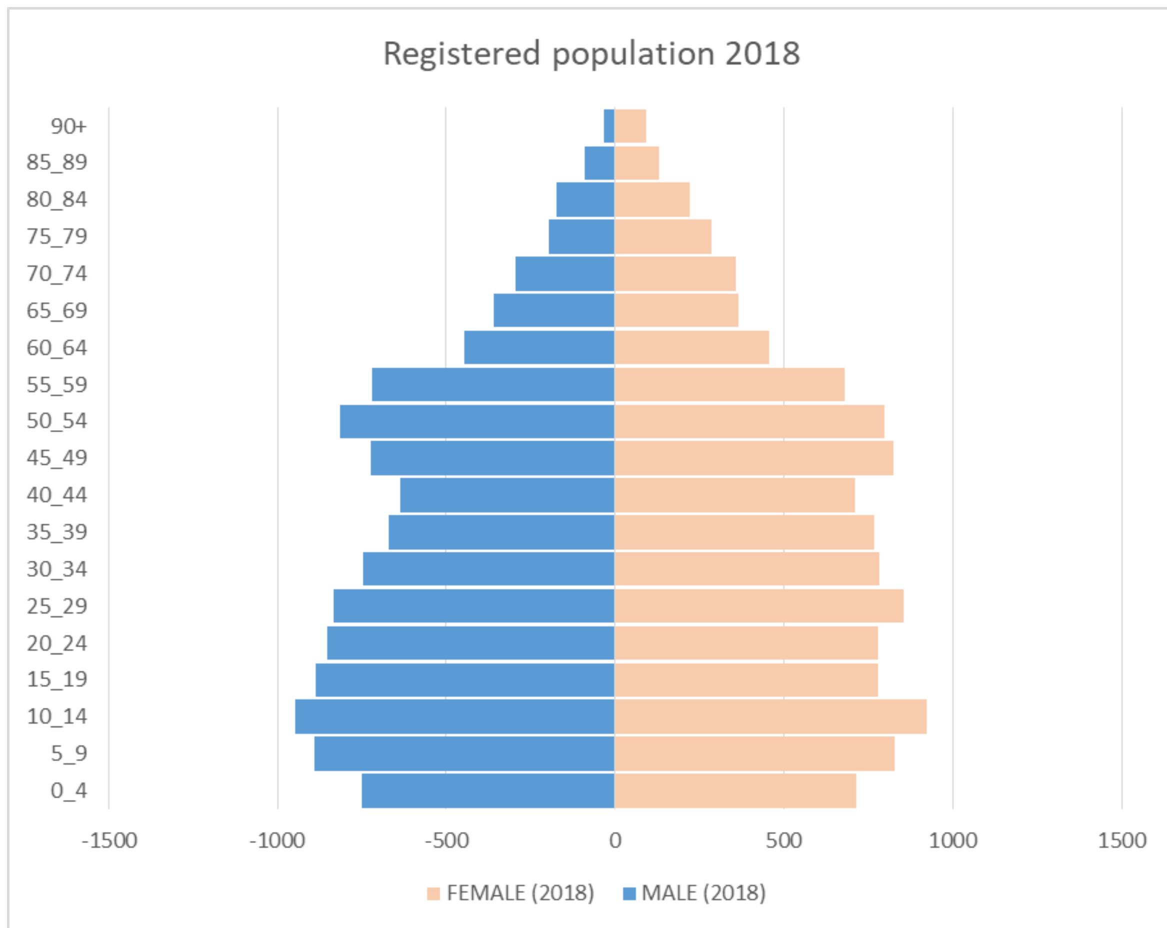


Figure 3: GP Registered Population as at November 2018

Source: NHS Digital, 2018

3. Overview of methods

The first step was to compare the structure of the current (2018) and future (2031) projected resident population of this area, using GLA data. While there were some differences, most notably a significant proportional increase in the older population of people aged 65+ years, these structures were rather similar (**Figure 2 and 1 above**).

As we would be using GP registered population data, the next step was to identify at which practices the population were registered as patients and define the current (2018) structure (**Figure 3 above**). The dataset used in the section on Epidemiological and Service Access Summary heavily draws from the 2017 locally generated practice profiles.

It is worth noting that at the time of developing the local general practice profiles, there were five distinct general practices in the area, i.e. H83046; H83027; H83006; H83028; and H8304. Health indicators for the area of interest were then estimated by creating a weighted average of these which was then benchmarked against Croydon, London and England, where data was available.

Limitations

Developing this model required a number of compromises and assumptions.

- The GLA population predictions are dependent on assumptions about the ages of people moving into the area.
- It is not clear what the health needs patterns are in 2031 as these will be dependent on socioeconomic and demographic trends as well as general trends in disease prevalence and incidence.
- Two practices have recently merged, i.e. Fieldway Medical Practice (H83046) and Parkway Health Centre C02 (H83006). These are now under the New Addington Group Practice; however, for the purpose of this exercise and given the data availability, these practices have been considered individually in the data and weighting analysis.
- Parkway Medical Practice C03 has changed its name and it is now called Addington Medical Practice. For the purposes of this exercise, we have referred to the former name throughout this document.
- St James Medical Practice – This is a branch of St James Medical Centre in the East Croydon GP Network. The branch was excluded from the analysis as their data is collated as part of the main practice and inclusion would have skewed the study area findings.

4. Epidemiological and service access summary

Overall, most indicators in the area of study show poor outcomes compared to the benchmark populations of Croydon, London and England. Regardless of any projections, it is therefore an area of concern in the present. However, with the projected population increase, particularly in those aged 65+, the situation is likely to worsen given current healthcare provision.

The following findings have been highlighted due to the fact that they;

- are lower than the benchmark populations,
- demonstrate a particular concerning trend in the area of study and/or
- are particularly amenable to change.

Likewise, throughout this assessment, attention has been given to areas that fulfil these criteria.

The main priority areas identified for the area of study are:

Priority areas	
Seasonal Flu uptake & Immunisations	Flu vaccine uptake Child immunisation, including MMR2
Sexual Health	Repeat abortions
Cancer	Referrals, New cases, Screening
General attendances and admissions	Elective and Emergency admission in both under 19s and over 65s
Mental Health	Depression
Cardiovascular	HTA, Diabetes, Smoking, COPD/Asthma, Obesity

- Uptake of child immunisations is poor in the area, in particular around MMR
- Abortions and repeat abortion rates are both higher than Croydon averages
- Elective and Emergency admission rates are high, both for children and young people and over 65s
- Compared to the benchmark population of Croydon, the diagnosis of depression is lower, which might indicate a substantial under-diagnosis

- Coverage of cancer screening is very low in general, particularly for breast cancer and bowel cancer.
- For many conditions, the percentage of the population with a diagnosis is lower than in benchmark populations. However, the diagnosis rate, based on the estimated prevalence of these conditions is also often lower. One explanation of this observation is that the conditions are underdiagnosed within this area. Examples include depression and asthma.

5. Recommendations

There is currently a major health and social care transformation development work happening in Croydon with a drive to shift the focus towards early intervention and preventing ill health; and working at locality level recognising that each area and each person has different needs and challenges. To achieve this, the CCG, Croydon Council and the One Croydon Alliance are all joining forces and working together to provide a whole system and integrated approach, which in turn is foreseen to achieve better outcomes for the population of Croydon and to establish a sustainable health and care system for the population of today and for future generations.

The findings observed in this analysis support the proposal to build a purpose built health and social care facility in the area of study to manage current and future demand and to benefit from system engagement around priority health needs. The findings indicates an existing deficit , e.g. poor access is reflected by the number of residents living with undiagnosed but preventable and treatable conditions such as diabetes. Levels of quality of care are also concerning and this is reflected in the decline in the proportion of women with severe mental illness receiving a cervical screen.

Therefore there is need for a new healthcare facility in the study area that encompasses multidisciplinary teams and provides a holistic and integrated approach that not only focus on medical needs, but also tackles the wider determinants of health.

Many priority areas identified in this report are related to preventable conditions, amenable to change. In line with the local shift towards prevention, a number of opportunities have been identified and the following actions are recommended.

- **Early Years**[2]
  - **Childhood immunisations**: provide a more cohesive and strategic approach to engage professionals and parents to achieve the 95% coverage for MMR2.
  - **Obesity**: aligning with the Healthy Weight Action Plan for Children and Young People in Croydon (2017-2020), promote healthy eating and physical activity, including encouraging families to become Sugar Smart.
  - **Oral health**: promote and increase awareness of oral health, and establish mechanisms to increase the number of referrals of young children to the dentist, as recommended in the Annual Report of the Director of Public Heath (2018).[3]

- **Lifestyle and wellbeing**: focus on early intervention and prevention to support residents to keep healthy and resilient. Capitalise on existing services providing holistic lifestyle interventions (e.g. Just Be / Live Well Croydon Programme) to support people changing risk behaviours (e.g. physical activity, smoking, unhealthy weight, etc.) and therefore reducing the risk of developing preventable diseases.

- **Sexual Health:** in line with the local action, provide an integrated service to local women going through abortions or repeat abortions addressing health and wider social needs. Increase the level of awareness about pre pregnancy and the importance to prepare for pregnancy as recommended in the latest Annual Report of the Director of Public Health (2018).

[2] APHR. *We are Croydon Early Experiences Last a Life time*. Croydon, 2018
[3] APHR. *We are Croydon. Early Experiences Last a Life time*. 2018

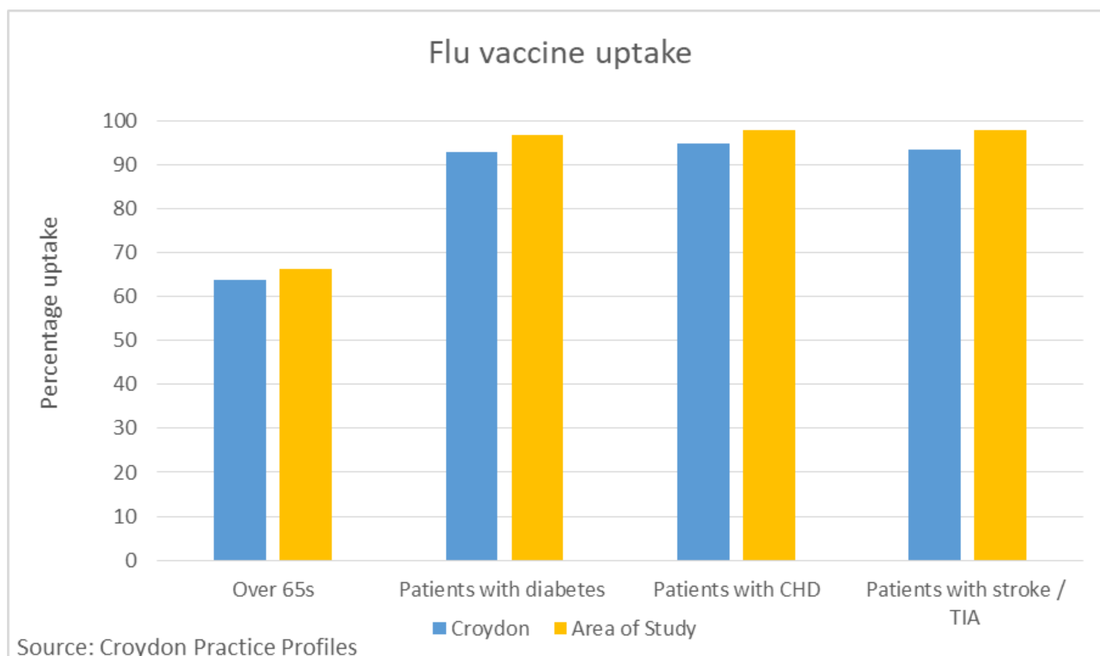
- **Social Prescribing**: promote this scheme to address people's needs in a holistic way, and to support individuals to take greater control of their own health[4] by signposting patients and residents to local activities such as sports activities (Just Be Croydon activity finder), gardening, healthy eating (Just Be Croydon/Help Health Now), and more.

6. Primary care data

Prevention

Overall, **seasonal flu vaccine** uptake for the over 65s and at risk patients remains higher than in the benchmark populations Croydon, London, and England. However, of concern is a declining trend in the area of study compared to the previous year.

Flu vaccination represents a highly cost effective intervention to the spead of infection, illness and hospital admissions and therefore expenditure[5].



Childhood immunisations showed a generally poor trend with uptake similar or lower than the Croydon average. Uptake was lower than the London and England benchmarks for all vaccinations including the 2nd dose of the MMR vaccine which had an uptake of just 68.6%.This is lower than the WHO target of 'at least 95%' coverage[6], which is the minimum required to achieve herd immunity to measles. This is particularly concerning in the context of global outbreaks of measles and a significant number of measles throughout SWLondon in 2018.

Smoking cessation services had generally good outcomes[7] but given the restructure of local smoking services it is hard to predict how this will translate to the future. At present, Live Well programme provides lifestyle service in two community hubs and a GP practice that serves the area of study, including smoking cessation support. Of note, however, the support offered in last 24 months (ages 15+) and support offered in last 12 months for those with long-term conditions (all ages) is similar or above than in the benchmark populations Croydon, London, and England.

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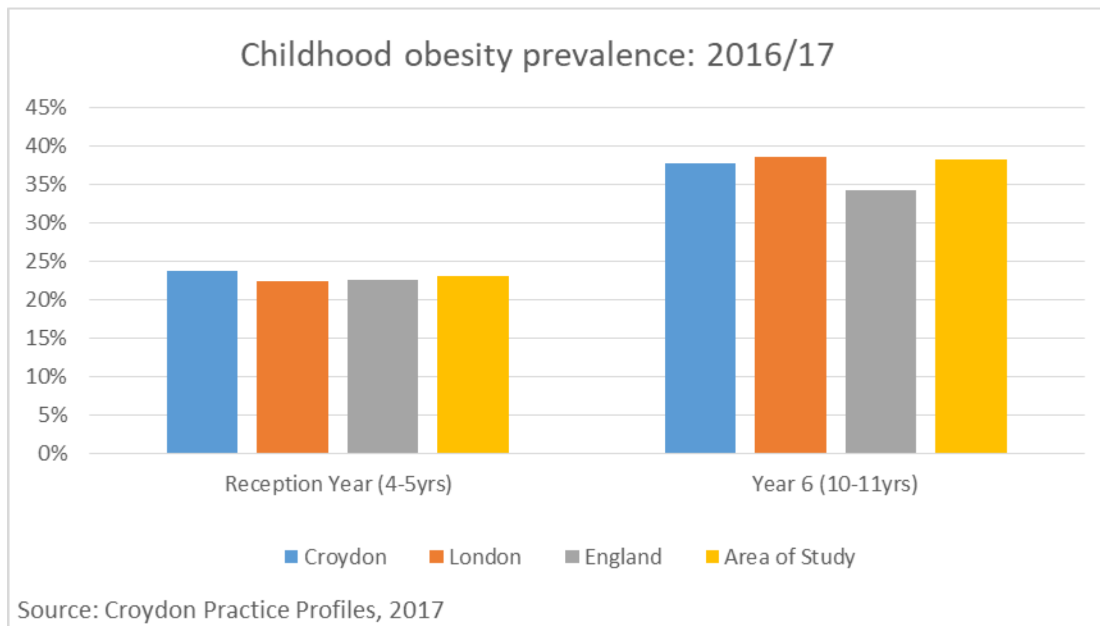
[4] The King's Fund. *What is social prescribing?* [Accessed 02/12/2018]
[5] PHE. *Summary of data to support the choice of influenza vaccination for adults in primary care*. January 2018.
[6] NICE, Health and Social Directorate. *Quality standards and indicators. Briefing Pager*. June 2016.
[7] PHE. *Health matters: smoking and quitting in England*. September 2015

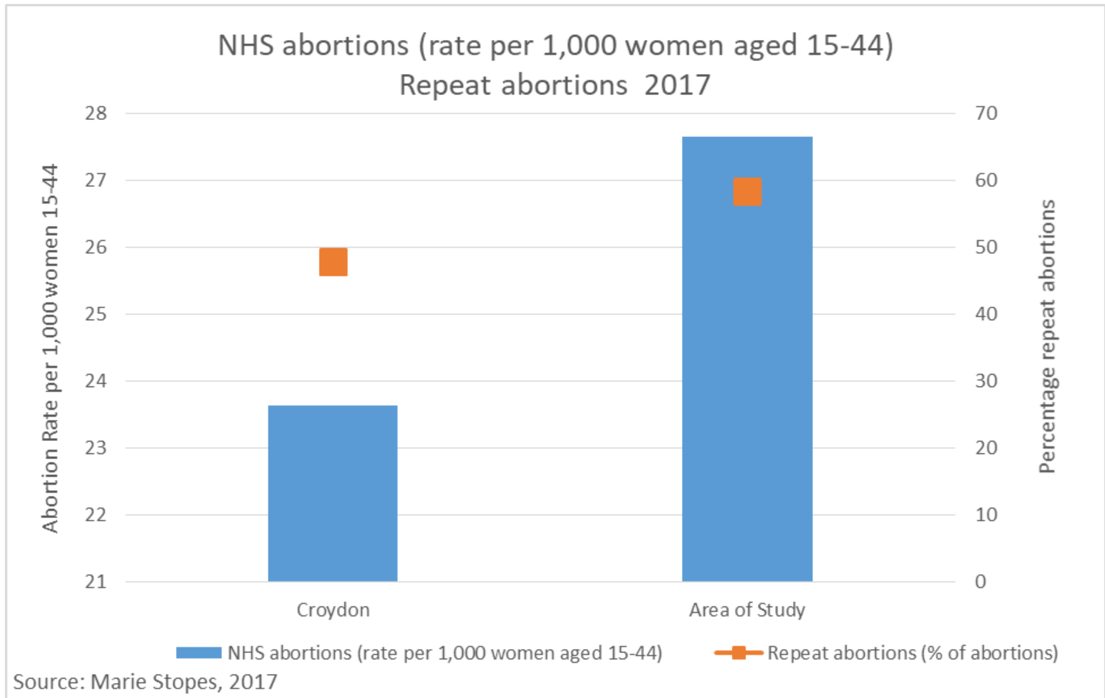
The direction of travel for **childhood excess weight** shows an improvement in the area of study compared to previous years. However, levels are still concerning as these are higher than Croydon and England benchmarks particularly for the Year 6 children. Tackling obesity in children and young people is a national and local priority, therefore the improvement should not mask the importance of continuing to devote concerted efforts to reduce levels of obesity among this group.



In the area of study, a higher rate of women had an **abortion** in 2016/17 compared to the Croydon average (27.6/1000 vs 23.6/1000) and a higher proportion of these are **repeat abortions** (58.4% vs 47.9%). Of note is that the data on repeat abortions shows a deterioration in all five practices included in the analysis. Repeat terminations have an impact on women's health and wellbeing and indicate a missed opportunity for intervention following the first abortion. Repeat terminations may also indicate someone experiencing domestic and sexual abuse[8]. There are opportunities to address the levels of repeat terminations with a systems approach addressing the wider determinants including social, economic, cultural and psychological aspects[9].

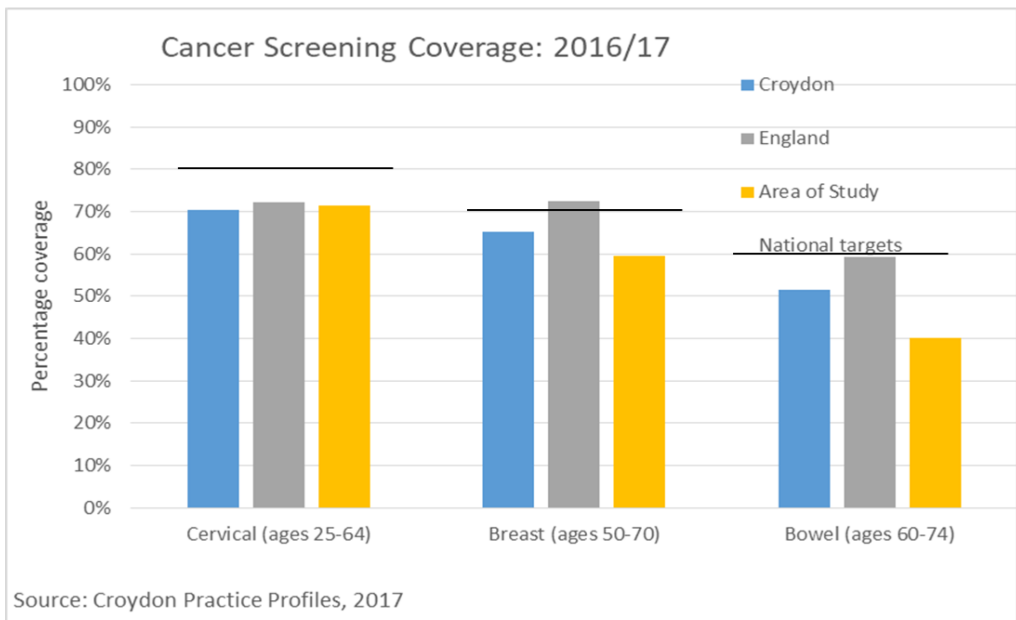
[8] RCOG. *Evidence-based Clinical Guideline Number 7 – The Care of Women Requesting Induced Abortion*. 2011

[9] Das, S. et al., *Repeat abortion: facts and issues*. J Fam. Plan. Reprod. Health Care 2009: 35 (2) [Accessed 02/12/2018, downloaded from http://srh.bmj.com]



NB: 95% of abortions in Croydon are performed by Marie Stopes including NHS funded abortions.

Cancer screening coverage is below national targets for cervical, breast and bowel cancer, as it is throughout Croydon. However, this area performs considerably worse than the Croydon benchmark in breast and bowel screening programmes. Other cancer indicators suggest under-diagnosis which will be discussed further on in this report.



Secondary care use

The population in the area of study **attends A&E** over 9% more than the Croydon average. It also has a noticeably higher emergency admission rate in adults compared to Croydon. Elective and emergency admissions for both paediatrics and under 19s are noticeable higher than in Croydon, particularly

emergency admissions for lower respiratory infections in under 19s (i.e. 7.3 vs 4.21/1,000 in Croydon). Ensuring adequate primary and community care provision is therefore essential for reducing the strain on secondary care services.

Emergency Admissions (per 1000)	Croydon	Area of Study
All A&E	107.0	134.8
Under 19s	72.4	80.31
Lower respiratory tract infection (under 19s)	4.2	7.3
65 and overs	258.3	285.5
Trauma & orthopaedics	3.6	2.92
COPD	1.5	3.90
Asthma	1.60	1.68
Pneumonia	4.01	5.48
Coronary Heart Disease	1.63	2.40
Stroke	0.8	0.70
Cancer	1.38	1.22
Epilepsy	0.8	0.45
Hip fracture (ages 65+)	5.34	5.12

Mental health

While the prevalence of **severe mental illness** in the area of study was slightly lower than the Croydon, London and England benchmarks, the proportion of these patients who had a comprehensive care plan, recorded blood pressure and documented alcohol consumption was considerably higher. There was, however, a decline in the proportion of women with severe mental illness who received a cervical screen in the last five years, which may imply a potentially lower quality of care in this area. The diagnosis rate for **depression** is only 42.4% compared to the Croydon average 54.4%, which could implying a substantial under-diagnosis.

The area of study has a lower prevalence of **dementia** than the benchmark populations. The low prevalence could represent underlying under-diagnosis of dementia. The area is outperforming all benchmarks in providing blood tests for those with dementia; however, it is underperforming all benchmarks in providing a care plan. Since dementia is a key public health priority nationally and locally, with Croydon borough having recently granted "Working towards Dementia Friendly status" due to the significant progress made to support residents living with dementia and their families, and with the forecasted increase in the number of people with dementia by 2031, it will be key to dedicate concerted efforts to support the area of study to improve diagnosis and care so no one in this area is left behind.

Diabetes

There is a similar proportion of patients diagnosed with Diabetes in this area when compared to the Croydon benchmark. However, current trends show diabetes prevalence to be increasing[10] similar to local trends and this trend is also expected to continue to increase in the future[11]. Performance in the area varies with some indicators such as Health Technology Assessment (HTA) and foot examination outperforming all benchmark populations; and others such as cholesterol and HbA1c levels performing poorer than all benchmark populations. Such a variation is likely to result in poorer clinical outcomes, greater service use and higher costs.

[10] Diabetes UK. *Facts and Figures*. [Accessed 02/12/2018]
[11] PHE. *Current and future state of nation's health revealed* [Accessed 02/12/2018]

Respiratory diseases

Prevalence of **COPD** is higher and **asthma** is lower in this area than all benchmarks. Indicators around ongoing management of COPD patients perform similar or slightly lower than all benchmarking; whilst management of patients with asthma performs considerably poorer than all benchmarking populations. Emergency admissions for COPD and asthma are at a higher rate than the benchmark populations, implying poorly controlled disease.

Respiratory diseases	Emergency admissions: Area of study (per 1000)	Emergency admissions: Croydon (per 1000)
COPD	3.9	1.5
Asthma	1.7	1.6
Pneumonia	4.01	5.5

Circulatory diseases

Within the area of study, prevalence of hypertension, coronary heart disease, atrial fibrillation, heart failure and stroke/TIA were lower or similar than in the benchmark populations. Emergency admission rates for coronary heart disease was considerably higher than the Croydon benchmark (i.e. 2.40 vs 1.63/1000 CHD emergency admissions).

Cancer

The percentage of patients diagnosed with cancer in the area of study (1.41%) is lower than in the benchmarking areas of Croydon (2.0%), London (1.8%) and England (2.6%). The emergency admission rate due to cancer is lower than the Croydon benchmark (i.e. 1.22 vs 1.38/1000). The area has a considerably higher 2 week wait referral rate and new cancer cases than the Croydon and England benchmarks and is performing poorly in cancer screening, particularly bowel and breast. One possible explanation for these data is that insufficient two week wait referrals and screening is leading to under diagnosis in the area. The consequence of this is that patients may present in later stages of disease with a poorer prognosis which also has cost implications for health care services.

Geographic area	New cancer cases (incidence per 1000)	Total two-week referrals (per 1,000)
Area of study	5.07	35.14
Croydon	4.22	30.34
England	5.23	31.64

Other specific diseases

The number of patients diagnosed with **chronic kidney disease** is higher than in the Croydon and London benchmark areas (i.e. 4.05% vs 3.11% and 2.40% respectively), but similar to England (4.05% vs 4.09& in England).

The number of patients diagnosed with **epilepsy** is higher than all benchmark areas. Despite this, the area has lower emergency admission rate for epilepsy than the Croydon average. This suggests that patients may be better controlled within the community.

The number of patients diagnosed with **osteoporosis** is lower than the average in London and England but similar to Croydon. The number of patients diagnosed with **rheumatoid arthritis** slightly higher than the average in Croydon and England, and noticeable higher than in London. The number of emergency admissions due to **hip fractures** is lower than the Croydon benchmark.

Other relevant health outcomes

Oral Health

There is no dental health data available at lower geography specific to the Area of Study but for Croydon as a whole. The latest **dental epidemiological survey 2018-2019** has chosen New Addington wards based on deprivation. However the results of this survey were not yet available at the time of analysis.

Tooth decay is the number one reason for hospital admissions among young children in England. Consequences of poor oral health such as discomfort, pain, aesthetics and loss of function can impact on eating, speaking, sleeping, family life and ability to go to school or work. In 2016/17, 0.6% (n. 613) of the 0-19 population in Croydon were admitted to hospital for dental extractions (all diagnoses). Those aged five to nine have the highest rate of admissions compared to the other age groups. Given the Croydon rates and the Study Area demographics we can expect that there will be a number of children in the study area contributing to the Croydon total.

Child patients seen in the 12 months, as a percentage of the population (June 2017)

	Croydon		London
	Number of children	Access rate	Access rate
Children aged 0-2 years	2,243	13.1%	14.1%
Children aged 3-5 years	7,409	43.3%	44.5%
Children aged 6-9 years	13,241	61.2%	63.7%
Children aged 10-14 years	14,336	62.3%	66.2%
Children aged 15-17 years	7,125	49.6%	51.4%
Total children	**44,354**	**47.6%**	**49.2%**

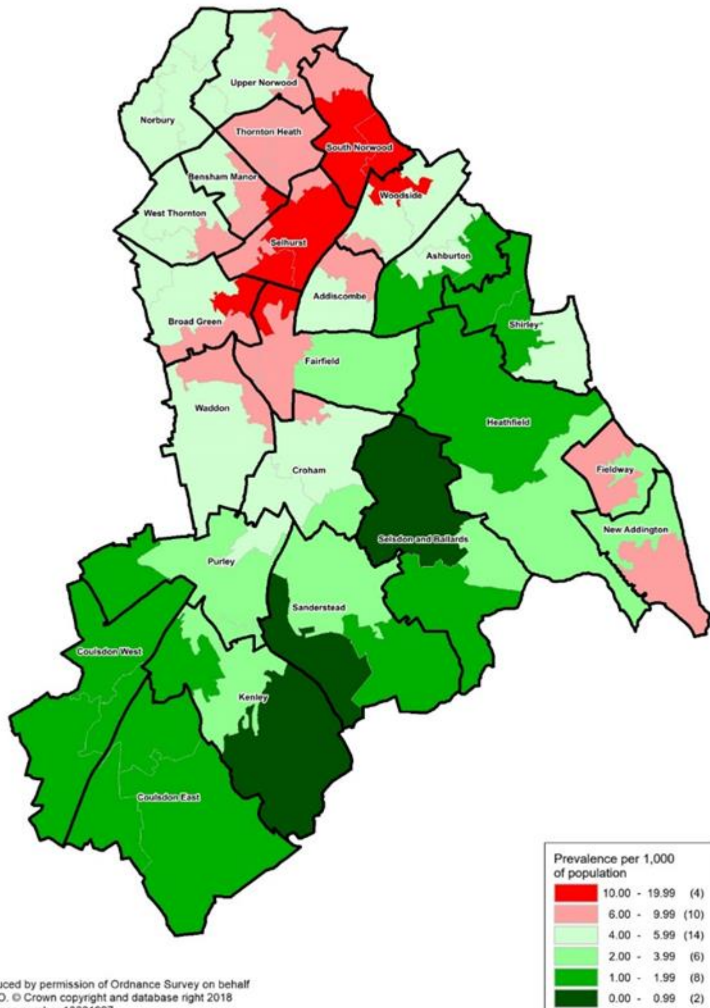
Source: Oral health Needs assessment 2017

HIV[12]

In 2016, the diagnosed HIV prevalence rate in Croydon was 5.4 per 1,000 population aged 15-59 years, compared to 2.3 per 1,000 in England and 5.8 per 1,000 in London. A third of the middle super output areas (MSOAs) in Croydon had a prevalence rate higher than 6 per 1,000 population (therefore higher than the London average). The study area lies in those MSOA areas in Croydon with high prevalence rates as shown in the map below.

[12] Data from the Local Authority Sexual and Reproductive Health Reports (LASERs) 2016. Note that detailed specific LSOA level data is not available from this source.

Prevalence of diagnosed HIV in 15-59 year olds (per 1,000)
by Middle Super Output Area (MSOA) of residence in 2016



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Pharmaceutical Needs

A Pharmaceutical Needs Assessment was completed in Croydon in March 2018. The PNA identified no gaps in the need for pharmaceutical services across all areas of the Health and Wellbeing Board area. The assessment took into consideration the proposed future developments within Croydon and therefore this lack of gaps is despite the significant increase in population.

Appendix 1

Methodology for practice profile data

Population age structure was compared in the predicted populations in both 2018 and 2031 using MSOA level data. The 3 MSOAs (E02000223, E02000225, and E02000229) were combined and compared proportionally for both males and females:

The populations within the area of study are served by a five general practices. NHS Digital[13] data was used to identify the number of patients currently resident with the Area of study LSOAs:

GP Practice Name	Area of Study	Practice Code	Weight (%)
Fieldway Medical Practice	4871	H83046	22.25%
Headley Medical Practice	**1321**	H83049	**6.0%**
Parkway Medical Centre 01	**6011**	**H83027**	**27.5%**
Parkway Medical Centre 02	**6430**	**H83006**	**29.4%**
Parkway Medical Centre 03	**3256**	**H83028**	**14.9%**

[13] http://content.digital.nhs.uk/gppatientsregistered