



THE LONDON BOROUGH  
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Bromley Clinical Commissioning Group

# **BROMLEY JOINT STRATEGIC NEEDS ASSESSMENT**

## **2017**

# **Life Expectancy and the Burden of Disease**

For more information visit [www.bromley.gov.uk/JSNA](http://www.bromley.gov.uk/JSNA) or contact  
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# **The Health of People in Bromley: Life Expectancy and the Burden of Disease**

Premature mortality is the major determining factor for the life expectancy of a population. Therefore any examination of the life expectancy of a population must include not just information on the major causes of mortality, but also about the diseases predisposing to these causes and the risk factors for disease.

This section will report on:

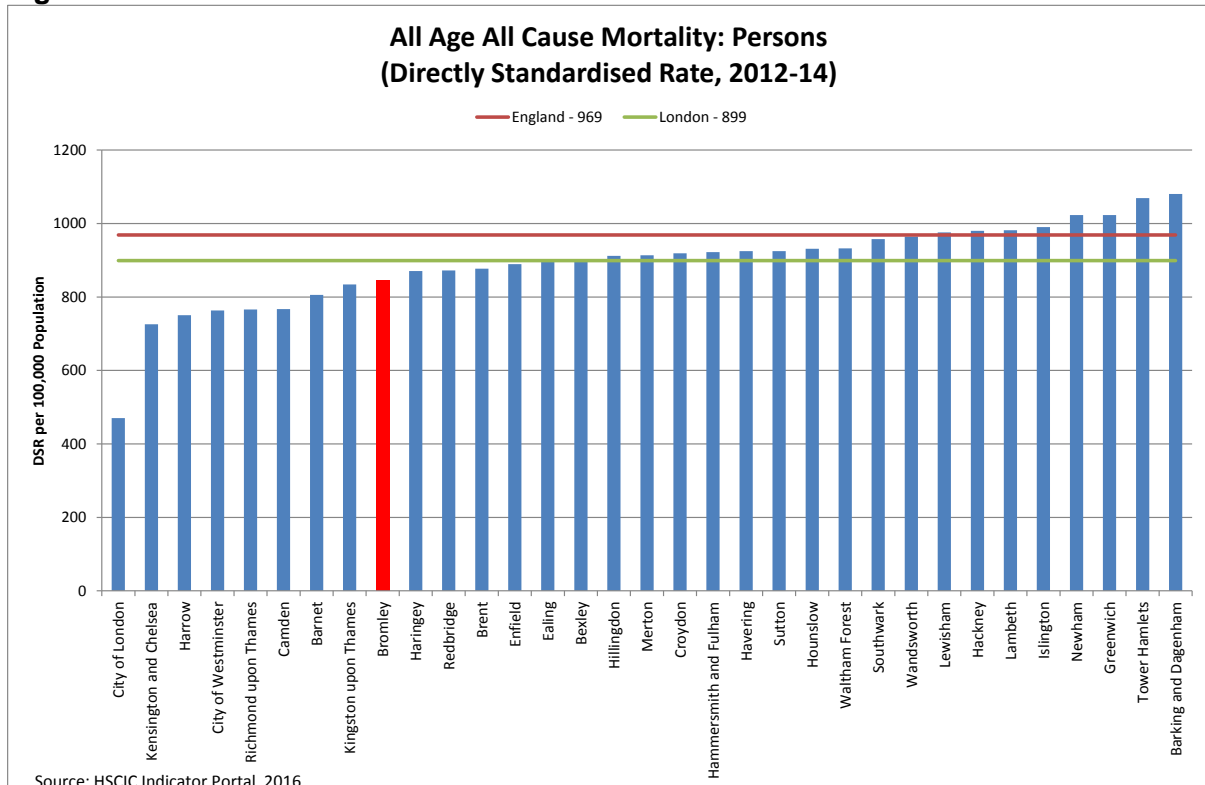
- All Cause Mortality
- Life Expectancy
- Infant Mortality
- Health Inequalities
- Key Causes of Mortality and Major Health Issues

# Mortality & Life Expectancy

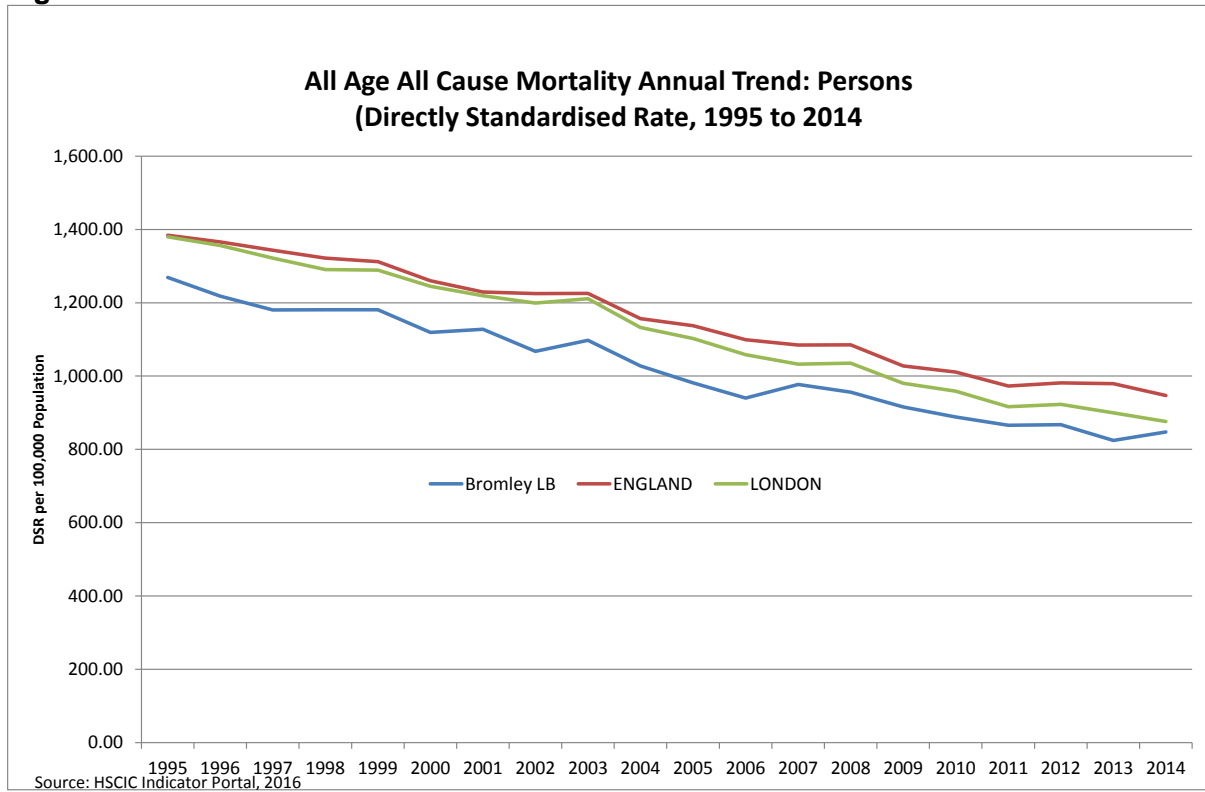
## All Cause Mortality

The all-cause mortality rate for Bromley (846/100,000, DSR) is lower than both the London and England average rates. Bromley has the ninth lowest all-cause mortality rate in London.

Figure 1



**Figure 2**

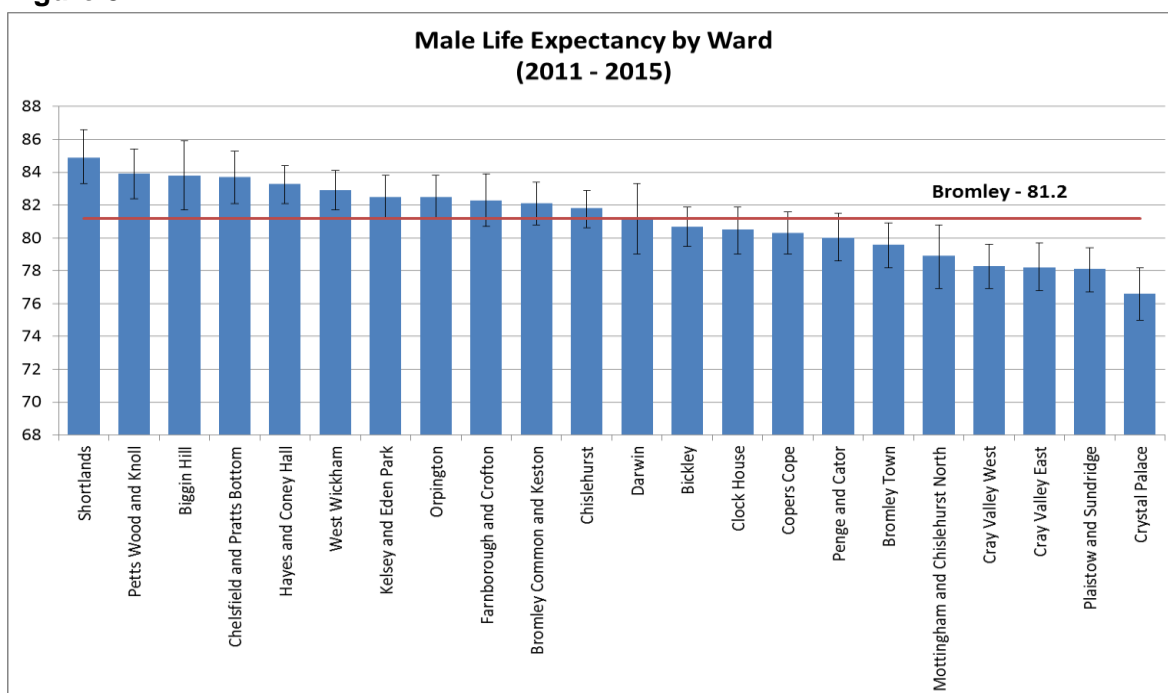


## Life Expectancy

Life expectancy at birth in Bromley has been rising steadily over the last 20 years, and the latest figures (2013-15) report a life expectancy of 81.3 years for men and 85.1 years for women. These averages rank 136<sup>th</sup> and 143<sup>rd</sup> respectively out of 152 local authorities in England, where 1 is the lowest life expectancy. However, life expectancy across Bromley is not uniform. The gap between wards with the highest and lowest life expectancy for the years 2011-15 was 8.3 years for men and 6.4 years for women.

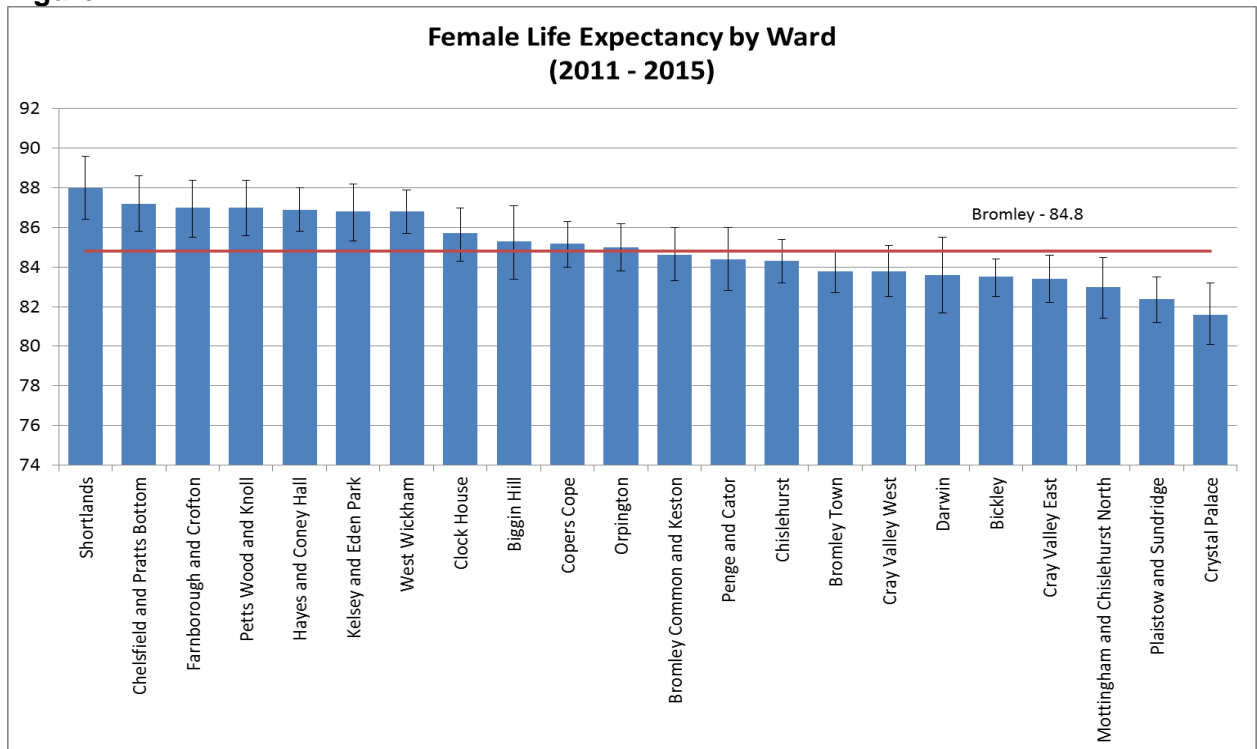
Life expectancy is lowest for men and for women in Bromley in Crystal Palace (76.6 years and 81.6 years) and Plaistow & Sundridge (78.1 years and 82.4 years) wards.

**Figure 3**



Source: PHE-Local Health, 2017

**Figure 4**

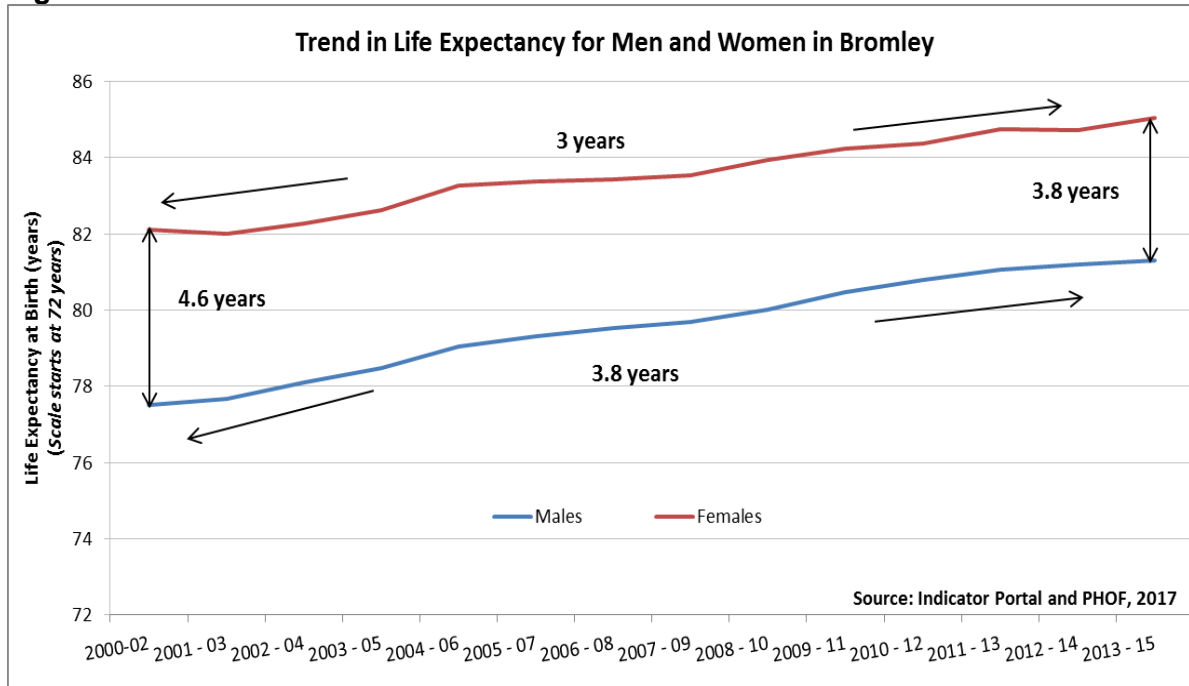


Source: PHE- Local Health, 2017

Men have a lower life expectancy than women, but over the last fifteen years, there has been a reduction in the life expectancy gap between men and women from 4.6 years to 3.8 years, with life expectancy increasing for both men and women over the same period.

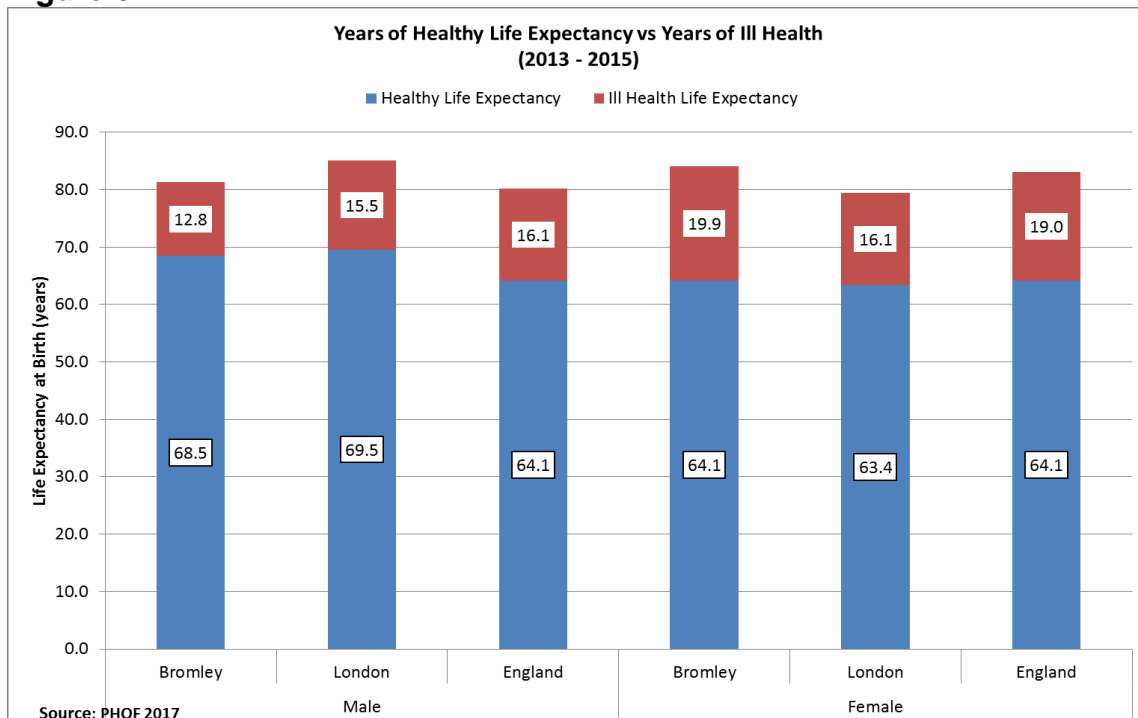


**Figure 5**



It is not just longevity that is important, but healthy life expectancy. Figure 6 shows that men in Bromley can expect to live more years without illness than the England average but not the London average.

**Figure 6**



Another important measure of life expectancy is Disability-Free Life Expectancy (DFLE). This is assessed by asking respondents whether they have any health problems or disabilities that they expect will last for more than a year, and whether these health problems or disabilities, when taken singly or together, substantially limit their ability to carry out normal day-to-day activities.

Bromley is ranked 6<sup>th</sup> and 30<sup>th</sup> out of 326 local authorities in England for DFLE at birth for women (at 68.7 years) and for men (at 63.5 years) respectively (ONS, 2012-2014).

### Infant Mortality

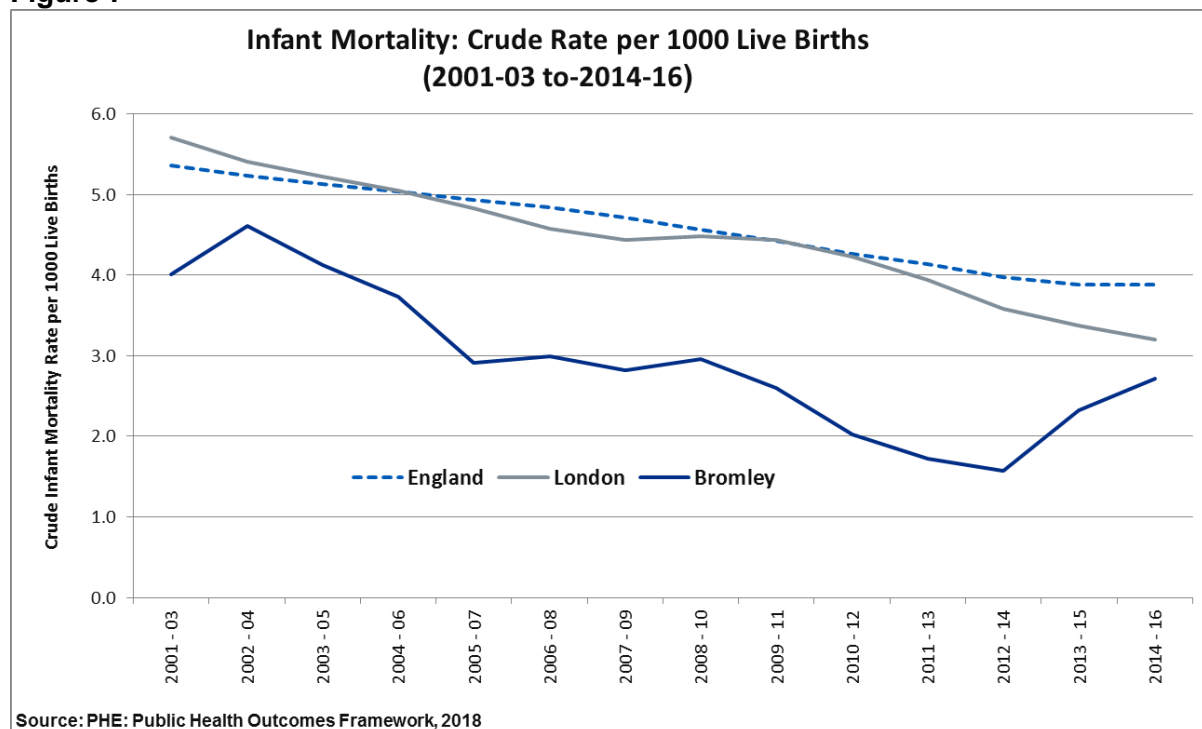
The infant mortality rate looks at deaths under the age of 1 year and is an indicator of the overall health of a population.

The infant mortality rate in Bromley (2.7 per 1000 live births) is lower than in England as a whole (3.9 per 1000 live births).

There was a steady decrease in infant mortality rates in Bromley over a 10 year period; this appears to have reversed in more recent years. The reverse could be attributed to changes in the definition of still births and more accurate recording. Further monitoring is required to establish if this upward trend is enduring.

The rate is currently significantly lower than the 1990-92 rate of 5.7 per 1000 live births. Figure 7 shows some fluctuation, which reflects the small numbers involved. Individual causes are not described as numbers are small.

**Figure 7**



## Health Inequalities

Health inequalities are differences in the health status of groups and individuals that are both avoidable and unjust.

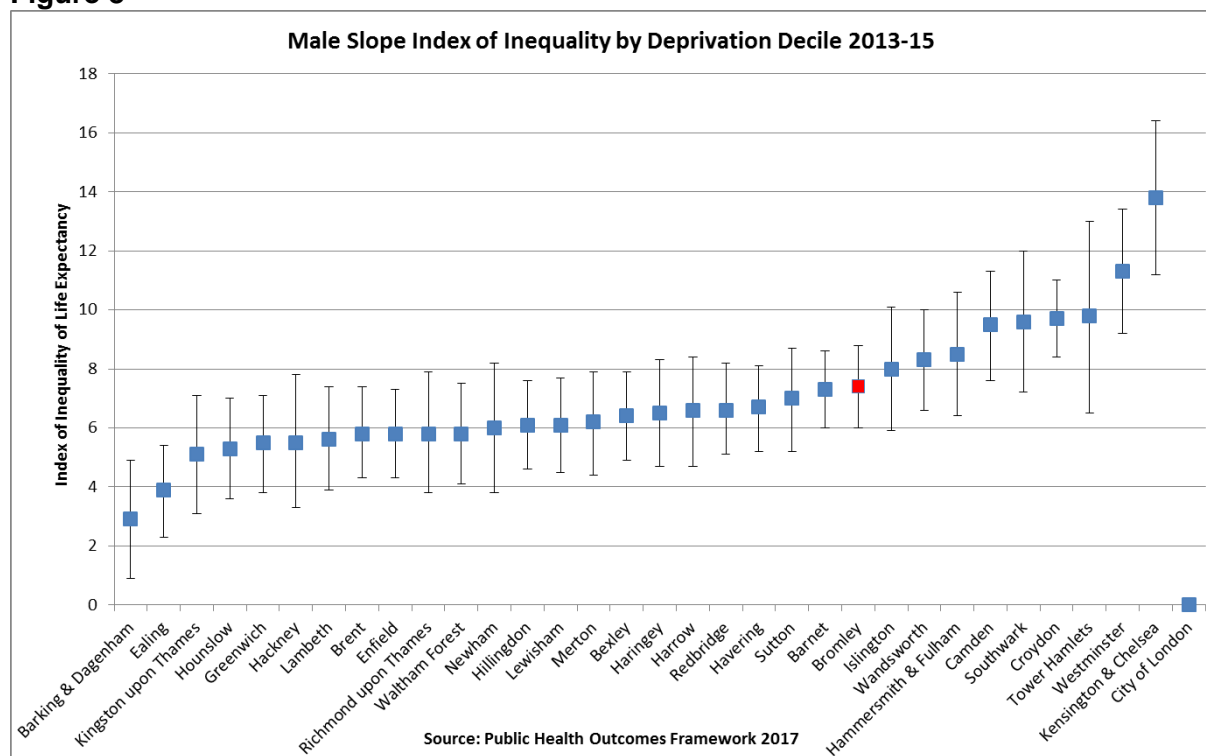
Health inequalities arise from social inequalities, themselves the result of unequal distribution of factors influencing health (e.g. housing, environment, social background, income, employment and education).

The Slope Index of Inequality (SII) is a measure of health inequalities in life expectancy at birth within a local area.

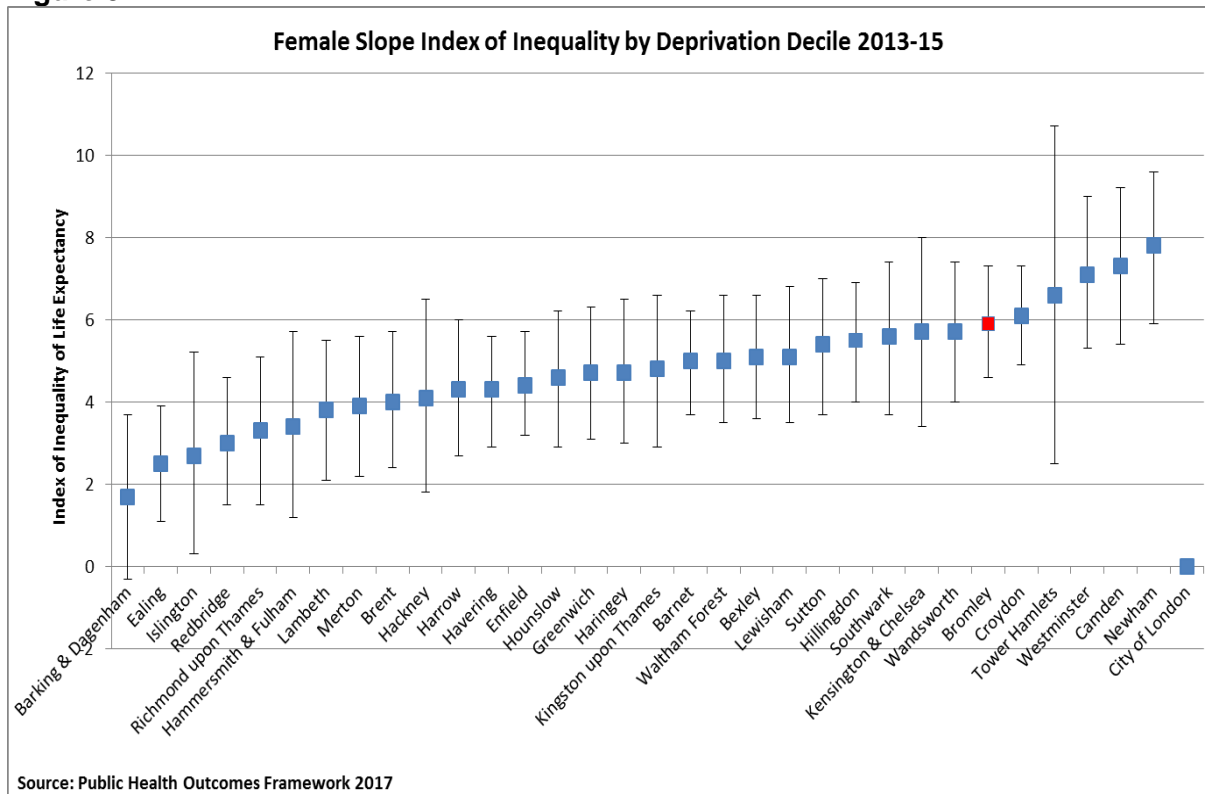
For the period 2013 to 2015, the SII for men in Bromley was 7.4, and for women, 5.9. This can be interpreted as a 7.4 year difference in life expectancy at birth between males living in the most and least deprived areas of Bromley, and 5.9 years for females.

Although there is less difference in the level of life expectancy inequalities seen between males and females in Bromley, in the last eleven years, there has been an increase in inequalities in life expectancy within gender for females but a reduction for males since records in 2002-04 (**Figure 10**).

**Figure 8**



**Figure 9**



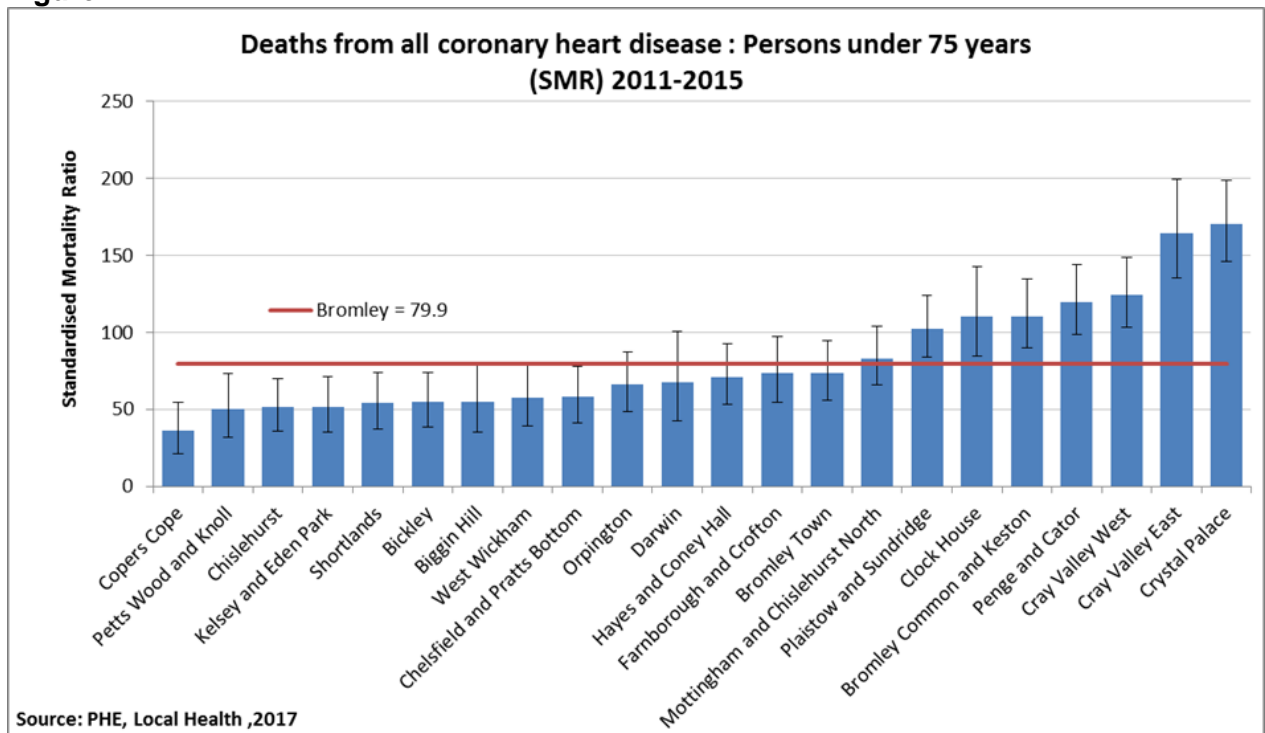
**Figure 10**



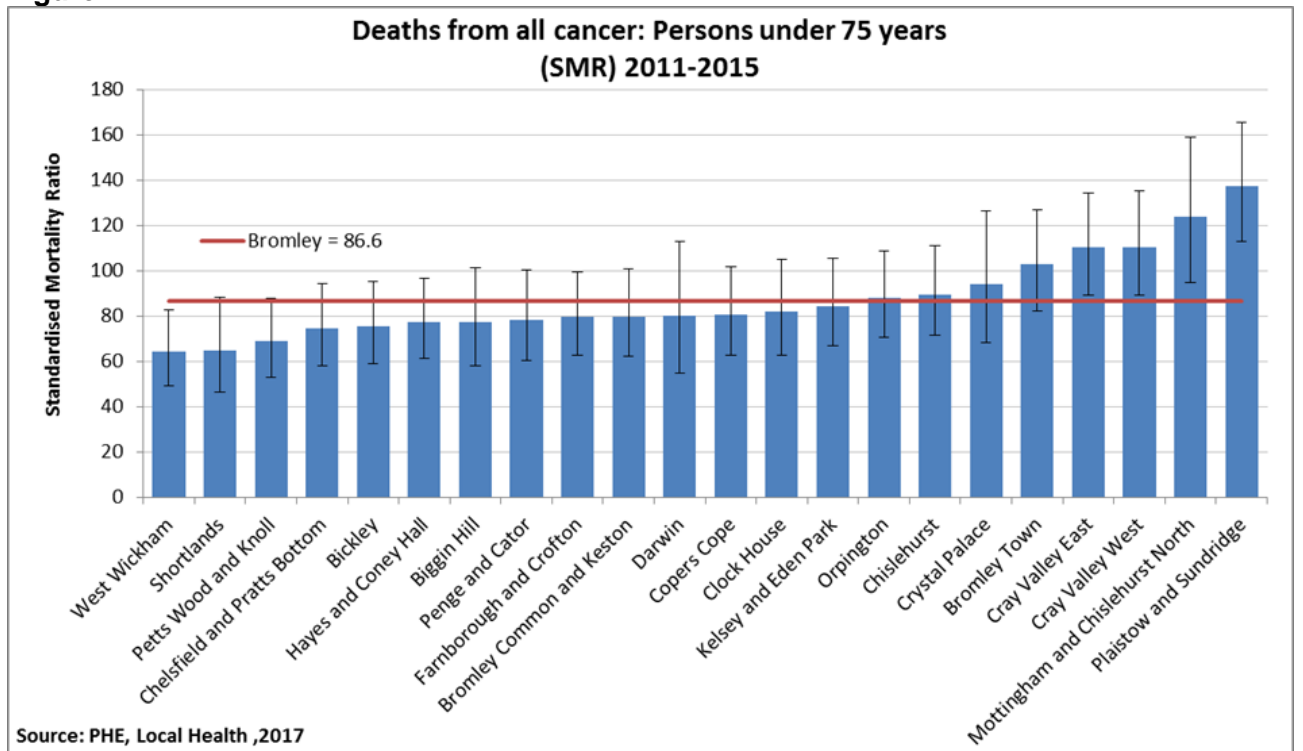
There is significant variation in mortality rates for coronary heart disease and cancer between wards in Bromley (**Figures 11 and 12**).

Crystal Palace, Cray Valley East, Cray Valley West, Penge & Cator, Bromley common & Keston and Clock House wards have significantly higher than average premature mortality rates for heart disease, while Mottingham & Chislehurst North and Plaistow & Sundridge wards have significantly higher than average premature rates for cancer.

**Figure 11**



**Figure 12**

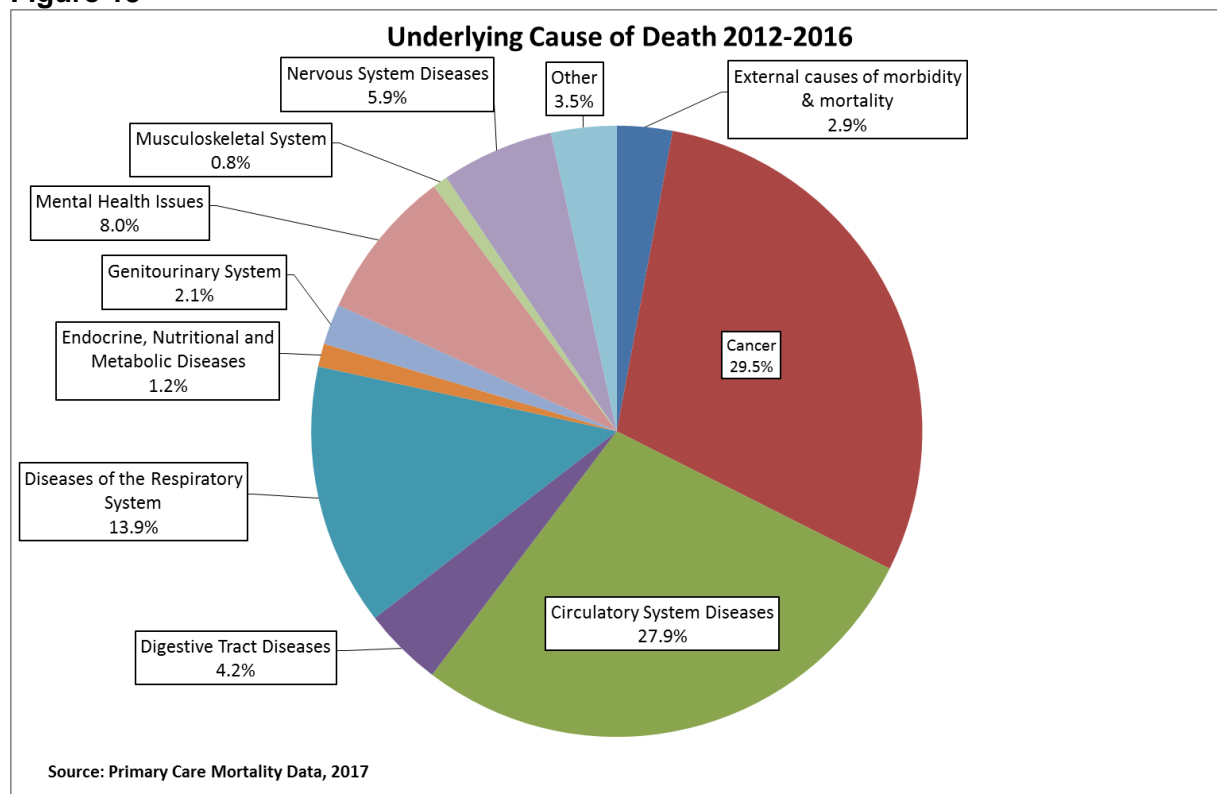


## Key Causes of Mortality & Major Health Issues

The key causes of death in Bromley remain:

- Cancer
- Circulatory disease
- Respiratory disease

**Figure 13**



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.

### Cardiovascular Disease

The term cardiovascular disease (CVD) describes a family of diseases (including heart disease, stroke and peripheral vascular disease) sharing a common set of risk factors. Chronic kidney disease and diabetes are also included in the CVD family of diseases as they have similar risk factors and are associated with a greater risk of CVD. Hypertension is a predisposing condition for CVD.

It is important to reduce the number of people living with ill health and dying prematurely, while reducing the gap between communities. A key indicator for this objective is early mortality from cardiovascular disease.

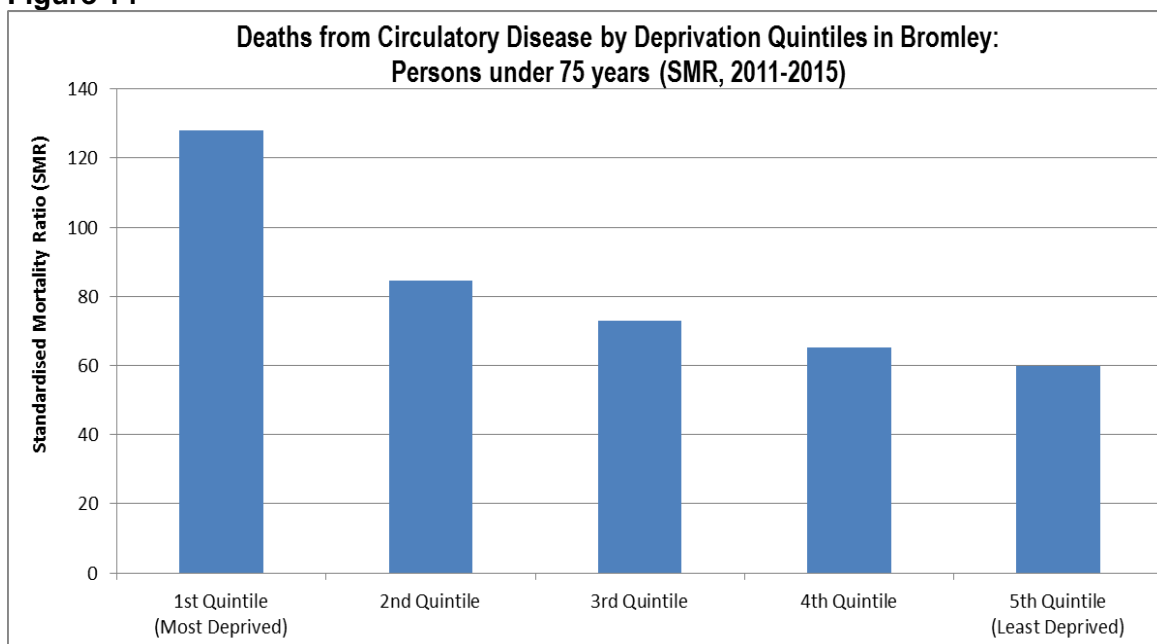
Between 2014 and 2016, the under 75 mortality rate in Bromley from cardiovascular disease considered preventable was 35.9 per 100,000 population (as compared with 46.7 for England and 46.2 for London).

The early mortality rate for cardiovascular disease (CVD) in Bromley is lower than the rate for England, and has been falling steadily since 1995.

Although the under 75 CVD mortality rate in Bromley for the period 2014-16 was (at 56.4 per 100,000) lower than England (73.5) and London (74.9), there are gender differences within the borough<sup>i</sup>.

- Male under 75 CVD mortality rates are significantly higher than female under 75 CVD mortality rates (81.8 and 33.8 respectively).
- CVD mortality rates are higher in wards in the most deprived areas of the borough, compared with wards in the least deprived quintile.

**Figure 14**



**Source: Local Health 2017 for SMR and IMD, Communities and Local Government**

### Coronary Heart Disease (CHD)

In 2016-17 there were 9,846 people who had been diagnosed with CHD in Bromley. However, based upon Health Survey for England results applied to Bromley, the total number of expected CHD cases is likely to be around 14,200. The prevalence of heart disease based on identified cases in Bromley has been declining over the last few years.



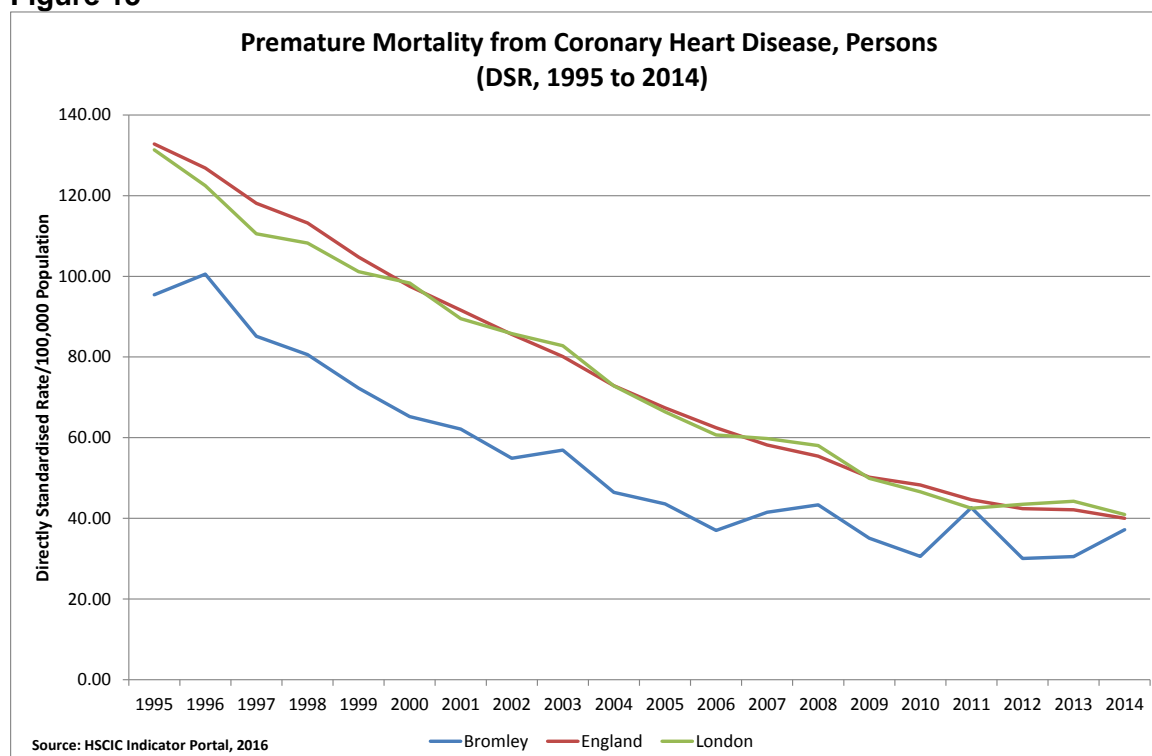
**Table 1: Prevalence of Coronary Heart Disease**

	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
CHD Register Size	9798	9717	9790	9859	9984	10253	10177	10165	10,065	9,898	9,846	9,793
CHD Prevalence	2.98%	3.76%	3.58%	3.75%	3.79%	3.79%	3.75%	3.10%	3.00%	2.93%	2.88%	2.83%

Source: NHS Digital-QOF, 2017

The Public Health Outcomes Framework includes an objective for reducing numbers of people dying prematurely. One of the indicators for this objective is mortality under 75 from cardiovascular disease and CHD is the largest contributor for cardiovascular disease (45%). In the three year period 2013-15, the early mortality rate for CHD in NHS Bromley CCG was 32.1 per 100,000. This is a decrease of 23.9% since 2004-06. In England, the mortality rate has decreased by 40% over this time period and the rate in the South East London STP has decreased by 40%.

**Figure 15**



Management of blood pressure levels in patients with CHD in Bromley is less effective than the national average, with 87.4% achieving optimal blood pressure management (as compared with 88.2% for England).

In contrast, patients with CHD in Bromley are more likely than the national average to be receiving treatment with aspirin or equivalent (93% vs 91.8%) and appropriate drug treatment post heart attack (74.5% vs 69.1%).

In 2015-16 the admission rate for CHD was 482.2 per 100,000 (1,418 admissions). This is lower than England (527.9 per 100,000).

## Stroke

The recorded prevalence of stroke has been stable at about 1.5% over the last 5 years. In 2016/17 there were 5,110 people who had been diagnosed with a stroke in NHS Bromley CCG. In 2015/16 there were 373 admissions recorded on the Sentinel Stroke National Audit Programme.

**Table 2: Prevalence of Stroke**

	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
<b>Stroke Register Size</b>	4,825	4,908	5,017	5,125	5,184	5,362	5,277	5,122	5,121	5,086	5,094	5,110
<b>Stroke Prevalence</b>	1.47%	1.90%	1.83%	1.95%	1.61%	1.61%	1.94%	1.50%	1.53%	1.51%	1.49%	1.48%

*Source: NHS Digital-QOF, 2017*

Of those people diagnosed with stroke, a lower proportion achieves optimal control of blood pressure (82%) in Bromley than the England average (84%).

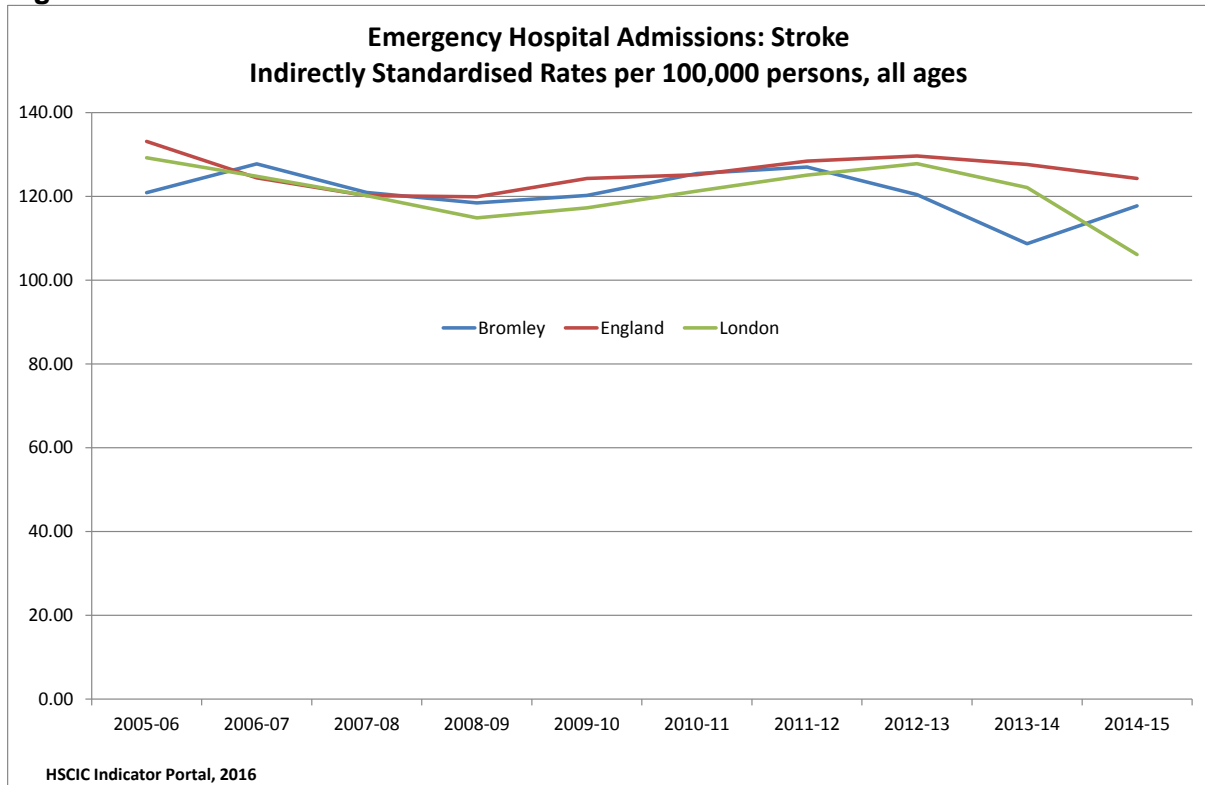
The proportion of patients with a non-haemorrhagic stroke who have a record of anti-platelet or anti-coagulant therapy (91.4%) is also lower than the national average (91.8%).

Atrial fibrillation (AF) is a known risk factor for stroke. The diagnosed prevalence of AF in Bromley is 1.9%, and the estimated prevalence is 2.5%<sup>ii</sup>, indicating that there could be an additional 3530 people with undiagnosed AF in the Bromley registered population<sup>iii</sup>.

Treating appropriate patients with atrial fibrillation with anticoagulants lowers the risk of stroke. In Bromley, 54.0% of stroke patients admitted who had a history of atrial fibrillation were not prescribed anticoagulation prior to their stroke. This is higher than the England rate (52.5%).

In 2015-16, the admission rate for stroke in Bromley was 138.6 per 100,000 (422 admissions). This is significantly lower than England (171.9). The admission rate for stroke in Bromley decreased by 0.2% between 2005-06 and 2015-16.

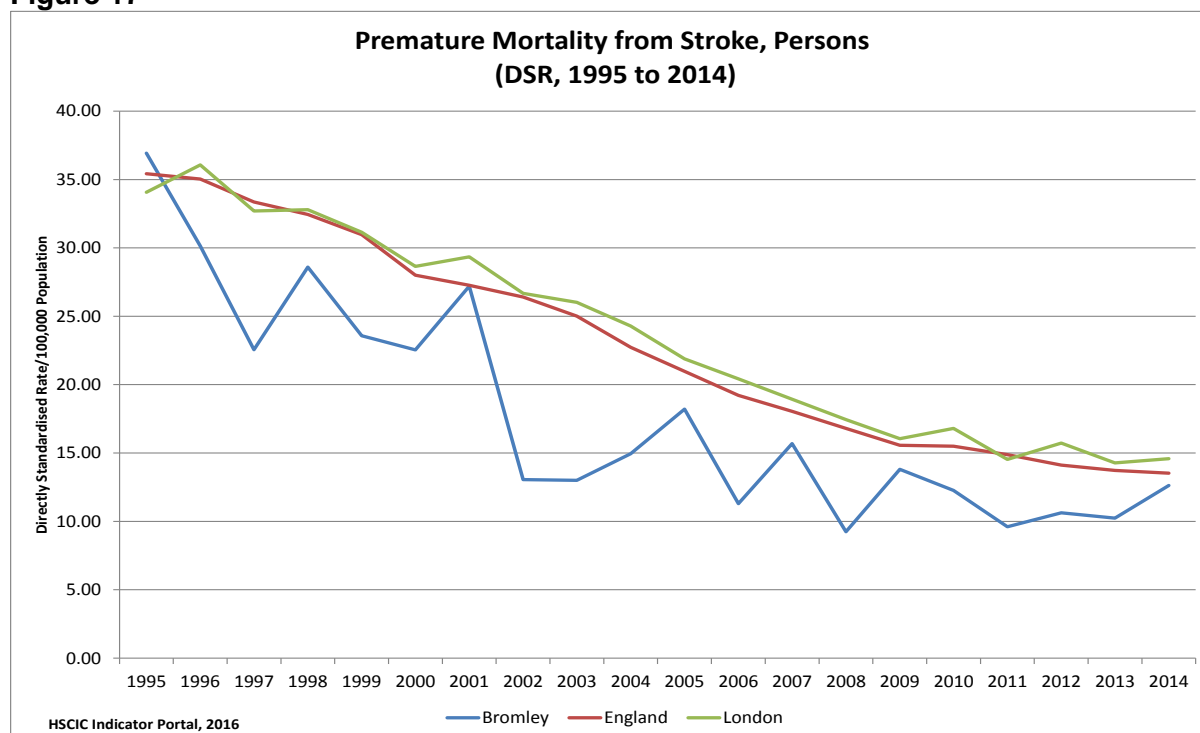
**Figure 16**



It is a requirement of the National Stroke Strategy in England that all eligible patients receive a six month assessment after their discharge from hospital following a stroke. This is key to assessing the outcomes of stroke care. In 2015-16, Bromley assessed 8.5% of eligible patients at six months, which is lower than in 2013-14 when it was 32.1%. The level nationally was 24.5%.

The early mortality rate (under 75 years) due to stroke was 10.7 per 100,000 in 2013-15. The early mortality rate is significantly lower than England (13.6 per 100,000). Later mortality (over 75 years of age) rate from stroke in Bromley was 528.0 per 100,000 people. This was lower than the England rate (594.7).

**Figure 17**



## Hypertension

The prevalence of recorded hypertension has been reducing slightly since 2010.

The prevalence of recorded hypertension in Bromley (13.5%) is similar to the national average (13.8%). However, the expected prevalence of hypertension in Bromley is higher at 24.4%, indicating under-identification. There could be 32,500 undiagnosed hypertensives in Bromley (NCVIN, 2016 estimates). In Bromley, the percentage of patients aged 45 years and over who have a record of blood pressure in the preceding 5 years, is (90%), which is similar to the national percentage of 90.6% (QOF, 2016/17).

**Table 3: Hypertension Prevalence**

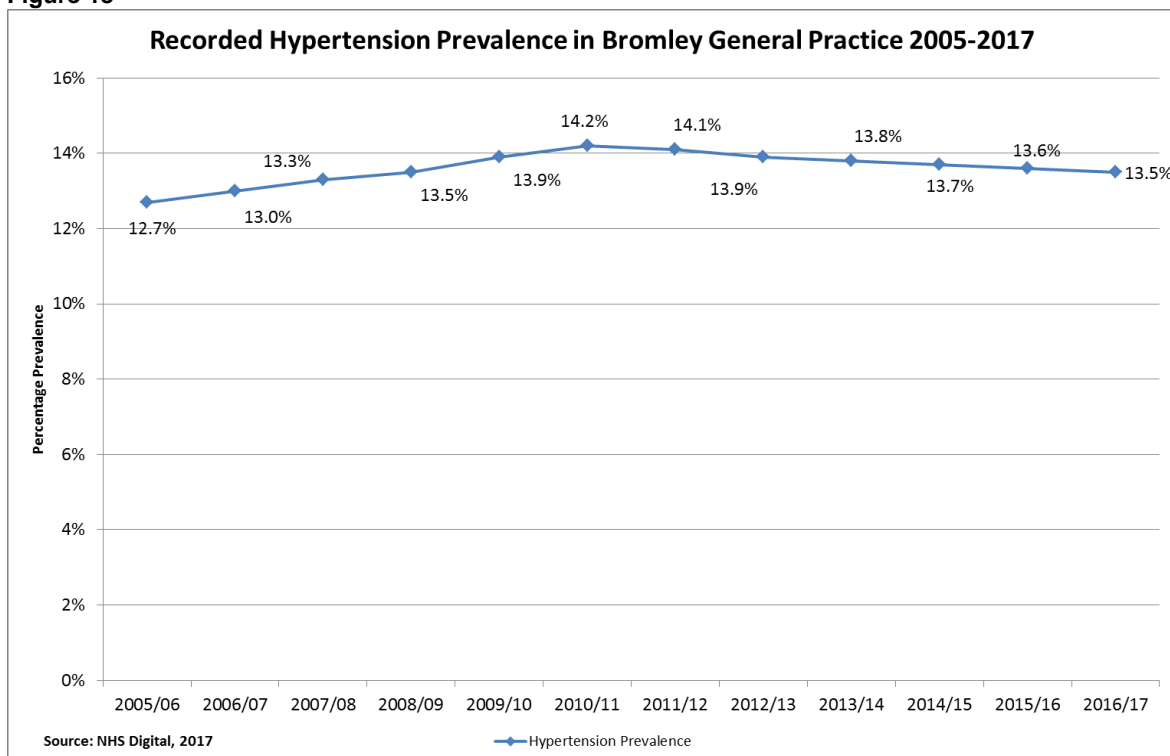
	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Hypertension Register Size	40,333	41,509	42,663	43,924	45,209	45,778	45,977	46,028	46,266	46,370	46,526	46,815
Hypertension Prevalence	12.7%	13.0%	13.3%	13.5%	13.9%	14.2%	14.1%	13.9%	13.8%	13.7%	13.6%	13.5%

Source: NHS Digital/QOF 2016

Optimal management of hypertension reduces the risk of developing cardiovascular disease. In Bromley, optimal management is achieved in almost similar proportions of hypertensives as the national average. 78% of patients with hypertension have their blood pressure controlled to 150/90 or less, as compared with 80% nationally.

The risk of developing cardiovascular disease can be reduced in patients with hypertension by careful management of blood pressure and other cardiovascular risk factors such as physical inactivity and smoking. In Bromley, 88% of patients aged 15 years and over who were recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months, as compared with 89% nationally (QOF, 2016/17).

**Figure 18**



### What this means for residents in Bromley:

The evidence shows that there are many people living in Bromley with undiagnosed hypertension and undiagnosed atrial fibrillation, as well as a number of people with known hypertension which has not been adequately controlled. These people are at a higher risk of stroke, kidney disease, heart disease and other conditions.

## Chronic Kidney Disease

In 2016-17 there were 9473 people aged 18 years and over who had been diagnosed with Chronic Kidney Disease (CKD) in Bromley. This represents 3.5% of the registered population aged 18 years and over.

**Table 4**

	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2015/16	2016/17
CKD Register Size	9,593	10,011	10,173	10,868	10,776	10,693	10,183	10,050	9,779	9,560	9,560	9,473
CKD Prevalence	*3%	*3.1%	4.0%	4.2%	4.2%	4.2%	3.9%	3.8%	3.7%	3.6%	3.6%	3.5%

Source: NHS Digital/QOF 2016 (\* Unadjusted Prevalence)

CKD is classified into five stages. The prevalence quoted relates to stages 3 to 5 (stage 5 representing more severe disease).

Across the country, estimates for the numbers of people with CKD are higher than the numbers diagnosed.

**Table 5**

	Modelled CKD Prevalence	Diagnosed CKD Prevalence
England	6.1%	4.1%
Bromley	6.4%	3.7%

Patients with CKD benefit from early treatment which is proven to reduce mortality and slow progressive decline in kidney function.

## Diabetes

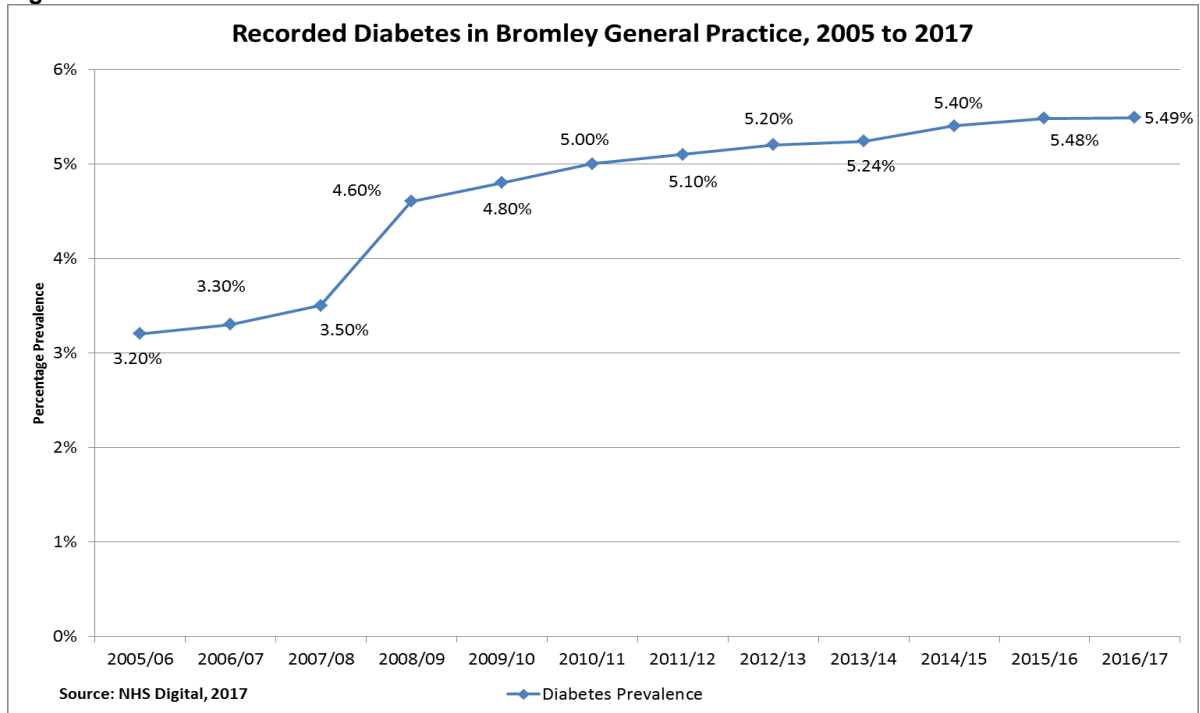
The number of people with diabetes has increased over time. There were 4,846 people on the diabetes register in 2002, as compared with 15107 in 2016-17 (**Table 6**). The prevalence of diabetes in Bromley is 5.5%, as compared with 6.5% for England as a whole. This rise has particular significance because diabetes is classed as a vascular disease which is often a precursor to heart disease or stroke.

**Table 6: Diabetes Prevalence**

	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Diabetes Register Size	8,861	9,244	10,084	10,504	11,261	11,979	12,509	13,307	13,335	13,681	14,013	14,493	14,901	15,107
Diabetes Prevalence	2.73%	2.56%	3.07%	4.06%	4.12%	4.56%	4.75%	5.00%	4.91%	5.20%	5.24%	5.40%	5.48%	5.49%

Source: NHS Digital -QOF, 2017

Figure 19



In addition, there are a large number of people with non-diabetic hyperglycaemia (NDHG) who are at high risk of developing diabetes. In 2015, national prevalence modelling predicted that there were 29,872 people with NDHG in Bromley. A search of GP systems in 2016 found that approximately 15,419 people have blood test results indicating that they have NDHG, indicating that many have not been identified.

In response to the rising levels of diabetes and pre-diabetes in the Bromley population, the Annual Report of the Director of Public Health 2017 will focus on Diabetes epidemiology and prevention. The report is available [here](#).

**What this means for residents in Bromley:**

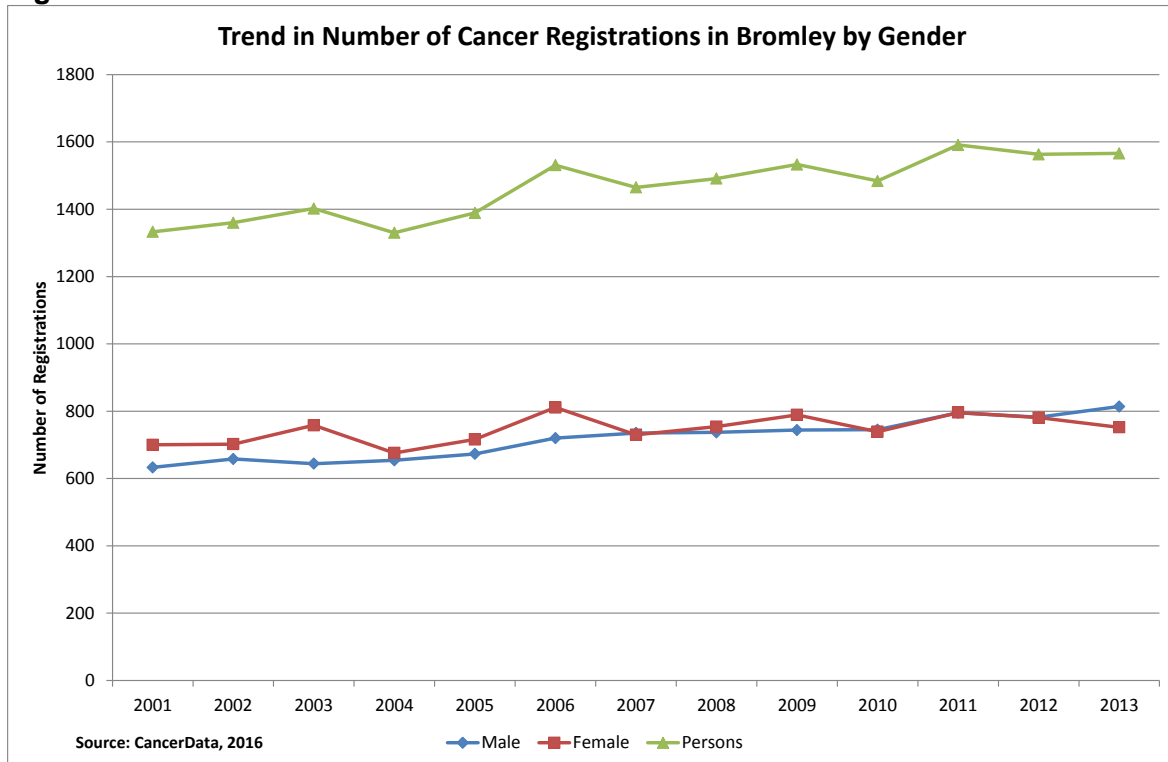
The number of people in Bromley with diabetes continues to rise and control of associated risk factors for circulatory disease in diabetics is lower than the national level.

## Cancer

There were 8,851 patients recorded with a diagnosis of cancer on GP registers in 2016-17. There were over 10,000 cancer deaths in the last 10 years.

The number of cancer registrations per year has increased as shown in **Figure 20**.

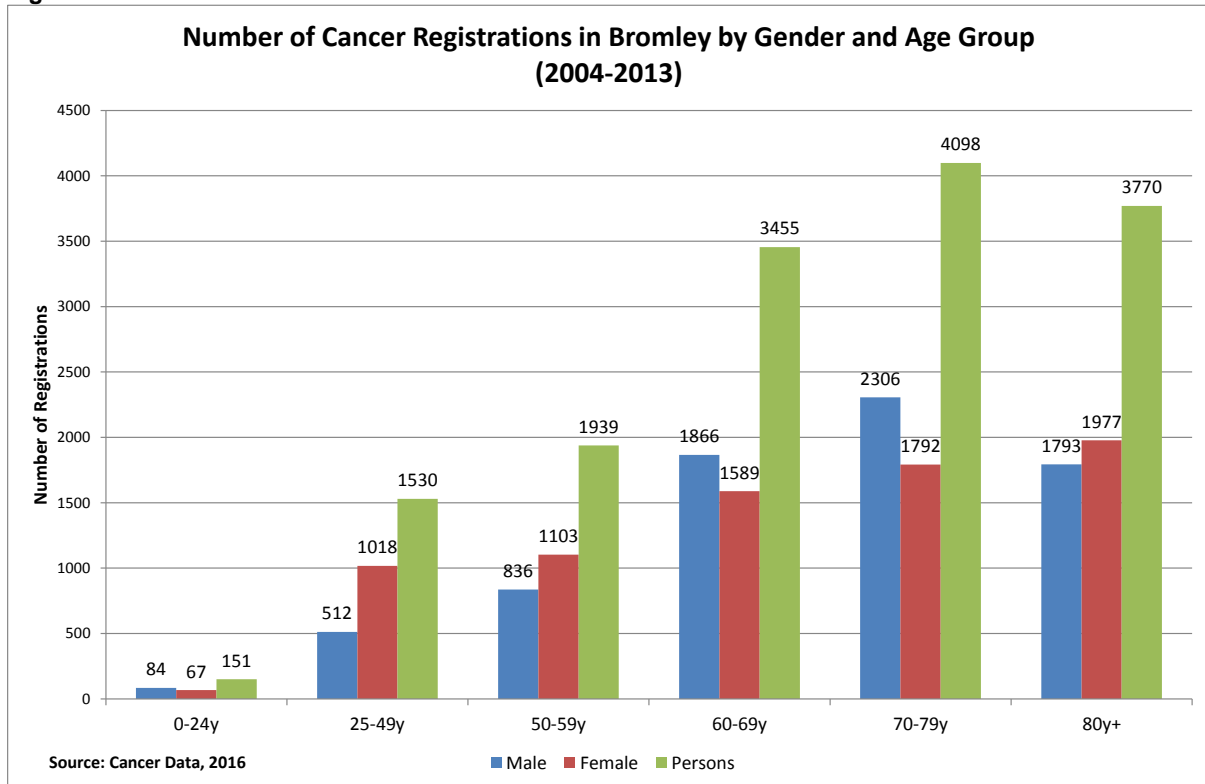
**Figure 20**



The number of people diagnosed with cancer increases with age, to a peak in the 75 to 79 year age group (**Figure 21**).



**Figure 21**



The four most common cancers registered in Bromley in the last 10 years are breast, prostate, lung and colorectal cancer.

**Table 7: Number of Cancer Registrations by Site in Bromley, 2004-2013**

Site of Cancer	Male	Female	Persons
Breast	13	2448	2461
Lung	953	752	1705
Colorectal	969	842	1811
Prostate	1949	0	1949
All Cancers*	7399	7544	14943

\* Excluding non-melanoma skin cancer

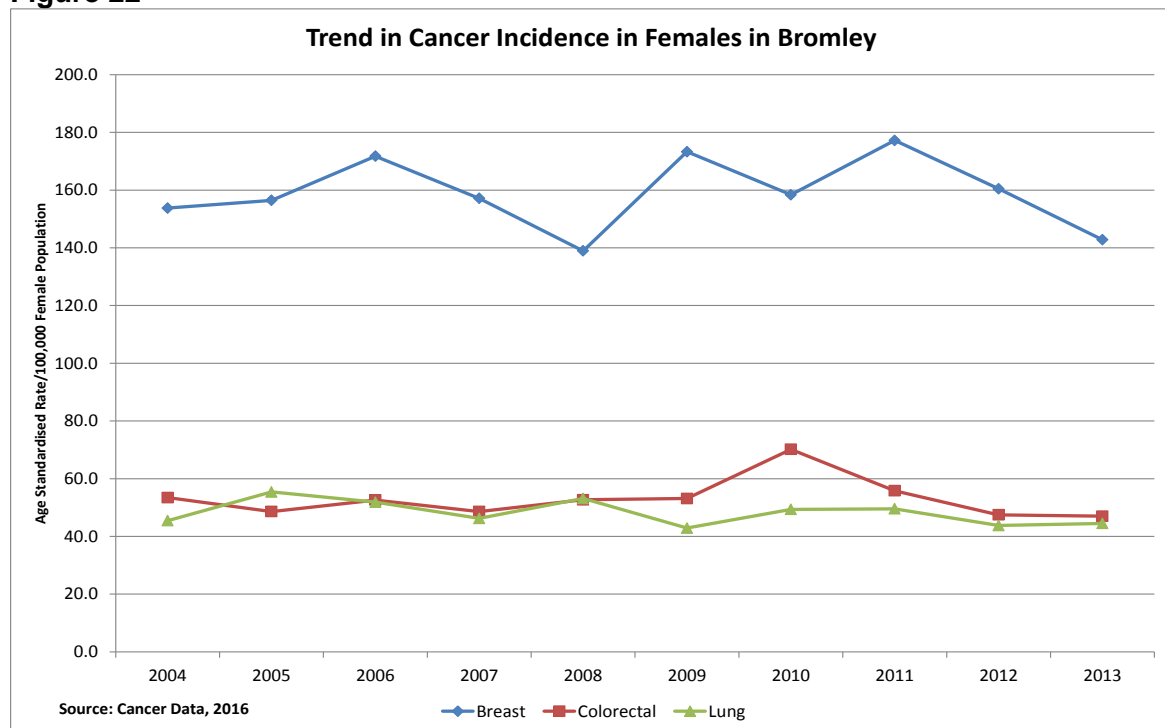
Source: Cancer Data, 2016

**Table 8: Incidence Rates for Cancer at Different Tumour Sites in 2013**

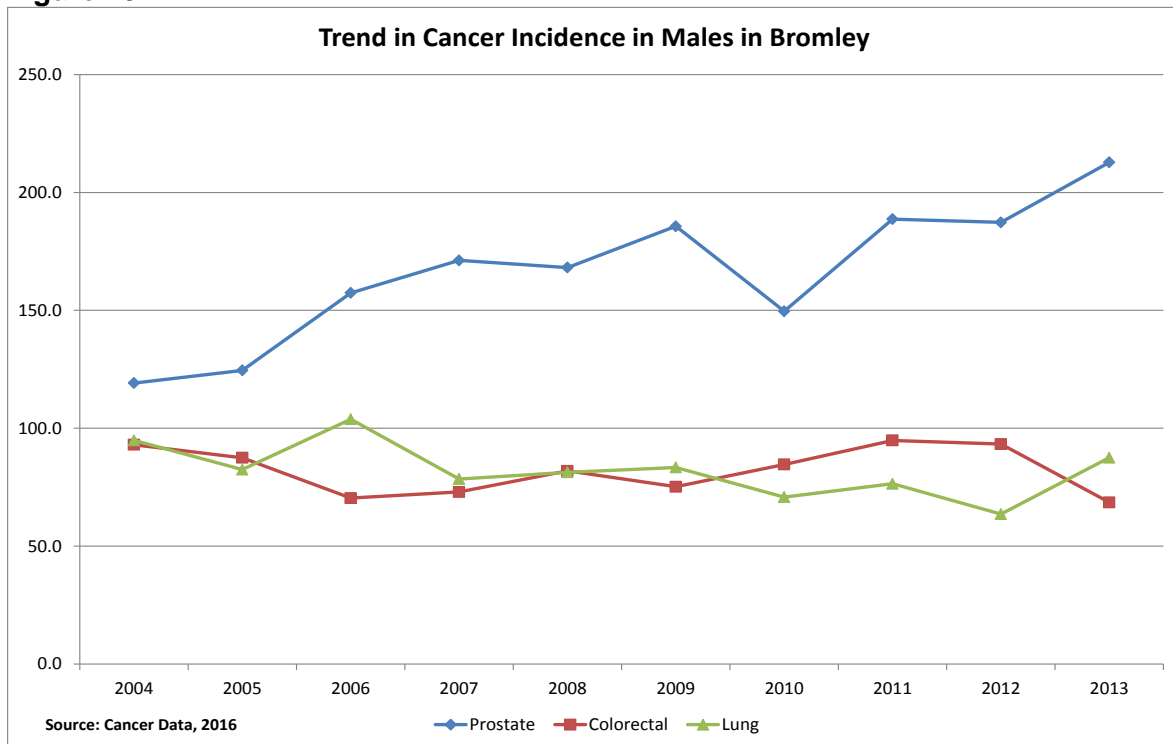
Tumour Site	Age Standardised Rate per 100,000	
	Bromley	England
All Malignant Neoplasms Excluding Non Melanoma Skin	552.7	614.9
Malignant Neoplasm Of Prostate	212.8	185.7
Malignant Neoplasm Of Breast	142.8	170.0
Malignant Neoplasm Of Trachea, Bronchus And Lung	66.0	78.9
Malignant Neoplasm Of Colon And Rectum	57.8	71.6
Malignant Neoplasm Of Uterus	31.8	29.0
Malignant Neoplasm Of Ovary And Fallopian Tubes	24.3	23.9
Malignant Neoplasm Of Bladder	23.7	19.6
Non Hodgkins Lymphoma	21.5	23.8
Malignant Melanoma Of Skin	19.3	25.2
Malignant Neoplasm Of Pancreas	15.8	16.7
Malignant Neoplasm Of Oesophagus	14.8	15.6
Malignant Neoplasm of Kidney, Except Renal Pelvis	13.6	18.0
Leukaemia	11.6	16.8
Multiple Myeloma And Malignant Plasma Cell Neoplasms	10.1	10.2
Malignant Neoplasm Of Stomach	9.9	12.4
Malignant Neoplasm Of Brain And Other Parts Of Central Nervous System	8.9	9.2
Malignant Neoplasm Of Liver And Intrahepatic Bile Ducts	4.2	9.5
Bromley rate higher than England rate		

**Source: CancerData, 2016**

**Figure 22**



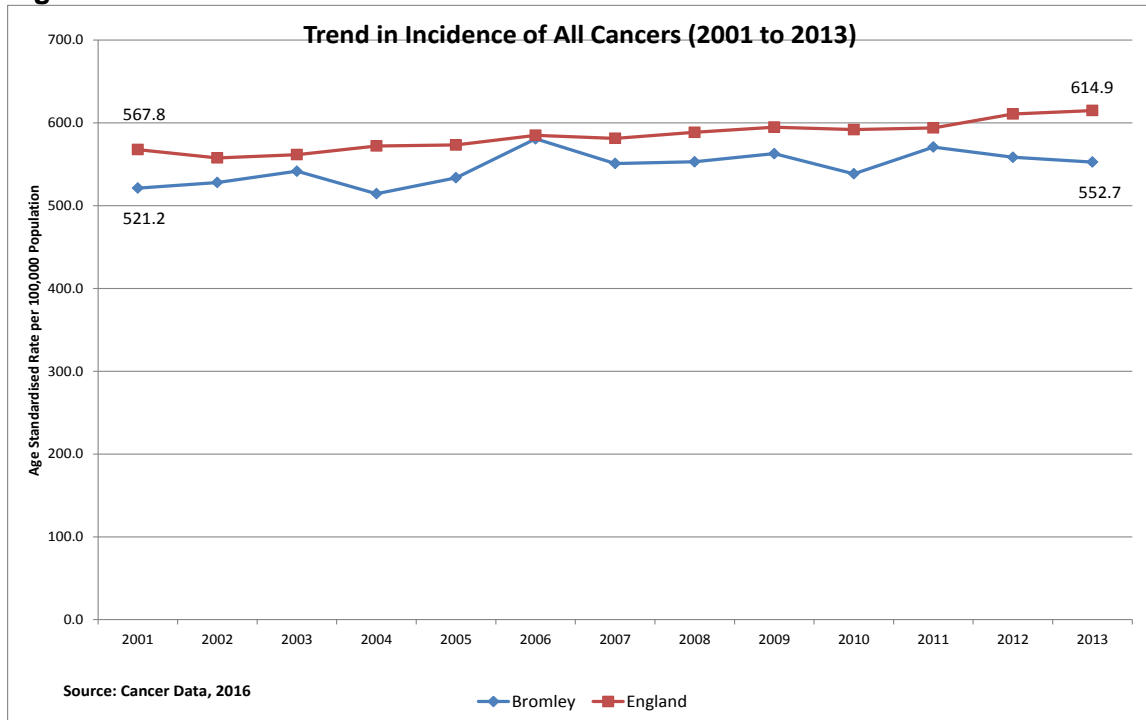
**Figure 23**



The incidence for all cancers in Bromley has been consistently lower than the incidence for England over the last decade.

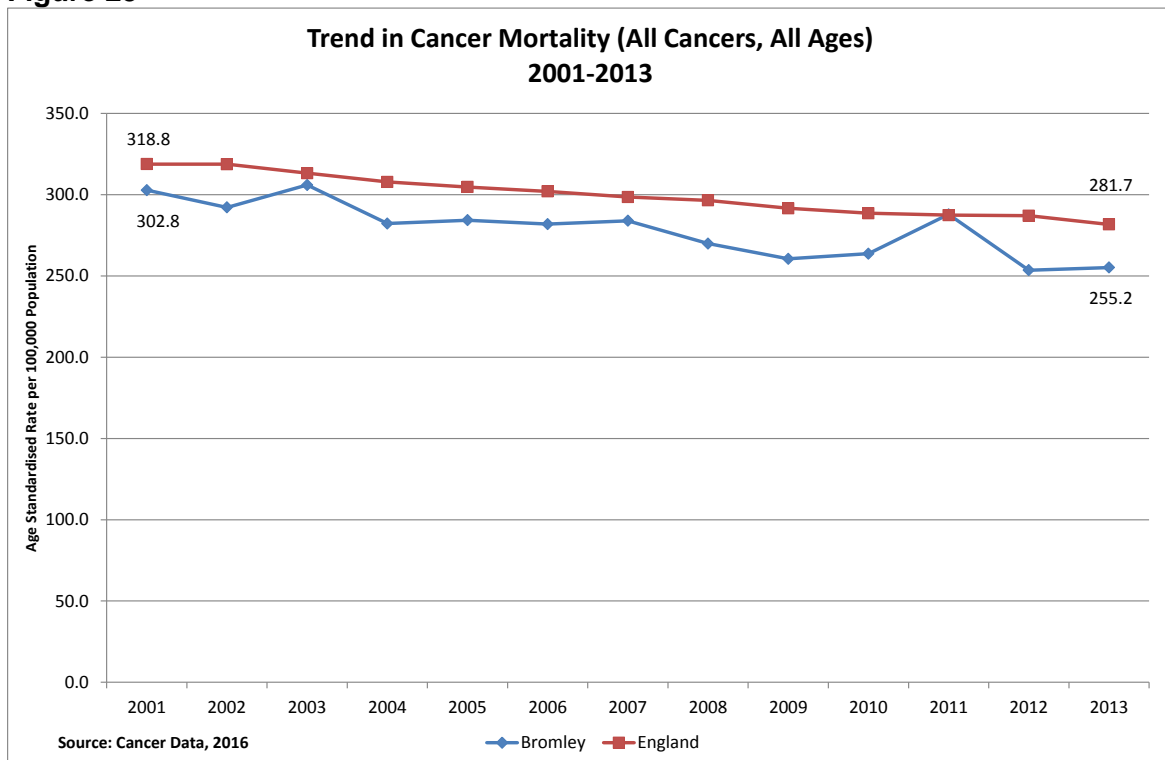
The incidence of lung, colorectal (in both men and women) and breast cancer (in women) in Bromley has fallen over the last ten years. In contrast, the incidence of prostate cancer in men in Bromley has increased (from 119 to 213 per 100,000).

**Figure 24**



Overall cancer mortality has been falling over the last 13 years as shown in **Figure 25**.

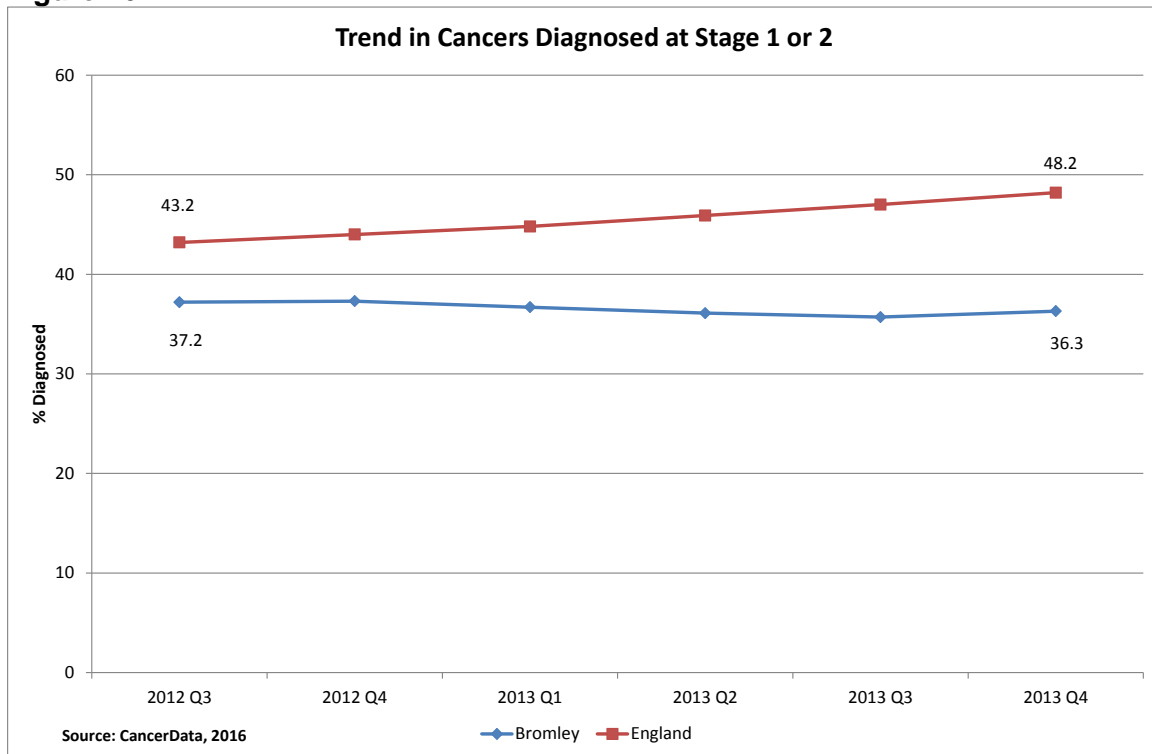
**Figure 25**



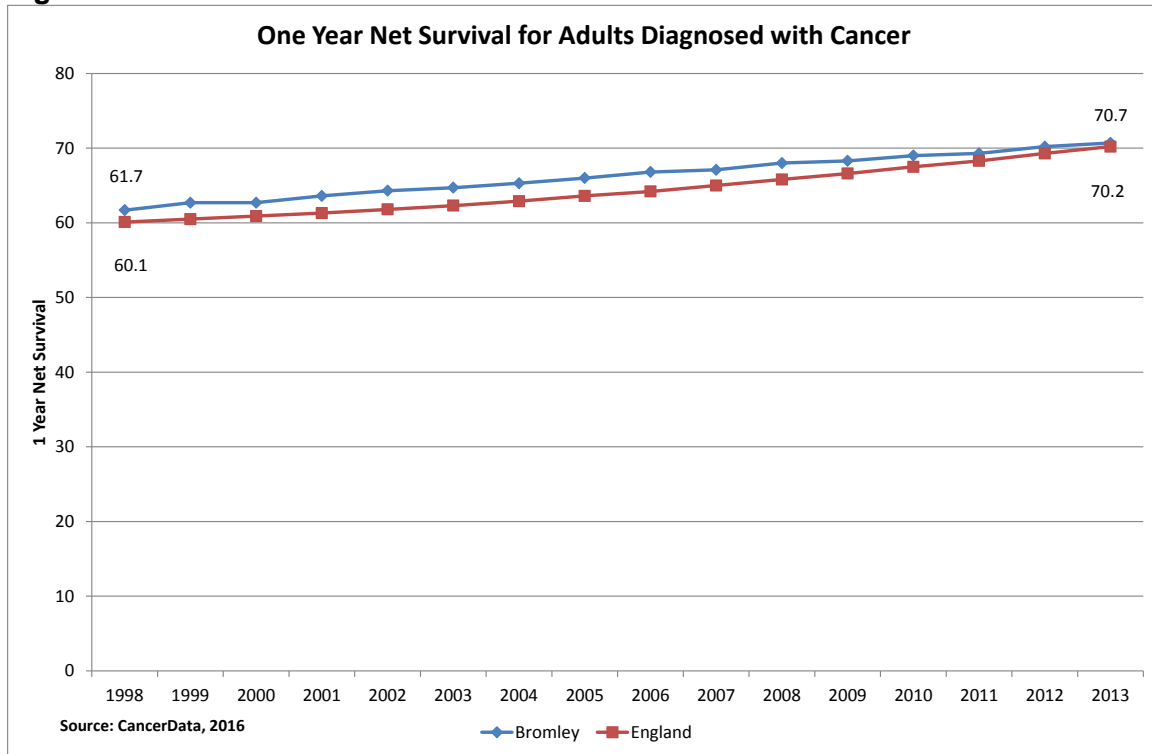
Improvements in cancer survival times are due to improvements in early detection of cancer through increased awareness and good uptake of screening programmes, as well as to improved treatment for cancer.

Nevertheless, a relatively small proportion of cancers in Bromley were detected early in 2012 and 2013 as shown in **Figure 26** below. This is lower than for England as a whole.

**Figure 26**



**Figure 27**

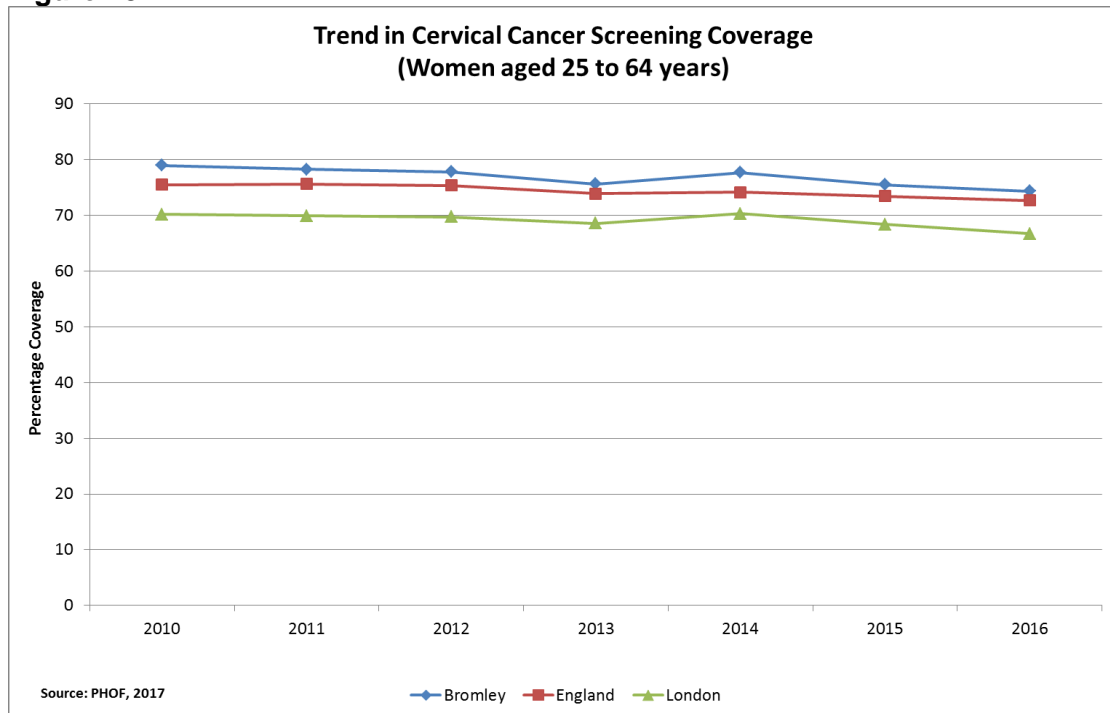


One year survival for cancers in adults has been above the England average since 1998. Five year survival figures are not available for Bromley, but have been increasing over the last 10 years for England as a whole.

### **Cancer Screening**

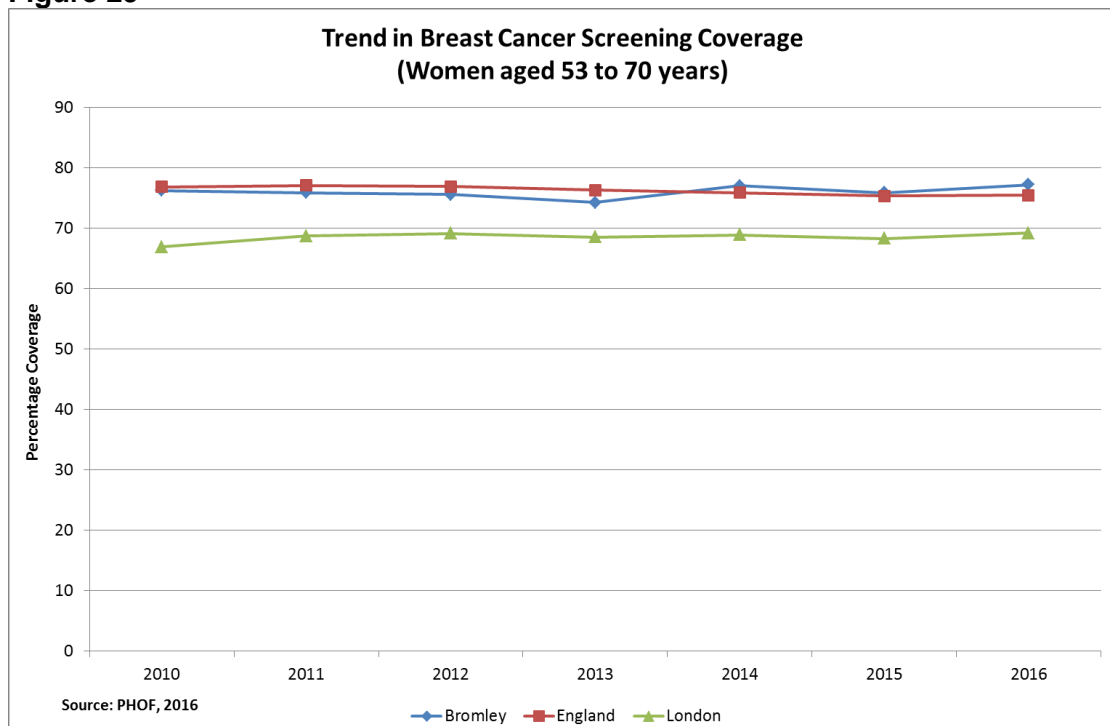
Cervical cancer screening uptake in women aged 25 to 64 years in Bromley has been consistently better than the London and National average over the last five years (**Figure 28**). However, it is worth noting that the cervical cancer screening uptake in Bromley has fallen by about 5% in the last 6 years.

**Figure 28**



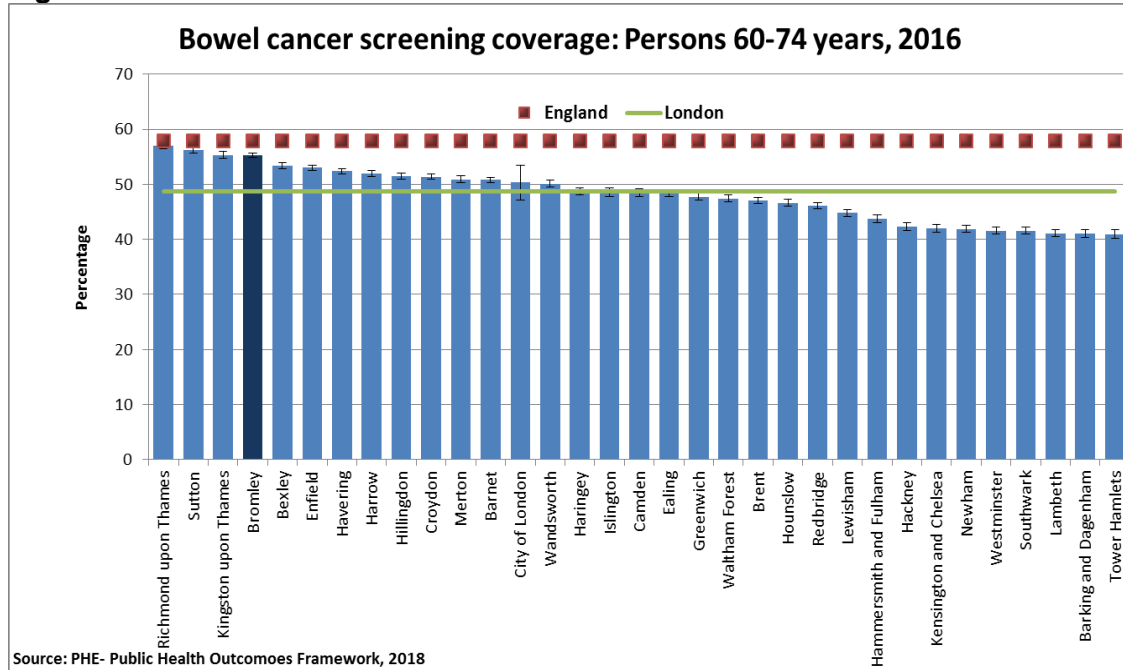
Breast cancer screening uptake in Bromley has improved. It has remained on par with the National average, and has consistently performed over 7% better than London (**Figure 29**).

**Figure 29**



The percentage of people eligible for bowel cancer screening who were screened adequately is higher locally (55%) compared to the region (49%) but not nationally (58%). Bromley has the 4<sup>th</sup> highest coverage rates in the region. The difference seen in Bromley and many of the local authorities with the lowest rates is statistically significant. There is no trend data to ascertain if the rates are enduring.

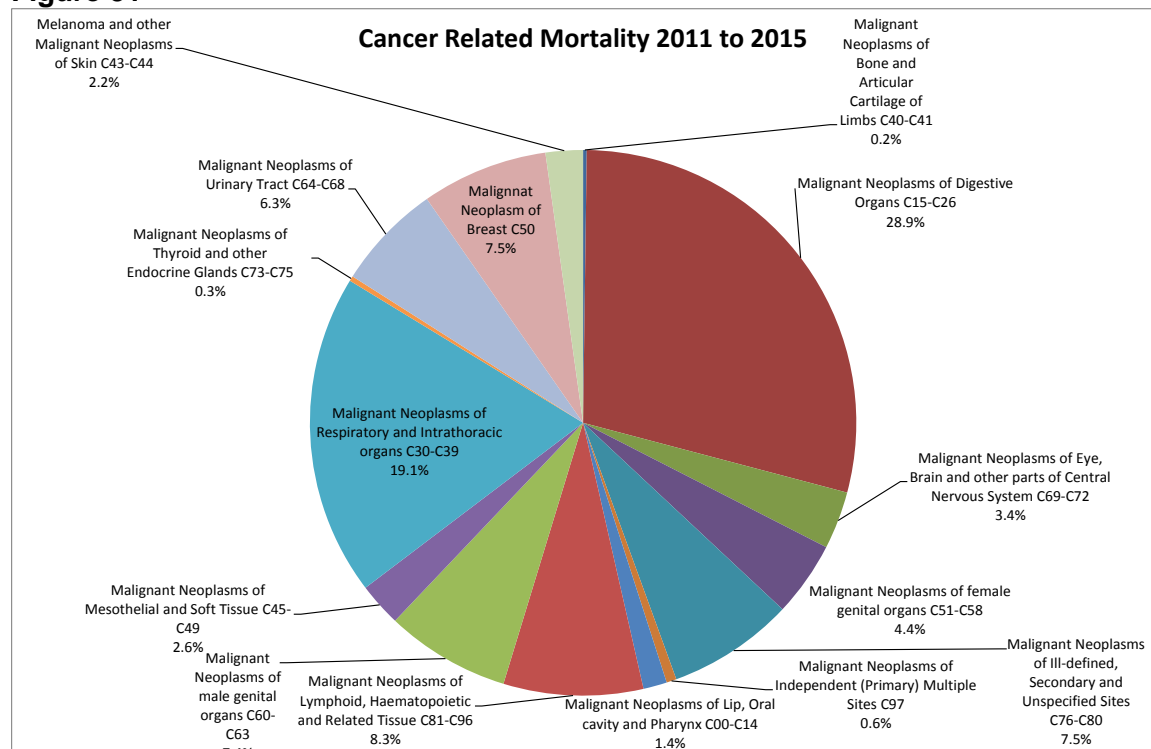
**Figure 30**





The highest proportion of deaths in Bromley (28.9%) is related to cancer of the digestive organs.

**Figure 31**



Source: Primary Care Mortality Database, 2016

### What this means for residents in Bromley:

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.

A significant proportion of cancers are diagnosed only in the later stages, which will adversely impact survival rates.

## Respiratory Disease

About 13.9% of deaths in Bromley are caused by respiratory disease. This includes influenza and COPD. The under 75 years mortality rate from respiratory disease is lower in Bromley (25.3 per 100,000) than for England (33.8 per 100,000)<sup>i</sup>.

### Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD) is mainly caused by smoking. According to the Annual Population Survey (APS, 2016), 14% of the residents in Bromley aged 18 year and over are current smokers, lower than the England average (16%). However, smoking prevalence is higher in routine and manual workers in Bromley at 28%<sup>i</sup>.

There are 4636 people in Bromley diagnosed with COPD, giving a prevalence of 1.34%. The recorded prevalence of COPD in Bromley is lower than the value for England (1.9%).

**Table 9: COPD Prevalence**

	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
COPD Register Size	3342	3525	3747	4006	4143	4178	4232	4371	4455	4520	4590	4,636
COPD Prevalence	1.10%	1.10%	1.20%	1.20%	1.30%	1.30%	1.30%	1.30%	1.33%	1.34%	1.34%	1.34%

Source: NHS Digital/QOF 2016 (\*Unadjusted Prevalence)

### Asthma

The prevalence of recorded asthma in Bromley is 5.1% (17,717 people), which is slightly lower than the value for England (6.0%).

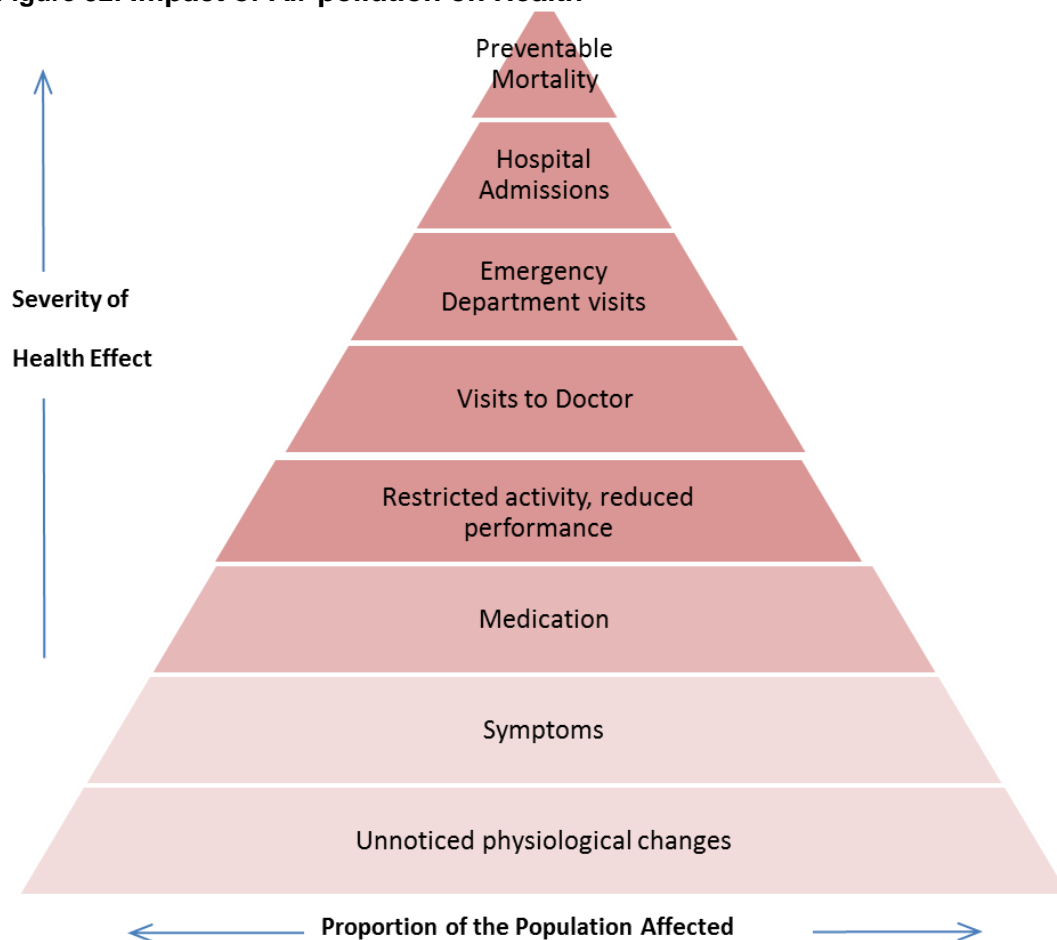
### **Air Quality**

Air pollution refers to substances in the air that harm human health, welfare, plant or animal life. Most pollution in London is caused by road transport and domestic and commercial heating systems.

Air pollution affects everyone who lives and works in London. The most vulnerable groups are children, older people and those with heart and respiratory. People living in deprived areas are also more affected by poor air quality, partly because these areas are often near busy roads.

The long term impacts upon health of air pollution can be represented by a pyramid structure, as shown in **Figure 32** below. For the majority of the population, the effects of air pollution are not usually immediately obvious, although some individuals may notice symptoms such as irritation to eyes and throats when pollution levels are elevated. Smaller numbers of the population are more vulnerable to the effects of air pollution, as exposure to pollution can exacerbate existing health conditions including cardiovascular and respiratory disease. This can lead to restricted activity, hospital admissions and even premature mortality.

**Figure 32: Impact of Air pollution on Health**

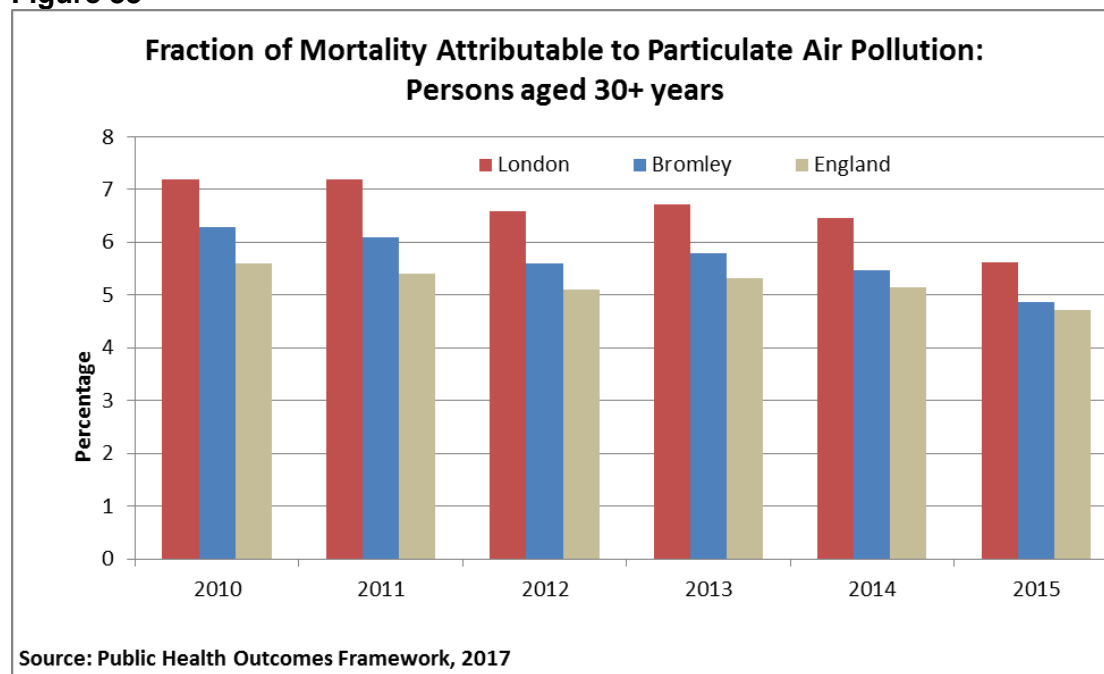


WHO, 2005

The Public Health Outcomes Framework includes a benchmark tool, which enables the comparison of the fraction (%) of mortality attributable to long term exposure to PM2.5 in each local authority in the UK. This can be compared to the UK average which is 5.6% of mortality attributable to long term exposure to PM2.5.

The figure for Bromley in 2015 was 4.9%, which is higher than the England average (4.7%) but lower than the London average (5.6%) and the best of all the London boroughs. There has been a year on year reduction in the fraction of mortality attributable to particulate air pollution since 2010 (**Figure 33**).

**Figure 33**



## Mental Illness

Mental health problems affect a large proportion of the population, with approximately 12% of people completing the GP patient survey reporting that they feel moderately severely or extremely anxious or depressed<sup>iv</sup>.

GP recorded levels of depression are lower in Bromley compared with England at 8.5% (23,073 people) and 9.1% respectively.

**Table 10: Depression Prevalence**

	2012/13	2013/14	2014/15	2015/16	2016/17
<b>Depression Register Size</b>	15645	16789	18140	20970	23,073
<b>Depression Prevalence</b>	6.00%	6.38%	6.85%	7.83%	8.50%

Source: NHS Digital/QOF 2017

Of those people completing the GP patient survey in Bromley, 5% reported suffering from a long term mental problem, as compared with 6% across England<sup>iv</sup>.

At the more severe end of the spectrum, over 2,500 people in Bromley (0.84% of the adult population) have been identified by GPs as suffering from serious mental illness. This is lower than the recorded rate for England of 0.92%.

**Table 11**

	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
<b>Severe Mental Illness Register Size</b>	1667	2165	2265	2351	2389	2447	2544	2616	2667	2738	2808	2904
<b>Severe Mental Illness Prevalence</b>	0.50%	0.70%	0.70%	0.70%	0.70%	0.80%	0.80%	0.80%	0.79%	0.81%	0.82%	0.84%

Source: NHS Digital/QOF 2017

## Dementia

The incidence of dementia has risen nationally over the last seven years.

In 2012, it was estimated that there were 4,102 people with dementia in Bromley; a relatively small population of these from black and minority ethnic groups.

By 2030 the number of people with dementia in Bromley is estimated to increase to 6047.

**Table 12: Predicted changes in the number of people living in Bromley with Dementia**

		2030	2020	2018	2017	2016
People aged 65-69 predicted to have dementia	↑	256	186	190	196	211
People aged 70-74 predicted to have dementia	↑	442	433	419	400	362
People aged 75-79 predicted to have dementia	↑	757	663	623	605	600
People aged 80-84 predicted to have dementia	↑	1,169	1,029	1,006	982	982
People aged 85-89 predicted to have dementia	↑	1,450	1,178	1,183	1,183	1,128
People aged 90 and over predicted to have dementia	↑	1,660	1,161	1,044	1,013	985
<b>Total population aged 65 and over predicted to have dementia</b>	<b>↑</b>	<b>6,034</b>	<b>4,650</b>	<b>4,465</b>	<b>4,380</b>	<b>4,268</b>

Source: Projecting Older People Population Information System, August 2016

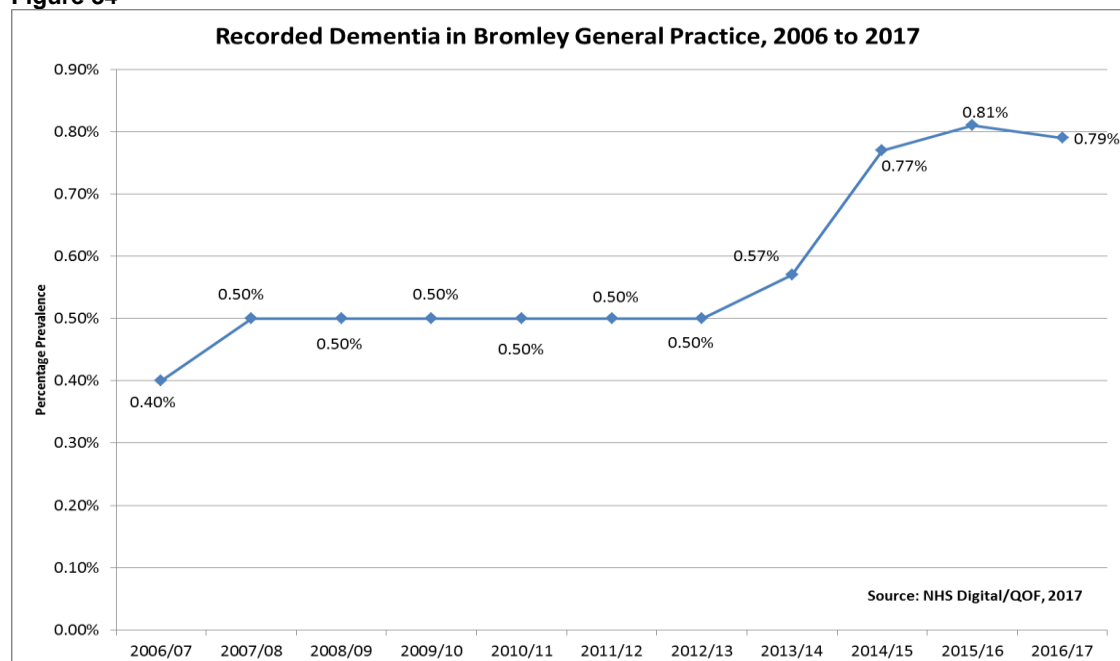
GP registers identify 2721 patients with dementia, suggesting that some cases are not known to clinical services. Recording has increased significantly over the last two years following case finding initiatives.

**Table 13: Dementia Prevalence (QOF)**

	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Dementia Register Size	1423	1452	1489	1499	1542	1690	1794	1902	2615	2755	2721
Dementia Prevalence	0.40%	0.50%	0.50%	0.50%	0.50%	0.50%	0.50%	0.57%	0.77%	0.81%	0.79%

Source: NHS Digital/QOF 2017

**Figure 34**



**What this means for residents in Bromley:**

Mental health problems affect a large proportion of the population, with approximately 10.7% of people completing the GP patient survey reporting that they feel moderately or extremely anxious or depressed.

A needs assessment of the physical health of people with mental illness in Bromley is underway and due to be completed early in 2018. This will help to inform a local action plan to reduce premature mortality in people living with severe mental illness, identified as a priority in the new Bromley Mental Health Strategy.

A summary of the provisional findings from this needs assessment can be found in the Mental Health and Suicide section of this JSNA.

## References

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<sup>i</sup> Public Health England. (2017). *Public Health Outcomes Framework*. [online] Available at: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework> [Accessed 19/12/2017].

<sup>ii</sup> NHS Digital. (2017). *Quality and Outcomes Framework – 2016-17*. [online] Available at: <http://digital.nhs.uk/catalogue/PUB30124> [Accessed 19/12/2017].

<sup>iii</sup> Public Health England. (2017). *Cardiovascular disease data and analysis: guide for health professionals*. [online] Available at: <https://www.gov.uk/guidance/cardiovascular-disease-data-and-analysis-a-guide-for-health-professionals> [Accessed 20/12/2017].

<sup>iv</sup> NHS England. (2017). *GP Patient Survey 2017*. [online] Available at: <http://results.gp-patient.co.uk/report/explanation.aspx> [Accessed 20/12/2017].