BROMLEY JOINT STRATEGIC NEEDS ASSESSMENT

2011

NHS Bromley

Bromley
THE LONDON BOROUGH
www.bromley.gov.uk




Foreword

We are very pleased to present the 2011 Joint Strategic Needs Assessment (JSNA). We hope that you will find it a useful source of information.

This is the third year that we have produced this joint document and over time we have improved the process by which we have prepared and collated it. This year our process was strengthened by ensuring full engagement of all partners, as described in the appendix. However, this is an evolving process so we expect further improvements in the future. We would be grateful for any comments and suggestions.

Additionally, this year we have made the core dataset information available on the London Borough of Bromley website. We hope that this will encourage wider use of this information, not only for planning of future services but also to raise awareness and inform our residents about the key health and wellbeing issues in their borough.

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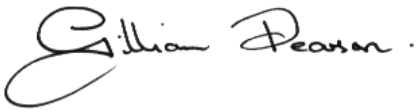

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Executive Summary

This report describes the main issues in Bromley relating to the life expectancy and quality of life and wellbeing for the population as a whole and for people with specific needs. This summary brings together the key messages from each of the main chapters.

DEMOGRAPHY

Bromley is the largest of the London boroughs and it is in fact 30% larger than the next largest borough. The population density is much greater in the north than in the south of the borough.

- The 2011 estimate of the resident population of Bromley is 306,361, having risen by 10,786 and this is expected to increase to 312,850 by 2016, and 316,600 by 2021.
- The birth rate within the borough has been rising since 2006, and is predicted to continue to rise over the next two years.
- The number of 0 to 4 year olds has gradually been increasing since 2004 and it is estimated that it will peak in 2016.
- The number of older people in Bromley is expected to increase from the 2011 level of 16.2% to 16.9% in 2016 and 17.2% by 2021.
- The 2011 estimates show 14.9% of the population is made up of BME groups. This does not include Gypsy Travellers, although they do form a distinct ethnic group in Bromley.

What this means for the JSNA

- Older people and people with children are higher users of services and are more likely to need regular access to GP practices, hospitals, clinics and pharmacies.
- The northern half of the borough is heavily populated. This increases pressure for land to become available as more housing and services are required for the population increase.
- It is important to keep abreast with changes as service provision may have to adapt to the needs of new communities.
- The rise in birth rates will impact upon a number of services across the borough.
- The rise in the number of 0 to 4 year olds in the next few years will have an impact on the provision of primary and secondary school places in the near future and will also affect the usage of health, social care and special needs services.

ENVIRONMENT

The physical and social environments in which we live are key determinants of health, influencing our lifestyles, how we interact with our local community and the activities we engage in. Good housing, employment and a good start in life can all help to reduce health inequalities at the local level, while poor environmental quality, housing conditions or pollution can exacerbate them.

- The Marmot Review makes a clear recommendation that planning, transport, housing, environmental and health policies should be integrated to address the social determinants of health.
- Generally the borough of Bromley scores well in the Indices of Deprivation compared to other South London boroughs, however there are clear indications of concentrations of poorer scores to the north west of the Borough in Crystal Palace and Penge & Anerley, to the north in Mottingham, and to the east in the Cray Valley as well as centrally through Downham and Bromley Common.
- As the Marmot Review explains the relationships between transport and health are multiple and complex. Transport enables access to work, education, social networks and services but transport also contributes significantly to public health challenges, including road traffic injuries, physical inactivity, and noise and air pollution.
- Access to open space has effects on both physical and mental health and wellbeing. Whilst Bromley's population density is low in a London context, it can be seen that development in some parts of the borough are fairly dense.
- Over half of the Borough is designated Green Belt or Metropolitan Open Space and these open spaces make an important contribution to the wider environmental health benefits.
- The average gross weekly earnings of those working in Bromley are high.
- The recently published guidelines 'Start Active, Stay Active' highlights that there are clear and significant health inequalities in relation to physical inactivity according to income.
- Bromley Council is currently preparing the Local Plan which seeks to steer development to appropriate locations over the next 15-20 years and decisions made regarding the future growth of the borough will have different health implications in different areas.

What this means for the JSNA

- There are inequalities in life expectancy between wards, with an 8 year gap for men and a 6 year gap for women between the most and least deprived areas of Bromley.

LIFE EXPECTANCY AND THE BURDEN OF ILL HEALTH

- The key causes of death in Bromley are circulatory disease, cancer and respiratory disease.
- Life expectancy is lowest for men in Penge & Cator and in Crystal Palace and for women in Mottingham & Chislehurst North and in Plaistow & Sundridge.
- Circulatory disease comprises heart disease and stroke, for which predisposing conditions include hypertension and diabetes.
- Mortality from heart disease has been steadily declining since 1993 and has been stable over the last 3 years.
- The stroke mortality rate has been steadily falling since 1993, and prevalence has been stable over the last two years. Mortality from stroke is lower in the least deprived areas of Bromley.
- The prevalence of hypertension has been rising over the last 6 years and recorded hypertension is higher in Bromley than the national average.
- The number of people with diabetes has increased and this rise has particular significance because diabetes is classed as a vascular disease which is often a precursor to heart disease or stroke.
- The incidence of all cancers in Bromley has been rising over the last 25 years, but mortality has been falling with survival rates improving for breast, colorectal, prostate and uterine cancer.
- Almost 13% of deaths in Bromley are caused by respiratory disease. This includes influenza and chronic obstructive pulmonary disease (COPD).
- The number of people on the Mental Health register has been rising. People with mental health problems not only present with social problems but also have increased risk of physical ill health.
- The prevalence of recorded dementia has remained constant since 2006. A local care pathway, building on the national guidelines, and created by a broad spectrum of stakeholders, has been in place since 2010. A needs assessment for dementia was carried out this year which included an assessment of care provided in Bromley against the NICE Quality Standards.
- The incidence of sexually transmitted infections in Bromley is generally lower than in London or in England as a whole, but HIV prevalence in Bromley has been rising over the last few years and is becoming more widely distributed across the northwest of the borough.
- The teenage pregnancy rate is lower in Bromley than for London or for England and the latest data (for the first 6 months of 2010) shows a reduction in the rate of teenage pregnancy in Bromley.
- The teenage pregnancy rates are highest in the most deprived areas of Bromley, with Crystal Palace, Orpington, Mottingham & Chislehurst North and Cray Valley East Wards having the highest rates, these rates are higher than the England average.
- Coverage rates for immunisation have been improving over the past three years, but remain lower than the WHO recommendation of 95%. Rates of immunisation uptake of the preschool booster and 2nd MMR are especially low.

- Smoking is a major risk factor for circulatory disease, cancer and respiratory disease. Smoking prevalence in Bromley is estimated to be 15.4% (2009-10) in people l8 years and over as compared with 21.2% for England.
- Obesity is a key risk factor for circulatory disease and cancer, and also for diabetes which is a precursor to circulatory disease. Obesity has an attributable risk for Type 2 diabetes of 24%. Therefore, any changes in the prevalence of obesity will have a significant impact on the prevalence of diabetes.
- Data collected for Bromley as part of the National Child Measurement Programme show rising trends in the prevalence of obesity and overweight in children in reception year and year 6.
- Physical inactivity is a leading risk factor for mortality. Physical activity is important throughout the life course.
- The local alcohol profile 2011 for Bromley show that alcohol attributable mortality in males and females is lower than the national and London averages, and is lower than last year. Although recent research evidence suggests that alcohol misuse is a problem in people aged 65 years and over, there is no routine data collection or screening for alcohol problems in this group.
- The estimated number of problem drug users is 4672. At present the first point of treatment for substance misuse is provided by an open access service, REACH, which is part of Bromley Community Drugs Project. Over 60% of people in treatment were between the ages of 30-49.

What this means for the JSNA

- Circulatory disease, cancer and respiratory disease are the key causes of death in Bromley. Of concern is the continuous rise in numbers of people in Bromley with diagnoses of high blood pressure and type 2 diabetes.
- People with severe mental illness are more likely to suffer poor physical health and have a lower life expectancy.
- Ready access to good primary care mental health services is important in the light of the high prevalence of moderate mental health illness.
- Referral rates to Child and Adolescent Mental Health Services (CaMHS) have shown significant increases over recent years
- Whilst the prevalence of dementia is stable, numbers affected are increasing as a consequence of the ageing population. It is important that the NICE Quality Standards for care of people with dementia are met in Bromley.
- Over the last few years, numbers of HIV cases in Bromley have been increasing, chiefly in the north west of the borough, but over a larger geographic distribution.
- Teenage pregnancy rates appear to be falling, but remain highest in the most deprived sections of the borough.
- Immunisation uptake rates should remain a focus of attention while they remain below the WHO recommended level and while measles and mumps are still circulating locally.

- Smoking prevalence is falling overall in Bromley, but people living in the more deprived areas of Bromley with higher smoking rates have increased risks of heart disease, cancer and respiratory disease.
- The rise in adult and childhood obesity continues to put the population's health at risk.
- There is a need to develop systems for monitoring alcohol consumption in older people and also for monitoring the contribution of alcohol to domestic violence in Bromley.

QUALITY OF LIFE AND WELLBEING FOR THE WHOLE POPULATION

- Housing is a fundamental need for good health and wellbeing and inequalities in a range of health issues can be tracked to the quality of housing.
- Significant local intelligence exists on the housing needs and housing markets within Bromley and at the regional level. The issue at hand for housing is one of concerted effort and action on the key problems rather than a requirement for further information and analysis.
- Like all London Boroughs, Bromley continues to experience high and increasing levels of housing need, with current significant increases being experienced as a result of the current economic climate and general slowing up of the housing market.
- Current trend analysis suggests that we are likely to see a sustained increase in homelessness and housing need.
- Bromley continues to demonstrate a high number of schools converting to academy status when compared to the national and regional picture - Bromley has the highest number of academy conversions in the London region and is in the top ten nationally (at September 2011). At September 2011: 25 of Bromley's 95 schools have converted to Academy status (15 secondary and 10 primary). However the rate of conversion is now slowing with only a small number of schools currently considering academy conversion.
- Educational attainment across Bromley continues to be above the national average in Key Stages 1, 2 and 4; however, performance could be further improved for children in the Foundation stage and identified vulnerable groups.

What this means for the JSNA

- Managing expectations of people who are not in priority need.
- Increasing demand for housing.
- Increasing numbers of repossessions.
- Decreasing supply of affordable housing and temporary accommodation further exacerbates the gap between supply and demand.
- The health issues outlined in the JSNA will be influenced by planning, transport, housing and environmental policies. Integration is needed to assist in delivering positive health outcomes.
- Integrating the Marmot Review by prioritising policies that reduce both health inequalities and mitigate climate change by increasing active travel, improving access and quality of open and green spaces, improving local food

environments and improving energy efficiency of housing and reducing fuel poverty.

- Prioritise integration of planning, transport, housing, environmental and health policies to address the social determinants of health in each locality.
- Support locally developed and evidence-based community regeneration programmes that remove barriers to community participation and action and emphasise a reduction in social isolation.
- Acknowledge, in depth, the extent to which the environment impacts on health in the Local Plan and supporting evidence, and integrating health objectives into the Local Plan.
- Sustain and develop partnership arrangements and relationships with schools which convert to independent Academy status to achieve jointly agreed outcomes to improve the lives of children and young people who live or study in the Borough.
- The number of five year olds achieving the expected level for the Early Years Foundation Stage Profile is in line with that of national attainment and it is an area where performance is improving, however the rate of improvement is not at the same high level as the other key stages. A focus is therefore provided on improving attainment at the Foundation Stage as studies, such as the Marmot and Field Reviews, clearly identified the importance of intervention in the early years.
- The attainment gap at Key Stage 2 and Key Stage 4 is a particular area of focus for the LA and for the Department for Education. The priority is addressing the gap between those with Free School Meals/ Non Free School Meals in particular, but there are also gaps in performance across the genders

QUALITY OF LIFE FOR PEOPLE WITH SPECIFIC NEEDS

- Fair Access to Care Services. There are four levels of eligibility: critical, substantial, moderate and low. Bromley Council is currently offering services to people in critical or substantial need, however everyone will be offered information and advice. A decision will be made by adult services, based on the information provided about whether the individuals' needs are critical or substantial.

1) Older People

- Bromley has an ageing population – the largest in London and this is expected to rise.
- The implication of this growing demographic situation is the increased demand for social care services from people who desire to stay at home and are living at home longer.
- As people's needs become more complex it may be the case that support packages will become increasingly expensive to deliver and will put pressure on already constrained budgets. This is compounded by the fact that a lot of Bromley's older population are 'asset rich but cash poor' and unable to

contribute to the cost of their care packages as their money is tied up with their properties.

What this means for the JSNA

- Further work needs to be done to investigate the impacts of long term outcomes of the re-ablement service, people remaining at home longer and Extra Care Housing on residential and nursing placements.
- There needs to be better identification and recording of people with dementia who access all adult social care services.
- Self-funders may go elsewhere to have their needs met but there are issues of quality, safety and value for money.

2a) People with Physical Disabilities and Sensory Impairment (PDSI)

- A comprehensive needs assessment of PDSI was carried out this year and involved all the major stakeholders from conception to completion. The issues identified within the needs assessment will be taken forward by the PDSI Partnership Group.

2b) Younger Adults with Physical Disabilities and Sensory Impairment

- The number of younger adults with a physical disability receiving social care has declined but the cost of care has been increasing indicating the complexity of people's needs is increasing. A commissioning strategy is currently being produced to address the high cost of this client group and to find alternative means of delivery care packages. Work is also being done to try to plan ahead for transition clients who will be accessing adult social care services in the near future.

What this means for the JSNA

- Other models of providing care such as Care 2 Share will need to be explored to reduce the dependency on residential and nursing placements.
- An evaluation of the outcomes for service users who have used the rehabilitation flats is needed.

3a) Younger Adults with a Learning Disability

- People with learning disabilities are statistically more likely to have other problems such as impaired sight or hearing loss, challenging behaviour and epilepsy.
- The number of service users is also increasing and one key area of service growth relates to people living with other family carers who are no longer able to care for their sons/daughters due to health problems.
- Another area of growth comes from Bromley's transition clients i.e. children entering adult services. Bromley's current level of children entering adult

services has significantly increased above the national average and this high level of growth is forecast to continue.

What this means for the JSNA

- Consider how assistive technology could be used more widely to support people to live more independently especially the use of telehealth to support complex health conditions.

3b) Children and young people with learning difficulties and/or disabilities

- Children and Young People Services have experienced significant increased volumes of children with Special Educational Needs requiring placements and transport in line with the Council's statutory duties.

What this means for the JSNA

- Increasing birth rates and advances in modern medicine have resulted in more children with disabilities and complex needs surviving at birth and into later life. The increase in numbers and complexity of needs of children with learning difficulties and/or disabilities has required more specialist and high cost provision to be made available.
- The Integrated Transition Strategy will offer a vehicle to continue to tackle these pressures by supporting young people with learning difficulties and/or disabilities to maximise their independence before they leave school, and by supporting them to take responsibility for their own lives

4) Carers

- Carers play a high, unpaid role in supporting people with their health and social care needs. Without this support there would be far greater pressure on both health and local authority services.
- It is estimated that there are currently approximately 28,000 carers identified in Bromley. This represents 10% of the population, the same as the national average, but slightly higher than the London average.
- There are an increasing and significant number of young carers in the borough known to Carers Bromley and Children's Social Care.

What this means for the JSNA

- An Adult Community Services (ACS) review of respite services outcome exploring how a pooled budget could optimise resources.
- Lack of local data/identification of carers.
- Carers Strategy, including the Young Carers Strategy, is being refreshed by Carers Partnership Group.
- Carers assessments have a low take up and how they are presented to carers needs to be revisited in terms of the benefits.

5) Children's Safeguarding and Social Care

- Keeping children and young people safe has always been a key priority, but in the light of the 2007 Peter Connelly case, has become a growing pressure on all Local Authorities with an increase in the number of safeguarding referrals made

- Within Bromley, safeguarding referrals have increased from around 1,441 in 2007/8 to 2,679 in 2010/11, whilst initial contacts also increased significantly from 3,425 in 2007/8 to 9,064 in 2010/11.

What does this mean for our JSNA?

- The continued increase in service volumes (contacts, referrals and assessments) within Children's Social Care services have generated major pressures on the Council's staffing and budgets.

6) Looked after Children

- Looked after children are some of the most vulnerable children in society. Looked after children are provided with care and accommodation which meet their needs. Most often this will be with foster carers but young people may also be placed in residential schools or units. Children may spend a short time in the council's care, either returning to their families or moving to permanent arrangements such as adoption; but for others, their stay may be for several years lasting through to adulthood.
- The Borough has experienced an increase in the number and complexity of need in children requiring foster placement and residential care, beyond the capacity limits of the service. This has resulted in an increase in the number of Out-of-Borough placements.

What this means for the JSNA

- Since 2008/9 the increase in the volume of children and young people being referred to Children's Social Care services has been reflected in the increase in the number of children becoming looked after.

CONCLUSION

The key issues for further action are those which affect a large proportion of the population and where the situation appears to be worsening, these are:

- Diabetes
- High blood pressure
- Adult obesity
- Childhood obesity
- Anxiety/depression
- Dementia
- Support for carers

- Children and young people with complex needs and disabilities
- Children and young people with mental health and emotional problems
- Children and young people referred to children's social care.

1. Introduction

Our vision for Bromley is for the population to lead longer, healthier, happier lives which translate into improvements in:

- Life expectancy
- Quality of Life
- Wellbeing

The information in this JSNA provides a signpost showing us how far along we currently are in achieving this vision and in which direction we need to make further progress.

As a back drop to the health and social care issues in Bromley, this report describes the population of Bromley - who, how and where the residents live, and how this is expected to change in the next decade.

The report also describes the ways in which the environment has a significant impact on health.

The report therefore describes the main issues in Bromley relating to life expectancy and quality of life and wellbeing both for the population as a whole and for people with specific needs.

The final section draws together the evidence and presents a summary of the key issues.

2. Demographic Overview

This chapter considers Bromley and how demographic, social and environmental factors impact on the health and wellbeing of its residents and influence the needs and demands for health and social care services. It also considers the impact of estimated population changes in the future.

Key Points

- The latest (2011) estimate of the resident population of Bromley is 306,361, having risen by 10,786 since 2001.
- This is expected to increase to 312,850 by 2016 and 316,600 by 2021.
- The number of 0 to 4 year olds will peak in 2016 to 20,100 but will then drop by 5.5% in 2031 to 19,000.
- The 2001 Census identified that 24% of the population (71,136) were aged between 0-19, and that there are 64,102 parents within the Borough.
- The number of older people in Bromley is expected to increase from 16.2% of the population in 2011 to 16.9% by 2016 and 17.2% by 2021. There is predicted to be a rise in the population aged 80 years and over from 5.2% in 2011 to 5.6% in 2021.
- The pattern of population change in the different age groups is variable between wards, with some wards such as Bromley Town experiencing a large rise in the proportion of young people and Biggin Hill experiencing a large rise in the over 75s.
- The number of births has risen considerably in recent years and is likely to continue to do so.
- The latest (2011) estimates show 14.9% of the population is made up of BME groups; an increase from 8.4% in 2001. The BME group experiencing the greatest increase within Bromley's population is the Black African community, a 2.4% increase to 3.3% in 2026.

What does this mean for our JSNA?

Current needs: Older people and people with children are higher users of services and are more likely to need regular access to GP practices, hospitals, clinics, pharmacies, etc.

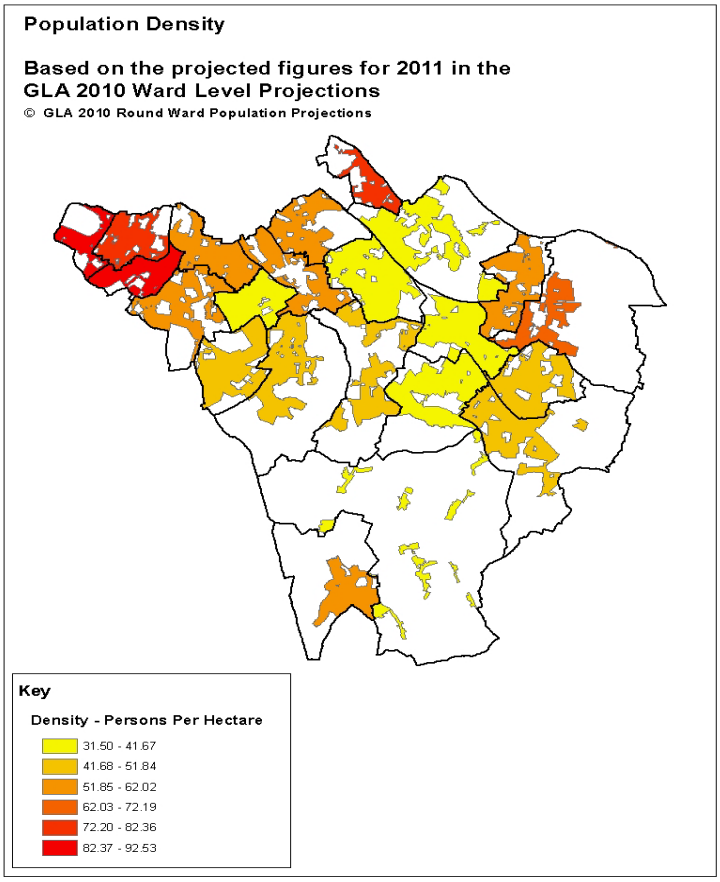
Current Picture

When looking at the information in this chapter, it is important to bear in mind that the borough's demographic profile is heavily influenced by a large part of the borough being mainly rural. This means that areas in the south of the borough, such as Darwin and Biggin Hill, have small communities spread over a large rural area as compared to other, more densely populated areas such as the north west of the borough.

Overall Description of Bromley

Located in south-east London, Bromley is the largest London borough in the city. At approximately 150 square kilometres it is 30% larger than the next largest borough. The population density of Bromley is 2,011 people per square kilometre. This compares with a population density of over 4,900 persons per square kilometre for London, which has a population density that is ten times that of the second most densely populated region in the UK.

Figure 2.1 Density, persons per hectare



Source: Information Department, London Borough of Bromley

Although Bromley is a relatively prosperous area, the communities within Bromley differ substantially. The north east and north west of the borough contend with similar issues (such as higher levels of deprivation and disease prevalence) to those found in the inner London Boroughs we border (Lambeth, Lewisham, Southwark, Greenwich), while in the south, the borough compares more with rural Kent and its issues.

Bromley benefits from a good number of public parks and open spaces as well as sites of natural beauty and nature conservation.

Figure 2.2 Nature sites

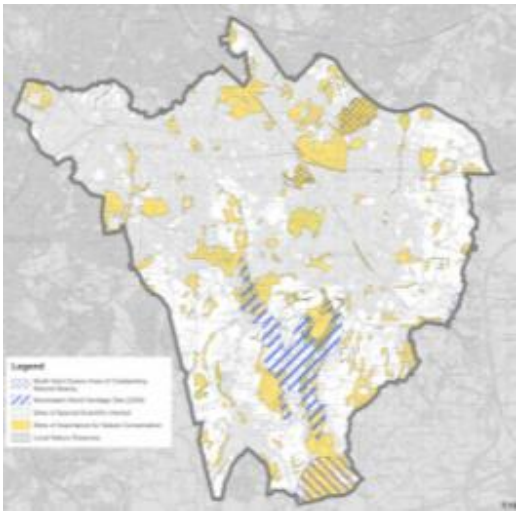
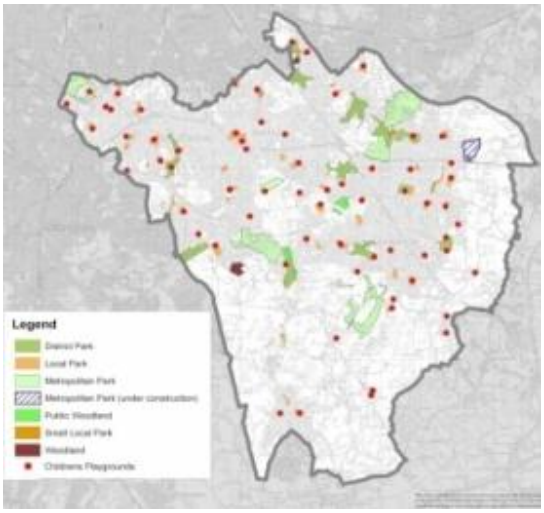


Figure 2.3 Public Parks & Open Spaces



Total Population

The latest (2011) estimate of the resident population is 306,361[1]. This compares with 327,415 registered with GPs in the borough (June 2011)[2]. The borough council is responsible for providing services to its residents. While the PCT is responsible for providing services to all of those who are registered with a Bromley GP regardless of where they live, it also has a responsibility for the health of the borough's residents at a population level. This chapter has used the Greater London Authority (GLA) resident population as its basis.

The population rose by 10,750 (3.6%) between 2001 and 2011. The main reasons for this increase are due to the increase of the number of births within the borough as well as migration of new entrants into the borough from Eastern Europe.

There is some variation of the population structure amongst the wards. Cray Valley West has the highest proportion of young people and Copers Cope the lowest. Chislehurst has the highest proportion of over 75s and Penge & Cator the lowest (see table 2.1).

7.6% of families within the borough are lone parent households. The 2001 Census shows lone parent families are predominately located in the Crystal Palace, Penge & Cator, Mottingham & Chislehurst North wards, and also in Clock House, Plaistow & Sundridge, Bromley Common & Keston, Cray Valley East and Cray Valley West.

[1] Source: GLA 2010 Round SHLAA Population Projections SYA

[2] Primary Care Information System, Bromley PCT

Table 2.1 Age structure across the wards in Bromley, 2011

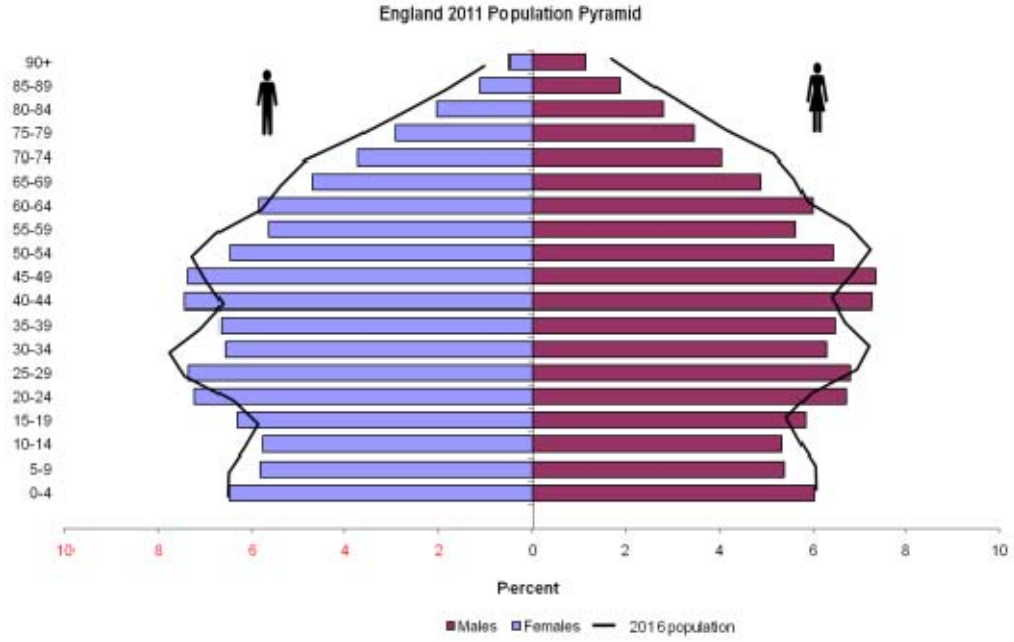
	Percentage aged 0 to 19 yrs	Percentage aged >75 yrs
Bickley	23.7	10.7
Biggin Hill	25.7	6.2
Bromley Common and Keston	24.7	7.9
Bromley Town	21.1	6.6
Chelsfield and Pratts Bottom	24.7	8.7
Chislehurst	22.4	11.7
Clock House	23.4	5.8
Copers Cope	14.0	7.8
Cray Valley East	22.8	7.3
Cray Valley West	29.2	8.3
Crystal Palace	25.1	5.2
Darwin	21.2	7.7
Farnborough and Crofton	20.6	10.8
Hayes and Coney Hall	23.3	10.6
Kelsey and Eden Park	24.2	8.3
Mottingham and Chislehurst North	27.5	6.8
Orpington	24.1	10.1
Penge and Cator	25.7	3.8
Petts Wood and Knoll	23.4	9.9
Plaistow and Sundridge	22.9	7.1
Shortlands	19.5	10.0
West Wickham	25.6	11.1

Source: GLA 2010 Round SHLAA Population Projections

The age distribution of people in Bromley is very similar to that for England as a whole, as illustrated in the population pyramids (Figures 2.4 and 2.5).

Figure 2.4

Figure 2.5



Source: ONS 2008-based Sub national Population Projections

Population Projections

The population of Bromley is just over 306,000, and is projected to rise by 1.8% over the next 5 years. (Table 2.2).

Table 2.2

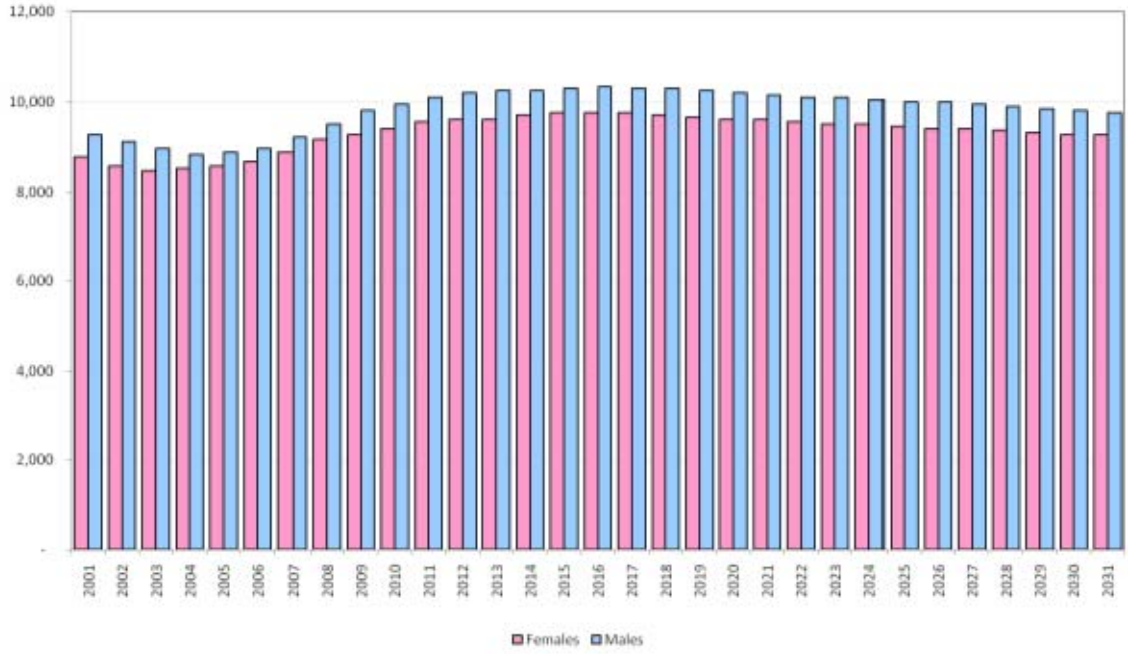
	2010	2016	2021
Total population	306,361	312,852	316,620
0 to 4y (%)	6.4%	6.4%	6.2%
5 to 10y (%)	6.8%	7.3%	7.4%
11 to 18y (%)	9.2%	8.7%	9.1%
Working Age (%)*	62.9%	62.4%	61.6%
Post Retirement (%) ¥	19.2%	19.4%	19.9%
80y and over (%)	5.2%	5.3%	5.6%

Source: GLA 2010 Round SHLAA Population Projections

* Working age =16 to 65y males and 16 to 60y females
¥ Post retirement = Over 60y females and over 65y males

The number of 0 to 4 year olds has gradually been increasing since 2004 and will peak in 2016 (20,100) but will then begin to decrease again, dropping by 5.5% in 2031.

Figure 2.6 Population projections of Bromley children aged 0-4 years



Source: GLA 2010 Round SHLAA Population Projections

The pattern of population change in the different age groups is not consistent between wards, with some wards experiencing a large rise in the proportion of young people (Bromley Town is projected to have a 22.6% rise in this age group), and others experiencing a large rise in the population of over 75s (Biggin Hill is projected to have a 52.6% increase in over 75s).

In contrast, the largest reduction in the under 20 year age group will be seen in Chelsfield and Pratts Bottom (5%). For over 75s, the largest reduction will be in Kelsey and Eden Park (5%) (Figures 2.7 and 2.8).

Figure 2.7

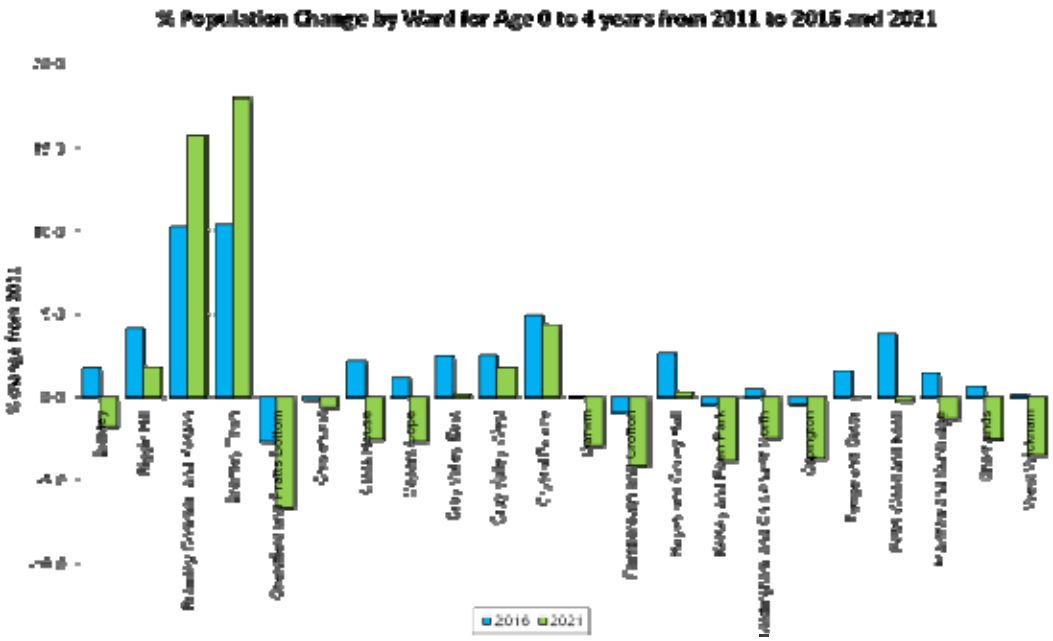
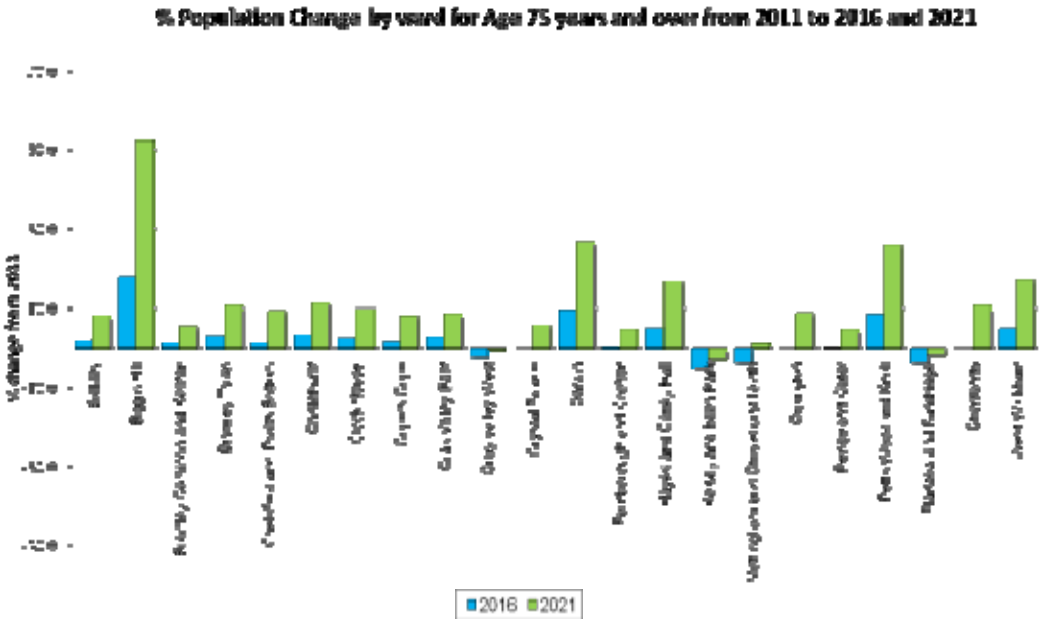


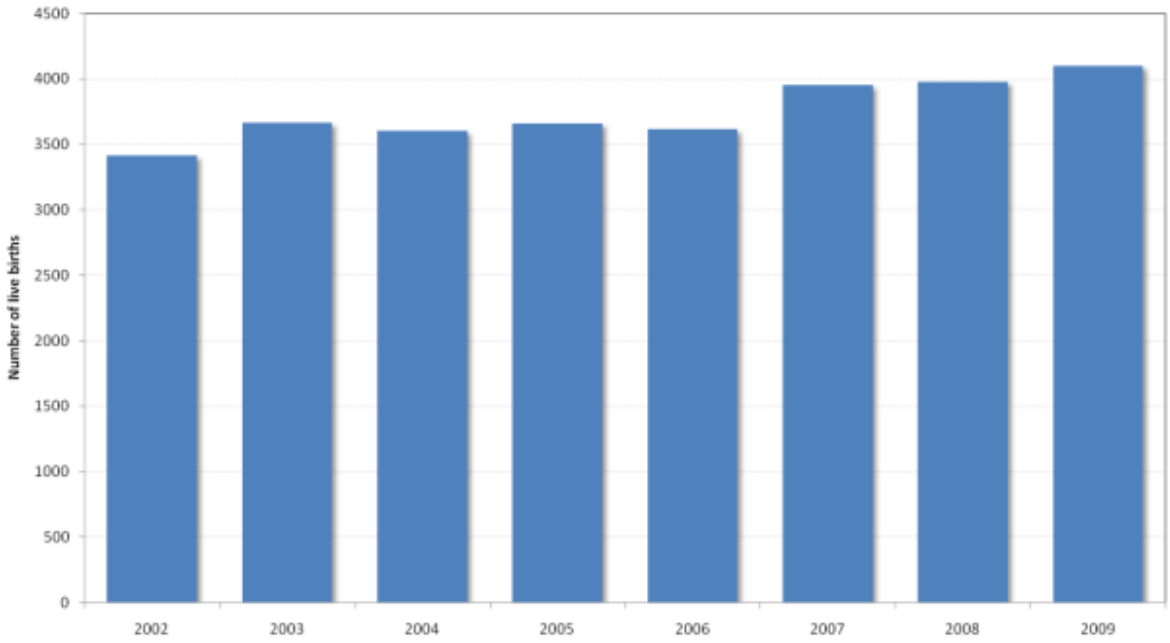
Figure 2.8



Source: GLA 2010 Round SHLAA Population Projections

The number of live births in Bromley has been increasing over the last few years. In 2002 there were 3,400 births in Bromley, which rose to over 4,000 by 2009.

Figure 2.9 Number of live births in Bromley



Source: ONS Vital Statistics

What does this mean for our JSNA?

Current situation: The upper half of the borough is heavily populated. This increases pressure for land to become available as more housing and services are required for the population increase.

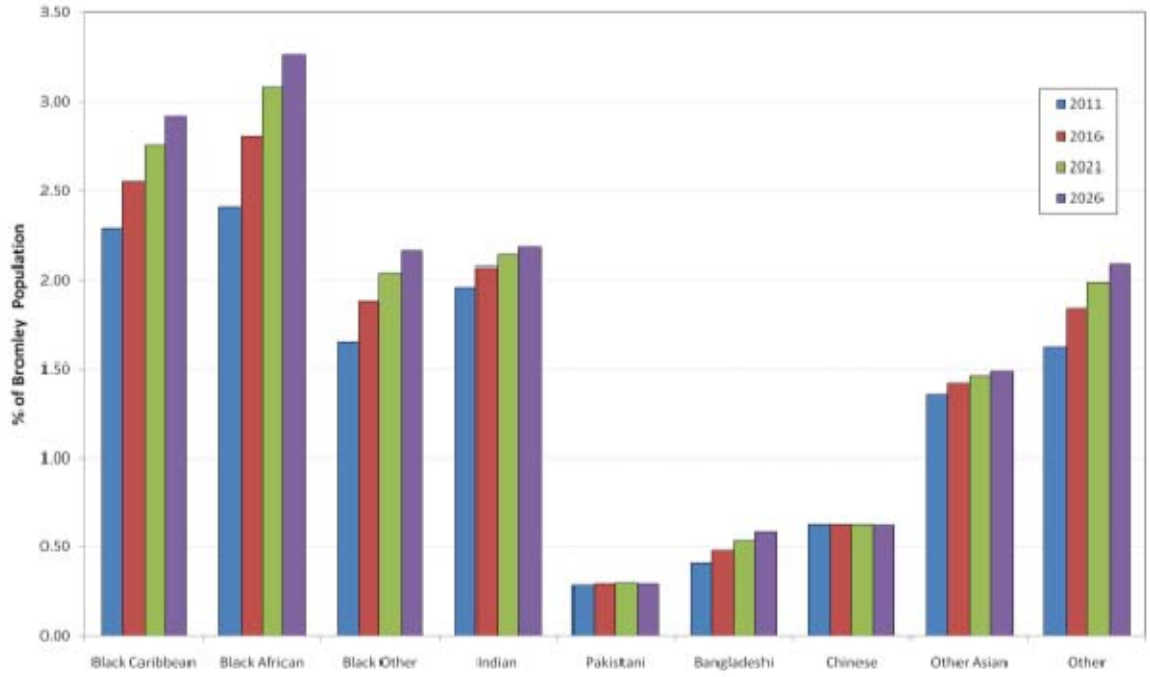
It is important to keep abreast of these changes as service provision may have to adapt to the needs of new communities.

Future situation: The rise in the number of 0 to 4 year olds in the next few years will have an impact on the provision of primary and secondary school places in the near future, and will also affect the usage of health, social care and special needs services.

Ethnic groups

The proportion of the population represented by ethnic minority groups will rise from 12.6% in 2011 to 14.9% in 2021 (Figure 10). The greatest increase (2.4%) will be in the Black African group which will form 3.3% of the Bromley population by 2026.

Figure 2.10 Percentage of the Population by Ethnic Group



Source: GLA 2011 Ethnic Group Projections Round SHLAA Borough

It is important to take account of the proportion of ethnic minorities in the population in planning health services in particular. There is strong evidence that the health experience of different ethnic groups is not uniform e.g. the percentage of the population that report their health as 'not good' is highest among the Pakistani and Bangladeshi populations. People born in these countries, but living in England and Wales, have the highest mortality rates from circulatory disease.

A higher than average proportion of admissions due to diabetes is found in the Asian groups, Black Caribbean and Black Other group in most regions, reflecting the higher prevalence of diabetes in these groups.

Among ethnic minority groups, Black Africans comprise the largest proportion of those seen for HIV care in all regions. Along with the Other ethnic group, Black Africans also have the highest rates of tuberculosis.

The ethnic composition of the school population does vary from the resident young people population due to the influx of children from out of the Borough attending

Bromley's schools.

Bromley schools have an average Black and Minority Ethnic population of 26.5% compared to the 18% resident Black and Minority Ethnic population.

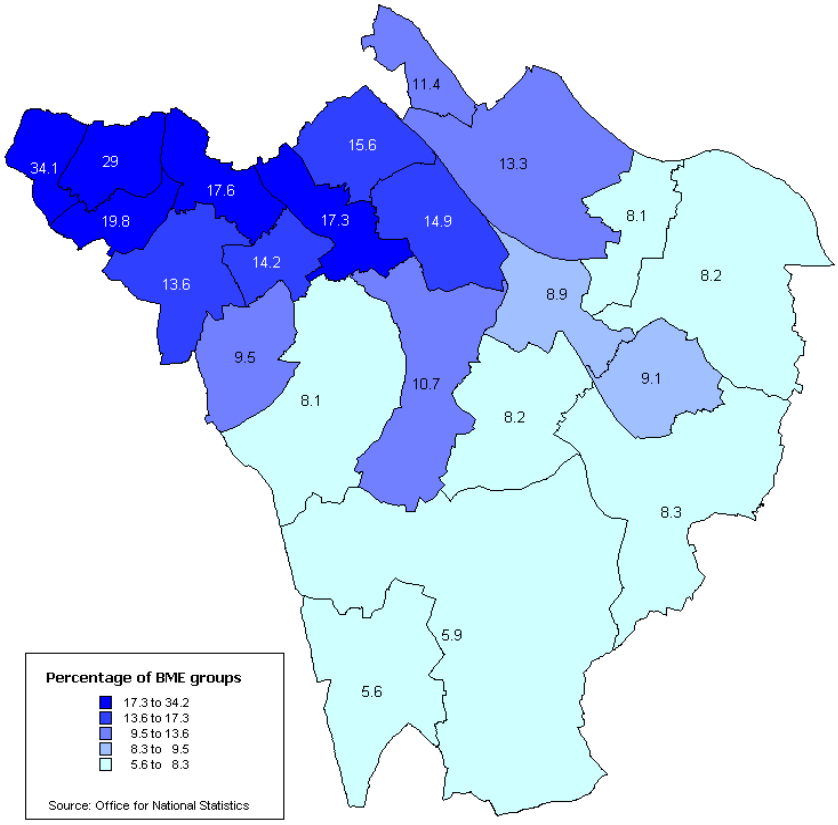
This contrasts across the different wards within the borough, where almost 51% of Primary aged pupils in schools in Crystal Palace, Penge & Cator, and Clock House wards consider themselves as not White British; compared to only 9% in Biggin Hill and Darwin wards.

Table 2.3

Vulnerable Groups	Higher Risk of Disease Burden/Health Issues
Bangladeshi Pakistani Indian	CHD
Bangladeshi Pakistani Indian Black Caribbean	Diabetes
Bangladeshi Pakistani Indian Black Caribbean	Sickle Cell and Thalassaemia
Black African	HIV
Black African Other Ethnic Group	Tuberculosis

Data from the 2001 census shows that the north west of Bromley has the highest proportion of ethnic minority population (Figure 2.11). We do not have projections for changes in population by ethnicity at ward level.

Figure 2.11 Percentages of BME Groups by Ward



The population projections do not include Gypsy Travellers as an ethnic minority, although they do form a distinct ethnic group with particular needs. Bromley has a large Gypsy Traveller community concentrated chiefly in the Crays.

There is a large settled, housed population within the borough, estimated to be in the region of 1,000 families. If accurate these figures would represent the largest settled Gypsy Traveller population in the UK. The borough also contains two authorised sties, Star Lane with 22 pitches and Old Maidstone Road with 12 pitches, both of which are owned and managed by the Local Authority. There are also unauthorised sites at Walden's Farm, Biggin Hill and Bromley Common. The Gypsy Traveller Population is considerable in size and is estimated to represent the largest ethnic minority within the borough.

There is evidence that Gypsies and Travellers are the most excluded ethnic minority in this country[3].

[3] Communities and Local Government, *Facts about Gypsies and Travellers*

Table 2.4

Indicator	Gypsy/Traveller Communities	Settled Community
Percentage of mothers	18%	1%
Life Expectancy for Women	69 years	81 years
Life expectancy for Men	66 years	76 years
Long term Illness	41.9%	18.2%

Figure 2.12 shows areas of economic prosperity and deprivation in Bromley. The inset shows the area where the majority of Gypsy Travellers' are resident (St Mary Cray).

It is clear that this area shows the characteristics of being 'hard pressed' in terms of economic activity.

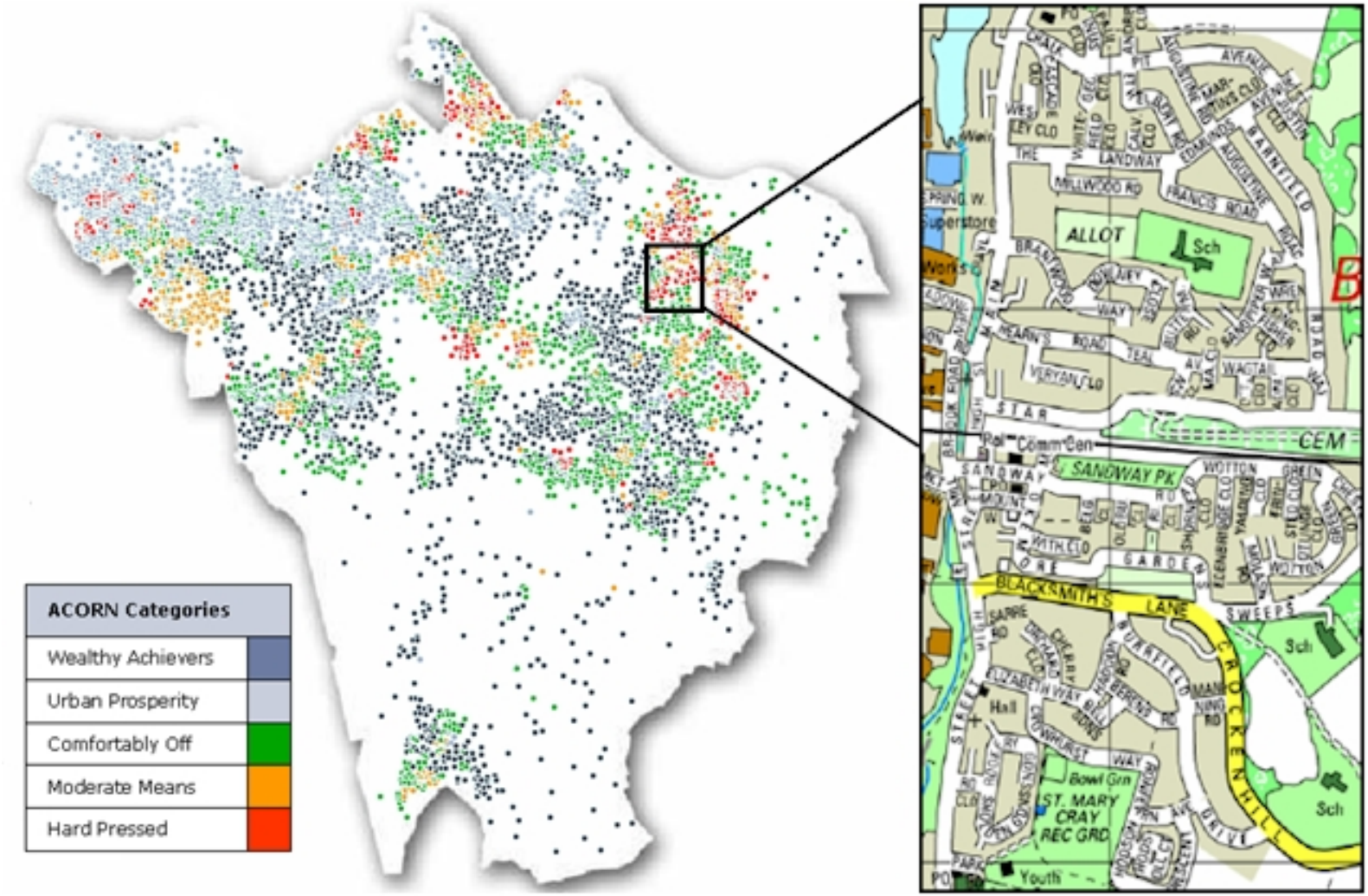
What does this mean for our JSNA?

The BME population is not consistent across Bromley and certain wards have a higher concentration of ethnic minorities than others. The north west of Bromley has the highest proportion of ethnic minority population.

These areas may therefore have higher disease burden due to the increased risk amongst certain BME groups.

Gypsy Travellers are mainly situated in the north east of the borough. Here we can expect to see a lower life expectancy amongst this group as well as higher proportion of long term illness.

Figure 2.12 Scatter Map Illustrating Economic Status of Areas in Bromley



Source: Gypsy Traveller Health and Education Needs Assessment, LBB 2008

3. Life Expectancy & 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:

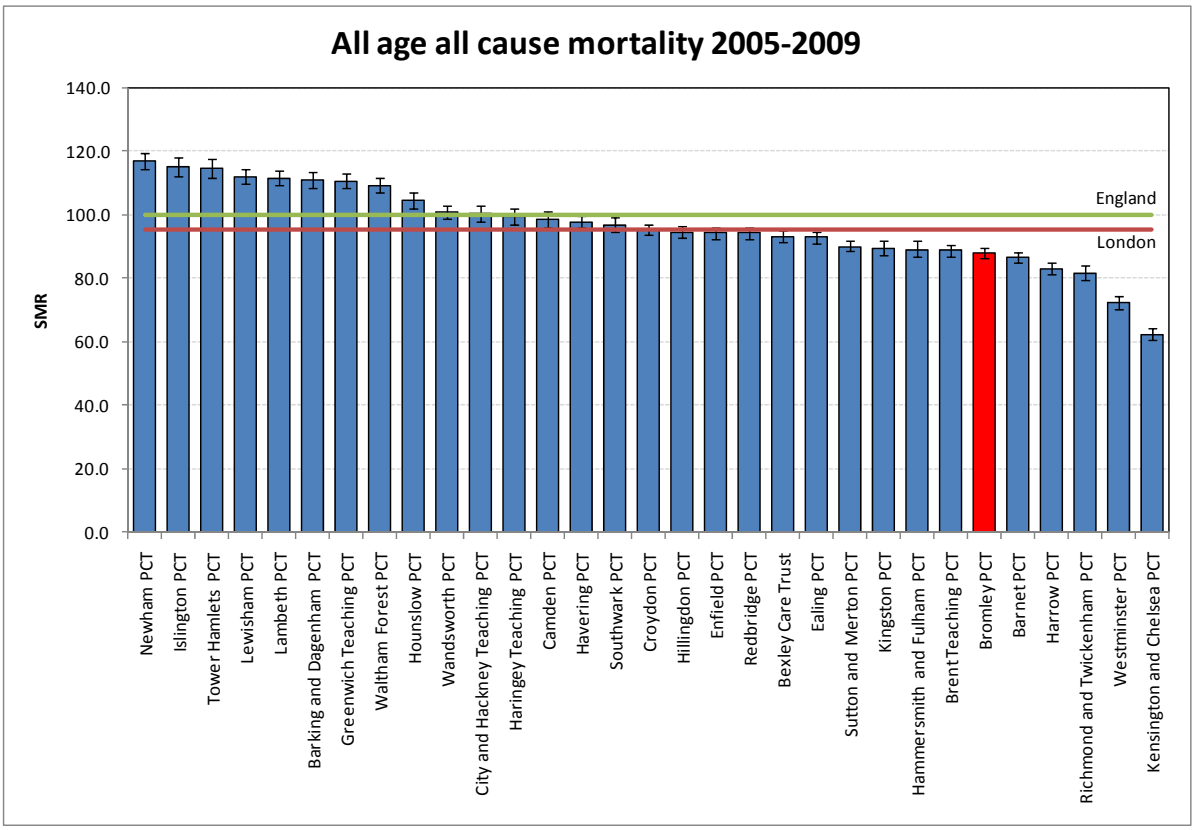
- All Cause Mortality
- Life Expectancy
- Infant Mortality
- Key Causes of Mortality
- Major Health Issues
- Lifestyle Risk Factors for Disease

3.1 Mortality & Life Expectancy

All Cause Mortality

The all cause mortality rate (SMR) for Bromley is lower than both the London and England average rates. Bromley has the sixth lowest all cause mortality rate in London

Figure 3.1

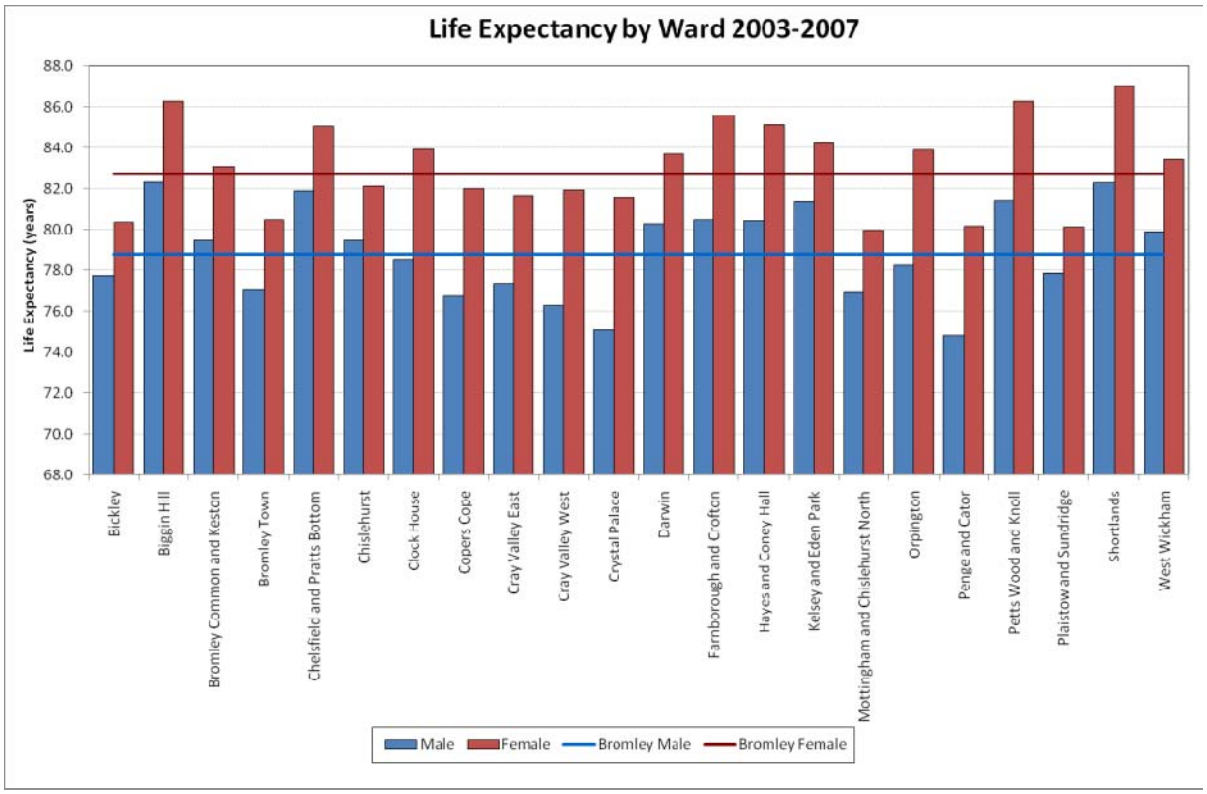


Source: Public Health Mortality Files

Life Expectancy

Life expectancy at birth in Bromley has been rising steadily over the last 20 years, and the latest figures (2007-09) report a life expectancy of 79.9 years for men and 83.8 years for women. Whilst these averages rank 74th and 55th respectively in the national order, there are areas of Bromley with lower life expectancy. The gap between wards with the highest and lowest life expectancy for the years 2003-07 were 7.5 years for men and 7 years for women.

Figure 3.2



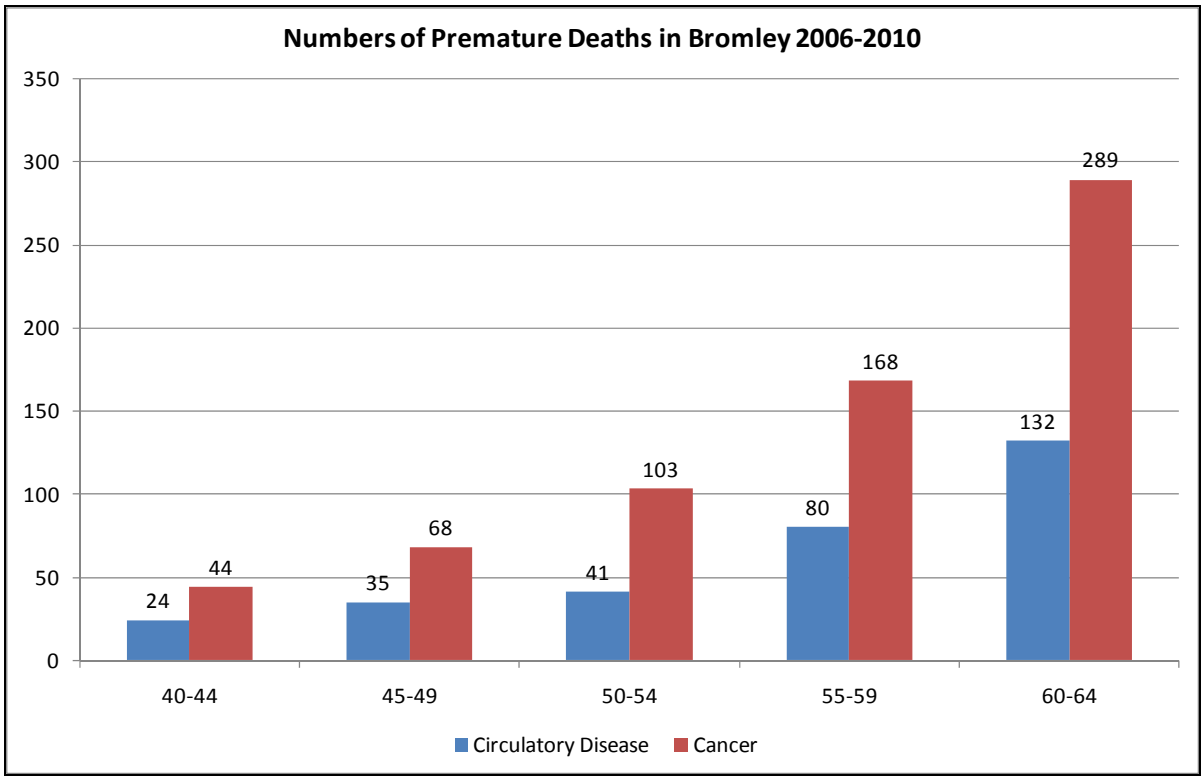
Source: London Health Observatory

Life expectancy is lowest for men in Penge & Cator (74.8y) and in Crystal Palace (75.1y), and for women in Mottingham & Chislehurst North (80y) and in Plaistow & Sundridge (80.1y).

The 2011 Health Profile for Bromley reports that life expectancy is 8 years lower for men and 6.1 years lower for women in the most deprived areas of Bromley than in the least deprived areas (based on the Slope Index of Inequality).

Lower levels of life expectancy represent higher numbers of deaths at younger ages. Even with the high life expectancy across Bromley, a number of people do not survive into retirement.

Figure 3.3



Source: Public Health Mortality Files

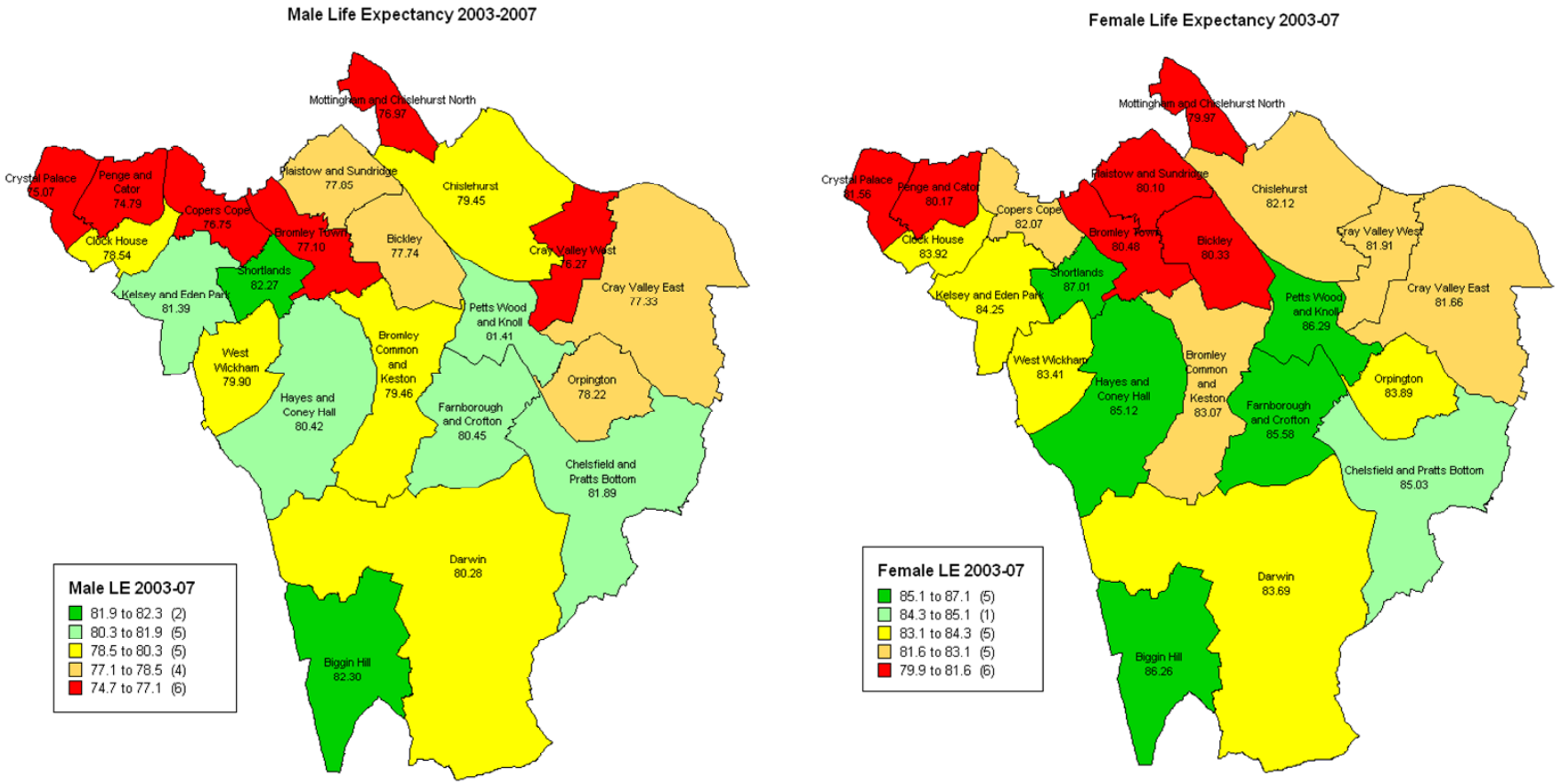
Healthy life expectancy and disability free life expectancy is as important as life expectancy itself. As can be seen from the 2001 Census data in the table below, people in Bromley can expect fewer years of life in good health and free of disability than their actual life span. We will be able to assess progress in this area when the data from the 2011 census becomes available.

Table 3.1

Bromley 2001	Life Expectancy at Birth	Healthy Life Expectancy at Birth	Disability Free Life Expectancy at Birth
Male	77.5y	72.0y	65.2y
Female	82.1y	75.5y	67.7y

Source: ONS

Figure 3.4


Male Life Expectancy 2003-2007
Mottingham and Chislehurst North 76.97
Crystal Palace 75.07
Penge and Cator 74.79
Plaistow and Sundridge 77.65
Chislehurst 79.45
Copers Cope 76.75
Bromley Town 77.10
Bickley 77.74
Cray Valley West 78.27
Cray Valley East 77.33
Clock House 78.54
Shortlands 82.27
Kelsey and Eden Park 81.39
Petts Wood and Knoll 81.41
West Wickham 79.90
Bromley Common and Keston 79.46
Orpington 78.22
Hayes and Coney Hall 80.42
Farnborough and Crofton 80.45
Chelsfield and Pratts Bottom 81.89
Darwin 80.28
Biggin Hill 82.30
Male LE 2003-07
81.9 to 82.3 (2)
80.3 to 81.9 (5)
78.5 to 80.3 (5)
77.1 to 78.5 (4)
74.7 to 77.1 (6)
Female Life Expectancy 2003-07
Mottingham and Chislehurst North 79.97
Crystal Palace 81.56
Penge and Cator 80.17
Plaistow and Sundridge 80.10
Chislehurst 82.12
Copers Cope 82.07
Bromley Town 80.48
Bickley 80.33
Cray Valley West 81.91
Clock House 83.92
Shortlands 87.01
Kelsey and Eden Park 84.25
Petts Wood and Knoll 86.29
Cray Valley East 81.66
West Wickham 83.41
Bromley Common and Keston 83.07
Orpington 83.89
Hayes and Coney Hall 85.12
Farnborough and Crofton 85.58
Chelsfield and Pratts Bottom 85.03
Darwin 83.69
Biggin Hill 86.26
Female LE 2003-07
85.1 to 87.1 (5)
84.3 to 85.1 (1)
83.1 to 84.3 (5)
81.6 to 83.1 (5)
79.9 to 81.6 (6)

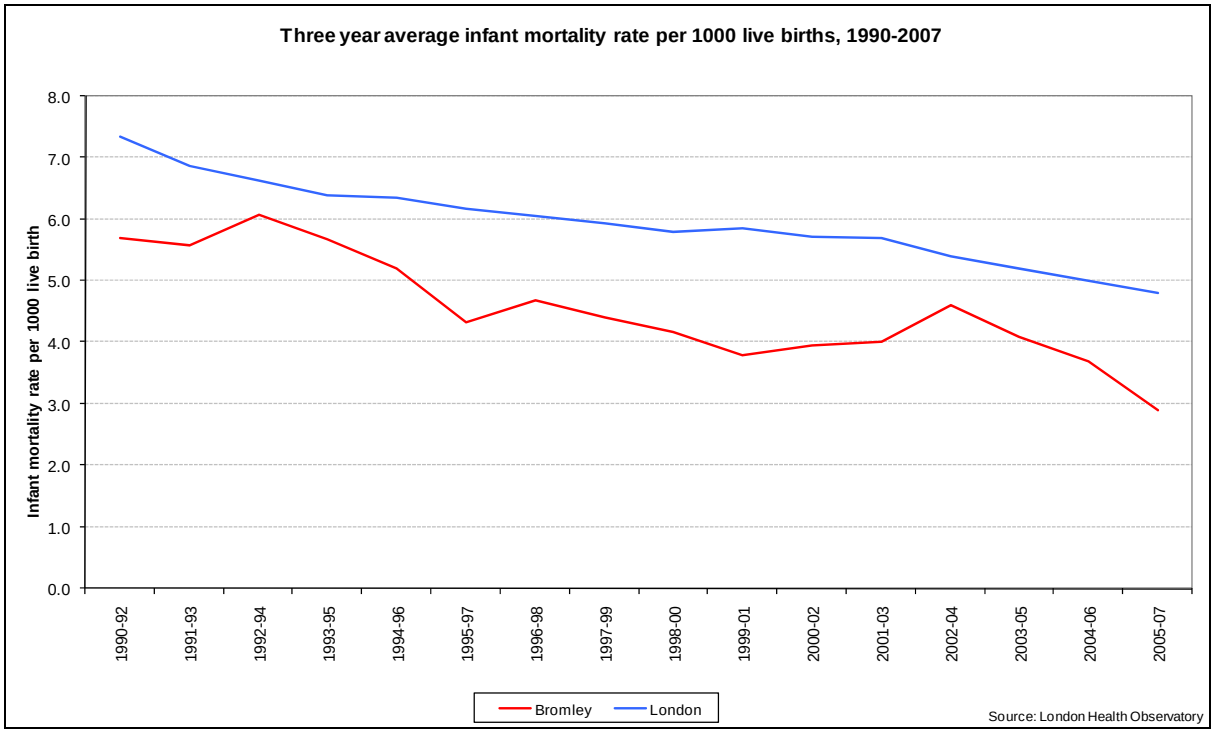
Infant Mortality

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 (2.9 per 1000 live births) is lower than in England as a whole (4.6 per 1000 live births), and has been falling steadily over the last 17 years. The rate is now almost half the 1990-92 rate of 5.8 per 1000 live births.

Individual causes are not described as numbers are small (fewer than 5 deaths a year).

Figure 3.5



Source: London Health Observatory

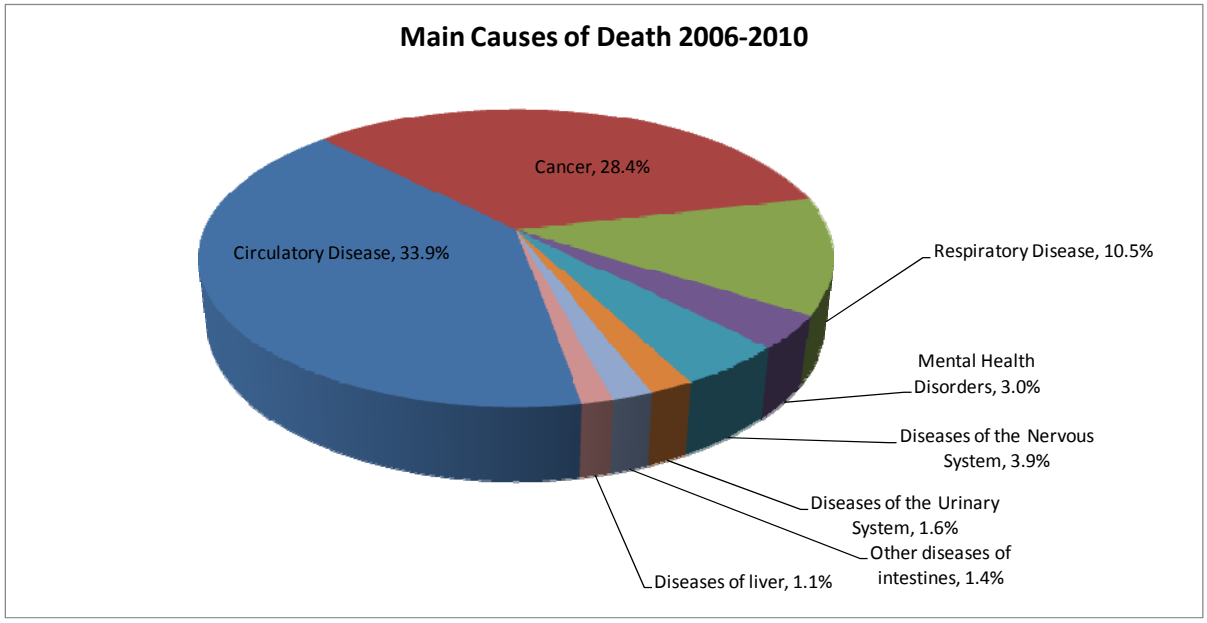
What does this mean for our JSNA?
There are inequalities in life expectancy between wards, with an 8 year gap for men and a 6 year gap for women between the most and least deprived areas of Bromley.

3.2 Key Causes of Mortality & Major Health Issues

The key causes of death in Bromley remain:

- Circulatory disease
- Cancer
- Respiratory disease

Figure 3.6



Source: Public Health Mortality Files

Circulatory Disease

Circulatory disease comprises heart disease and stroke, for which predisposing conditions include hypertension and diabetes.

Coronary Heart Disease

Mortality from heart disease has been steadily declining since 1993, and the prevalence of heart disease has been stable over the last 3 years.

Table 3.2 Prevalence of Coronary Heart Disease

	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
CHD Register Size	9668	9798	9717	9790	9859	9984	10253
CHD Prevalence	2.68%	2.98%	3.76%	3.58%	3.75%	3.79%	3.79%

Source: QMAS

CHD emergency admission rates show a gradient associated with deprivation, with admission rates being the highest in the most deprived areas of Bromley.

Stroke

The stroke mortality rate has been steadily falling since 1993, and prevalence has been stable over the last two years. Mortality from stroke is lower in the least deprived areas of Bromley.

Table 3.3 Prevalence of Stroke

	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
Stroke Register Size	4447	4825	4908	5017	5125	5184	5362
Stroke prevalence	1.23%	1.47%	1.90%	1.83%	1.95%	1.61%	1.61%

Source: QMAS

The prevalence of stroke is lower in Bromley than across England as a whole (England average 1.7%), but is higher than the average prevalence for London (1.1%).

In terms of the care received by patients on the practice stroke registers; the percentage of stroke patients who had their cholesterol and blood pressure (bp) recorded in the last 15 months was significantly lower than the national average, as was the percentage who had a cholesterol reading of 5 mmol/l or less, or a bp reading of 150/90 mmHg or less.

Hypertension

The prevalence of hypertension has been rising over the last 6 years, but more slowly in the last 3 years.

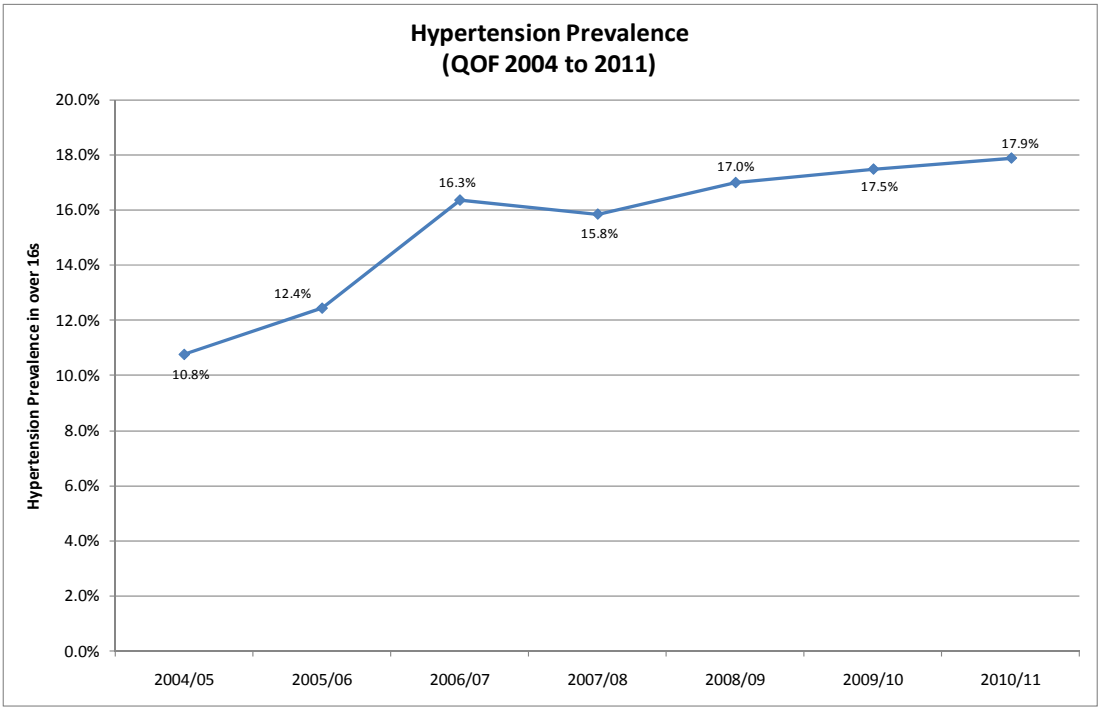
The prevalence of recorded hypertension is higher in Bromley than the national average. However, recorded prevalence of hypertension in Bromley is only 47.8% of the estimated prevalence (this figure is 43.9% for England and 41.1% for London).

Table 3.4 QOF Hypertension Prevalence

	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
No. on practice hypertension register	38,323	40,333	41,570	42,651	43,924	45,209	47,088
Hypertension Prevalence	10.8%	12.4%	16.3%	15.8%	17.0%	17.5%	17.9%

Source: QMAS

Figure 3.7



Source: QMAS

Diabetes

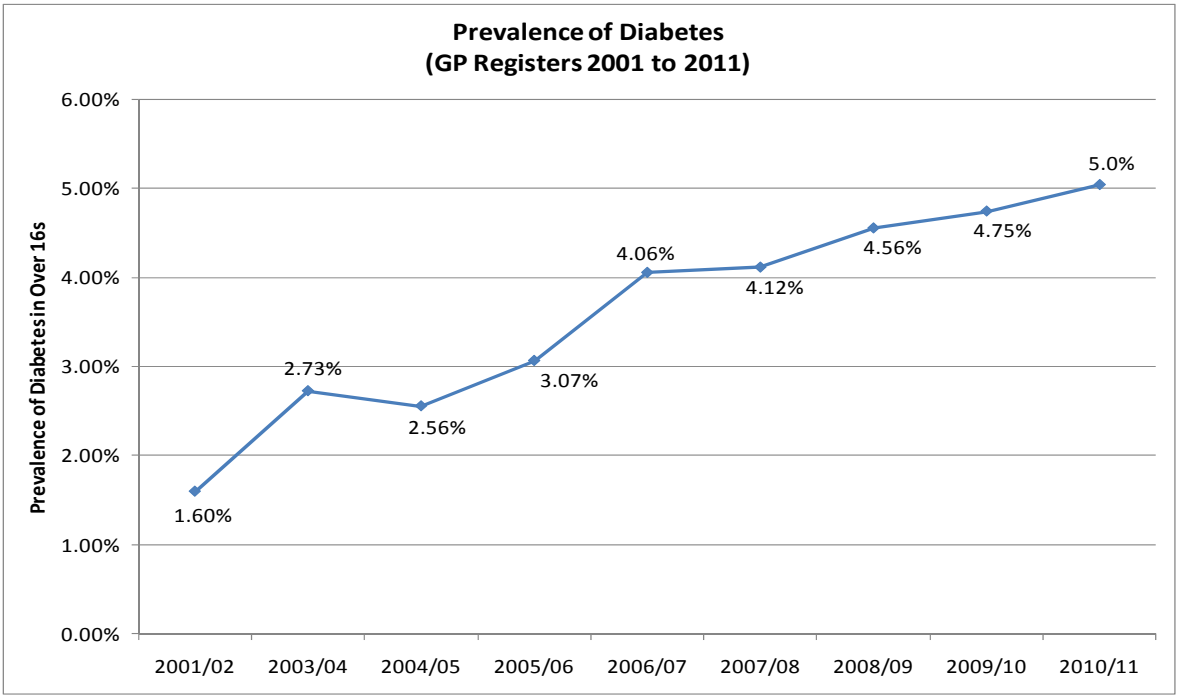
The number of people with diabetes has increased over time. There were 4,846 people on the diabetes register in 2002, as compared with 13,307 in 2010. This reflects a continuous rise in prevalence over the last 8 years from 1.6% to 5.0% (Table 3.5). This rise has particular significance because diabetes is classed as a vascular disease which is often a precursor to heart disease or stroke.

Table 3.5 QOF Diabetes Prevalence

	2001/02	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
No. on practice diabetic register	4846	8661	9244	10084	10504	11261	11979	12509	13307
DM Prevalence	1.6%	2.73	2.56%	3.07%	4.06%	4.12%	4.56%	4.75%	5.0%

Source: QCI & QMAS

Figure 3.8



Source: QMAS

Cancer

There were 5813 patients recorded with a diagnosis of cancer on GP registers in 2010-11, and there were over 10,000 cancer deaths in the last 10 years.

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

Table 3.6 Number of Cancer Registrations by Site in Bromley 2000-09

Site of Cancer	Males	Females	Total
Breast		2424	2424
Lung	999	758	1757
Colorectal	910	806	1716
Prostate	1582		1582

Source: Thames Cancer Registry

The incidence of all cancers in Bromley has been rising over the last 25 years. But mortality has been falling and survival has been improving for breast, colorectal, prostate and uterine cancer. Breast and uterine cancer have the highest survival rates whereas lung cancer survival rates remain the lowest.

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.

Figure 3.9

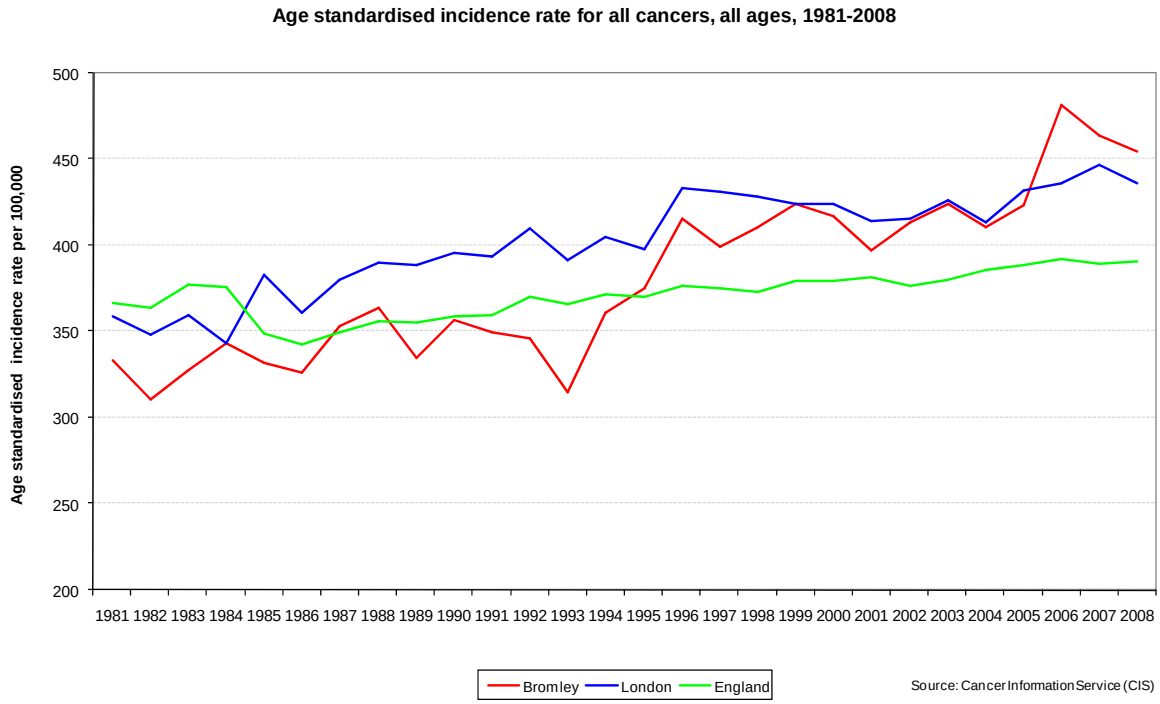


Figure 3.10

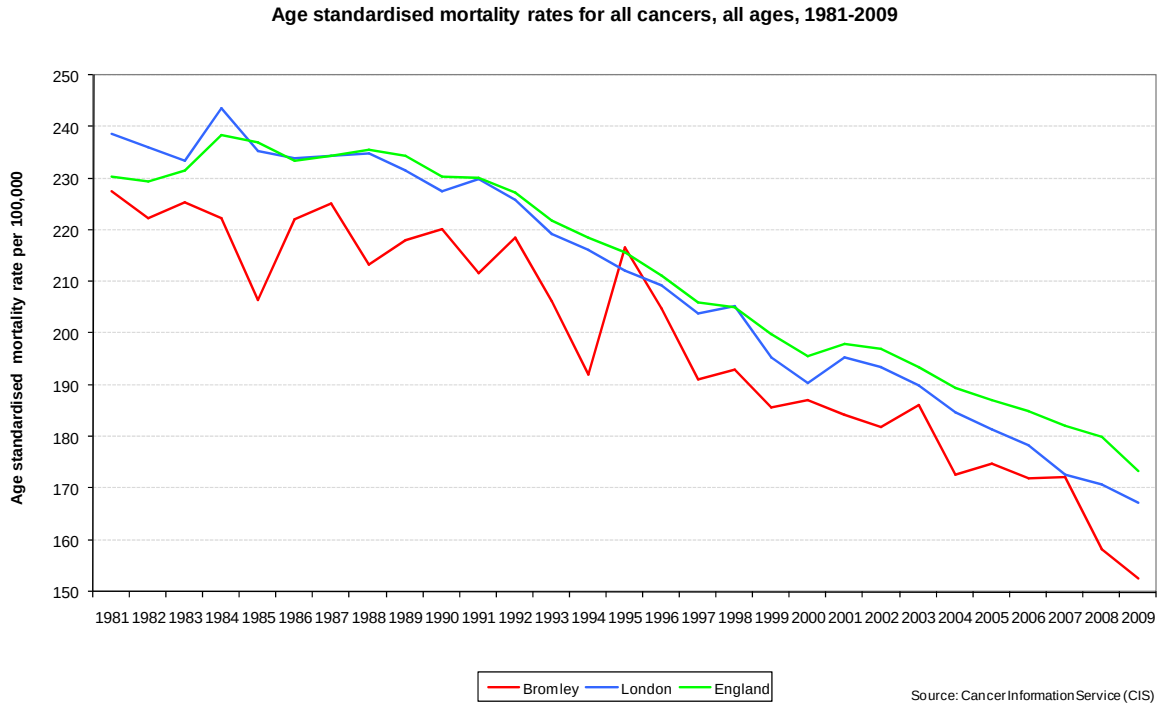
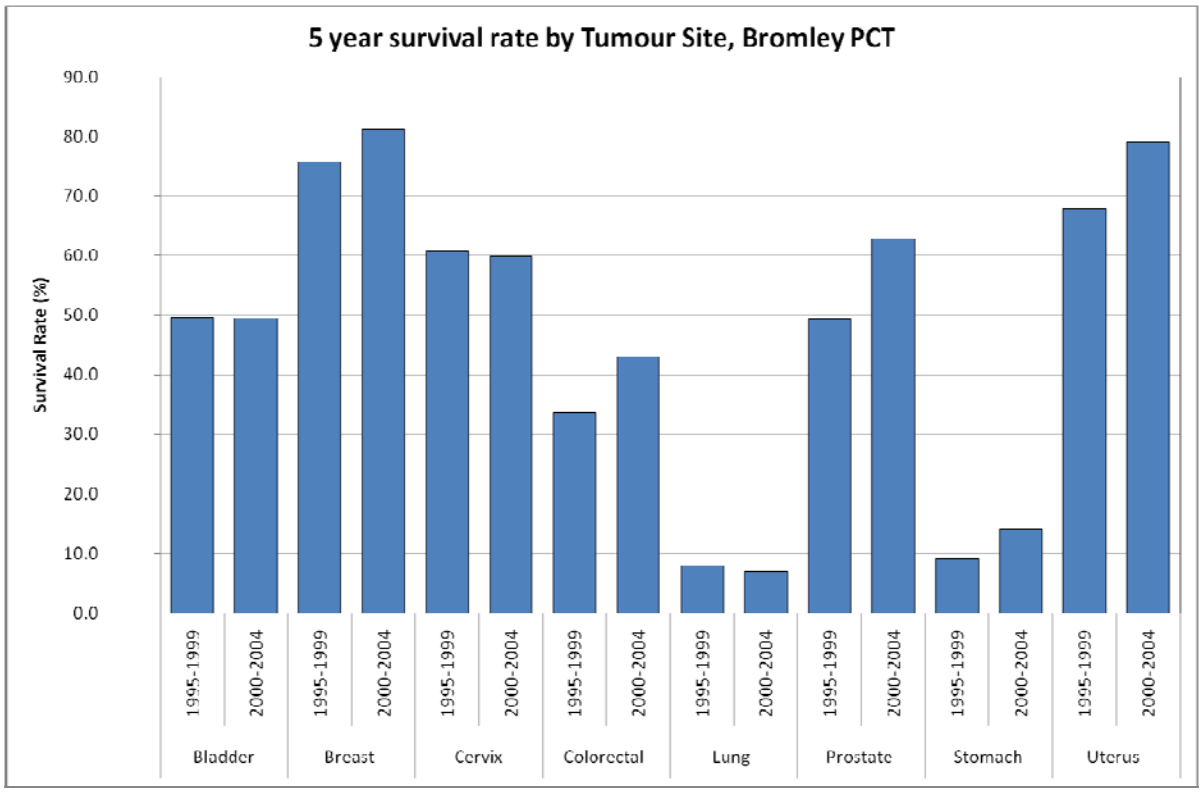


Figure 3.11



Source: Cancer Information Service

Respiratory Disease

Almost 13% of deaths in Bromley are caused by respiratory disease. This includes influenza and COPD.

Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD) is mainly caused by smoking.

Mortality from COPD is lower than the London and England average. Bromley residents are three times less likely to die from COPD before the age of 75 years compared to people living in the local authority with the highest premature COPD death rate in England.

Modelled figures for COPD prevalence suggest a rate of 3.8%, which is higher than the prevalence measured using QOF register data. This register data may more accurately reflect the disease burden than the modelling, which may include people with spirometric changes but without symptoms.

Table 3.6 QOF COPD Prevalence

	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
COPD Register Size	3102	3342	3509	3735	4006	4143	4296
COPD prevalence	0.86%	1.02%	1.36%	1.37%	1.52%	1.57%	1.57%

Source: QMAS

The overall emergency COPD admission rate is significantly lower than the national average. Bromley residents are almost three times less likely than residents in the local authority with the highest admission rate to be admitted for COPD.

Once admitted for COPD, patients from Bromley spend significantly less time in hospital than other patients in England; over three days less than the local authority with the longest length of stay.

Readmission rates within 90 days of an emergency admission for COPD are statistically similar to the national average. However, over one third of Bromley patients admitted for COPD return to hospital within 90 days.

Mental Illness

Mental health problems affect a large proportion of the population, with approximately 158 people per 1,000 of the Bromley population aged 16 to 74 years suffering from a mild to moderate disorder (i.e. anxiety and/or depression). At the more severe end of the spectrum, over 2,500 people in Bromley (1% of the adult population) have been identified by GPs as suffering from serious mental illness.

Table 3.7 QOF Serious Mental Illness Prevalence

	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
Mental Health Register Size	1581	1667	2173	2270	2351	2389	2511
Serious mental illness prevalence	0.4%	0.5%	0.9%	0.8%	0.9%	0.9%	1.0%

Source: QMAS

People with mental health problems often have fewer qualifications, find it harder to both obtain and stay in work, have lower incomes, are more likely to be homeless or insecurely housed, and are more likely to live in areas of high social deprivation.

Having a mental health problem increases the risk of physical ill health. Depression increases the risk of mortality by 50% and doubles the risk of coronary heart disease in adults. People with mental health problems such as schizophrenia or bipolar disorder die on average 16-25 years sooner than the general population. They have higher rates of respiratory, cardiovascular, infectious disease ,obesity, abnormal lipid levels and diabetes.

Emotional health needs of children and young people

Behaviour, Emotional and Social Difficulties (including bullying)

Data on Special Educational Needs is collected from all schools each year. The proportion of children in Bromley primary schools who have special needs described as “Behaviour, Emotional and Social Difficulties” (BESD) is high compared to the national rate (0.32% in Bromley vs 0.18% nationally).

A very small number of children and young people are not able to manage in mainstream schools due to their emotional and social difficulties. Although the numbers in this group are small they represent young people suffering from very severe emotional and behavioural problems whose needs can only be met in a highly specialised setting. Behavioural, emotional and social difficulties account for a large proportion of all specialist school placements.

Nationally, it is estimated that 16,493 young people aged 11-15 are absent from state school where bullying is the *main* reason for absence and that 77,950 young people aged 11-15 are absent from state school where bullying is *a* reason given for absence [**Source:** National Centre for Social Research, 2011].

23% of children and young people in Bromley surveyed (2010) were worried about being bullied - compared with the national average of 16% - and a high number of Bromley pupils surveyed do not feel that their schools are good at dealing with bullying.

Child and Adolescent Mental Health Services

Referral rates to Child and Adolescent Mental Health Services (CaMHS) have shown a relentless increase over recent years and yet research evidence suggests that those referred to CaMHS represent only a fraction of those with mental health conditions[4].

During 2010/11 there were 1,850 referrals to Tiers 2 and 3 Child and Adolescent Mental Heath Services (excluding Bromley Y) from a wide range of agencies including GPs, hospital services, education, social care and non-statutory services. This represents an increase of nearly 150% in referrals since 1998 and demonstrates a very significant expansion of the Child and Adolescent Mental Heath Services provision, particularly at Tiers 1 and 2, during this period.

The partner agencies within the borough will work together to review, develop and improve early intervention support and services to ensure that all children and young people are able to access mental health support at the earliest possible stage.

[4] Green H, McGinnity A, Meltzer H, Ford T, Goodman R. Mental health of children and young people in Great Britain, 2004. Office of National Statistics.

Dementia

In 2010 it was estimated that there were just under 4,000 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 6,153.

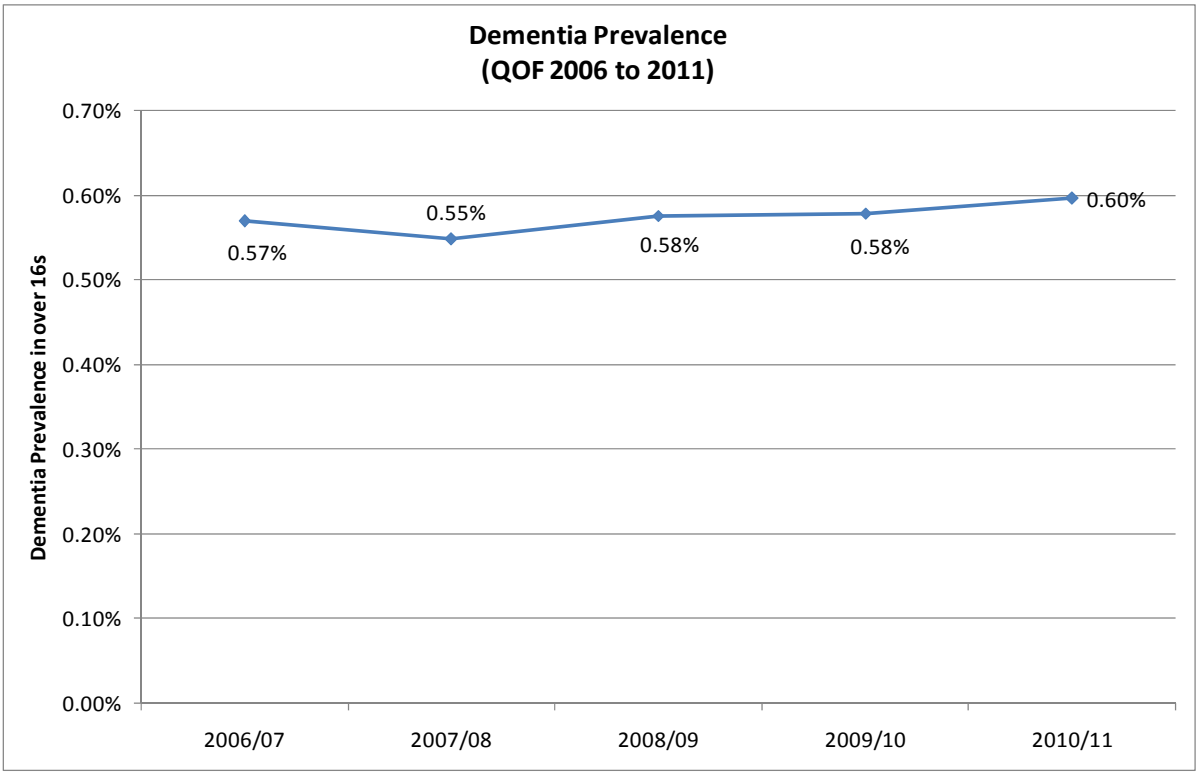
GP registers identify 1,572 patients with dementia, suggesting that some cases are not known to clinical services.

Table 3.8 QOF Dementia Prevalence

	2006/07	2007/08	2008/09	2009/10	2010/11
Dementia Register Size	1448	1477	1489	1499	1572
Dementia Prevalence	0.6%	0.5%	0.6%	0.6%	0.6%

Source: QMAS

Figure 3.12



Source: QMAS

The prevalence of dementia increases with age, it is <2% in those aged under 70 years and >25% in those aged over 90 years.

An important minority of cases are young onset dementia, and it is estimated that there are just under 100 cases in Bromley, although these numbers are likely to represent an underestimate.

The main forms of dementia in Bromley are: Alzheimer's; Vascular; and mixed dementias which when combined account for nearly 90% of cases.

It is estimated that there are just under 500 people with severe dementia, which form the group of individuals who require the highest levels of care and support.

A local care pathway, building on the national guidelines, and created by a broad spectrum of stakeholders, has been in place since 2010. A needs assessment for dementia was carried out this year which included an assessment of care provided in Bromley against the NICE Quality Standards for care of people with dementia.

Sexual Health

The incidence of sexually transmitted infections in Bromley is generally lower than in London or in England as a whole.

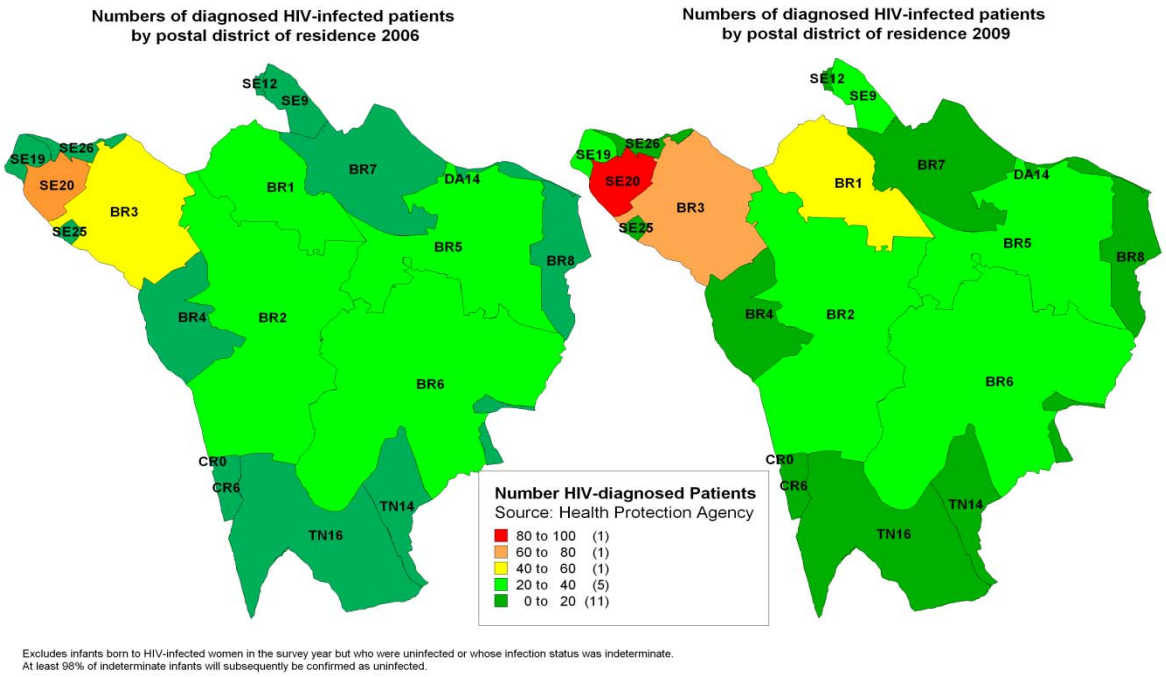
Table 3.9

	Rate per 100,000 population (2010)						
	Chlamydia (15 – 24y)	**Chlamydia (25y+)**	**Gonorrhoea**	**Syphilis**	**Herpes**	**Warts**	**Acute STIs**
Bromley	1843.5	64.2	19.0	4.2	49.3	109.0	587.8
London	2506.8	189.3	82.3	13.6	86.0	165.4	1196.0
England	2219.1	93.3	30.8	4.8	58.6	141.7	778.9

Source: HPA

HIV prevalence in Bromley has been rising over the last few years and is becoming more widely distributed across the north west of the borough.

Figure 3.13



Excludes infants born to HIV-infected women in the survey year but who were uninfected or whose infection status was indeterminate.
At least 98% of indeterminate infants will subsequently be confirmed as uninfected.

The Chlamydia screening programme has been effective in engaging young people (age 15 to 24 years) with issues relating to sexually transmitted infection. Last year 11,023 young people (32%) were screened for Chlamydia of whom 467 (4.2%) tested positive as compared with the London (4.7%) and England (5.2%).

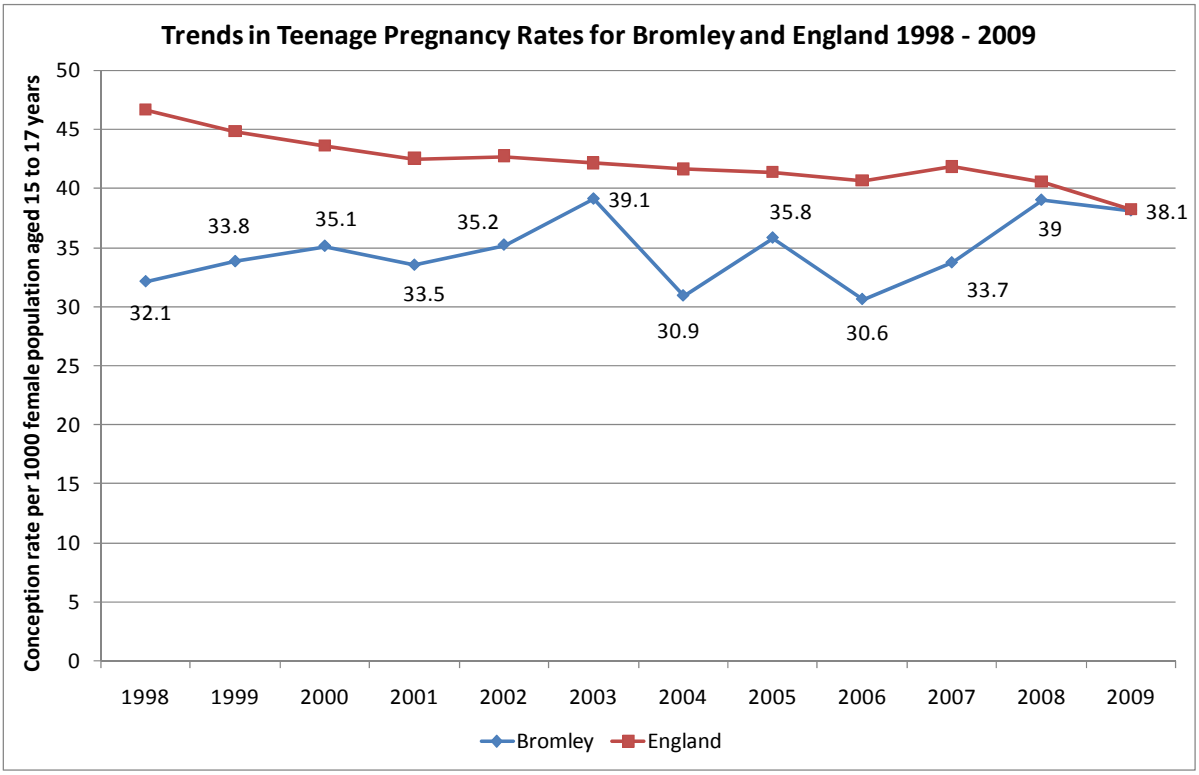
Teenage Pregnancy

Nationally, around three quarters of teenage pregnancies are unplanned and half end in an abortion.

Teenage pregnancy can be associated with adverse health and social outcomes:

- higher rates of infant mortality than for children born to older mothers,
- babies are more likely to be born prematurely, which has serious implications for the baby's long-term health and children have higher rates of admissions to A&E.
- In the longer term, children of teenage mothers experience lower educational attainment and are at higher risk of economic inactivity as adults;
- The pressures of early parenthood result in teenage mothers experiencing high rates of poor emotional health and well-being, which impacts on their children's behaviour and achievement
- Teenage parents often do not achieve the qualifications they need to progress into further education and, in some cases, have difficulties finding childcare and other support they need to participate in Education, Employment or Training (EET). Consequently, they struggle to compete in an increasingly high-skill labour market.

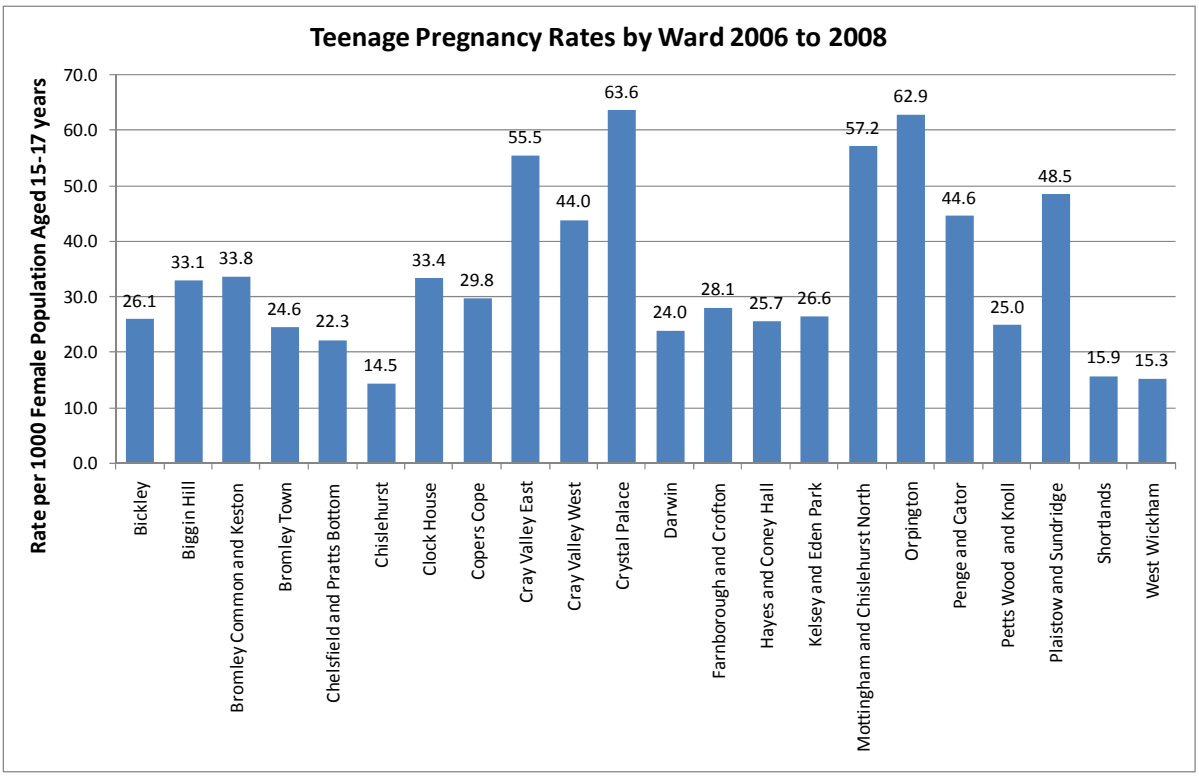
Figure 3.14



Source: Office for National Statistics and DfE

The teenage pregnancy rate is lower in Bromley than for London or for England. There were 211 conceptions in girls aged under 18 years in 2009. The latest data for the first 6 months of 2010 shows a reduction in the rate of teenage pregnancy for Bromley, with a rate of 30.6 per 1000 female population aged 15 to 17 years at the end of the second quarter of 2010.

Figure 3.15

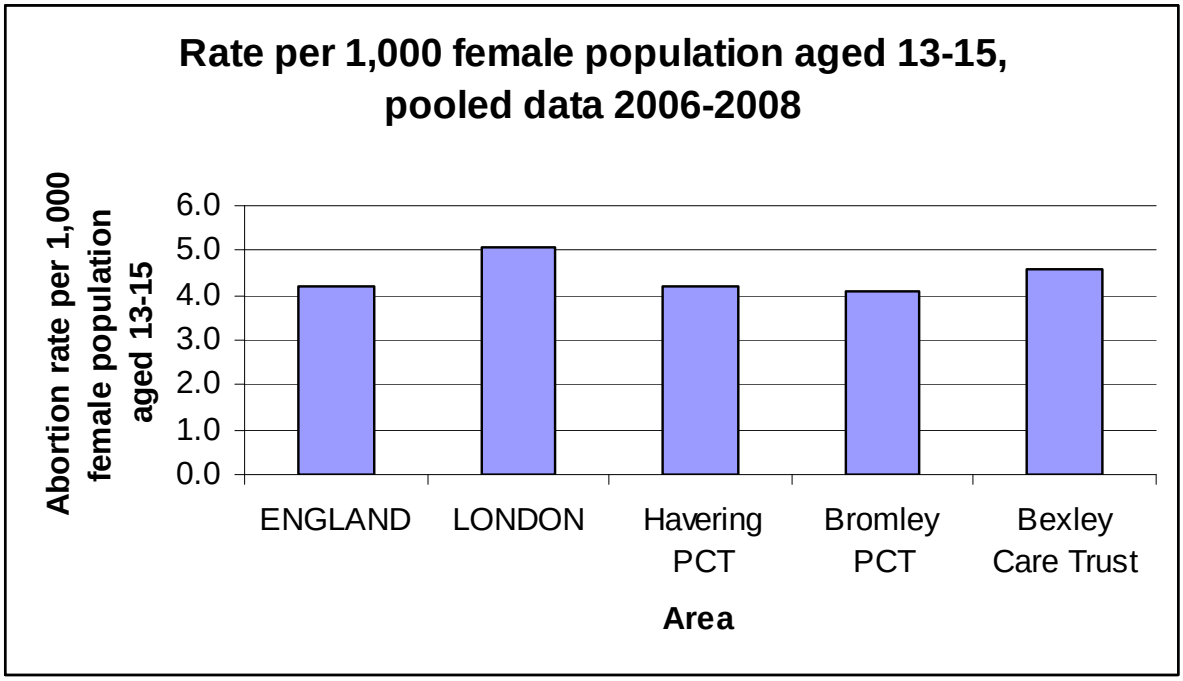


In 2010, 160 terminations of pregnancy (approximately 75% of conceptions) were carried out for women under the age of 19 years, of these 24 (15%) were repeat abortions.

In girls under the age of 16 years in Bromley, there was a rate of 4.1 abortions per 1,000 girls aged 13 to 15 during the period 2006 to 2008 (this is the most recent available data). The actual number of abortions to girls in Bromley aged 13-15 in this period was 68 out of a population of 16,431.

This rate of 4.1 is compared in the chart below with, not only with the rate for England and London, but also with the rate in similar boroughs of Havering and Bexley. This comparison shows that the rate in Bromley is slightly below the national and London rates and also lower than the rates in similar boroughs. This does not indicate that there is a particular problem with abortions in girls aged 13-15 in Bromley.

Figure 3.16



Teenage pregnancy rates are highest in the most deprived areas of Bromley, with Crystal Palace, Orpington, Mottingham & Chislehurst North and Cray Valley East wards having the highest rates (*Figure 3.15)*. The rates in these wards are higher than those for London (45.3) and for England (41.0) over the same time period.

Infectious Disease

Notifications of infectious disease last year fell and were similar to the number seen in 2007, after the increase in the previous two years.

Table 3.10 Infectious Disease Notifications for Bromley

Disease	2005	2006	2007	2008	2009	2010
Acute encephalitis	1	0	0	0	0	0
Cholera	0	0	0	0	0	0
Dysentery	0	6	2	1	1	0
Food Poisoning	471	479	314	378	395	293
Leptospirosis	0	0	0	0	0	0
Malaria	2	2	13	2	4	2
Measles	21	56	50	148	86	34
Meningitis	0	7	11	6	5	2
Meningococcal Septicaemia	1	3	4	0	5	0
Mumps	464	97	49	56	109	96
Ophthalmia neonatorum	0	0	0	0	0	0
Paratyphoid fever	0	2	1	0	0	0
Rubella	5	8	5	3	8	3
Scarlet Fever	9	44	12	14	45	18
Tuberculosis	29	40	36	18	32	34
Typhoid Fever	1	2	2	0	0	0
Viral Hepatitis	6	2	5	5	3	0
Whooping Cough	6	3	2	7	4	3
Total	**1016**	**753**	**506**	**638**	**683**	**491**

Source: SELHPU

Food poisoning remains the most frequently notified infectious disease, although levels in 2010 were the lowest for five years.

Although notifications of measles and mumps have been high, the number of confirmed cases is lower. There were 3 confirmed cases of measles in 2010, and 32 confirmed cases of mumps.

Tuberculosis rates have remained stable, and so awareness is important to facilitate early identification, so that screening and treatment can be instituted to prevent spread.

Immunisation

Coverage rates for immunisation have been improving over the past three years, but remain lower than the WHO recommendation of 95%. Rates of immunisation uptake of the preschool booster and 2nd MMR are especially low.

Table 3.11 Immunisation Uptake Rates for Bromley

Immunisation	2008-09	2009-10	2010-11
Immunisation rate for children aged 1 who have completed immunisation for diphtheria, tetanus, polio, pertussis, Haemophilus influenzae type b (Hib) - (i.e. all 3 doses of DTaP/IPV/Hib)	75.5%	86.4%	90.6%
Immunisation rate for children aged 2 who have completed immunisation for pneumococcal infection (i.e. received Pneumococcal booster) (PCV)	75.4%	79.4%	82.7%
Immunisation rate for children aged 2 who have completed immunisation for Haemophilus influenzae type b (Hib), meningitis C (MenC) - (ie received Hib/MenC booster)	82.2%	83.0%	85.7%
Immunisation rate for children aged 2 who have completed immunisation for measles, mumps and rubella (MMR) - (i.e. 1 doses of MMR)	82.2%	81.3%	83.6%
Immunisation rate for children aged 5 who have completed immunisation for diphtheria, tetanus, polio, pertussis (DTaP/IPV) (i.e. all 4 doses)	74.3%	73.1%	75.7%
Immunisation rate for children aged 5 who have completed immunisation for measles, mumps and rubella (MMR) (i.e. 2 doses)	71.1%	70.8%	77.0%

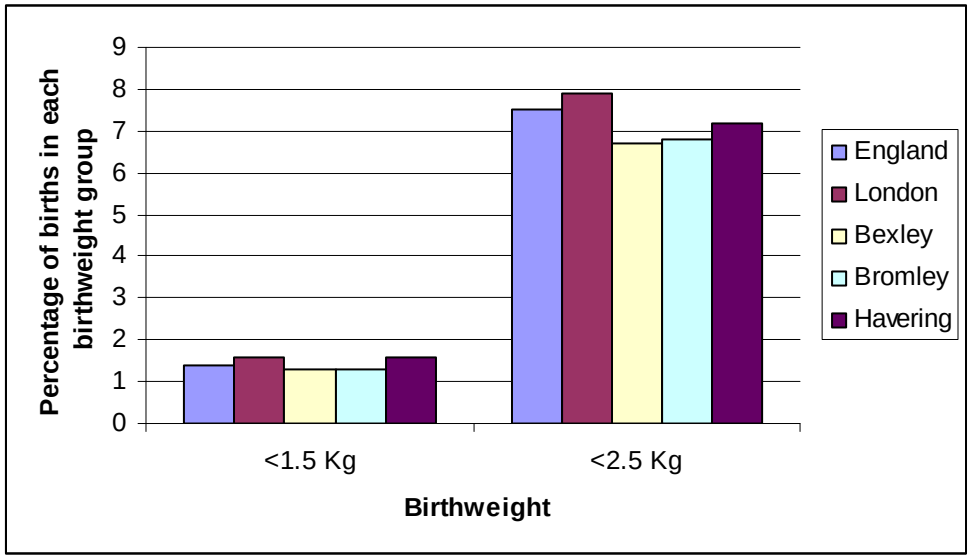
Source: COVER

Health of pre-school children in Bromley

Birthweight

Babies born with a low birthweight are at increased risk of both short-term and longer-term health problems.

Figure 3.17. Proportion of babies born with a low birthweight in Bromley and comparators



Source: ONS

Figure 3.16 shows the proportion of babies born with a low birthweight (less than 2.5 kilogrammes) or a very low birthweight (less than 1.5 kilogrammes). The proportion of low and very low birthweight babies born in Bromley is comparable to similar boroughs (Bexley and Havering) and lower than the London and national rates.

What does this mean for our JSNA?

Circulatory disease, cancer and respiratory disease are the key causes of death in Bromley. Of concern is the continuous rise in numbers of people in Bromley with diagnoses of

- high blood pressure
- type 2 diabetes

People with severe mental illness are more likely to suffer poor physical health and have a lower life expectancy.

Ready access to good primary care mental health services is important in the light of the high prevalence of moderate mental illness.

Referral rates to Child and Adolescent Mental Health Services (CaMHS) have shown significant increases over recent years

Whilst the prevalence of dementia is stable, numbers affected are increasing as a consequence of the ageing population. It is important that the NICE Quality Standards for care of people with dementia are met in Bromley.

Over the last few years, numbers of HIV cases in Bromley have been increasing, chiefly in the North West of the borough, but over a larger geographic distribution.

Teenage pregnancy rates appear to be falling, but remain highest in the most deprived sections of the borough.

Immunisation uptake rates should remain a focus of attention while they remain below the WHO recommended level and while measles and mumps are still circulating locally.

3.3 Lifestyle Risk Factors for Disease

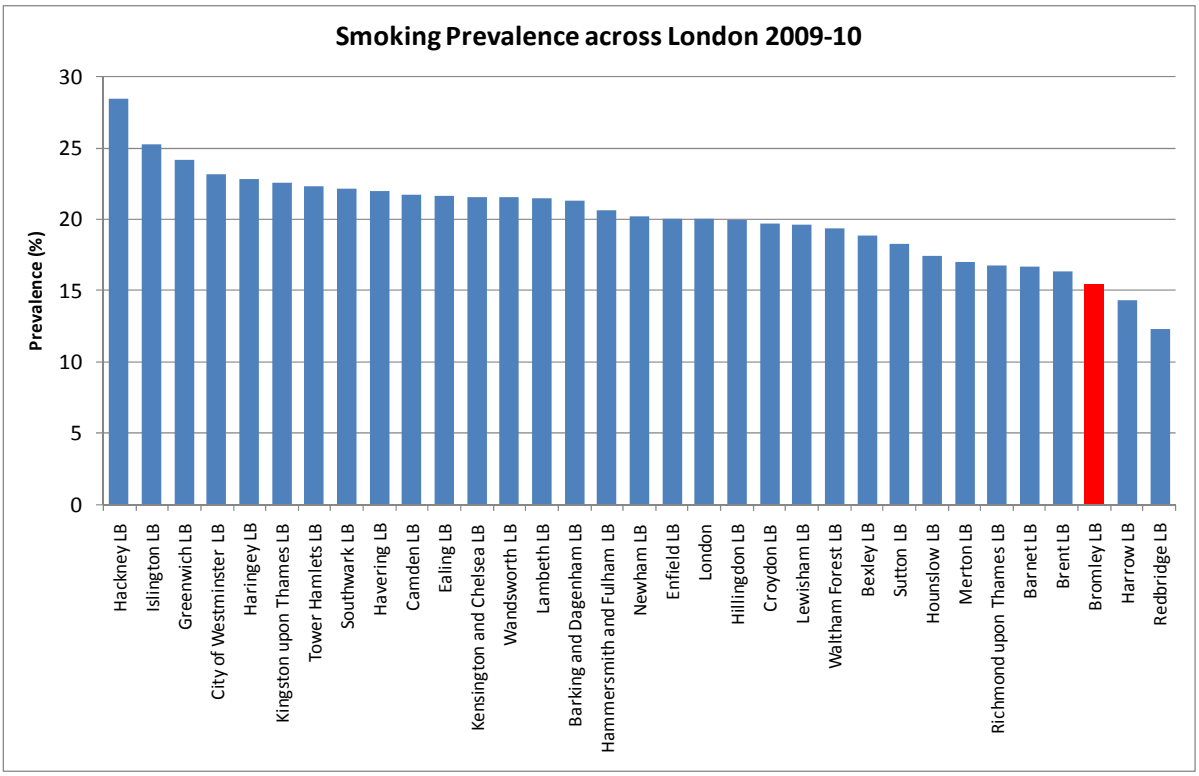
Smoking

Smoking is a major risk factor for circulatory disease, cancer and respiratory disease.

Between 2007 and 2009, there were approximately 172 deaths from causes wholly or partially attributable to smoking per 100,000 population aged 35 years and over in Bromley. This rate is in the best quartile for England.

Smoking prevalence in Bromley is estimated to be 15.4% (2009-10) in people aged 18 years and over, as compared with 21.2% for England. Bromley has the third lowest smoking prevalence in London. Smoking prevalence in routine and manual occupational groups in Bromley is higher than the general population at 22.1%.

Figure 3.18



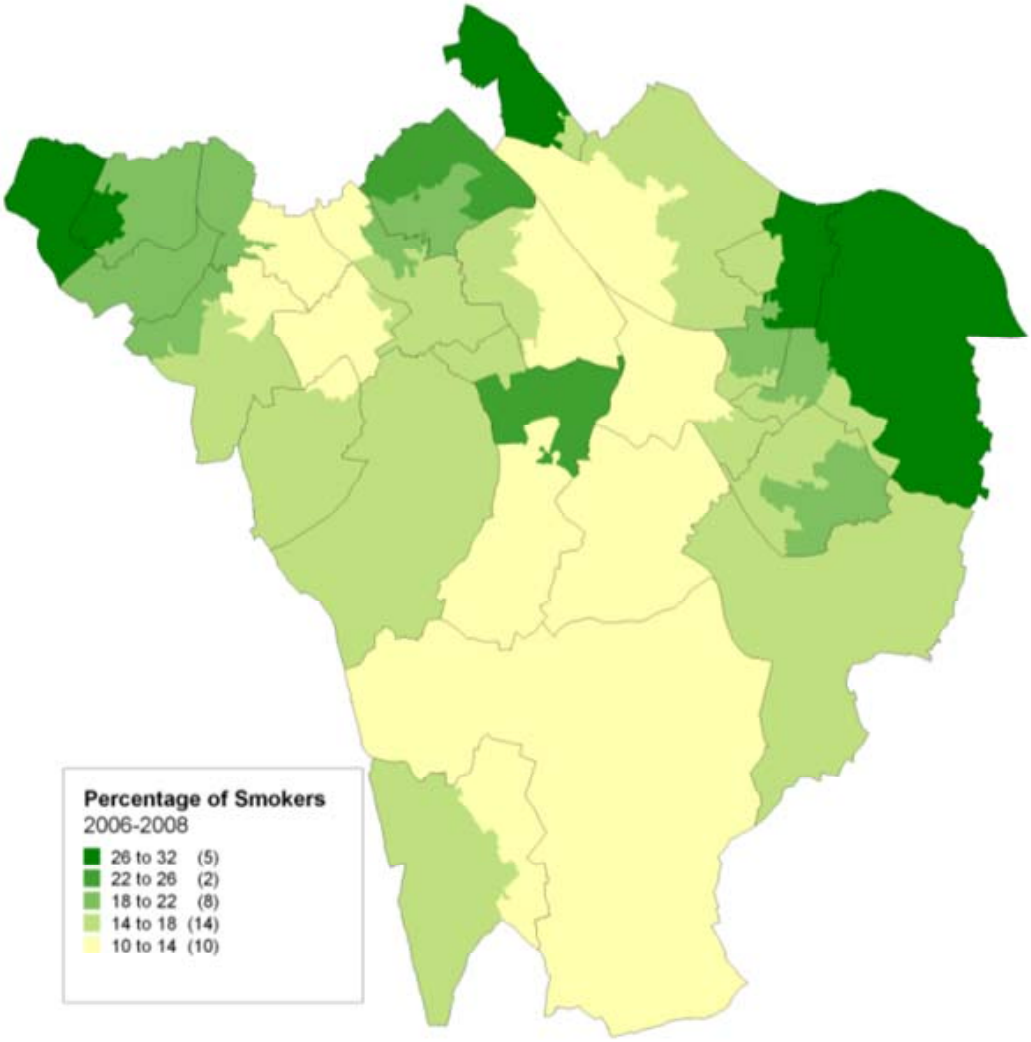
Source: Tobacco Control Profile 2011

In the year 2009-10, the age standardised hospital admission rate for diseases wholly or partially attributed to smoking was 1056 per 100,000 population aged 35 years and over in Bromley.

Bromley is in the best quartile for England for smoking attributable deaths from heart disease, stroke, lung cancer and COPD.

The prevalence of smoking is highest in certain areas of Bromley (Figure 3.18).

Figure 3.19 Distribution of Smokers across Bromley



Source: GP Disease Register Data

Obesity

Obesity is a key risk factor for circulatory disease and cancer, and also for diabetes, which is a precursor to circulatory disease.

Obesity has an attributable risk for Type 2 diabetes of 24%. Therefore, any changes in the prevalence of obesity will have significant impact on the prevalence of diabetes.

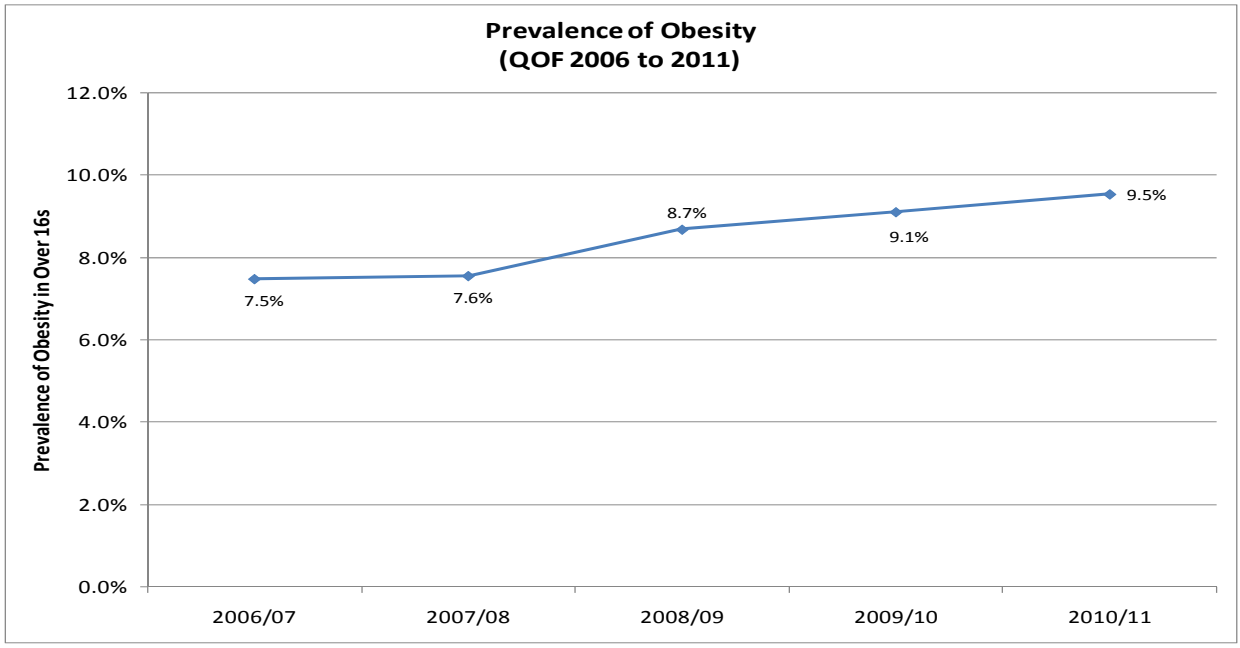
The 2011 Health Profile gives a modelled estimate for obesity prevalence in Bromley of 21.8% of those aged 16 years and over. This represents approximately 54,163 adults in Bromley.

Currently, GP registers have identified 25,168 (approximately 10% of the registered adult population) people over 16 years in Bromley with a BMI >30, indicating obesity.

However, this is likely to be an underestimate as the CVD Audit in 2009 revealed that BMI had been recorded in only 29% of the adult population.

Levels of obesity recorded in practices have been rising over the past few years.

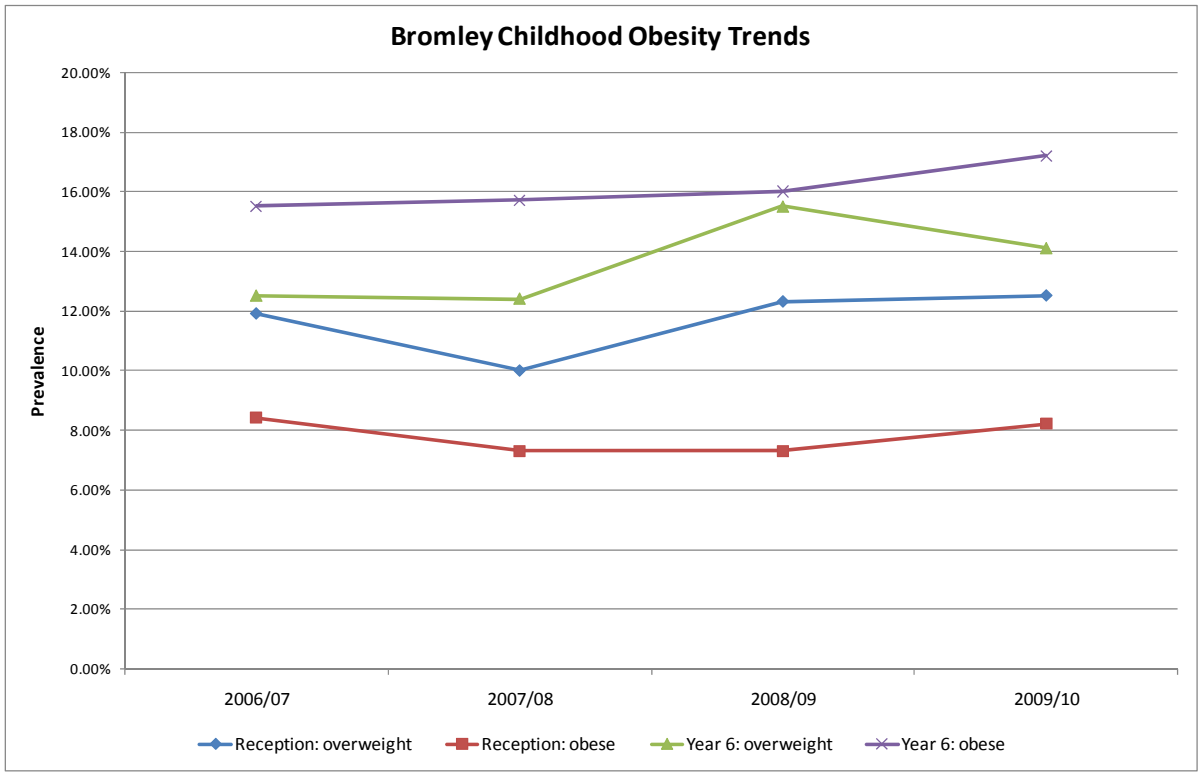
Figure 3.20



Source: QMAS

Data collected for Bromley as part of the National Child Measurement Programme (NCMP) show rising trends in the prevalence of obesity and overweight in children in Reception Year and Year 6. Childhood obesity levels are below the London and national level.

Figure 3.21



Source: NCMP

Table 3.12

Year Group	2009/10		
	Bromley	**London**	**National**
Reception: Overweight	12.5%	12.7%	13.3%
Reception: Obese	8.2%	11.6%	9.8%
Year 6; Overweight	14.1%	15.1%	14.6%
Year 6: Obese	17.2%	21.8%	18.7%

Source: NCMP

Physical Activity

Physical inactivity is a leading risk factor for mortality, accounting for 6% of deaths globally.

Physical activity is important throughout the life course:

- It is central to optimal growth and development in the under 5s, in relation to developing motor skills, promoting healthy weight, enhancing bone and muscular development and for the learning of social skills.
- For 5 to 18 year olds, regular physical activity results in reduced body fat, promotes healthy weight and enhances bone and cardio-metabolic health, as well as enhancing psychological wellbeing.
- For adults aged 19 to 64 years, regular physical activity reduces the risk of all-cause mortality, coronary heart disease, stroke, type 2 diabetes, osteoporosis, some cancers and depression, as well as bringing many positive benefits for psychological health and well-being.
- Evidence shows that increasing physical activity in older adults, over the age of 65 years, improves cardiovascular fitness, strength and physical function, reduces aspects of cognitive decline and susceptibility to falls, and can improve self-esteem and mood.

Physical activity includes all forms of activity, such as everyday walking and cycling, active play, work related activity, active recreation, dancing, gardening or playing active games as well as organised and competitive sport.

There is scope to increase levels of physical participation in Bromley.

Current levels for both adults and children are below the national average.

Table 3.13

	Bromley	**England Average**	**England Best**
Physically Active Children	53.4%	55.1%	80.3%
Physically Active Adults	9.2%	11.5%	19.5%

Source: 2011 Health Profile

Alcohol

Approximately 86% of over 16 year olds in Bromley drink alcohol. Of these, about 81,000 (38%) drink quantities of alcohol at levels defined as increasing risk or higher risk drinking.

Table 3.14

	% of Drinkers aged 16y+
Lower Risk Drinking	62%
Increased Risk drinking	28.1%
Higher Risk Drinking	9.9%
Binge Drinking	14.4%

Source: Local Alcohol Profile 2011

Although recent research evidence suggests that alcohol misuse is a problem in people aged 65 years and over, there is no routine data collection or screening for alcohol problems in this group.

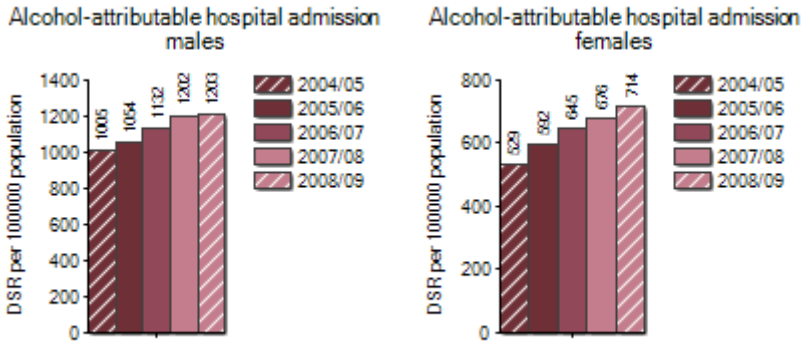
The Local Alcohol Profile 2011 for Bromley shows that alcohol attributable mortality in males and females is lower than the national and London averages, and is lower than last year.

Figure 3.22

Source: LAPE 2011

Alcohol attributable admissions in males and females have been rising year on year since 2004-5 and continue to rise, although they are lower than the national and London averages.

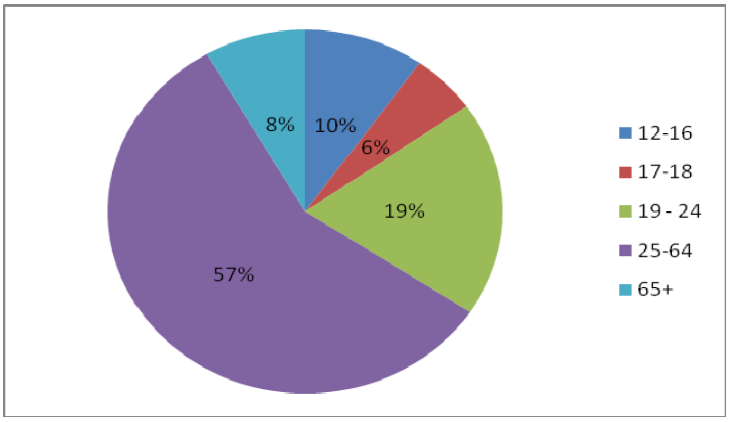
Figure 3.23



Source: LAPE 2011

In 2009/10 the South London Healthcare Trust had 204 Accident and Emergency attendances for alcohol-related conditions (0.02% of all attendances) of which 31% led to a hospital admission. The youngest attendees were aged 12 years.

Figure 3.24 Accident and Emergency attendances 2009/10 by age (years)

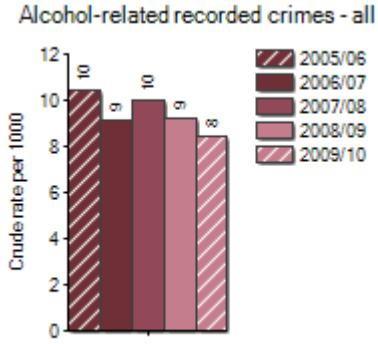


Source: South London Healthcare Trust

People with mental health problems or drug misuse problems are more likely to be hazardous drinkers. There are approximately 2,000 people in Bromley who are alcohol dependent and also have a mental health problem for which they are undergoing treatment. An additional number of hazardous drinkers also have a mental health problem for which they are undergoing treatment.

Bromley has higher than national average rates of alcohol related recorded crimes and alcohol related violent crimes, although the rates are lower than for London as a whole, and have been falling over the last 3 years.

Figure 3.25



Source: LAPE 2011

The contribution of alcohol to domestic violence incidents is not routinely recorded in the Crime Intelligence System but significant levels of domestic violence incidents are thought to be alcohol related and domestic violence itself may lead to alcohol abuse in the victim. In Bromley, a system for gathering data to capture true incidence of domestic violence has yet to be developed.

Substance Misuse

The estimated prevalence of substance misuse in Bromley is shown in the table below:

Table 3.15 Numbers of Problem Drug Users by Drug Type

Drug Type	No. in Bromley
Opiates and Crack	1893
Crack	1163
Opiates	1161
Injecting	455

Source: Adults' Needs Assessment Substance Misuse 2009/10

A total of 430 new referrals were made to the open access service (REACH) in Bromley between 2010/2011. 25.3% of these referrals were from GPs and 18.2% were self-referrals.

68.4% (294) of referrals were between the age of 25-45 with a Male:Female ratio of approximately 7:3. The ethnicity of this group was mainly white (88%) and the primary drugs used were heroin (21.4%) and cocaine (17.7%).

At present, the first point of treatment for substance misuse is provided by an open access service, REACH, which is part of the Bromley Community Drugs Project (BCDP). Over 60% of people in treatment were between the ages of 30-49.

The numbers in treatment throughout 2010/2011 are shown in table 3.16:

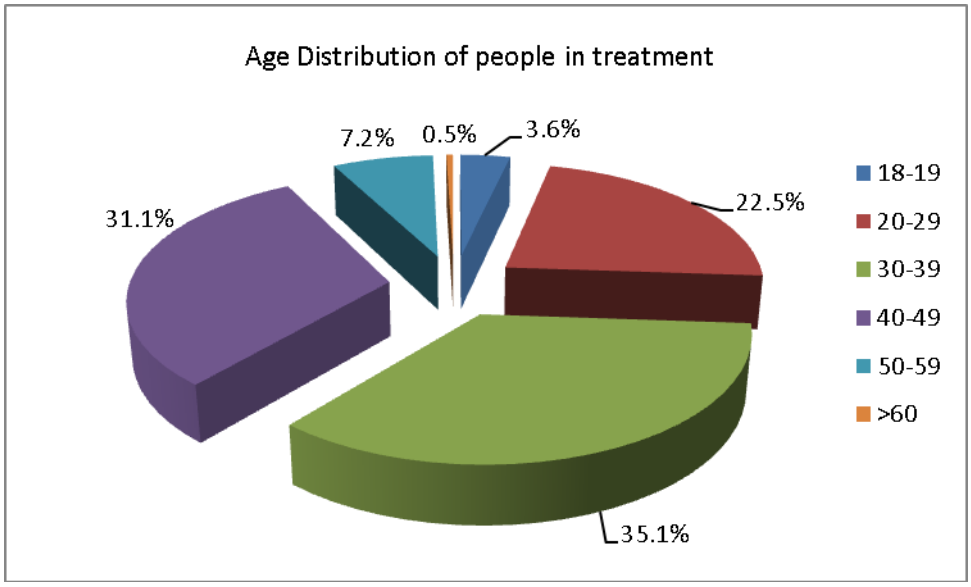
Table 3.16

	Q1	Q2	Q3	Q4
Opiate and Crack	424	433	452	452
All Adult	604	612	629	612

Table 3.17 Age Distribution of People in Treatment:

Age Group	Q1	Q2	Q3	Q4	Average %
18-19 years	17	19	22	22	3.6%
20-29 years	95	115	140	157	22.6%
30-39 years	163	180	212	230	35.0%
40-49 years	143	160	191	202	31.1%
50-59 years	35	38	44	44	7.2%
>60 years	2	2	3	4	0.5%

Figure 3.26 Graphic representation of age group distribution of number in treatment year to date 2010/2011



What does this mean for our JSNA?

Smoking prevalence is falling overall in Bromley, but people living in the more deprived areas of Bromley with higher smoking rates have increased risks of heart disease, cancer and respiratory disease.

The rise in adult and childhood obesity continues to put the population's health at risk.

There is a need to develop systems for monitoring alcohol consumption in older people and also for monitoring the contribution of alcohol to domestic violence in Bromley.

4. Quality of Life and Wellbeing for the whole population

4.1. Environment

Introduction

The physical and social environments in which we live are key determinants of health, influencing our lifestyles, how we interact with our local community, and the activities we engage in. The "Health Map" below outlines the range of factors including, environmental, social economic and political that influence health and wellbeing in our neighbourhoods, including our immediate surroundings, the local places within which we live, work and play as well as the wider national and global environment. There are complex relationships between our environment and other socioeconomic factors which together influence health, either directly, by creating environments that present risks to health or indirectly by encouraging or causing unhealthy behaviours.

Figure 4.1 The Health Map (Mayoral Best Practice Guidance "Health Issues in Planning")

(Based on Whitehead and Dahlgren 1991, amended in 2006 by Barton & Grant and the UKPHA Strategic Interest Group)

Good housing, employment and a good start in life can all help to reduce health inequalities at the local level, while poor environmental quality, housing conditions or pollution can exacerbate them (London Plan 2011)

The Marmot Review 'Fair Society, Healthy Lives.' 2010 highlights that

- The health and well-being of individuals is influenced by the nature of their physical environment and the communities in which they live.
- Creating a physical environment in which people can live healthier lives with a greater sense of well-being is a hugely significant factor in reducing health inequalities.
- Living in poor housing, in a deprived neighbourhood with a lack of access to green spaces impacts negatively on physical and mental health.

The review concludes that reducing health inequalities would require action on six policy objectives, including Policy Objective E *"Create and develop healthy and sustainable places and communities".*

This Policy objective also has clear links to the 5 other Marmot Review objectives

- Give every child the best start in life
- Enable all children young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Strengthen the role and impact of ill health prevention

The Marmot Review makes a clear recommendation that planning, transport, housing, environmental and health policies should be integrated to address the social determinants of health (E.2.2) and this is reiterated in London Plan Policy 3.2.

Indices of Deprivation

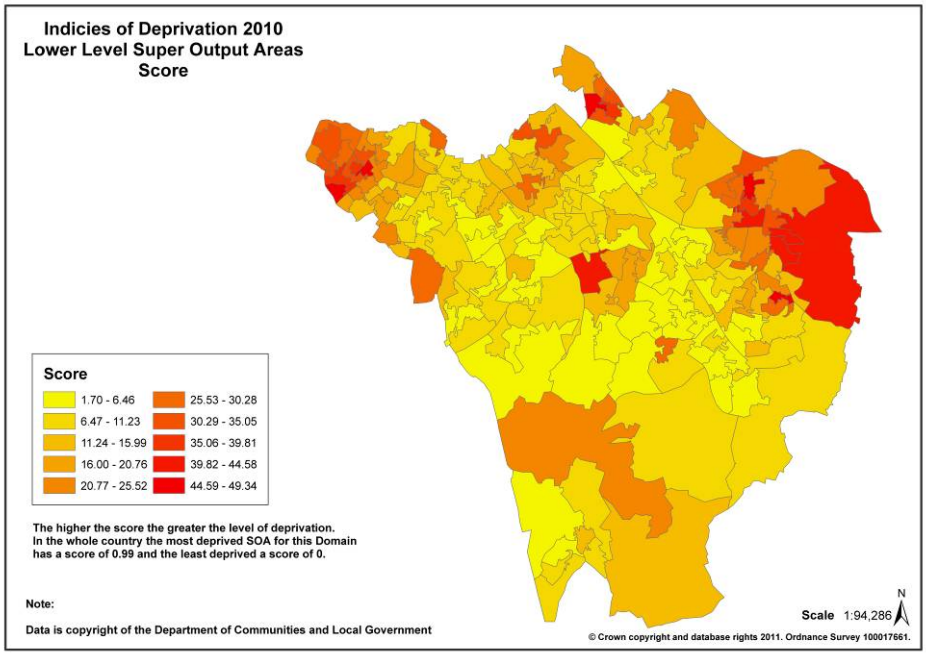
The English Indices of Deprivation 2010 use 38 separate indicators, organised across seven distinct domains (Income, Employment, Health and Disability, Education Skills and Training, Barriers to Housing and Other Services, Crime and Living Environment) of deprivation which can be combined, using appropriate weights, to calculate the Index of Multiple Deprivation 2010 (IMD 2010).

Table 4.1

London Borough	Average IMD Score	National Ranking
Bexley	**16.71**	**174**
Bromley	**14.95**	**203**
Croydon	**22.76**	**107**
Greenwich	**31.94**	**28**
Lewisham	**30.97**	**31**
Merton	**14.56**	**208**
Sutton	**15.43**	**196**

Generally Bromley Borough scores well in compared to South London Boroughs and deprivation is lower than average. However, 11,385 children live in poverty (Dept of Health, Bromley Profile 2011) and the pattern of scores is varied within the Borough.

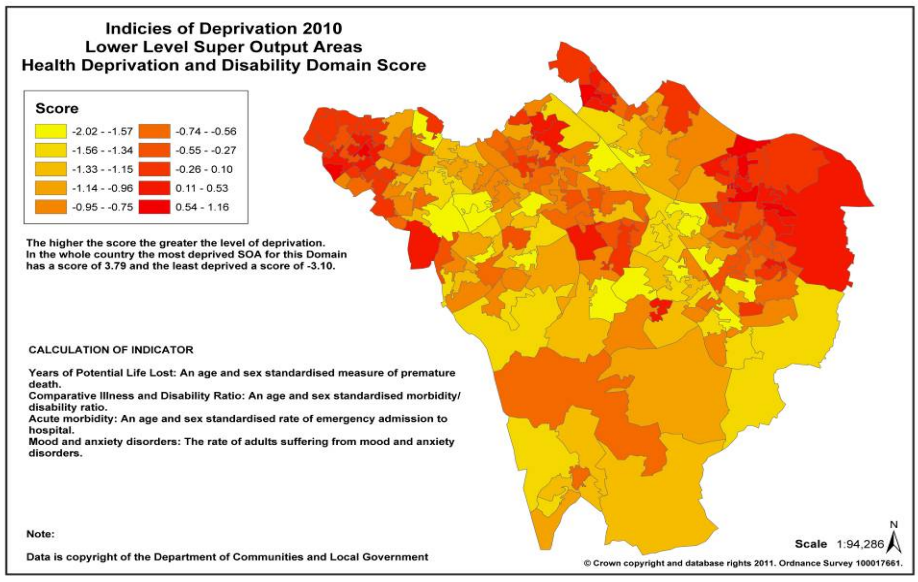
Figure 4.2 Indices of Multiple Deprivation 2010 across Bromley



Source: IMD, 2010

The Indices of Deprivation (2010) Health and Disability Scores indicate clear concentrations of poorer scores to the north west of the borough in Crystal Palace, and Penge & Anerley, to the north in Mottingham, and to the east in the Cray Valley, as well as centrally through Downham and Bromley Common.

Figure 4.3 Indices of Deprivation (2010) Health and Disability Scores



Housing

Our immediate surroundings, our living environments, have a fundamental impact on health whether positive or negative.

At the most basic level, housing provides shelter from the elements and safety, however the links between housing and health are many and complex. The Marmot Review notes that at the far end of the spectrum homelessness, temporary accommodation, overcrowding, insecurity, and housing in poor physical condition constitute a risk to health. It highlighted a study carried out by Shelter in 2006 which suggested that children in bad housing conditions are more likely to have mental health problems, such as anxiety and depression, to contract meningitis, have respiratory problems, experience long-term ill health and disability, experience slow physical growth and have delayed cognitive development.

The nature of our homes also impacts on the relative importance of the quality of the locality in which we live, in particular access to open space. In a densely urbanised city like London, safe and stimulating play facilities are essential for a child's welfare and future development, as well as preventing health problems such as obesity. (London Plan 2011)

Overcrowding has a significant negative impact on communities, families and individuals. In London this tends to be concentrated in particular neighbourhoods, is more likely to affect some minority communities, and is linked to poorer health and educational outcomes and increases in anti-social behaviour (London Housing Strategy Feb 2010).

Bromley has been set a minimum target of 5,000 new homes over the next 10 years. Given the constraints to development over the swathe of Green Belt, new development will be concentrated in the previously developed parts of the borough leading to increased densities and further pressure on parks and the public realm. The ability of the various parts of Bromley to deliver healthy environments may be more strained in areas already densely populated. Conversely sparsely populated rural areas may be unable to sustain local services, undermining communities.

The London Plan 2011 includes numerous policies that relate to the provision of good quality housing to deliver positive health outcomes in respect of physical and mental health as well as community cohesion and general wellbeing. (Mayor's Best Practice Guidance on Health Issues in Planning 2007)

Similarly the environment we work in influences our health choices and can be a force for improving health - both for individuals and the communities they are part of. (Department of Health, Choosing Health White Paper 2004)

Transport

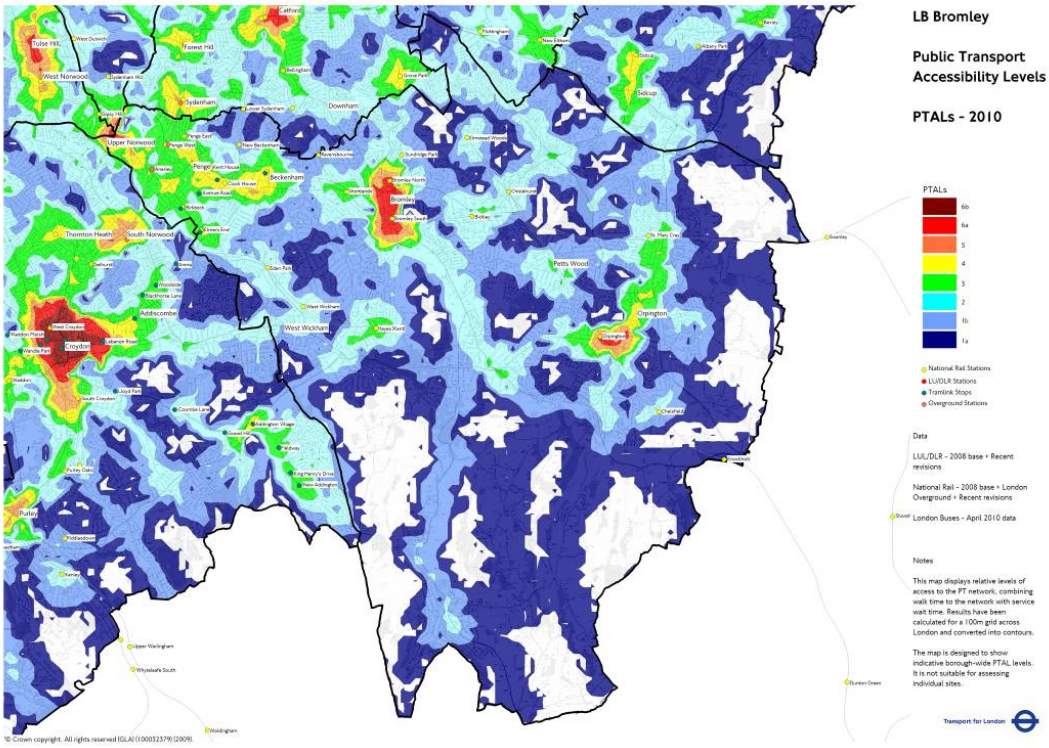
As the Marmot Review highlights, the relationships between transport and health are multiple and complex. Transport also enables access to work, education, social networks and services that can improve people's opportunities and raise living standards, benefitting health. However, transport also contributes significantly to major public health challenges, including road traffic injuries, physical inactivity, the adverse effect of traffic on social cohesiveness and the impact of outdoor air and noise pollution.

In Bromley levels of mobility are above average, with just 23% of the population without access to a car, compared to 37% in the Greater London region and 27% nationally.

Walking and cycling are two of the most sustainable means of travel and they offer significant health benefits to the individual in terms of fitness levels and the decreased risk of diseases relating to obesity and sedentary lifestyles (Mayoral Best Practice Guidance on Health Issues in Planning). In 2008 NICE reviewed the health benefits of walking and cycling, and recommended that:

- Planning applications for new developments should prioritise the need for people to be physically active as a routine part of their daily life
- People should be able to reach public open spaces and public paths on foot or by bicycle
- New workplaces should be linked to walking and cycling networks
- Pedestrians, cyclists and users of other modes of transport that involve physical activity should be given the highest priority when developing or maintaining roads.

Figure 4.5 Public Transport Accessibility Levels (PTALs)



The north west of the borough, lying closest to central London and the borough's main town centres have good transport links outside the borough. By contrast, the rural nature of much of the south and east of the borough means that public transport is limited. In these rural areas the availability of basic local facilities is more important and services in Kent are sometimes more accessible than those in the borough.

As well as the need for homes, population growth will place additional demands on a range of services, including health and leisure facilities. Additionally there will be

increased pressure on transport. The potential impacts on health are harder to determine and will be dependent upon measures to encourage walking and cycling and to mitigate the potential health dangers relating to road safety and increasing levels of pollution.

The Council's Local Implementation Plan (adoption anticipated 6th Sept 2011) indicates that Bromley has the third highest car ownership level in London. Only the boroughs of Harrow and Hillingdon have fewer households without a car. The 2001 Census indicated that car ownership in Bromley is 0.496 cars per person, compared with a figure for Greater London of 0.365 cars per person.

Bromley has relatively low walking and cycling rates when compared with other London boroughs, influenced to a large degree by the rural dispersed nature of large parts of the Borough. The London Travel Demand Survey 2010 indicating that walking represents 28% of trips, with cycling at 1%.

From the inception of the school travel planning programme in 2004/05, walking and cycling to school has increased. 2010 school travel plan data suggests that 43.7% of children travel to school by foot whilst 3.7% travelled by cycle.

Bromley has achieved significant and consistent reductions in the number of road casualties recorded since a national baseline average for 1994-98 was set some years ago.

Despite the figures given above on car ownership and travel to work, and the severity of peak time congestion at key locations, Bromley as a whole has the lowest level of vehicle delay per mile/km of main road of any London Borough. (Travel in London – Key Trends and Developments, Report No1, TfL 2009).

Road Safety

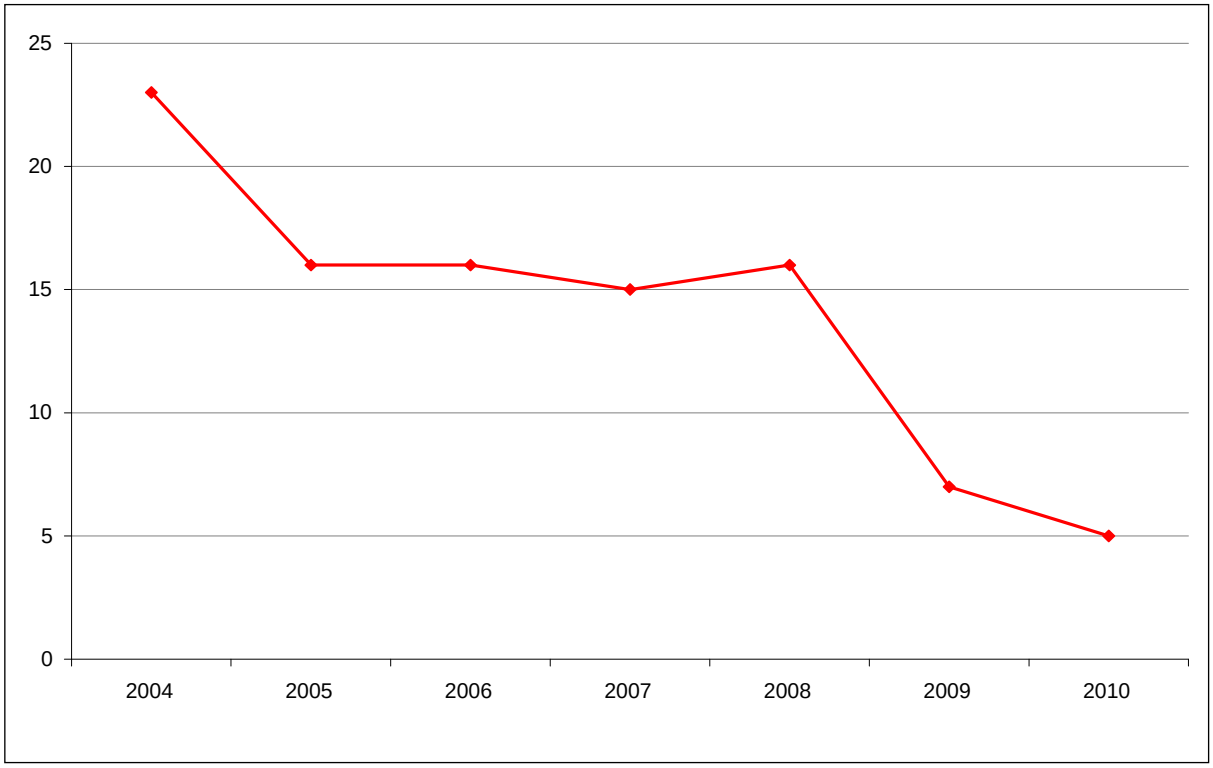
Bromley has the largest road network and one of the highest car ownerships in London so road safety is a significant issue. However, accidents have continued to decline over a number of years. In 2010 the number of total casualties was 816 which is a 23% decrease since 2005. The numbers killed or seriously injured in 2010 was 90 and this was a 33% decrease since 2005.

There are many different types of accident reduction measures, but they generally fall into one of the following categories:

- Physical traffic calming measures - these include signs, road humps, chicanes, pedestrian crossings and mini roundabouts.
- Education – participation in high profile publicity and awareness campaigns to change the public's perception of inappropriate speeds, increase seat-belt usage and support other Government initiatives. The Road Safety Unit also provides information to all school age groups and to parents of pre-school children.
- Enforcement – working with the Police and the Mayor of London to introduce a speed limit enforcement action plan to help achieve a unified approach.

Reducing road accidents amongst young people is a key priority. In 2010 there were five children who were killed or seriously injured, representing a 69% decrease since 2005.

Figure 4.6: Graph to show the number of children killed or seriously injured from 2004 to 2006



Education is key so, with the co-operation of schools, a comprehensive selection of courses across the borough is delivered. These include:

- **Pre-driver courses:** Road accidents are the biggest cause of accidental death for 14 - 25 year olds. Courses are run for sixth formers and college students across the borough. Presentations, videos and written work form the basis of the course, which challenges attitudes to risk taking including speeding, drink driving, non-wearing of seatbelts, drug driving and more.
- **Year Seven**: Statistics show that children aged 10 -14 have an increased risk of becoming a pedestrian casualty. The move from junior to senior school often involves a longer or more varied journey and very frequently this is undertaken independently for the first time. The aim is to visit every borough senior school and provide a timely reminder about the dangers they may face whilst using the roads and most importantly how they can avoid becoming a casualty.
- **Year Six:** The last year of primary school, is an important time as children are moving on to secondary school. As they do, they are usually given more freedom and may travel to school alone, rather than being supervised. Lessons discussing the importance of being responsible and not being influenced by others are given.
- **Year Two.** Children aged seven can receive a visit from a Road Safety Officer. Lessons include information about crossing roads safely with an

adult, travelling by car and safe places to play. The lesson involves role play activities.

- **Pre-school children** can have a visit from Tufty, the road safety squirrel. He encourages them to hold hands near to the road, to wear seatbelts and sit in their car seats and to play safely away from the road.
- **The Junior Road Safety Officer (JRSO) Scheme** is a London-wide programme designed for pupils who are taking on a lead role of promoting road safety within their school. JRSOs are responsible for reminding the whole school community about road safety issues, along with promoting travelling safely to school by sustainable forms of transport. They do this by maintaining a road safety displays, organise competitions, giving short talks in assemblies, and any other innovative ideas they can think of. This very important role helps the children to develop communication skills while making a valuable contribution to the school. JRSOs have successfully been introduced into 33 schools across the borough.

Access to open space

Numerous studies point to the direct benefits of green space to both physical and mental health and wellbeing. Green spaces have been associated with a decrease in health problems, better levels of blood pressure and cholesterol, improved mental health and reduced stress levels, perceived better general health, and the ability to face problems. (Marmot Review 2010) The review also notes that the presence of green space also has indirect benefits: it encourages social contact and integration, provides space for physical activity and play, improves air quality and reduces urban heat island effects.

The 2001 census indicates that there are 19.68 people per hectare in Bromley, compared to 45.62 people per hectare in London. Whilst Bromley's population density is low in a London context, when compared against the England average of 3.77 people per hectare, it can be seen that development remains fairly dense. This reinforces the value of appropriately designed open spaces from both a recreational and environmental perspective.

Over half of the Borough is designated Green Belt or Metropolitan Open Space. These open spaces make an important contribution to the wider environmental health benefits related to pollution and climate change, and where publically accessible can contribute to healthy behaviours, however, the availability of publically accessible open spaces, particularly for those with limited private open space in the form of gardens is a major factor in addressing health issues including those of obesity and depression**.**

Bromley's Open Spaces include

- *Metropolitan Parks:* There are four metropolitan parks and four natural and semi natural open space sites of Metropolitan Park value (containing nature reserves etc)
- *District Parks:* there are 8 district parks and 5 natural and semi natural open spaces
- *Local Parks:* there are 48 local parks and 9 natural and semi natural open spaces

Additionally there are numerous amenity green spaces, including sitting-out areas, shaded areas for informal play and children's play spaces.

Consultation undertaken to support the Bromley Open Space, Sport and Recreation Assessment (currently being drafted) reinforced the value of parks to local residents. Generally over 50% of those surveyed felt that provision was sufficient (more than enough and about right), although over 30% indicated provision was insufficient (nearly enough and not enough). The findings also indicate that residents use local parks more frequently than the larger metropolitan and district parks.

There is some variation in the quality of metropolitan, district and local parks across the borough. Provision to the west of the borough is largely high quality. In contrast, provision to the east of the borough is in greater need of improvement.

Good access to parks is as important as the provision of high quality sites, particularly for those with restricted mobility, including the elderly. Proximity is also important for young people. Factors including security (e.g. territorial issues) mean that young people will not travel long distances to use facilities. Consultation confirms this, indicating that 60% of children and 48% of young people choose to use a facility because of its proximity to home.

There are nearly 500 playing pitches, both private and public. There are areas of particularly high quality children's play facility provision across the borough, although there are also clusters of poor quality play facilities, the majority of which are located to the east of the borough.

There is an even distribution of parks across the borough with most residents within the appropriate catchment of a metropolitan and / or district park. There are however areas of the borough where residents are outside of the recommended 400m catchment for local park provision, in particular parts of Orpington, Bromley, Bickley, Beckenham, Penge and Biggin Hill.

Allotments support physical activity and healthy eating. There are over 50 allotment sites in the borough, including allotment projects targeting particular groups in Elmers End, Penge and the Cray Valley. In some parts of the borough there are long waiting lists for plots.

Access to Facilities

Ease of access to health facilities, including General Practice and clinics is essential to support health. Access to leisure facilities and cultural facilities also has a role to play in promoting physical and mental health and wellbeing).

Sports and recreational facilities such as leisure centres, swimming pools and outdoor sports grounds provide important opportunities to increase activity levels through exercise. There are 10 leisure centres or pools in the Borough, managed mostly by charitable trusts or Social Enterprises (including Bromley MyTime) and a number of private leisure clubs. Additionally there are some 60 sports pavilions across the borough, the majority of which are private sports clubs. The Core Strategy Consultation document looks at the social infrastructure supporting the various places within Bromley and work currently being undertaken through the Open Space, Sport and Recreation Assessment will assist in highlighting areas where access to facilities could be enhanced.

Social Capital

Access to the range of facilities are also important elements in helping to increase social capital though interaction with other members of the community and benefit mental health. (Mayor's Best Practice Guidance on Health Issues in Planning 2007)

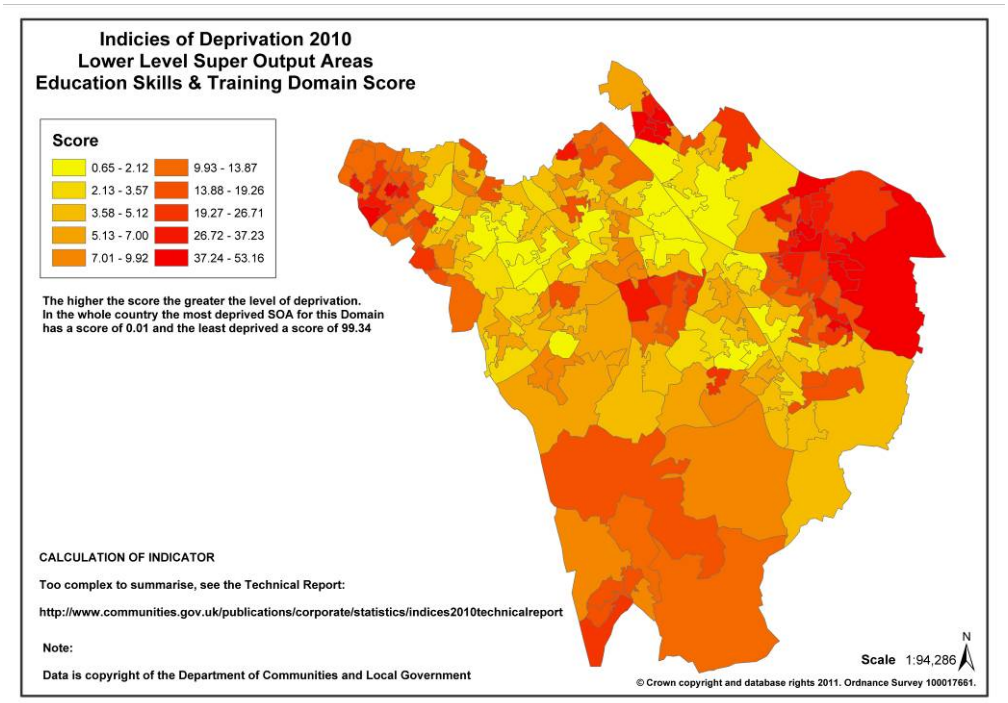
The Marmot Review advises that the extent of people's participation in their communities and the added control over their lives that this brings has the potential to contribute to their psychosocial well-being and, as a result, to other health outcomes. Social capital describes the links between individuals: links that bind and connect people within and between communities. It provides a source of resilience, a buffer against risks of poor health, through social support which is critical to physical and mental well-being.

This highlights the importance of vibrant local centres and facilities. A Council survey reveals a diverse range of around 350 community venues, including village halls, community centres, libraries and day care centres. Collectively, churches are by far the most prolific providers of community space and are well distributed across the Borough. Bromley Town Centre is defined as a Metropolitan Town Centre and Orpington is classed as a Major Town Centre. Across the Borough there are a further four district centres and five local centres as well as over 70 smaller centres and shopping parades.

Access to further/higher education, employment and training

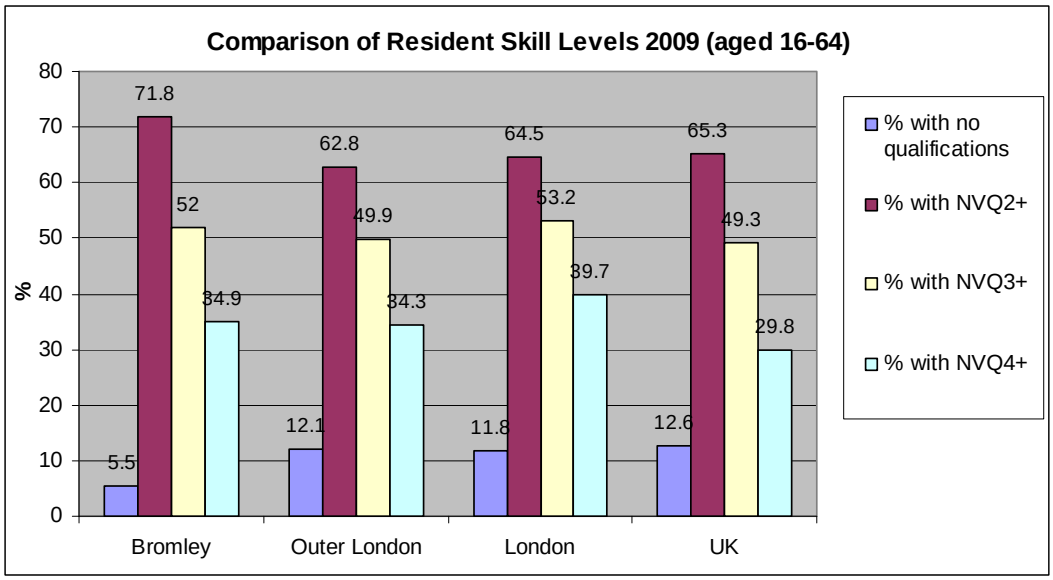
Start Active, Stay Active (July 2011) advises that creating an active society requires action at all levels and how active people are is influenced by a wide range of factors including the influence of the built and natural environment and general socio-economic conditions. Access to a high quality school education is a fundamental determinant of future opportunities, life choices and earnings of London's children and young people, having an important impact upon their health.

Figure 4.7



In 2009 Bromley had the lowest percentage of residents with no qualifications (5.5%) and the highest percentage of residents qualified to level NVQ2+ (71.8%) when compared to the comparator areas. However, it has a smaller percentage of residents with trade apprenticeships in contrast to Outer London and the UK.

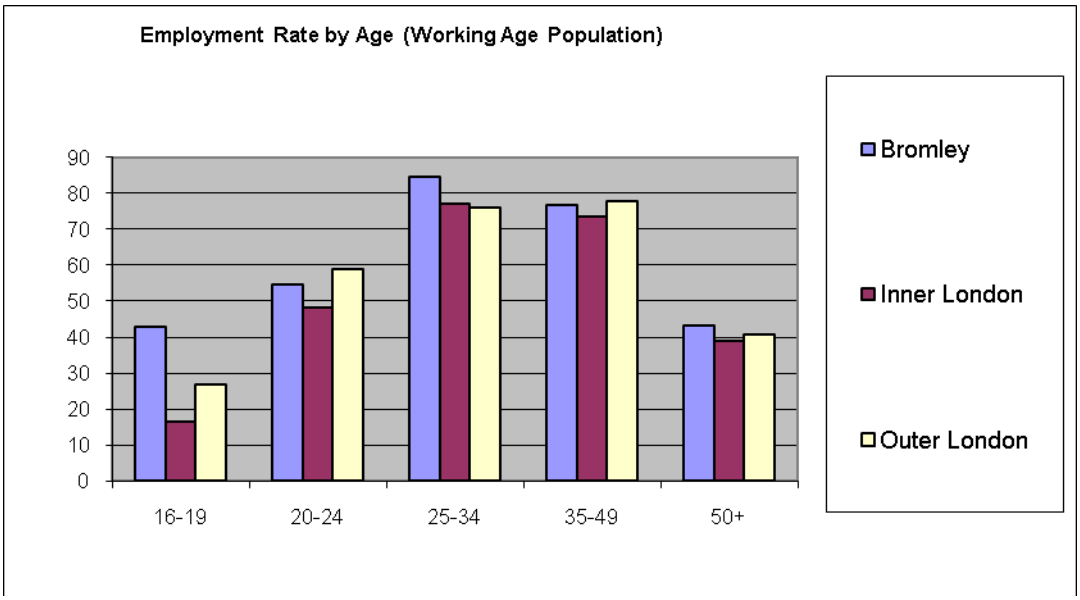
Figure 4.8



Source: Annual Population Survey

The average gross weekly earnings of those working in Bromley are higher than the national average, with the district ranking in the top 40% of districts nationally. Current average gross weekly earnings in Bromley are £470.90, compared with £463.02 nationally. However, the Bromley figure is lower than the average of £507.50 for London South (Bromley, Croydon, Merton, Kingston-Upon-Thames, Richmond-Upon-Thames, Sutton).

Figure 4.9

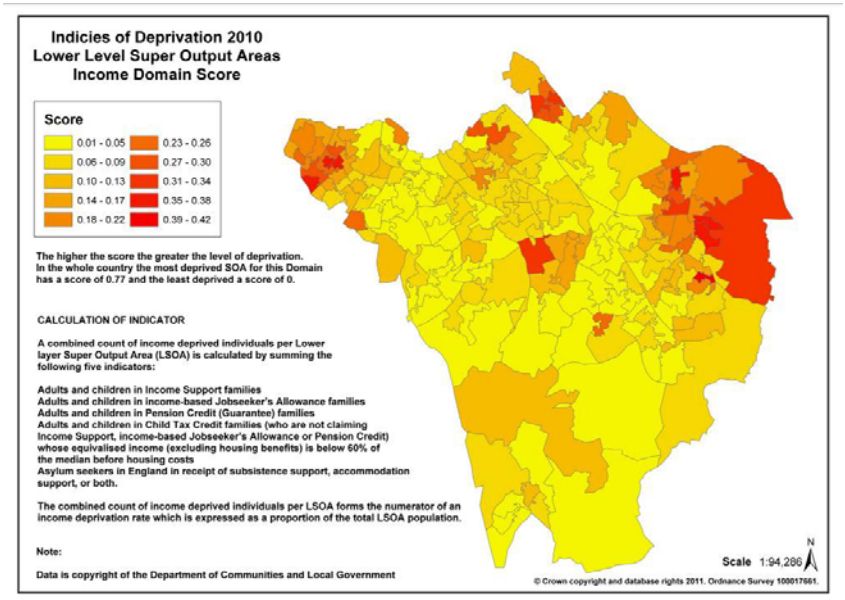


Source: Annual Population Survey

Bromley's employment rate is higher than Inner & Outer London for all age groups except 20 - 24 years olds, only 54.5% of people in this age group are in employment compared to an Outer London average of 59.1%, however the indices of deprivation Employment Domain Scores illustrate the geographical clusters of employment deprivation within the borough.

4.96% of the Borough's 16-18 year olds are not in education, employment or training (July 2011), which compares to an average of 6.4% for England.

Figure 4.10



Historically, the northern parts of the borough are the worst affected in terms of levels of income and unemployment. Crystal Palace ward has the highest level of

unemployment along with Penge & Cator, Cray Valley East & West and Mottingham & Chislehurst North. All of these wards currently have a higher unemployment rate than both the Great Britain & London average.

Clean Air and Water Supply

There is clear evidence of the adverse effects of outdoor air pollution, especially for cardio-respiratory mortality and morbidity. (Marmot review). The importance of tackling air pollution and improving air quality to London's development and the health and well-being of its people is also recognised in The London Plan 2011

The northern and western parts of the borough are more densely populated than the south and has been designated an Air Quality Management Area (AQMA). The increased density of housing and congested traffic contrasts with the largely rural Green Belt area to the south of the borough.

Water supplies are essential to any sustainable city and to the health and welfare of its people. The Environment Agency advises that Britain's rivers are the healthiest for over 20 years (Aug 2011). It will be important to maintain quality and supply as pressures, particularly in the South East, increase.

Climate Change

The Marmot Review states that climate change presents unprecedented and potentially catastrophic risks to health and well-being and suggests that the global impacts of climate change will directly and indirectly affect England and the health of its population, with the following potential negative health impacts:

- Heat wave-related health problems, to which the very old and young, chronically ill and poor are most susceptible
- Flooding: psychological consequences, disruption, injuries and deaths. Later effects of flooding include stress and mental health problems.
- Sunburn and skin cancer: are likely to increase because of greater exposure to warmer weather

The Impact of the Environment on the Health of Different Groups

The recently published guidelines "Start Active, Stay Active" highlights that there are clear and significant health inequalities in relation to physical inactivity according to income, as previously highlighted, age, disability, gender and ethnicity. The guidelines highlight, in particular, the importance of leisure and play opportunities, the contribution of a well designed public realm to enable healthier methods of travel and the value of a local neighbourhood which supports community interaction.

Children

"Our childhood and teenage years are where we develop habits and lifestyles that generally continue throughout our adult life. So it's vital that parents introduce children to fun and physically active pastimes to help prevent them becoming obese children, who are likely to become obese adults at risk of heart disease, diabetes and some cancers." (England's Chief Medical Officer)

Physical activity for children and young people naturally occurs throughout most days and in numerous environments including active travel to school, outdoor play in the park, indoor physical activity in school or dedicated play centres, participation in sports and dance clubs, swimming or cycling, outdoor and adventurous activities (for example, girl guides or scout groups) or martial arts clubs.

This is significant in the light of the relatively high levels of childhood obesity and low levels of physical activity in children in Bromley (section 4 of this report).

There are 66 play areas in the borough (0.22 facilities per 1000 Population). Relative to population there are comparatively fewer play areas in the north of the borough.

Adults

In the modern world, opportunities for physical activity have become limited due to agricultural, technological, social and institutional changes that have progressively removed the need for activity from daily lives.

For most people, the easiest and most acceptable forms of physical activity are those that can be incorporated into everyday life. Examples include walking or cycling instead of travelling by car.

Less mobile elderly people

Physical activity in less mobile older people can help to contribute to a higher quality of life, regardless of level of intensity. Increasing physical activity improves cardiovascular fitness, strength and physical function; reduces aspects of cognitive decline and susceptibility to falls; and can improve aspects of mental well-being such as self-esteem and mood.

Much of the activity of older adults takes place as part of daily routines such as walking to local shops, facilities and services, enjoying recreation or visiting friends, supporting independence and social engagement. This in turn can contribute to higher levels of mental well-being.

Disability, Gender and Ethnicity

Accessible and welcoming local facilities and town centres also support physical and mental well being of people with disabilities.

The “Social Model of Disability” was developed in the mid 1970s as a reaction to the prevailing Medical Model definitions of the time. The Medical Model regards disability as an individual problem and defines disabled people by their illness or medical condition. The social model of disability says that disability is created by barriers in society, which generally fall into three categories, notably the environment, as well as people’s attitudes and organisational policies, practices and procedures.
The social model understanding of disability recognises that whilst a wheelchair user, for example, may have a physical impairment, it is the absence of a ramp that prevents them from accessing a building. The disabling factor is the inaccessible environment.

Similarly, given that the bulk of caring responsibilities, for children and other groups, are undertaken by women, the environment has the potential to impact significantly on women's health.

Minority ethnic groups in Bromley tend to be clustered to the north west of the borough, although there are other geographic concentrations. Key to understanding the impact of the environment on the health of particular minority ethnic groups is an understanding of the environmental and socio economic factors at work in the particular localities.

Current Situation

As highlighted above the Marmot Review and London Plan make a clear recommendation that planning, transport, housing, environmental and health policies should be integrated to address the social determinants of health.

Local and national plans, policies and strategies, concerned with development, are evolving to take account of the need to integrate policies as outlined below:

National Policy: The draft National Planning Policy Framework (2011)

The draft National Planning Policy Framework highlights three roles for planning, including the "social role" to support health and wellbeing. It describes the need to take account of and support local strategies to improve health and wellbeing, and actively managing patterns of growth to make the fullest use of public transport, walking and cycling, as a Core planning principle.

London: The London Plan (2011)

The London Plan highlights the need to address the main health issues facing the capital, including mental health, obesity, cardiovascular and respiratory diseases by seeking to ensure new developments are designed, constructed and managed in ways that improve health and reduce health inequalities. (Policy 3.2)

The plan is supported by Best Practice Guidance "Health Issues in Planning" which provides detailed guidance to help boroughs tackle health inequalities and promote healthy development through planning.

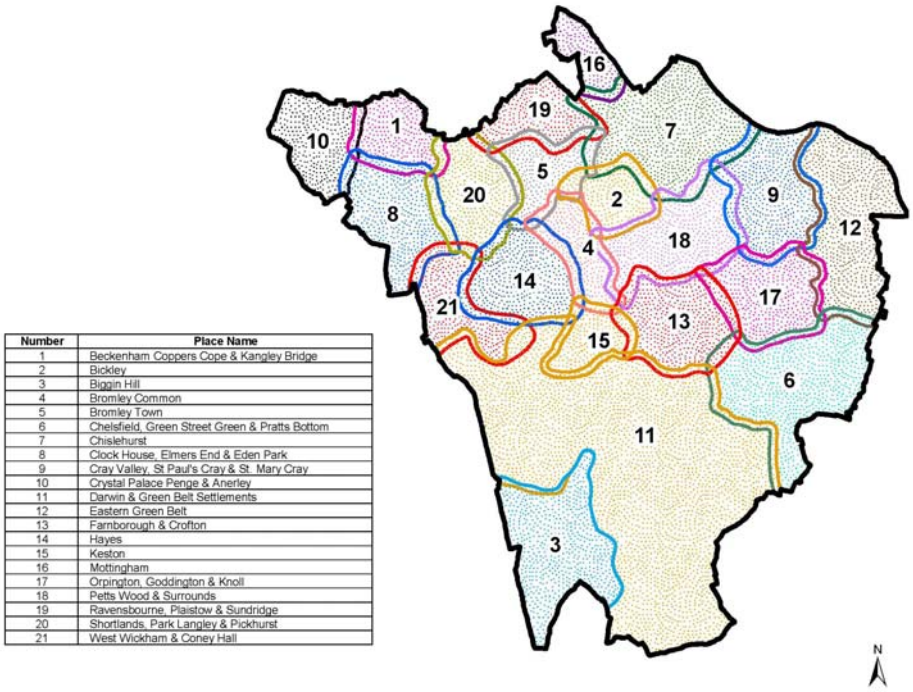
Bromley: The Unitary Development Plan (2006) and the evolving Local Plan (Core Strategy Issues Consultation 2011)

The current Bromley local plan "The Unitary Development Plan", includes policies to deliver quality environments, promote recreation, to protect open space, to ensure highway safety and reduce reliance on cars as well as to ensure the provision of facilities for health and an accessible range of community facilities.

The Council is currently preparing its Local Plan which seeks to steer development to appropriate locations over the next 15 – 20 years. In order to understand the

various places within the Borough and to anticipate how future development can be best directed in the interests of people locally and across the borough as a whole, the current consultation document (Core Strategy Issues Document) has loosely defined 21 distinct local places. Decisions made regarding the future growth of the borough will have different health implications in different areas, in terms of access to facilities, the extent to which the environments support healthy behaviours and the strength of local social capital.

Figure 4.11 "Places in Bromley" (Core Strategy Issues Document 2011)



Number	Place Name
1	Beckenham Coppers Cope & Kangley Bridge
2	Bickley
3	Biggin Hill
4	Bromley Common
5	Bromley Town
6	Chelsfield, Green Street Green & Pratts Bottom
7	Chislehurst
8	Clock House, Elmers End & Eden Park
9	Cray Valley, St Paul's Cray & St. Mary Cray
10	Crystal Palace Penge & Anerley
11	Darwin & Green Belt Settlements
12	Eastern Green Belt
13	Farnborough & Crofton
14	Hayes
15	Keston
16	Mottingham
17	Orpington, Goddington & Knoll
18	Petts Wood & Surrounds
19	Ravensbourne, Plaistow & Sundridge
20	Shortlands, Park Langley & Pickhurst
21	West Wickham & Coney Hall

The issues document provides "Pen Portraits" of the various places, giving a brief outline of their character, demography and community, business and employment, social infrastructure and connectivity. The document, which is out for public consultation, suggests key issues and main opportunities for the places. This is the first stage of the development of the new local plan.

The consultation document and future policy options are being developed in the light of a range of baseline evidence, including:

- The findings of the JSNA.
- Strategic Housing Assessments, considering issues of land availability and the nature of housing need within the borough.
- London Borough of Bromley – Open Space, Sport and Recreation Assessment, currently being produced.
- The All London Green Grid - currently being developed, covers all open spaces within the borough provides a strategic interlinked network of high quality green infrastructure and open spaces that connect with town centres,

public transport nodes, the countryside in the urban fringe and major employment and residential areas.

- The Local Implementation Plan (Transport) sets out how the Council proposes to implement the Mayor's Transport Strategy, as well as contributing to other locally and sub-regionally important goals. It will be submitted to the Mayor for approval in September and includes details of cycling and walking initiatives and local strategies, including the Air Quality Action Plan (AQAP) 2010.

It will be important that Local Plan and, supporting evidence, fully acknowledge the extent to which the environment impacts on health and that health objectives are well integrated into the Local Plan.

In addition to acknowledging the importance of the physical environment to health, the evolving Local Plan, with the national emphasis on "Localism", also offers an opportunity to strengthen social capital through the protection and enhancement of local centres, facilities and "community assets".

<u>The London Plan and associated guidance</u>

The London Plan reiterates the fact that "detailed design of neighbourhoods is also very important for health and well-being". It also suggests that there may be scope for local policies to address concerns over the development of fast food outlets close to schools. (Para 3.11) Further detail may come forward in the proposed update of the Best Practice Guidance, to reflect the new policy and changes to the NHS in London and will include a methodology for undertaking Health Impact Assessments.

What does this mean for our JSNA?

The health issues outlined in the JSNA will be influenced by planning, transport, housing, environmental and policies. Integration is needed to assist in delivering positive health outcomes.

1) Integrating the Marmot Review

- prioritising policies that reduce both health inequalities and mitigate climate change, by:
    - Increasing active travel
    - Improving access and quality of open and green spaces
    - Improving local food environments
    - Improving energy efficiency of housing and reducing fuel poverty.
- Prioritise integration of planning, transport, housing, environmental and health policies to address the social determinants of health in each locality.
- Support locally developed and evidence-based community regeneration programmes, that:
    - Remove barriers to community participation and action
    - Emphasise a reduction in social isolation.

2) Acknowledge, in depth, the extent to which the environment impacts on health in the Local Plan and supporting evidence; and integrating health objectives into the Local Plan.

4.2 Housing

Housing is a fundamental need for good health and wellbeing, and inequalities in a range of health issues can be tracked to the quality of housing. These effects can range from people becoming unwell or dying unnecessarily during periods of poor weather, due to poorly heated and insulated houses, through to people sleeping rough when their housing needs are not met at all. For many already deprived communities, the only housing available is substandard. The social and physical characteristics of the surrounding area are also vital in maintaining good health. The fact that poor quality accommodation is often situated in impoverished surroundings with few local amenities contributes further to making vulnerable individuals housebound.

Significant local intelligence exists on the housing needs and housing markets within Bromley and at a regional level. The issue at hand for housing is one of concerted effort and action on the key problems rather than a requirement for further information and analysis.

The Local Housing Market

In Bromley there are about 130,000 dwellings, of which approximately 83% are in owner occupation. This is set to increase by 5% over the next 9 years with average household size set to decrease. It is estimated that 40% will be single person households. Approximately 9% of the borough's housing is in the private rented sector. The Council no longer owns any housing and all social housing is supplied through registered social landlords (RSL).

The supply of affordable social housing available to let has steadily declined over the last few years and has contributed to the reported unmet homeless demand figures. Homelessness derives both from an inadequate supply of social housing but often reflects wider issues, for example, when people face inherent or complex social and financial problems that make it difficult for them to sustain their accommodation.

The average earnings by residence for full time workers living in Bromley in 2010, was estimated to be £652 per week[5]. High house prices and rents reflect the scale of demand for residential accommodation in Bromley.

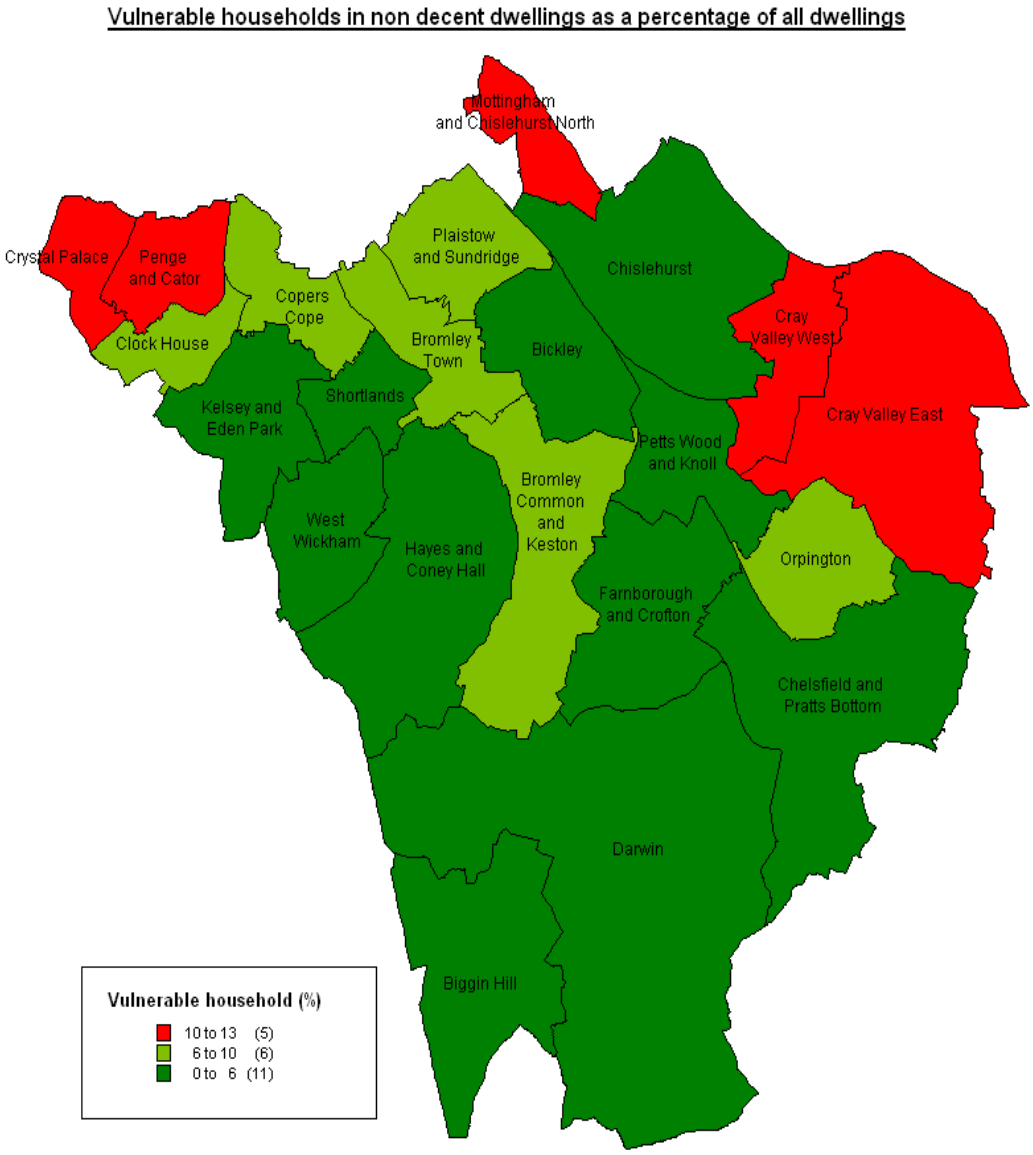
The council carries out a housing condition survey and an energy efficiency survey every 5 years. Building Research Establishment data from 2005 indicates that approximately 33% of private sector dwellings in the Borough fail the Governments Decent Homes Standard. Properties in poor condition are more likely to be occupied by older people, or those on low household incomes.

The number of vulnerable households occupying non-decent dwellings highlights inequalities across the borough. Vulnerable households are four times more

[5] Source: Nomis

likely to occupy non-decent dwellings if they live in certain wards within the borough, illustrated below:

Figure 4.11



According the House Condition Survey 2005, 9.1 million homes have uninsulated cavity walls (60% of homes with cavity walls), and 6.3 million have poorly or non-insulated lofts (33% of homes with lofts),

Health Effects of Poor Housing

A recent study in the British Medical Journal reported that insulating existing houses led to a significantly warmer, drier indoor environment and resulted in improved self-rated health, self-reported wheezing, days off school and work, and visits to GPs as well as a trend for fewer hospital admissions for respiratory conditions.

Falls

Home accidents caused by environmental hazards are most common among older people and very young children, especially in low income households. Most fatal falls are on stairs/steps among people aged 75 plus. Falls account for 71% of all deaths for those aged 65 years and over. In 2001, the combined NHS and social care costs for a single hip fracture in the UK were estimated to be over £20,000 (NOS, 2001).

Cold Housing

The main cause in Bromley of homes not meeting the Decent Homes Standard is lack of thermal insulation. This leads to cold homes, fuel poverty and related ill health.

Cold homes can cause or worsen hypothermia, asthma attacks, heart attacks, strokes or deep vein thrombosis, respiratory illness, arthritis, accidents and mobility problems, mental health conditions and sickle cell related problems.

Damp homes and condensation may promote mould growth and dust mites, causing respiratory problems, especially among young children, older people and allergy sufferers. Dampness and cold are also associated with mental health problems.

Housing design and environment

Housing type such as housing quality, high rise, or floor level have all been linked to mental ill health. High rise living can be associated with poorer mental health impact on children and mothers because of lack of play space and social isolation.

Young mothers are particularly at risk and studies have shown that women in their early 20s are 3 times more likely to consult a GP for mental health problems if they live in flats. The general design of a neighbourhood, access to communal areas and especially access to natural spaces have also been found to affect mental health and well-being.

Children with ADHD have fewer behavioural problems when they spend more time in natural settings, low income housing areas in London with less access to private gardens have higher prevalence of depression.

Inaccessible public spaces both indoors and outdoors can discourage physical activity and social participation, and may impair mental health and access to services and amenities.

The Need for Affordable Housing

Like all London Boroughs, Bromley continues to experience high and increasing levels of housing need, with current significant increases being experienced as a result of the current economic climate and general slowing up of the housing market. Most notable are the recent increases seen in terms if homeless presentations and also those at risk of rough sleeping.

Since the onset of the recession, there has been a sustained increase of approximately 40% in those presenting in need of some level of housing advice and a 300% increase in households applying to join the housing register. This equates to the provision of detailed housing advice casework for approximately 4,000 households and more than 5,000 new housing register applications which have resulted in a 29% increase to the housing register during the past year – with many more awaiting further information to verify priority banding. Consequently the decision has been made to close the housing register. The use of temporary accommodation had been falling over the last three years. However, in the first part of 2011/12 there has been a 7% increase and this is set to continue.

Table 4.2

	2008/09	2009/10	2010/11
Housing register	4,140	5,901	7,638
Homeless applicants	755	625	766
Homelessness acceptances	489	414	426
Temporary accommodation	641	477	427

Work has therefore largely focused on providing timely and appropriate housing advice to prevent homelessness, manage expectation and promote self help to stave off increases in the number of homeless acceptances and temporary accommodation use.

For many, the nature and complexity of issues requires in depth intervention and means that homelessness cannot be prevented. In these cases alternative accommodation needs to be secured to relieve the impending homeless status. Increasingly people are facing repossession by lenders, particularly where it is a second loan secured against the property rather than the main mortgage.

In 2010/11 the overall supply of RSL lettings was down by 26% (282 fewer properties to let, 159 of which would have had LBB nomination rights). In five particular weeks there were only four to six properties to let and, on each occasion, some of the listed properties were sheltered accommodation.

Despite the proactive work being undertaken with private landlords, Bromley, like most London Boroughs is now starting to see a marked slowing up of supply, in the main due to uncertainty and concerns relating to the recent changes in local housing allowance (LHA – Housing Benefit) rates for both leasing schemes and the general private rented stock. These have reduced the amount of housing benefit (HB) for a given size of property and along with some of the other changes have made landlords more cautious/reluctant to let to someone who requires HB. This has also come at a time when the significant drop in house building and the issues around mortgages has resulted in significantly reduced buy to let market.

Recent research on the impact of the new LHA subsidy levels has shown that some 60% of London landlords say they cannot afford to lower rents, with 42% currently letting to LHA recipients advising they intend to scale back their operations. It is estimated that this will affect up to 83,000 households in London, with approximately 19,000 of these likely to approach local authorities with impending homelessness due to an inability to afford their rent.

Local research has identified in the region of 3,000 tenants who will be affected by the first phase of LHA changes with reductions of between a few pence and £35 per week – more if there are adult non dependants in the home. Changes coming in from January 2012 reducing HB for singles aged 25 to 34 to the single room rate would currently affect just over 400 claimants with some losing up to a further £100 pw. This will present problems for the service and is also likely to see a growth in Houses in Multiple Occupation – again an area of work for this Division in regulation, licensing and enforcement of standards.

In relation to housing association leasing schemes, these changes added an additional £650K financial pressure on our providers. The new caps have impacted upon the level of procurement during the year, again reducing the available supply of properties for the Council to meet its duties and needs.

General increases in homelessness across London have seen increasing competition amongst local authorities for nightly paid and temporary accommodation. This has resulted in some authorities entering in to block booking arrangements and raising the rates they will pay. Some landlords have responded by pushing up charges. New LHA caps will have the most significant impact within central London, with the strong risk that those boroughs will seek to procure accommodation in outer London, thus reducing an already scarce supply of accommodation locally and impacting upon our ability to negotiate rents down and find a sufficient supply of accommodation within existing budgets.

The Mayor of London is finalising plans for a Pan London Mobility scheme linked to employment and support. This will initially require 5% of vacant social rented stock to be available across London – with the proposal that no borough should end up importing more than it exports. This will commence later this year.

The work of the service during the past year has managed to continue to maintain the reductions in the number of homelessness acceptances and households residing in temporary accommodation through increased housing

advice, homeless prevention and housing options work. However, current trend analysis suggests that we are likely to see a sustained increase in homelessness and housing need approaches during 2011/12 and beyond and it will be very difficult to remain within the current usage levels of nightly paid accommodation.

Housing Development & Supply

The recession has continued to affect the pace of new developments, both when schemes commence and complete. The number of new planning applications being submitted has fallen considerably and a number of new developments have been put on hold by private developers which, in turn, delays the delivery of affordable units secured on those sites. Furthermore, some owners of sites with existing planning permission have sought to reduce the proportion of affordable housing and/or increase its price or reduce/remove the amounts of Payments in Lieu (PiL), arguing that it is no longer financially viable to meet the planning permission requirements. Two examples are a £1.8m PiL being requested to become zero and a 51 unit OH requirement to become zero. In some cases the developer's arguments have been won on appeal.

The economic downturn takes time to fully impact upon new supply. In 2009-10, the bulk of starts on site and completion were already in the development pipeline before the economic downturn hit. It will likely be over the next few years that the impact is really seen as the number of new sites coming forward falls and those already with planning consent are delayed until grant or sufficient funding is available. In addition, even as the economy starts to re-stabilise, the effects will continue to be felt for some time, given the lead in period for new planning applications and then development to start on site, factors that will also be affected by availability of mortgage lending and deposits to enable people to purchase.

The reduction in planning applications coupled with the marked reduction in new building also significantly increases the difficulty in finding opportunities for the specialist accommodation supply required to meet the range of needs with groups such as those with learning disabilities, physical disabilities, older people etc.

Meanwhile, the whole process and methodology whereby the Homes and Communities Agency (HCA) funds new affordable housing development changed from April 2011. RSL and LA have to develop a Tenancy Strategy during 2011 around all of this. The LBB Tenancy Strategy will be drafted by the end of 2011 and brought to PDS and Portfolio Holder for comment/approval.

The rent level changes will particularly affect London and, slightly less, the South. In many parts of the country RSL rents are already near or same as market rents so the capacity to generate extra income from increasing rents is mainly all in London and the South.

The additional problem with this change in bidding process is that no decisions have been made on funding sites for many months and the decisions on the

current round of programme bids will not be made until around mid July. This has stagnated new starts and so will produce a gap in new supply when current sites are completed.

Housing Need and Supply for People with Support Needs

Housing provision is insufficient for a number of groups with support needs. These include people with mental health problems, people with a physical disability or sensory impairment, people with drug and alcohol problems, ex offenders and young people.

Older People

Bromley has an adequate supply of sheltered accommodation. Extra care housing is a type of sheltered housing that can offer care and support on site and is ideal for people who are less able to manage on their own. Extra care housing offers people aged over 55 years the opportunity to live in a home of their own, even when they have high level care and support needs. It provides a range of housing and care/support services tailored to meet individual needs available 24 hours a day, 7 days a week. The amount of care provided at any time can be flexible to accommodate fluctuating needs, and can be supported by in-built "smart technology" or "telecare" (for example call alarms or sensors to alert staff to particular circumstances). Schemes may be specifically designed to cater for specialist needs, such as for people with dementia. Living within the wider community can help people to maintain and build up the skills needed to retain their independence.

Extra Care Housing is provided by Bromley Adult and Community Services in partnership with a number of housing associations. It provides bedsit, studio and one and two-bedroom accommodation for people who are no longer able to live in their own home even with support and who do not need the level of help given by a care home.

The Extra Care Housing schemes some of which have been in existence for many years are located in various parts of the Borough. Over the past two years LBB has been working in partnership with a number of organisations to build three new extra care housing developments, the first being located at Bromley Common and which opened in April 2011. The second is Sutherland Court in Penge and the third will be the second phase of Crown Meadow Court in Bromley Common.

People with Mental Health Needs

Supported housing for people with mental health problems is provided in a variety of forms, from hostel accommodation with shared facilities, to self contained units offering more privacy and flexibility. Housing support is delivered to tenants in both supported housing and general needs accommodation through the Council's Assessment & Resettlement Team and through floating support workers.

The Assessment and Resettlement Service provides a co-ordinated and holistic approach to meeting the housing needs of people with mental health problems and we recently extended this service to a range of new clients, including homeless people with learning disabilities and 16 and 17 year olds.

People with Learning Disabilities

The Council has worked with Bromley Primary Care Trust in supporting people who lived in NHS campus LD residential services to move into new community settings and supported living arrangements. So far 89 people have been relocated and another 18 are planned to move in December. This has meant that they now have a tenancy agreement with a housing association rather than with the PCT. The supported living accommodation aims to promote independence and all the residents have their own support plans.

People with Physical Disability or Sensory Impairment (PDSI)

There are 4 rehab flats for people with PDSI but currently no units of accommodation with support on site or floating support for this group.

The provision of aids and adaptations is one of the means by which the Council promotes independence for people with disabilities. The aids and adaptations service is provided jointly by Occupational Therapists, the Bromley Home Improvement Agency (part of Environmental Health), the Housing Division and local housing associations.

Other Special Needs Groups

There are other groups with support needs who are sometimes missed in the provision of housing and housing support such as ex offenders, people with drug and alcohol problems, and care leavers.

Current situation

During 2011/ 12 the ACS department is looking at how people contact the council when they are in housing need. This work will include the introduction of a new reception point for both housing and housing benefit enquiries and development of the public information published both in hard copy and on the internet.

The work undertaken has included analysing footfall to the reception areas, telephone response times, reasons for approaching the council and the outcome of the enquiry. A summary of findings will be available during the autumn 2011.

What does this mean for our JSNA?

- Managing expectations of people who are not in priority need
- Increasing demand for housing
- Increasing numbers of repossessions
- Decreasing supply of affordable housing and temporary accommodation further exacerbates the gap between supply and demand

4.3 Education

Introduction

School population

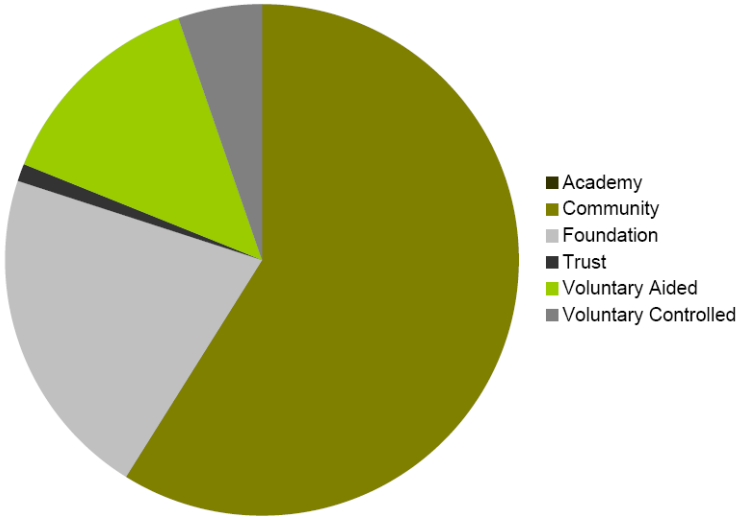
The overall pupil population across our school and Pupil Referral Service (PRS) provision is currently 46,539 pupils (including post-16).

About 20% of the borough's school intake comes from neighbouring boroughs – predominately Lewisham and Croydon. This has a significant impact on the profile of the children and young people in Bromley schools. For example, the ethnic composition of Bromley's schools varies greatly from the resident ethnic composition. Bromley's schools have an average Black and Minority Ethnic profile of 26% compared to the resident children and young people population of 18%.

School profiles

At the start of the 2010/11 Academic Year, there were 95 maintained schools in Bromley which included: 17 secondary, 74 primary phase and 4 special schools. This broad spectrum of schools included Foundation, Trust, Community, Voluntary Aided and Voluntary Controlled. This is illustrated in figure 4.3a.

Figure 4.3a: Profile of Bromley's schools 1 September 2010

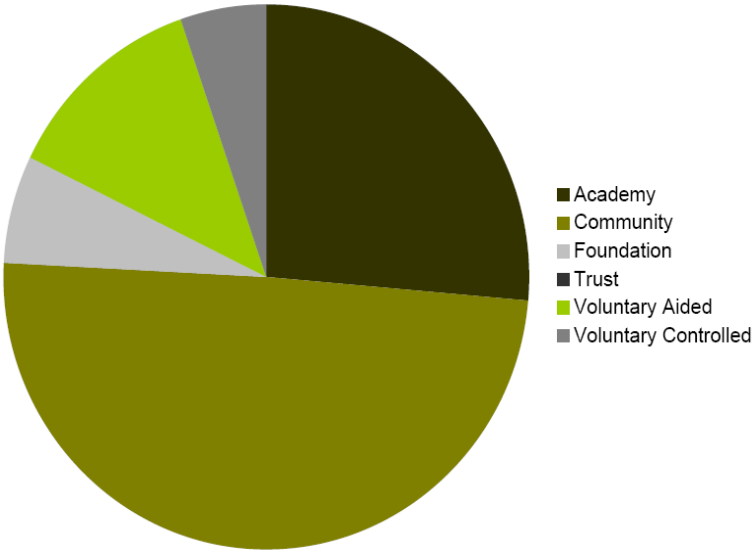


At 1 October 2011, there were:

- 75 maintained schools in Bromley which includes: 2 secondary, 64 primary phase and 4 special schools. This includes Foundation, Trust, Community, Voluntary Aided and Voluntary Controlled schools.
- 25 Academy schools in Bromley which includes: 15 secondary and 10 primary phase schools.

This is illustrated in figure 4.3b.

Figure 4.3 a: Profile of Bromley's schools 1 October 2011



Bromley continues to demonstrate a high number of schools converting to academy status when compared to the national and regional picture - Bromley has the highest number of academy conversions in the London region and is in the top ten nationally (at September 2011). At September 2011: 25 of Bromley's 95 schools have converted to Academy status. However the rate of conversion is now slowing with only a small number of schools currently considering academy conversion.

The conversions in Bromley reflect a number of factors: the overall high performance of schools in Bromley and the percentage that are graded by Ofsted as 'Outstanding' or 'Good with Outstanding Features' and where there is strong leadership and governance; Bromley has a relatively high proportion of Foundation status schools (formerly Grant Maintained); the number of Head Teachers who are accredited National Leaders in Education (NLE) or Local Leaders in Education (LLE) (a total of 20); and the autonomy and additional funding offered by academy status.

Attainment of Pupils in Bromley Schools

The national curriculum consists of assessments (both informal and formal tests) at varying stages of a child's school life.

The first assessment is the Early Years Foundation Stage Profile (EYFSP) which assesses reception age children in infant and primary schools. This is an informal assessment made by the class teacher as to the pupil's ability over a range of 13 areas. Children are assessed again at the end of Year 2 for the Key Stage 1 assessments. This comprises a set of teacher assessments which assess ability in reading, writing and maths. The final stage of assessment in the Primary phase is Key Stage 2 which takes place in Year 6. This comprises tests and teacher assessments in English maths and science. In the Secondary phase Key Stage 4 is the GCSE and equivalent tests that take place at the end of Year 11.

Foundation Stage Profile

Progress of pupils in the EYFSP is measured by grouping elements of the 13 assessments, the expected level of performance is for a pupil to score at least 6 points in each of the 13 assessments. In 2011 58% of Bromley pupils attained the expected level of performance compared to 59% nationally. Attainment in the EYFSP has been increasing steadily year on year since it began in 2008.

The challenge with regard to EYFSP is to reduce the gap between the highest performing pupils and the lowest 20%. The gap is currently 31.3% this has narrowed from 33.3% in 2010.

Key Stage 1

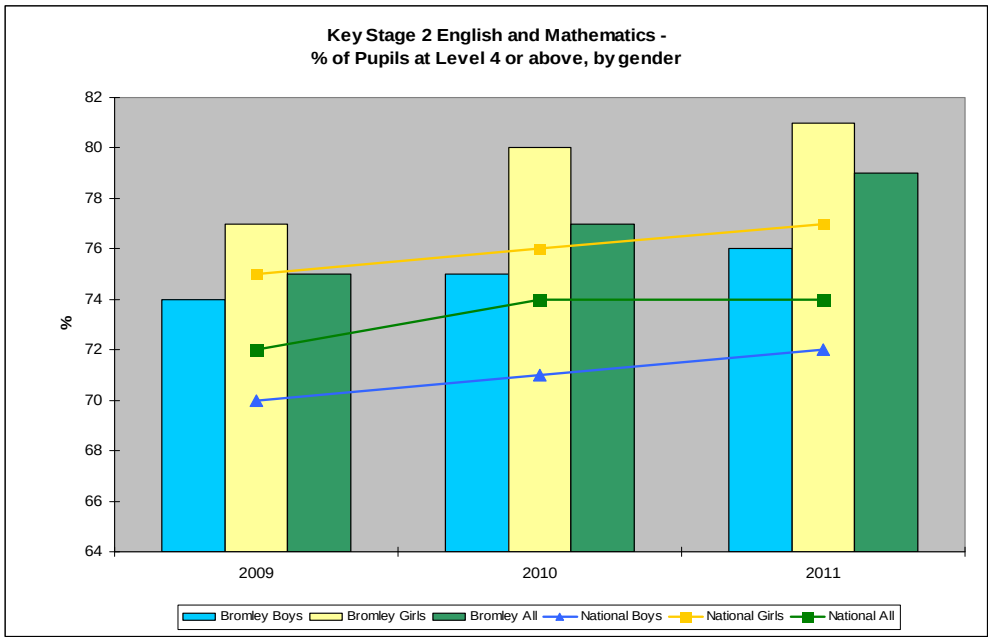
At age 7 (end of Key Stage 1) pupils are expected to achieve a level 2 in each subject in the key stage 1 assessments. The provisional 2011 results show that 87.6% of pupils achieved level 2+ in reading, 82.7% achieved level 2+ in writing and 90.7% in maths. Bromley's performance at key stage 1 in consistently 1-2 percentage points higher in all areas that performance nationally.

Key Stage 2

At age 11 (end of Key Stage 2) pupils are expected to achieve a Level 4 in each subject in the key stage 2 assessments. The provisional 2011 results show that 86% of pupils achieved this in English (from 84% in 2010) and 84% in mathematics (from 83% in 2010), compared with the national averages of 81% for English and 80% for mathematics. This continues the trend of previous years where pupils in Bromley schools attain above the national average.

Attainment at Level 4 and above in combined English and mathematics has increased from 75% in 2008 to 79% in 2011 (provisional), against the national attainment of 72% in 2008 and 74% in 2011. The graph below illustrates the attainment in this measure, including a gender breakdown. Girls tend to out perform boys in most subject areas across all key stages.

Figure 4.3 b: Key Stage 2 English and Mathematics - % of Pupils at Level 4 or above, by gender



Primary Value added – how a pupil progresses through the school

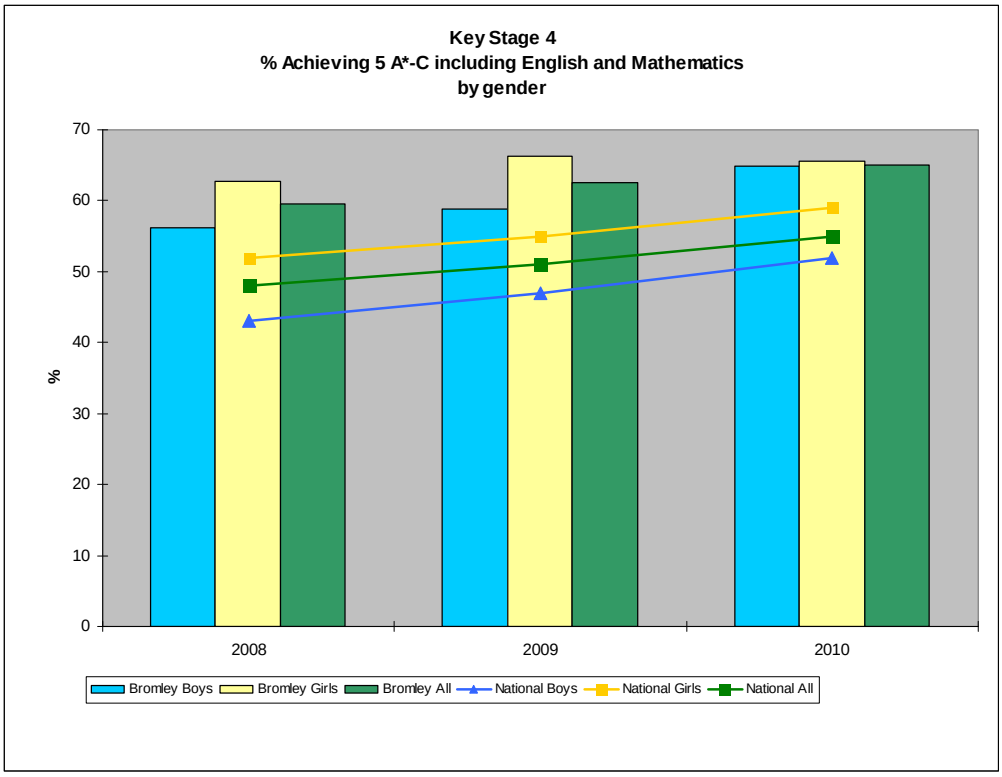
Value added is designed to measure a child's progress through the school in order to assess the 'added value' the school has made to the outcomes of each child. It looks at prior attainment (the pupil's performance in tests/assessments already undertaken) and plots this against the expected level that a child is likely to achieve in the next set of assessments. The model used for value added in primary schools is KS1-KS2.

A higher percentage of pupils in Bromley schools made the expected amount of progress between the Key Stage 1 and Key Stage 2 assessments in 2010 than nationally, with 88% in English (compared with 84% nationally) and 87% in mathematics (compared with 83% nationally).

Key Stage 4

At GCSE, Bromley pupils also achieve higher that the national average, with 65% of pupils gaining 5+ A*-C grades (including English and mathematics) in 2010, compared with 55% nationally. The graph below shows the trend for Bromley and nationally.

Figure 4.3 c: Key Stage 4 - % achieving 5 A*-C including English and Mathematics, by gender



Narrowing the Gap

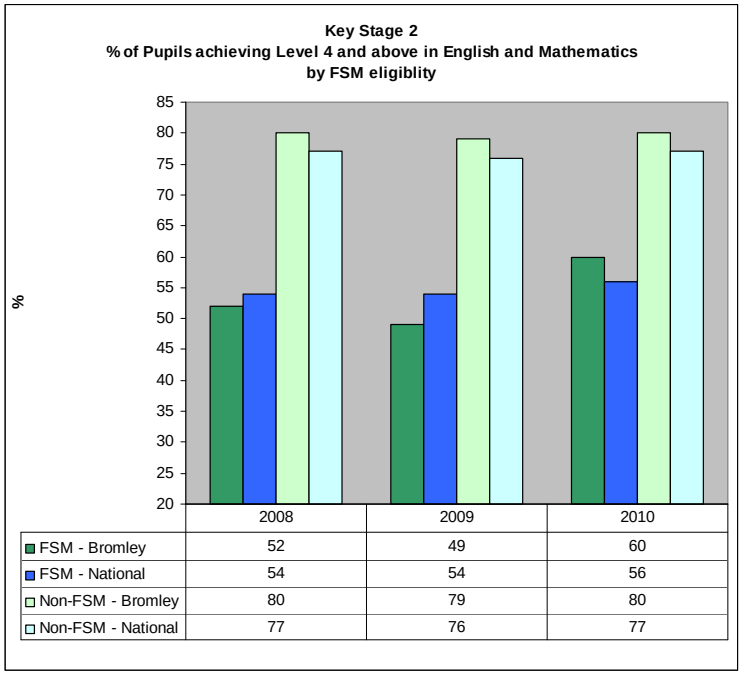
Narrowing the gap has been a common phrase used by Government over recent years it recognises that certain vulnerable groups such as pupils who are in receipt of Free School Meals, SEN, Looked after Children tend to perform less well than their peers. Local Authorities and schools have been charged with looking at the gap in performance between these groups and the main cohort of pupils with a view to raising attainment of vulnerable groups and narrow the gap in performance over time.

The EYFSP gap is an area which Bromley is focusing on. This gap isn't concerned specifically with the performance of vulnerable groups rather the bottom 20% of all pupils. As EYFSP has a low baseline in general any under achievement in this area needs urgent attention.

Free school Meals (FSM) is used as a proxy measure for poverty and in order to assess outcomes for children from low income families. However it is only a proxy measure as many children from these backgrounds do not always take up their entitlement to free meals.

At Key Stage 2, the gap in attainment in combined English and mathematics between those pupils eligible for Free School Meals and those who are not has decreased year on year, from a gap of 29% in 2008 to 21% in 2010. This compares to the national gap which reduced from 22% in 2008 to 21% in 2010.

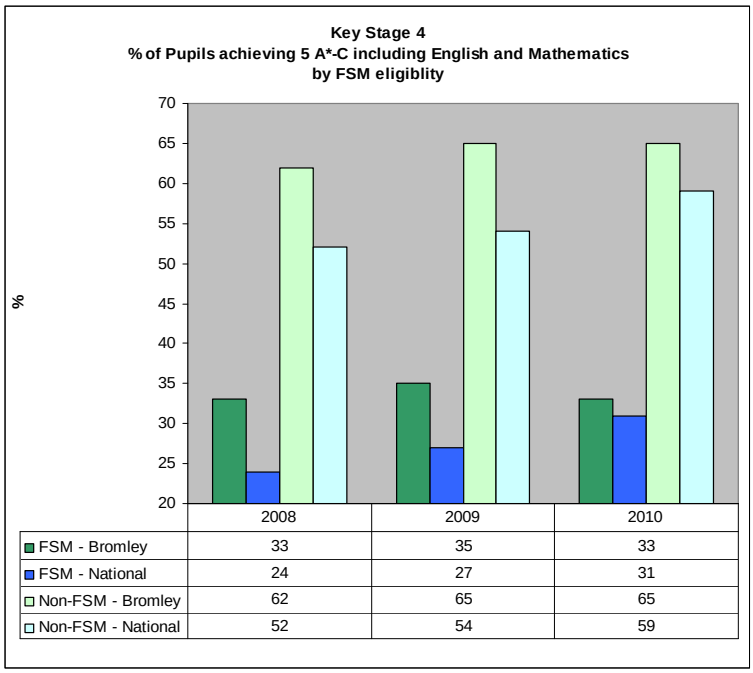
Figure 4.3 d: Key Stage 2 - % of pupils achieving Level 4 and above in English and Mathematics, by Free School Meal eligibility



	2008	2009	2010
FSM - Bromley	52	49	60
FSM - National	54	54	56
Non-FSM - Bromley	80	79	80
Non-FSM - National	77	76	77

At Key Stage 4, the Free School Meal/Non Free School Meal gap has decreased over the last 3 years when looking at attainment of 5+ A*-C grades, but the gap has increased when looking at attainment of 5+ A*-C grades (including English and mathematics). The former gap has decreased from 26% in 2008 to 20% in 2010, whilst the latter has increased from 29% in 2008 to 32% in 2010. The national gap is comparable for 5 A*-C, but is less for 5+ A*-C grades (including English and mathematics), and has remained stable.

Figure 4.3 e: Key Stage 4 - % of pupils achieving 5 A*-C including English and Mathematics, by Free School Meals eligibility



	2008	2009	2010
FSM - Bromley	33	35	33
FSM - National	24	27	31
Non-FSM - Bromley	62	65	65
Non-FSM - National	52	54	59

The attainment information for children with SEN and Looked after Children is provided within Section 5.3B and 5.6 respectively.

What does this mean for the JSNA?

Continue to develop and sustain relationships with schools which convert to Academies to achieve jointly agreed outcomes to improve the lives of children and young people in the Borough

The number of five year olds achieving the expected level for the Early Years Foundation Stage Profile is in line with that of national attainment and it is an area where performance is improving, however the rate of improvement is not at the same high level as the other key stages. A focus is therefore provided on improving attainment at the Foundation Stage as studies, such as the Marmot and Field Reviews, clearly identified the importance of intervention in the early years

The attainment gap at Key Stage 2 and Key Stage 4 is a particular area of focus for the LA and for the Department for Education. The priority is addressing the gap between those with Free School Meals/ Non Free School Meals in particular, but there are also gaps in performance across the genders

5. Quality of Life for People with Specific Needs

Support for Adults with Specific Needs

Improving the quality of life for people with specific needs requires supporting them to live their lives as independently and fully as possible. This support can be provided by many contributors from family and friends to a wide range of organisations including Bromley Council, Bromley NHS and third sector/voluntary organisations. This section will focus on the main groups that Bromley Council provide services to.

To ensure that services go to those in greatest need, who are at risk of losing their independence, services are provided to:

- Adults aged 18 or over, living in Bromley, who need social care services because of difficulties related to old age, long term illness or disability or mental health problems, OR
- Carers and/or representatives who support an adult 18 or over with such needs.

Bromley Council uses the Fair Access to Care guidelines set by government for all local authorities. Categories under which need is assessed include:

- Risks to health and safety
- Level of independence and choice
- Ability to manage daily routines
- Ability to be involved in family and community life

Bromley Social Services will offer help to those they deem to have 'critical' or 'substantial' risk to a person's independence. People whose risks to independence are lower will be offered information and advice and redirected to other sources of support whenever possible.

Fair Access to Care Services (FACS)

FACS eligible needs are those for which one may be entitled to state-funded social care and support. There are four levels of eligibility: critical, substantial, moderate and low. Bromley Council is currently offering services to people in critical or substantial need (defined below), however everyone will be offered information and advice. A decision will be made by adult services, based on the information provided, about whether the individuals needs are critical or substantial.

<u>Needs are "critical" - when:</u>

- life is, or will be, threatened; and/or
- significant health problems have developed or will develop; and/or
- there is, or will be, little or no choice and control over vital aspects of the immediate environment; and/or
- serious abuse or neglect has occurred or will occur; and/or
- there is, or will be, an inability to carry out vital personal care or domestic routines; and/or

- vital involvement in work, education or learning cannot or will not be sustained; and/or
- vital social support systems and relationships cannot or will not be sustained; and/or
- vital family and other social roles and responsibilities cannot or will not be undertaken

Needs are "substantial" - when:

- there is, or will be, only partial choice and control over the immediate environment; and/or
- abuse or neglect has occurred or will occur; and/or
- there is, or will be, an inability to carry out the majority of personal care or domestic routines; and/or
- involvement in many aspects of work, education or learning cannot or will not be sustained; and/or
- the majority of social support systems and relationships cannot or will not be sustained; and/or
- the majority of family and other social roles and responsibilities cannot or will not be undertaken

What happens?

When a person contacts Bromley Social Services Direct, their problem and needs are assessed and, if appropriate, they are signposted to services that can help them. If the person has needs which meet the eligibility for social care, their case will be referred to the Care Management Team. Every person referred will receive an assessment of their potential for re-ablement. The re-ablement service offers people the opportunity to identify goals they want to achieve and, through a programme of skills development, enables them to maintain independence within their own home. People who require an ongoing package of support, following re-ablement, are allocated a personal budget to choose how their support is delivered.

5.1 Older People

Bromley has an ageing population – the largest in London with 48,800 people aged 65+ years in Bromley at 2011 and this is expected to increase to 52,350 by 2014 (source: GLA Round 2010 Population Projections SHLAA).

There are currently over 4,000 people living in Bromley with dementia, and with the ageing population the incidence of dementia is set to rise by 21% from 2005 - 2021 which is higher than most of the other London Boroughs. This equates to at least an additional 300 people with dementia in Bromley over the next 4 years.

Table 5.1: Older People population estimates for Bromley and its comparators for 2010

Local Authority/region	65 to 74	75 to 84	Over 85	All people over 65
BARNET	23,495	16,875	7,865	48,235
BEXLEY	18,460	13,110	5,035	36,605
BROMLEY	**25,255**	**18,595**	**7,920**	**51,770**
CROYDON	23,590	15,170	6,425	45,185
EALING	18,540	11,590	5,410	35,540
ENFIELD	19,960	13,445	5,520	38,925
HARROW	16,570	11,050	4,565	32,185
HAVERING	20,250	15,350	5,895	41,495
HILLINGDON	17,685	12,250	4,725	34,660
HOUNSLOW	13,285	8,215	3,095	24,595
KINGSTON UPON THAMES	10,010	6,765	3,295	20,070
MERTON	11,725	8,445	3,865	24,035
REDBRIDGE	16,735	11,835	4,855	33,425
RICHMOND UPON THAMES	12,385	7,855	4,100	24,340
SUTTON	13,470	9,245	4,115	26,830
WANDSWORTH	12,990	9,030	4,415	26,435
LONDON	**460,090**	**310,520**	**131,660**	**902,270**
ENGLAND	**4,486,955**	**2,921,530**	**1,197,835**	**8,606,320**

Source: Office for National Statistics Mid-2010 Population Estimates © Crown Copyright 2011

During 2010/11 **3,631** older people contacted Bromley Social Services Direct (BSSD) for assistance, **1,958** people were provided with advice and information, and **1,906** were referred for an assessment of their needs. **1,523** went on to receive an adult social care service.

At the end of 2010/11 there were **3,314** people aged over 65 who received an adult social care service (home care, respite care, meals, day care, residential/

nursing care and all forms of equipment). This equates to **6.4%** of the Bromley 65 plus population and costs **£54m (26%** of the Council's overall budget).

2622 (79%) receive community based services

- **376 (11.3%)** have dementia and or other mental health issues
- largest proportion are supported by **home care**
- **1,462** people have more than one service
- **180** people have chosen to manage their support package through a direct payment

421 (12.7%) receive residential care of which

- **204 (48.5%)** have dementia and or other mental health issues
- **176** new admissions this year
- Average cost of a placement **£29,224 per annum**
- Average length of time a person has spent in placement is **2.15 years**

271 (8.2%) receive nursing care of which

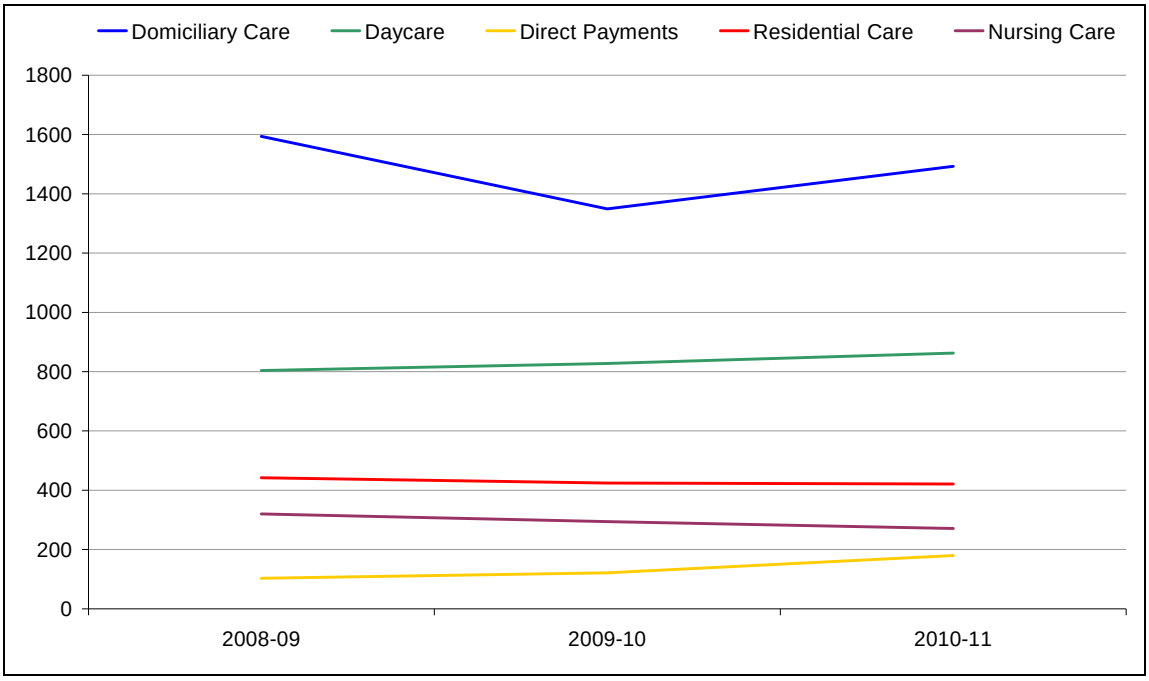
- **96 (35.4%)** have dementia and or other mental health issues
- **125** new admissions this year
- Average cost of a placement **£28,704** per annum
- Average length of time a person has spent in placement is **1.77 years**

Trends

Number of Users

The numbers of older people supported by adult social care services has decreased over the last three years. The largest decrease in services has been a 15% decrease in the number of people in nursing care from 320 to 271 users. There has also been a 6% decrease in domiciliary care services to 1493 as well as a 5% decrease in residential care placements to 421. However, the number of people using Direct Payments over the last four years has increased 75% from 103 to 180 users and the number of people accessing day care has increased by 7% from 804 to 863 users.

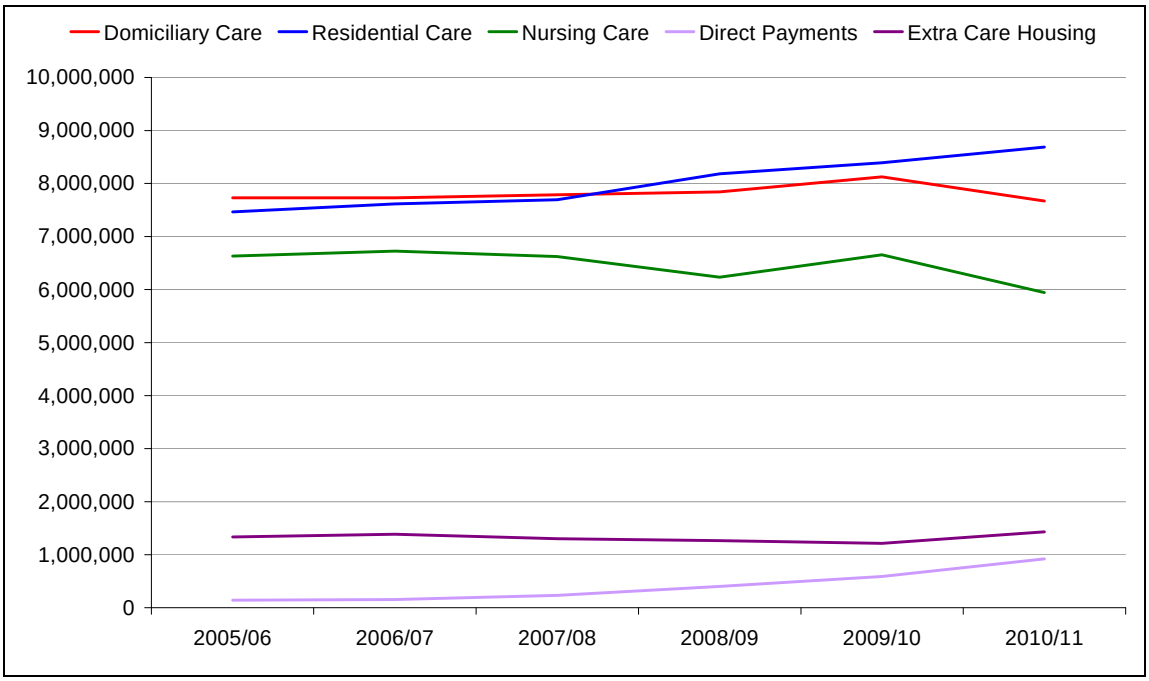
Figure 5.1: Graph to show number of older people receiving social services over 3 years



Financial Spend

The amount spent on services has been steadily increasing, with a 6.4% increase over the last 5 years. The largest change has been in the amount spent on direct payments which have increased by more than six and half times (558.4%) the 2005/06 amount of £140,249 to £923,355 in 2010/11. The largest actual spends on older people are on residential placements and domiciliary care. Residential care expenditure has increased by 16.4% from £7.5million to £8.7million, and domiciliary care has remained relatively constant with an average of £7.8m.

Figure 5.2: Graph to show financial spend on older people services over 5 years



Impact

The implication of this growing demographic situation is the increased demand for social care services from people who desire to stay and are living at home longer.

As people's needs become more complex it may be the case that support packages will become increasingly expensive to deliver and will put pressure on already constrained budgets. This is compounded by the fact that a lot of Bromley's older population are 'asset rich but cash poor' and unable to contribute to the cost of their care packages as their money is tied up with their properties.

People's expectations are also increasing with the introduction of more self directed support and less reliance on residential care. For people with dementia this is leading to:

- Increased demand for complex need care packages
- Increasing referrals to Oxleas Memory Service
- A doubling of specialist dementia residential care since 2006/7
- The need to explore alternative models of accommodation and support to reduce need for residential and nursing care

Current situation

In April 2011 adult social care introduced new ways of working including changes to the customer journey at the front door with new team structures and processes to ensure that anyone contacting adult social care is treated in a much more streamlined and efficient way.

The re-ablement service was also established in March 2010. This is an intensive short term (3-6 weeks) support to enable people to relearn daily living skills and regain their confidence to live independently. As a result, many clients have been able to reduce their care package or in some cases no longer require a care package. Since its introduction, 69% did not need any ongoing services within 7 days of leaving re-ablement, 20% left with a personal care package of services, 8% remained in re-ablement and 5% died[6]. Furthermore, 82.5% left with a lower service than pre-reablement, 2.5% had no change and 15% left with an increased package. Analysis shows that 70% of clients are over 80 years old, 19% are within the 71-80 year age group and 11% are below 70.

A new adult social care website called 'My Life' has been created and can be accessed from the LBB website. This website is designed to help users easily find information about support and services to enable them to make informed decisions and live an independent life. The website is externally accessible but is still under development so it will not be officially launched until November 2011.

Age Concern are offering a support planning and care brokerage service for older people who do not meet the Council's eligibility criteria to receive services and/or are funding their own care. This service has been running since 2007/08 and

[6] As at 22/08/11

supports older people to identify their needs and if required will broker the services the individual has chosen to enable them to live as full and independent live as possible. Support offered may include providing information and advice, help to find carers or help with housework, tapping into local networks, welfare benefit checks and to provide emotional support and reassurance to promote choice and control for older people. Services brokered may be a mixture of free and paid for services, and if paid for services they will be provided by vetted and approved domiciliary care agencies. In 2009/10 there were 405 referrals to the Care Brokerage service.

The overall number of older people being placed in care homes is reducing but this trend is not seen for people with dementia, as admissions to specialist dementia residential care have doubled since 2006/7. Therefore alternative models of accommodation and support to reduce the need for residential and nursing care are currently being explored. This includes:

- Developing Extra Care Housing models which can support people with more advanced forms of dementia, enabling people to maintain their independence whilst receiving the care they need in their own homes.
- Piloting alternative models of accommodation and care such as the 'home-sharers' schemes for live-in care and Community Service Volunteers (CSV) schemes. Alternative models include:
  - Commissioning specialist nursing support to residential care homes to avoid the breakdown of care resulting in nursing home placements;
  - Commissioning nursing support in community settings to support people in their own homes;
  - Increased use of assistive technology to support people to remain in non-residential care settings;
  - Pump-priming a greater range of respite at home services to provide breaks to family carers.

What does this mean for our JSNA?

Further work needs to be done to investigate the impacts of

- long term outcomes of the re-ablement service on service users and service profile
- Extra Care Housing on reducing residential and nursing placements, and changing the service user profiles

There needs to be better identification and recording of people with dementia who access all adult social care services

Self funders may go elsewhere to have their needs met but there are issues of quality, safety and value for money

5.2A People with Physical Disabilities and Sensory Impairment

The Disability Discrimination Act (DDA) defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Examples include those with: cancer, diabetes, multiple sclerosis, heart conditions, hearing or sight impairments, height restriction. It also includes mental health and learning disabilities.

The causes of disability are often multi-factorial. According to data from the Health Survey for England 2001 (HSE, 2001), 45% of those with disability will have more than one condition contributing to it. The major conditions that directly contribute to physical disability are largely neurological or musculoskeletal.

There are more than 20,000 people of working age in Bromley with PDSI, of whom around half are on disability benefits. With support, disabled people can participate and contribute. The Equality Act 2010 makes it illegal not to provide equal access to employment and services.

Improving the lives of disabled people, improves the lives of many others, for example: carers, older people, people who are overweight, those with pushchairs, small children, heavy loads, luggage, and those who are temporarily unwell or injured

This year as part of a needs assessment of Physical Disabilities and Sensory Impairment (PDSI), a broad consultation was carried out to identify key issues and priorities. Stakeholders included people with PDSI, their carers, local service providers and Disability Voice, Bromley. Disabled people identified their highest priority as being able to live as normal a life as possible.

The main issues for disabled people are:

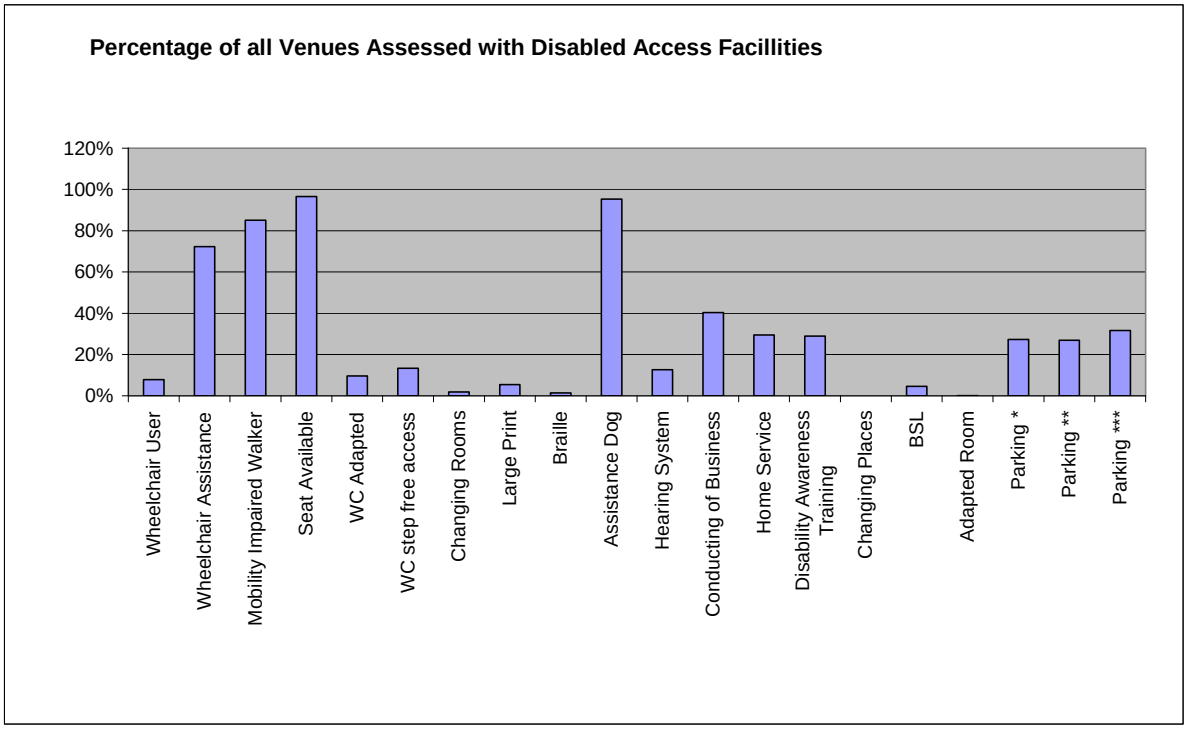
1. Knowledge and attitudes (staff and public)
2. Independent travel on public transport
3. Access (information, communication and physical)
4. Employment (many have little expectation of work)
5. Peer support
6. Emotional well-being

In relation to access to public facilities, DisabledGo have surveyed over 1,000 premises in Bromley, including shops, restaurants, entertainment and leisure, train stations, as well as public sector services.

- Most venues have wheelchair access
- All transport staff are trained in disability awareness
- Assistance dogs are widely welcomed

- There are pockets of good practice, both in private and public sector
- Wheelchair access usually requires assistance
- Very little provision of alternative formats, e.g. large print, Braille
- Less than 10% of venues have functioning hearing loops
- Access problems at more than 50% of GP and dental surgeries
- British Sign Language interpretation is rare, and only if booked
- Disability awareness training is not mandatory at LBB or NHS sites.

Figure 5.3



A comprehensive needs assessment of PDSI was carried out this year and involved all the major stakeholders from conception to completion. The issues identified within the needs assessment will be taken forward by the PDSI Partnership Group.

5.2B Younger Adults (18 – 64 years) with a Physical Disability

The numbers of people with a physical disability receiving social care has declined but the cost of care has been increasing indicating the complexity of people's needs is increasing.

At the end of 2010/11 there were **359** younger adults with a physical disability who received an adult social care service (home care, respite care, meals, day care, residential/ nursing care and all forms of equipment). This equates to **0.2%** of the Bromley younger adults population and costs **£8m (4%** of the Council's overall budget)**.**

327 (91.1%) receive community based services

- largest proportion are supported by homecare service
- **124** people have more than one service
- **171** people have chosen to manage their support package through a direct payment

20 (5.6%) receive residential care

- **2** new admissions this year
- Average cost of a placement **£44,564 pa**
- Average length of time a person has spent in placement is **8.89 years**

12 (3.3%) receive nursing care

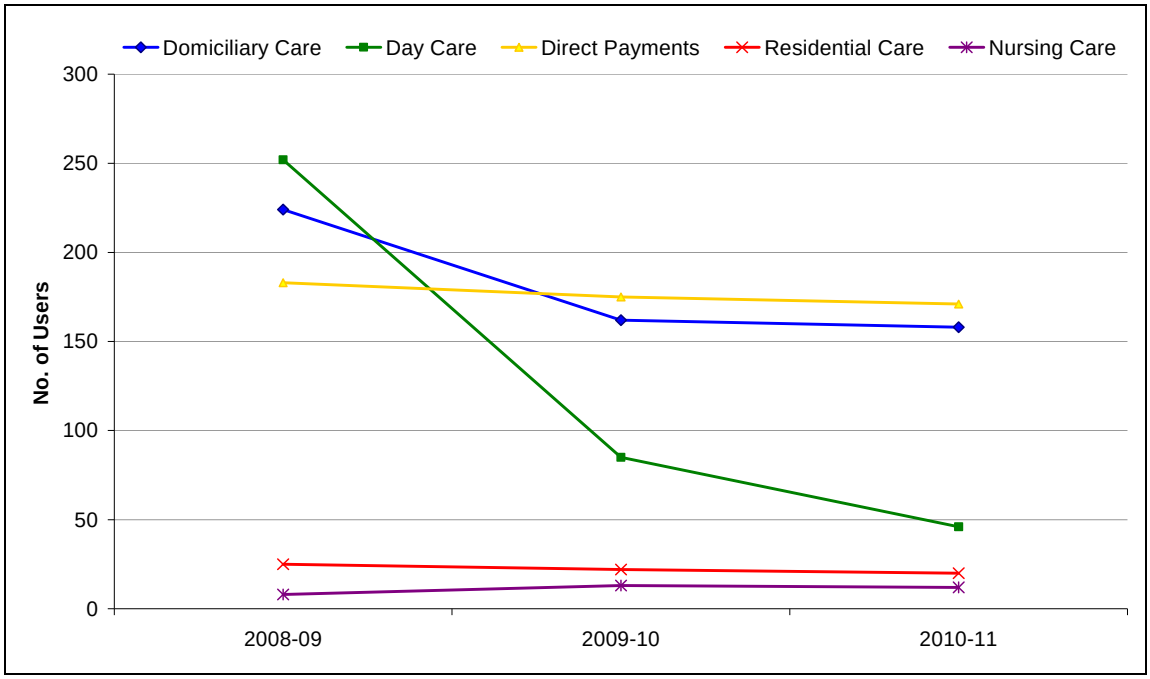
- **2** new admissions this year
- Average cost of a placement **£49,712 pa**
- Average length of time a person has spent in placement is **3.43 years**

Trends

Number of Users

The numbers of people with physical disabilities supported by adult social care services has decreased over the last three years. The largest decrease has been in the day care service with an 81% fall in the number of users over the last three years. Domiciliary care has also fallen by 30% from 224 to 158. The number of people using Direct Payments has decreased by 7% from 183 to 171. Residential placements have fallen by 20% from 25 to 20 placements, although specialist nursing care has increased by 50% from 8 to 12 placements.

Figure 5.4: Graph to show number of Physical Disabilities users receiving social care services over the last three years



Future Projections

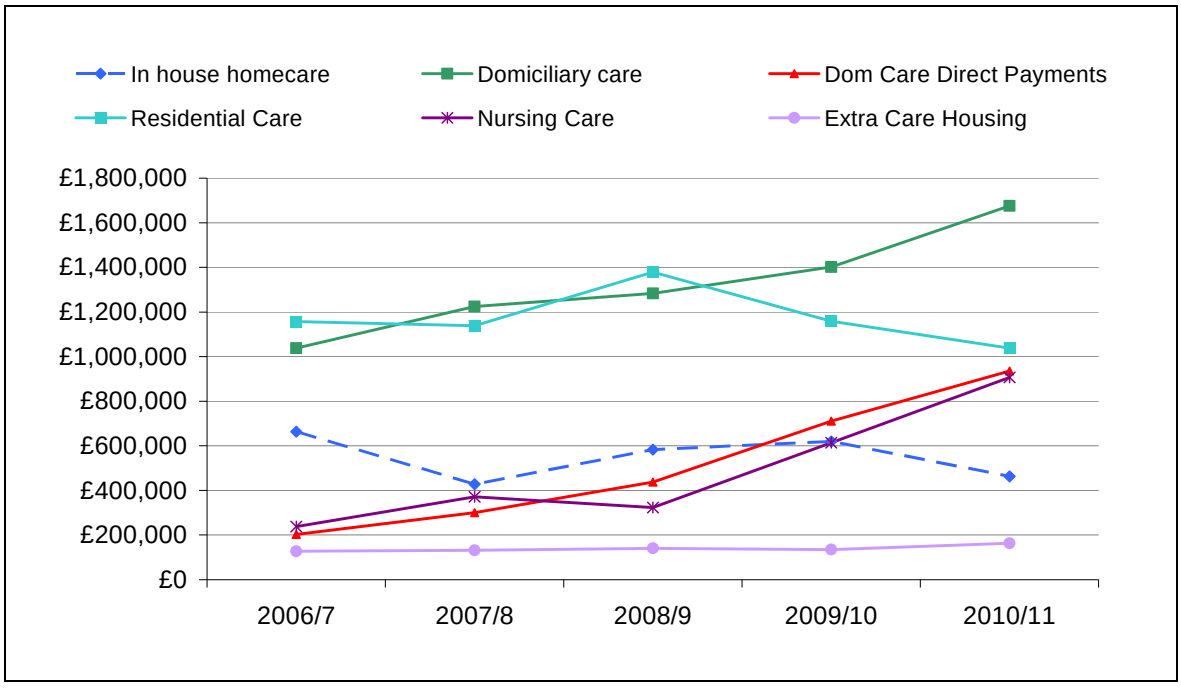
Table 5.2: Future projections of people with moderate and severe physical disabilities aged 18-64 years from 2010 to 2014

	2010	2011	2012	2013	2014
Total population aged 18-64 predicted to have a moderate physical disability	14,947	15,043	15,061	15,141	15,246
Total population aged 18-64 predicted to have a serious physical disability	4,417	4,435	4,422	4,435	4,463

Financial Spend

The amount spent on residential, nursing, domiciliary services (including direct payments, in-house home care and extra care housing) has increased by 41% over the last five years. The largest change has been in the amount spent on direct payments and nursing care. Direct Payments have increased by 361% and nursing care has increased by 282%. Residential care expenditure has decreased by 10% and the in-house home care service has now closed. The graph below shows the expenditure for the different types of care services over the last five years.

Figure 5.5: Graph to show financial spend on services received by those with physical disabilities over 5 years



Impact

The complexity of need has meant that the cost of services has increased. There has been a particular growth in spend for people with physical disabilities aged over 45 with particular pressures on the domiciliary care and Direct Payments budgets. Although the numbers of adults with physical disabilities receiving statutory support are relatively low (267 known service-users), the average cost of care packages is high. For example there are 35 people placed in residential care placements (some out of Borough) with an average cost of £62,000 per person per year. There has been a £600k growth in the budget for 2011/12. The high average cost of care packages means that even very modest increases in number of people entering adult services will have a significant impact on the budget.

Current situation

A commissioning strategy is currently being produced to address the high cost of this client group and to find alternative means of delivering care packages. Work is also being done to try to plan ahead for transition clients who will be accessing adult social care services in the near future.

For many people the support required is often unable to be met within their homes e.g. those with acquired brain injury. However, in the last 4 years there have been four rehab flats that have been specially adapted to meet the needs of those with physical disabilities and sensory impairments. These are provided by London and Quadrant Housing Associations. Two of the flats are successfully occupied and the other two have been added to the general housing bidding site due to lack of take up.

It should also be recognised that within Bromley there has been a history of not tying resources up in sizeable block contracts or large service areas. This has enabled more flexibility in the approach taken with physical disabilities clients leading to more bespoke care packages, innovative ways of delivering care and a higher take up of Direct Payments.

Expectations are often different as people with PDSI want to maintain their family, employment and social lives.

What does this mean for our JSNA?

Other models of providing care such as Care 2 Share will need to be explored to reduce the dependency on residential and nursing placements.
An evaluation of the outcomes for service users who have used the rehabilitation flats is needed.

5.3A Younger Adults (18 – 64 years) with a Learning Disability

People with learning disabilities are statistically more likely to have other problems such as impaired sight or hearing loss, challenging behaviour and epilepsy. Some specific syndromes are associated with additional health problems. For example, people with Down's syndrome are more likely to have heart disease, hypothyroidism and obesity. People with cerebral palsy and learning disability are more likely to have epilepsy or eating difficulties. This increases demand for other services.

The number of service users is also increasing. One key area of service growth relates to people living with older family carers who are no longer able to care for their sons / daughters due to health problems.

Another area of growth comes from Bromley's transition clients i.e. children entering adult services. Bromley's current level of children entering adult services has significantly increased above the national average. This high level of growth is forecast to continue. There are a number of reasons why this may be the case. People are living longer due to advances in medical technology. There is an emerging trend where increasingly parents feel that their children with learning disabilities should have the same opportunities to live away from home as their siblings, and who no longer see it as their responsibility to continue caring for their children as they enter adulthood. Additionally Bromley has been recognised as a good provider of children's services and this has attracted families into borough. The borough also contains a high percentage of parents who are from high social economic background and who are able to clearly articulate their demands in order to access services.

At the end of 2010/11 there were **483** younger adults with a learning disability who received an adult social care service (home care, respite care, meals, day care, residential/ nursing care and all forms of equipment). This equates to **0.25%** of the Bromley younger adults population and costs **£37.5m** (**18%** of the Council's overall budget)

284 (58.8%) receive community based services

- largest proportion are supported by **day care service**
- **174** people have more than one service
- **66** people have chosen to manage their support package through a direct payment

195 (40.4%) receive residential care

- **12** new admissions this year
- Average cost of a placement **£75,244 pa**
- Average length of time a person has spent in placement is **20 years**

4 (0.83%) receive nursing care

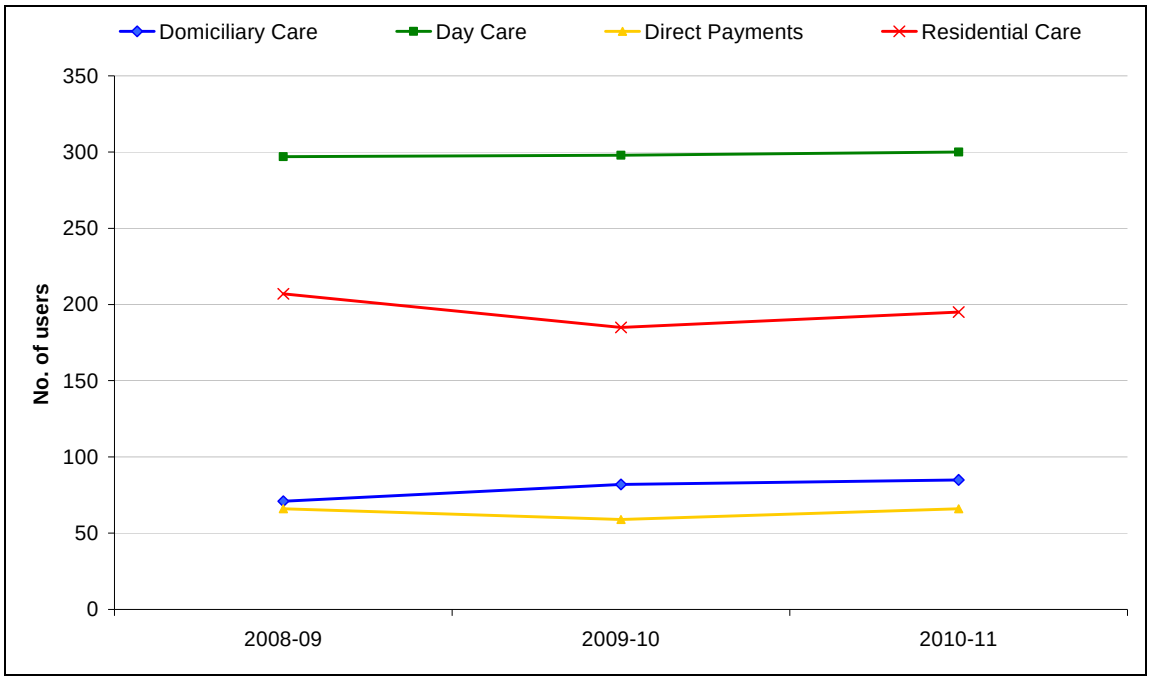
- **1** new admission this year
- Average cost of a placement **£70,408 pa**
- Average length of time a person has spent in placement is **8 years**

Trend

Number of Users

The total number of people with learning disabilities supported by adult social care services has remained stable over the last three years. Domiciliary care has seen the largest increase in the number of people using the service, rising 20% from 71 to 85 users over the last 3 years. The number of people using direct payments has stayed relatively constant at 66 users. The number of people being placed in residential care has fallen by 6% from 207 to 195 people. Day care has remained constant around 298 people. During 2010/11 775 learning disabled people were reviewed. Of these 70.5% were in settled accommodation which includes social housing, settled mainstream housing with family/friends, supported accommodation and adult placement schemes. This compares with 29.5% in non-settled accommodation which includes residential and nursing homes.

Figure 5.6 Graph to show number of Learning Disability users receiving social care services over three years



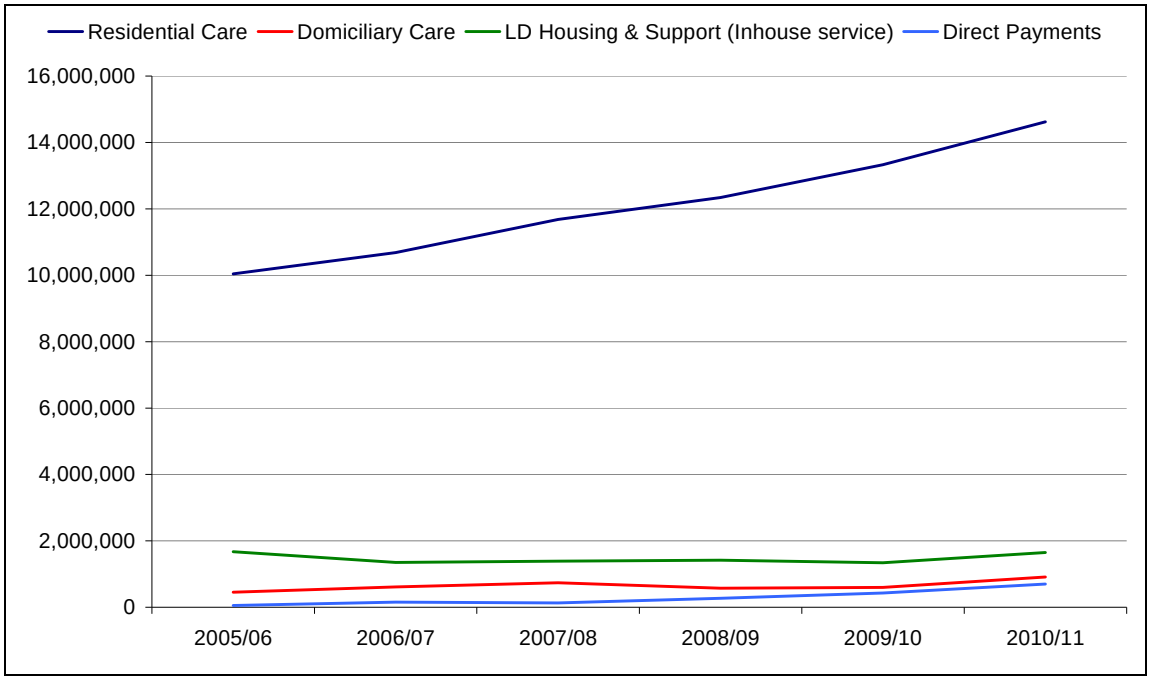
Financial Spend

The amount spent on placements, respite care, domiciliary services (including direct payments) and supported living has increased by 43% from £12.1m to £17.4m over the last five years.

The largest change has been in the amount spent on direct payments. Direct payments have increased by more than 13 times (1237.6%) the 2005/06 amount of £52,340 to £700,127 in 2010/11. Residential care expenditure has increased by 45.6% from £10m to £14.6m. Conversely domiciliary care has decreased by

47% from £401,725 to £213,052. For the last three years nursing care expenditure has increased from £204,722 in 2008/09 to £205,556 in 2010/11. Prior to 2008/09 there was no expenditure as placements were covered by contributions from Health. Supported living has remained relatively constant with an average spend of £1.5million. The graph below shows the expenditure for the different types of care services over the last five years

Figure 5.7: Graph to show financial spend on social care services used by those with Learning Disabilities



Impact

The Learning Disabilities budget assumes a £855k growth in 2011/12. At the moment the service is well managed but this could easily deteriorate if it is not maintained. There is a need to monitor other services to see if the associated health needs of learning disabled clients create increased demand elsewhere.

Current situation

The Council has worked with Bromley Primary Care Trust in supporting people who lived in NHS campus LD residential services to move into new community settings and supported living arrangements. So far 89 people have been relocated and another 18 are planned to move in December. This has meant that they now have a tenancy agreement with a housing association rather than with the PCT. The supported living accommodation aims to promote independence and all the residents have their own support plans.

In order to help address the fact that people with a learning disability have more health problems than the rest of the population the government introduced a national scheme with GPs to encourage them to carry out annual health checks

for people with a learning disability. This scheme has become known as the Learning Disability Direct Enhanced Service (DES). The scheme is designed to encourage GP practices to identify people over the age of 18 with the most complex needs and offer them an annual health check. The DES is an optional scheme for GP practices. At the moment about half of the GP practices in Bromley offer annual health checks. The PCT is currently working to increase the number of GPs in the scheme.

The annual health check involves finding out about their medical history and lifestyle. It also carries out some health checks like weight and blood pressure. At the first check, they are given a 'black book which is known as the individual's health action plan. It records their health information and they can plan how to maintain or improve their health.

What does this mean for our JSNA?

Consider how assistive technology could be used more widely to support people to live more independently especially the use of telehealth to support complex health conditions.

5.3B Children and Young People with Learning Difficulties and/or Disabilities

Children and Young People Services have experienced significant increased volumes of children with Special Educational Needs (SEN) requiring placements and transport in line with the Council's statutory duties.

Increasing birth rates and advances in modern medicine have resulted in more children with disabilities and complex needs surviving at birth and into later life. The increase in numbers and complexity of needs of children with learning difficulties and/or disabilities has required more specialist and high cost provision to be made available.

The main cost pressure in the Schools' Budget continues to be in SEN placements, which is volume driven and for which the Council has a statutory duty to make provision.

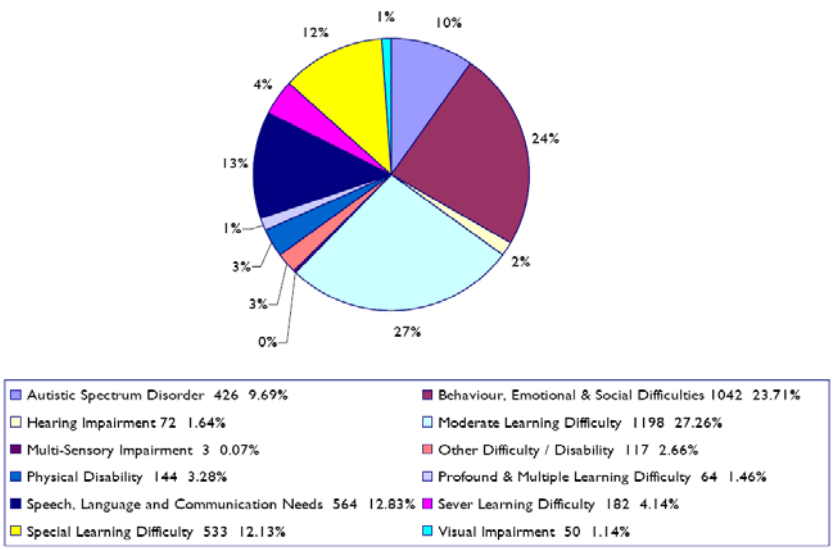
There are an estimated **4,700** children and young people resident in the Borough who have a disability and/or significant special needs

The percentage of pupils in Bromley schools with Special Educational Needs has increased over the last 3 years from 17.1% in 2009 to 17.8% in 2010 to 18.3% in 2011, representing an increase of 628 additional pupils. The biggest rise is in the number of pupils at School Action Plus. The number of Statements of SEN maintained by the London Borough of Bromley has increased from 1,797 in 2009 to 1,881 in 2010 to 1,942 in 2011

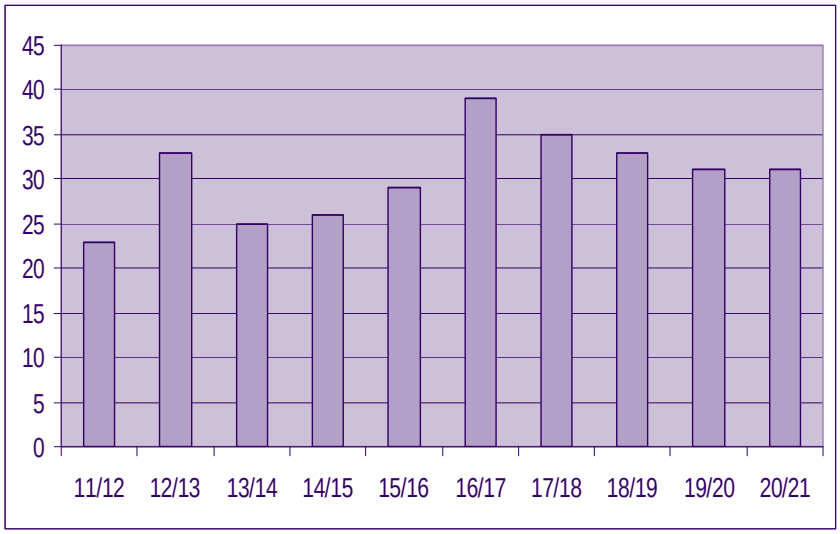
It is expected that 305 young people will make the transition from Children's Services to Adult Services over the next 10 years [As at September 2011]. Approximately 65 young people are currently in Independent Specialist College on three year programmes with 29 moving on this year.

Over the next 10 years, there are clear indications that the level of needs of the children and young people are increasing National figures show that between 2004 and 2009 there was a 29% increase in children with profound and multiple learning difficulties, and in Bromley this has translated into a 15% increase in the most disabled children [As at September 2011].

Children with Special Educational Needs and Disabilities in Bromley: Number and Primary Needs



Numbers of young people with disabilities reaching 18 by calendar year



Transitions occur at various stages throughout life, from starting school, leaving primary school and starting secondary school, to preparing for independence and leaving home. The transition of young people with learning difficulties and/or disabilities from childhood through to adulthood is the focus of this strategy. In Bromley we expect young disabled people to be able to maximise their potential, to live independently and to have the opportunity to have as many ordinary experiences as possible. This can include working, making and keeping friends, relationships and leisure activities.

Trends

The percentage of pupils in Bromley schools with Special Educational Needs has increased over the last 3 years from 17.1% in 2009 to 17.8% in 2010 to 18.3% in 2011, representing an increase of 628 additional pupils. The biggest rise is in the number of pupils at School Action Plus.

The number of Statements of SEN maintained by the London Borough of Bromley has increased from 1,797 in 2009 to 1,881 in 2010 to 1,942 in 2011.

Impact

The Council has experienced continuing cost pressures from:

- Children's placements due to increases in the complexity and nature of their needs of the children and young people as the Council has statutory responsibility to make provision for these children

- SEN Transport costs due to rising pupil volumes

Current situation

Integrated Transition Strategy

The London Borough of Bromley is currently implementing an Integrated Transition Strategy between Children and Young People Services and Adult Services. The Strategy sets out the context in which all agencies in Bromley will work to ensure a successful transition for young people to independence in adulthood. By successful we mean that the transition to adulthood takes account of the views of young people and their parents, is well planned and co-ordinated and enables as seamless a transition as possible across organisational boundaries. A successful transition will also support independence, choice and improved outcomes.

- Access to publicly funded care services is based on meeting the Council's eligibility criteria (which in Bromley are substantial and critical need) and this strategy is particularly aimed at the cohort of young people who are anticipated to require adult services under Fair Access to Care criteria going forward. The strategy aims to ensure that children's and adults' services work together effectively to facilitate and commission sufficient high quality, cost effective services for young people with learning difficulties and /or disabilities as they transition from children's to adult services. The strategies main aims are to:
    - maximise the independence of children and young people so that when they become adults their reliance on statutory services is minimised
    - ensure that adult and young person services have sufficient accurate information about children and young people to enable them to commission services going forward

    - monitor the pathways of young people during transition years to enable accurate planning for individual needs

- Continuing to develop strategies for identifying young people at risk of not progressing appropriately who would benefit from mentoring support

- Ensuring that all young people are “signposted” to appropriate local and national sources of general Information, Advice and Guidance (IAG)

Managing growth pressures

- Managing growth pressures for children with Special Educational Needs and Disabilities, including reducing out of Borough placements

- Over the next 10 years, there are clear indications that not only the numbers but also the levels of need are increasing and the development of an integrated strategy that combines Social Care, Housing and Health provision is critical in helping to ensure that future services are able to meet this increase in service demand.

- Increasing and enhancing in-borough provision, thereby reducing reliance on out of borough and residential specialist placements for children with disabilities and special educational needs, particularly residential placements for children with autism

- Developing additional provision for identified cohorts of children through Phase V of the Special Educational Needs and Disabilities (SEND) Strategy, currently children with: Autism, and Social and Emotional Behaviour Difficulties

- Reviewing all children and young people in high cost residential and independent fostering

Short-breaks for children with Special Educational Needs and Disabilities

- Maintaining the increase in provision (achieved during 2010/11) of short-breaks for children with Special Educational Needs and Disabilities in line with Statutory Requirements (from April 2011) to avoid residential placements

Special Educational Needs and Disabilities Green Paper: Pathfinder Bid

As part of the Special Educational Needs and Disabilities (SEND) Green Paper, the Government has announced that 20 pathfinders, covering 31 local authorities and their Primary Care Trust (PCT) partners, have been approved to ‘pilot’ and test out the main proposals in the SEN and disabilities Green Paper.

All Local Authorities and PCTs were invited to submit bids to DfE and the Department of Health for consideration to be awarded pathfinder status. The

Director CYP received confirmation on 9 September 2011 that Bromley had been successful in its joint bid with the London Borough of Bexley, to become a pathfinder – one of only three bids approved for London Boroughs. Bromley will receive a grant of £75K for the period October 2011 to March 2012; followed by a further £150K for the period April 2012 to March 2013 (Bexley will also receive the same amount of funding). Further funding may be available should the pilot continue beyond this period – but this is unconfirmed at this time.

The pathfinder project will enable the Local Authority and the PCT to test the elements of reform prior to statutory implementation, to include:

- personal budgets for parents of disabled children and those with SEN so they can choose which services best suit the needs of their children;
- strong partnership between all local services and agencies working together to help disabled children and those with SEN;
- banded funding;
- improved support to parents and young people.

This will enable Bromley and Bexley to test the new ways of working and service approach prior to the legislative changes expected for implementation across all Local Authorities by Summer 2012.

NHS Funds for Social Care 2011/12 and 2012/13

The NHS Operating Framework for 2011/12 identifies allocations of funds from the Department of Health for social care services which also support the NHS. This funding has been transferred to the Local Authority and amounts to £3.176 million in 2011/12 and £3.042 million in 2012/13. The NHS Operating Framework for 2011/12 sets out how this allocation of funding should be managed.

The Shadow Health and Well-being Board endorsed a number of priority areas for investment using the remaining funds (£2.176m in 2011/12 and £2.042m in 2012/13). The investment plans for these priority areas adhere to the following principles, agreed at the Health and Wellbeing Board:

- Investments will be short-term (e.g. pump-priming) to reconfigure services to mitigate against future growth pressures
- Investments will be approved on the basis of robust business cases which can demonstrate benefits to both health and social care
- All investments proposals will demonstrate an exit strategy to ensure non-dependency on this funding in the longer term

The Council's Executive agreed (on 19 October 2011) the drawing down of NHS funds for social care from the Council's central contingency of £55,173 in year 1 and £165,522 in year 2 for the investment plan for services for younger people with learning disabilities.

The resources will be targeted at the support provided to the current cohort of 30 to 40 young people who are placed in out of borough specialist schools and colleges. The aim is to ensure that the young people identified are supported to maximise their potential to live independently whilst in education to reduce the level of support needed when they return home, in order that they require less costly services on transition to adult services.

Oversight of the use of these funds and the outcomes sought and delivered will be the subject of six monthly reports to the Health and Wellbeing Board which will be asked to endorse or amend objectives and aims for the following period.

SEN Attainment

Pupils with a significant percentage of Special Educational Needs perform less well than their peers at all Key Stages and subjects. This makes narrowing the attainment gap for children with Special Educational Needs difficult, as the severity of Special Educational Needs and disabilities in some pupils means that some pupils will never reach the expected level of attainment. Narrowing the gap within Special Educational Needs includes children with the following stages: Statemented, School Action, and School Action Plus.

The table below provides a breakdown of the different stages of special educational need and the corresponding level of performance in reading, writing and maths at Key Stage 1. Only 38.9% of statemented pupils achieved the required level in reading compared to 95.9% of pupils who have no SEN. There is a similar pattern across all subjects.

Table 1 Performance at Key Stage 1 2011

				% Achieving Level 4+		
		Pupils	%	Reading	writing	maths
Bromley						
SEN	No Special Needs	2,805	81.2	95.9	92.8	97.3
	School Action	317	9.2	60.9	47.3	74.1
	School Action Plus	235	6.8	42.1	32.3	54.9
	Statement	95	2.7	38.9	26.3	36.8
	Unknown	3	0.1	66.7	66.7	66.7

The same general pattern of performance can be observed at Key Stage 2 as the following table illustrates.

Table 2. Performance at Key Stage 2 2011

				% Achieving Level 4+			
		Pupils	%	English	Maths	Science	E&M
Bromley							
SEN	No Special Needs	2,549	79.1%	95.8%	92.9%	96.8%	90.6%
	School Action	338	10.5%	61.8%	60.9%	73.1%	45.9%
	School Action Plus	186	5.8%	38.7%	40.9%	47.3%	25.8%
	Statement	147	4.6%	23.8%	27.9%	29.3%	19.7%
	Unknown	1	0.0%	100.0%	100.0%	0.0%	100.0%

Table 3. Performance at Key Stage 4 2010

Pupils achieving		5+ A*-C		5+ A*-C inc English and maths		A*/A grades		Number of pupils
		No.	%	No.	%	No.	%	
SEN	No Special Needs	2,489	92.3	2,145	79.5	1,706	63.2	2,698
	School Action	209	65.1	94	29.3	68	21.2	321
	School Action Plus	145	47.4	69	22.5	54	17.6	306
	Statement	58	40.6	24	16.8	24	16.8	143

Performance at Key Stage 4 shows that 79.5% of pupils who have no special needs achieve the expected level of 5+ GCSEs A*-C including English and maths compared to 16.8% of pupils who have a full statement.

What does this mean for our JSNA?

Increasing birth rates and advances in modern medicine have resulted in more children with disabilities and complex needs surviving at birth and into later life. The increase in numbers and complexity of needs of children with learning difficulties and/or disabilities has required more specialist and high cost provision to be made available.

The Integrated Transition Strategy will offer a vehicle to continue to tackle some of the pressures by supporting young people children with learning difficulties and/or disabilities to maximise their independence before they leave school, and by supporting them to take responsibility for their own lives. For a high proportion of these children their needs span education, health and social care. This will have major implications for the future commissioning arrangements for provision to meet their needs.

5.4 Carers

A carer is defined as someone who spends a significant proportion of their time providing unpaid support to a family member, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems[7]. It does not include people who volunteer or paid workers – they are referred to as 'care workers'.

Carers play a huge, unpaid role in supporting people with their health and social care needs. Without this support, there would be far greater pressure on both health and local authority services.

The 2001 Census revealed that around 10% of the population in Bromley at that time were unpaid carers. It is estimated that there are more than 6 million adult carers in the UK providing unpaid care to the value of £119 billion. In 2009-10 the total cost of the entire National Health Service was £98.8 billion. Total spending on Social Services in 2005-6 was £19.3 billion thus demonstrating the huge contribution that unpaid carers contribute to the social care system of the UK[8].

Many carers feel that their contribution to society goes unrecognised and instead of being supported, they often find that their needs are overlooked, they have to fight to get support and that the support available is insufficient or poor quality. Only a small proportion of carers receive any support in their caring role and a significant number of carers are themselves over 65 years. Young carers are less likely to be happy at school and more likely to be bullied than young people with no caring responsibilities. Furthermore, carers are more likely to experience poor health with people providing high levels of care twice as likely to be permanently sick or disabled.

Carers are more likely to be unemployed than the general population and of those who do find employment many will be restricted to part time work. Over 3 million people juggle work with care, however the significant demands of caring mean that 1 in 5 carers are forced to give up work altogether. Full time carers can claim an allowance and the main carer's benefit is £55.55 for a minimum of 35 hours which is equivalent to £1.58/hr and far short of the national minimum wage.

Within the next three to four years the number of people needing care will outstrip the number of people able to provide that care. An ageing population, smaller family size and geographic mobility have all contributed to what is a growing crisis for national and local government, the NHS and employers.

[7] Department of Health (2008) Carers at the heart of 21st Century families and communities: "A caring system on your side. A life of your own".

[8] Valuing Carers 2011, Carers UK

Number of Carers

It is estimated that there are currently approximately 28,000 carers identified in Bromley (2001 Census). This represents 10% of the population, the same as the national average, but slightly higher than the London average (9%).

The number of hours of care given is related to age, with younger/older carers providing more hours of care. Older people are far more likely to provide care than young people. Almost 17 per cent of people aged over 50 in Bromley provide care compared with just 1% of under 18s.

Three quarters of Bromley residents who provide unpaid care provide between one and 19 hours per week. This is a higher proportion than the London average (69%) and England and Wales (68%). A lower percentage of people in Bromley provide more than 50 hours (17%) than in London (20%) or England and Wales (21%). This shows that the number of hours of care provided in Bromley is generally lower. Around 5,000 carers over 65 years spend 50 or more hours per week caring. Under the age of 65, a larger proportion of women than men are carers.

- 4,865 (17%) of carers (providing 50 hours or more unpaid care per week)
- 12,089 (57%) are female carers
- 17,133 (61%) of carers are of working age
- 38% of carers are of pensionable age
- 1% of carers are under the age of 16
- 18 carers accessed direct payments in 2010/11
- 2,140 (8%) receive a Carer's Allowance

In 2010 there were approximately 4,000 carers who were known to the local authority, health or the third sector.

In 2010/11 the number of carers assessed or reviewed by Bromley Adult Social Care Teams decreased by 15% on the previous year. 2,179 carers were reviewed or received an assessment - 469 of these (22%) were aged between 18 and 64, with the remaining 78% (1,710) aged 65 or over.

Carers Bromley supported 693 young carers in the first quarter (April to June) of 2011. This consists of:

- 337 young carers aged between 0-11 years and 356 aged between 12-18 years
- 352 females and 341 boys
- 30% of the young carers supported by Carers Bromley live in the BR5 postcode, whilst only 1% live in the BR4 and SE19 postcodes

Carers Bromley received 230 referrals for young carers in the 12 months to June 2011 with 30% of referrals coming from other voluntary sector organisations, 21% from schools, 20% from Social Care, and 17% from self referrals.

Financial Spend

Since 1999, the Council has received a grant from the Department of Health to help provide breaks and services for carers. The grant is an area based grant (i.e. not ring-fenced) and in 2011/12 amounts to £1,290k.

In 2008 the National Strategy for Carers announced £150m over two years for PCTs to fund breaks for carers. In November 2010 the Department of Health announced additional funds being made available to PCTs to support the provision of breaks for carers. The funds are included in PCT baselines and are not ring-fenced. In 2010/11, it is estimated that the PCT received £581k for carers' breaks.

Adult and Community Services and Bromley Business Support Unit invest into a range of services which support informal carers. In total, £4.099m is invested into services to carers, including funding from social care for older people and learning disability services. Services that are invested into include providing information and guidance, respite at home services, residential respite, day services and respte for carers of people at the end of life.

The Council's Children and Young People's Services department has a dedicated social worker to work with young carers to:

- complete young carers' assessments and identify services that provide help and support
- provide an emergency respite card in case you have an accident and the person you care for needs to be told and emergency help put in place for them
- enable young people to recorded record their details and the details of the person they care for on the carer's register
- give information about other organisations.

The Children and Young People's Services department also spends over £65,000 per annum to commission support for young carers in the borough. The Young Carers Service (provided by Carers Bromley) supports young people who are aged between 4-18 years and who live in a family where someone is affected by a long term illness, disability, mental health issue, alcohol or substance misuse or HIV.

The Young Carers Service aims to provide the following:

- Home visits
- One to one support, opportunities to talk to someone who will listen
- Opportunities to meet other young carers
- Activities (during school holidays)
- Telephone helpline
- Newsletter
- Health information sessions (Over 10s)
- Young Carers Forum (over 11s)
- Teenage Support Group (over 15's)

- Help with accessing funding

Trends

The position in Bromley is largely typical of the national picture with carers making up 10% of the population. Carers UK estimates that currently 3 in 5 people will be a carer at some point in their life and at present 1 in 8 adults (around 6 million people) are carers. Nationally the number of carers is expected to rise dramatically and at a greater rate than the rise in the overall population, with an estimated 60% rise in the number of carers needed by 2037. It is expected that in the next 30 years the number of carers is set to grow from 6 million to 9 million. For Bromley this equates to an increase of 12,800 taking the total to 44,800 carers. The rise is due to:

- Advances in health care and technology enabling older people and those with disabilities, illnesses and long term conditions to live longer and maintain independence in their own homes.
- An increasingly higher proportion of social care delivered only to those with the highest care needs, increasing the need for unpaid carers to deliver care in the community.
- An increasing number of carers identifying themselves.

Impact

Nationally, carers providing high levels of care are twice as likely to report poor health compared with those who did not have any caring responsibilities. This has implications for health and adult social care as it will increase demand for treatment, respite and social care packages. Those who are already over 65 years and those who live in single households are also at risk from requiring care for themselves.

As this increased need for care clashes with cuts in services inevitably resources will be targeted at the most vulnerable leaving the majority to take care of themselves. Age UK examined the impact of a 7% real terms cut to local authority funding. They estimated this would lead to 250,000 fewer older people receiving care in their own home (a 38% decline); a 25% rise in the hours of personal care provided by carers and an estimated £8 billion funding gap for local authorities.

As the number of carers increase this will also have an impact on businesses as most carers fall into the 45-64 age brackets at the peak of their careers. Their experience may be difficult to replace and their economic contribution will also be greatly reduced.

Young carers experience bullying and tend to do less well as school than their peers who have no care responsibilities. This has implications on their future.

National research has found that young carers can experience substantial physical, emotional or social problems, and encounter difficulties in school and elsewhere [Source: Social Care Institute for Excellence, 2005]. 30% of young carers are supporting parents with mental health problems, and more than 15% of young carers are from ethnic minorities. National research has also shown that being a young carer, especially where personal and practical support is lacking, can affect elements

of a child's transition to adulthood.

National research has also shown that:

- 19% of young carers are living with someone with a mental health issue
- 29% of young carers are living with someone with a physical disability
- 26% of young carers are living with someone with a learning disability
- 40% care for a parent and 41% care for a sibling
- 16% care for more than 1 person in their family

Social care that delivers early, preventative, personalised support to families to promote the independence of older and disabled people will indirectly support carers too. Care services, employers, the tax and benefit system all have a part to play to ensure carers are properly supported to manage care and to have a life of their own.

Current situation

The London Borough of Bromley and Bromley Business Support Unit have jointly commissioned a 'strategic partnership' contract with Carers Bromley. As a strategic partner, Carers Bromley is funded to be the first port of call for all carers requiring information, advice and guidance. Carers Bromley meets the needs of the majority of the carers requiring support, and only refers carers on to statutory organisations when they are likely to meet the eligibility criteria.

In addition to the strategic partnership with Carers Bromley, the Local Authority and Bromley Business Support Unit also commission respite services and other support services to carers which may be wholly subsidised or which may be subject to a contribution from the service user. Some of the services provide support both to the service-user and carer, for example day services which provide social stimulation to the service-user during the day as well as a break for the carer. These services have historically been commissioned separately by the Local Authority and Primary Care Trust.

The NHS Operating Framework for 2011/12 recommends that PCTs should pool budgets with Local Authorities to provide carers breaks and that for 2011/12 PCTs should agree policies, plans and budgets to support carers with Local Authorities and local carers organisations.

Adult and Community Services (ACS) is currently undertaking a review of respite provision for carers due to contracts approaching expiry dates and policy changes as a result of the personalisation agenda. Over 300 carers were consulted with a view to identifying more cost effective respite and support services which are flexible and more responsive to carer needs. As part of the review, a plan will be developed for joint commissioning of carer services between Adult Community Services and Bromley Business Support unit.

The Carers Partnership Group comprises members from statutory organisations and the voluntary sector. A primary function of the partnership group is to oversee the implementation of the joint Carers Strategy. The current Carers' Strategy is nearing the end of its shelf-life and as a result of the personalisation agenda and new opportunities for joint investment into carers' services the existing strategy is being refreshed in conjunction with the development of the joint commissioning plan. The partnership group is leading on the re-fresh of the Carers Strategy, including the Young Carers Strategy.

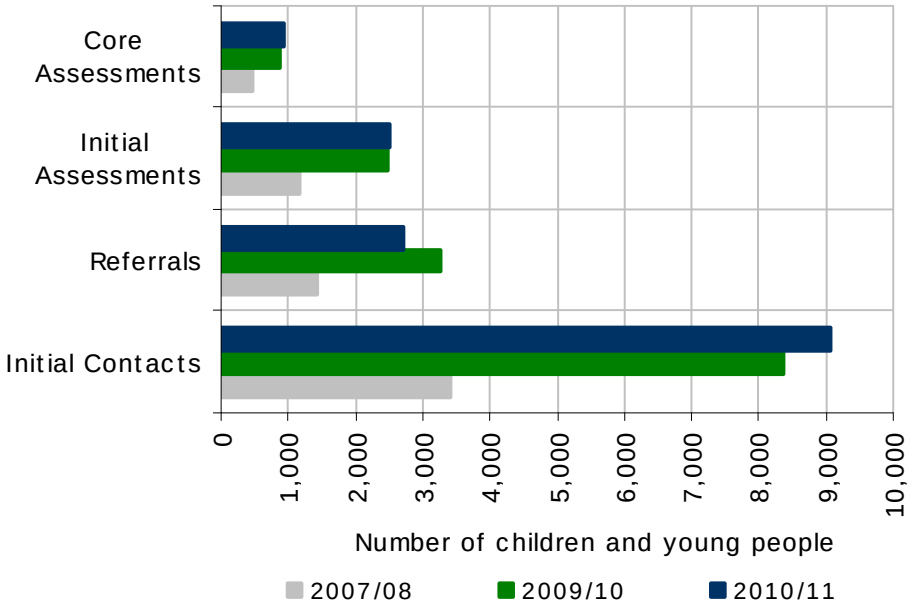
What does this mean for our JSNA?

- ACS review of respite services outcome exploring how a pooled budget could optimise resources
- Lack of local data/ identification of carers
- Carers Strategy, including the Young Carers Strategy, is being refreshed by Carers Partnership Group
- Carers assessments have a low take up and how they are presented to carers needs to be revisited in terms of the benefits

5.5 Children's Safeguarding and Social Care

Keeping children and young people safe has always been a key priority, but in the light of the 2007 Peter Connelly case, has become a growing pressure on all Local Authorities with an increase in the number of safeguarding referrals made

Within Bromley, safeguarding referrals have increased from around 1,441 in 2007/8 to 2,679 in 2010/11, whilst initial contacts also increased significantly from 3,425 in 2007/8 to 9,064 in 2010/11. This is illustrated in the following graph.



Due to the increases set out above, and the national difficulty with employing and retaining social workers, the Council has a continuing need to employ agency social workers, given the lead in time for the recruitment and retention package (agreed by Executive in February 2010) to take full effect and create a stable workforce.

The Borough has experienced an increase in the number and complexity of need in children requiring foster placement and residential care, and therefore an increase in the number of Out-of-Borough placements.

The recruitment of local foster carers to provide local placements for children and young people close to their birth families is a key indicator to placement stability and therefore good outcomes.

What does this mean for our JSNA?

Contact and Referrals to, and assessments by, Children's Social Care have significantly increased creating considerable pressures on the Council's staffing and budgets.

5.6 Looked After Children (LAC)

Looked after children are some of the most vulnerable children in society; living away from their families because their parents faced difficulties and pressures in providing for their care, or because the children have suffered abuse or neglect whilst in the care of their families. Looked After Children are provided with care and accommodation which meet their needs. Most often this will be with foster carers but young people may also be placed in residential schools or units. Children may spend a short time in the council's care, either returning to their families or moving to permanent arrangements such as adoption; but for others, their stay may be for several years lasting through to adulthood.

In recent years there has been an increase in the volume of children and young people being referred to Children's Social Care services. This has resulted in an increase in the number of children becoming looked after. There is a full profile of looked after children in Bromley listed in Table 5.3

Trend

The numbers of Looked After Children in Bromley appear to be stabilising following a 3 year upward trajectory. In March 2010 there were 285 children who were Looked After, rising to a high of 299 in May 2010. This has fallen to 269 in March 2011.

Impact

The fall in numbers is attributable to a large cohort of young people reaching 18 years in the year 2010 – 11, the work of the Teenage and Parents Support Team (TAPPS) which has been operating for approximately a year alongside the Referral and Assessment Team targeting young people on the edge of care to prevent children from going into care.

The challenge is always to provide stability of placements and to provide the best match possible when placing children. Bromley is one of the highest performing authorities in placement stability.

Table 5.3 Profile of Looked After Children in Bromley

There are **190** Care Leavers, aged 18 - 21, or 24 if they are in full time education.

Admissions and discharges over 1/10/09 – 31/3/10	**82 admissions** Under 1 year: 14 1-4 years: 10 5-9 years: 19 10-15 years: 28 16+: 11 **76 discharges** Under 1 Year: 1 1-4 years: 12 5-9 years: 11 10-15 years: 24 16+: 28
Length of time in care	**213** (76%) children have been looked after continuously for more than 6 months
Gender and Age Breakdown	**Male: 166** **Female: 111** **Under 10:** 65% male 35% female **10-15 yrs**: 60% male 40% female **16+:** 55% male 45% female
Ethnicity	**White 72%** **Black 12%** **Asian 1%** **Mixed 15%** Bromley BME population is **12.5%** Black and ethnic minority groups are over-represented in the care population
Type of placement	**LB Bromley foster care 155 (including kinship)** **Independent foster care (IFA) 34** **Residential care 57** **Specialist residential school 9** **Placed with parents 9** **Mother and baby 2** **Placed for adoption 10** **Other 1**
Bromley children placed outside Bromley.	**Approx 50% of the looked after population is placed within Bromley. However, there are some variations across the age groups with up 60% of school-aged LAC out of authority.**
Bromley children subject to a Child Protection Plan	**There are 240 children in Bromley who are subject to a Child Protection Plan.** **This represents a rise of 40% since April 2009**

Looked after children and young people with disabilities	**There are 16 fully looked after children with disabilities in Bromley.** **There are a further 390 children with disabilities open to the Children with Disabilities team.**
Bromley LAC of school age	**School age 149 (NC year groups R-11)** **Looked after with Statement of SEN 55 (37% -against a national figure of 2.8% for all children)** **Educated outside Bromley 61 (41%)** **Of which: Statements 37 (60%)** **Without Statement 24 (40%)** **There are 121 school aged LAC placed in Bromley schools by other local authorities (as at 31.03.10)**

Looked After Children Attainment Data 2010

Primary Phase

- Percentage of children in care reaching level 4 in English at KS2 (N 99) **100%** *(40% in 2009)*
- Percentage of children in care reaching level 4 in maths at KS2 (N100) **80%** *(20% in 2009)*

- **100%** (70% in 2009) pupils made 2 levels of progress or more in English.
- **80%** (30%in 2009) pupils made 2 levels of progress or more in Maths.

Of those pupils who received 1:1 tuition, 85% made 2 levels of progress or more in 2010.
YR 6 Pupils are given tuition where it was believed to be beneficial, regardless of geography. There appears to be no difference in the amount of progress made by children in schools within the borough and those in out of authority schools.

Secondary Phase

Looked After children achieving 5 A*-C GCSEs (or equivalent) at Key Stage 4, including English and Maths (NI.101), **25%** *(10% in 2009)*

5 A*-C **43%** *(29% in 2009)*
5 A*-G **63%** *(47.6% in 2009)*
1 A*-G **75%** *(71.4% in 2009)*
Although the outcomes against the national indicator are disappointing, there is clear evidence that the number of LAC achieving 5 GCSEs at A*-C has risen pleasingly, beginning to close the gap between this vulnerable group and all Bromley pupils

13 pupils (81.25%) in the reporting cohort have identified **SEN:**
6 have Statements of Special Educational Needs
6 are at school action plus
6 is at school action

Attendance and behaviour

- **14** children (10.8%) missed 25 or more days school for any reason in the academic year 2008/09.
- **0** children we permanently excluded from school during the academic year 2008/9

Health Outcomes

- PAF C19: Health of children looked after (percentage of young people who have an up to date dental and medical check) **94%** (2009)
- The percentage of children in care who have an up to date immunisation programme **91%** (2009).

What does this mean for our JSNA?

In recent years there has been an increase in the volume of children and young people being referred to Children's Social Care services. This has resulted in an increase in the number of children becoming looked after.

6. Conclusions

The key themes and priorities to improving health in Bromley have been identified in this report, which provides detailed analysis of trends and issues impacting on health. The report has highlighted areas that need to be addressed in order to make progress in tackling some of the most pressing issues facing residents today.

The key issues for further action are those which affect a large proportion of the population and where the situation appears to be worsening, these are:

- Diabetes
- High blood pressure
- Adult obesity
- Childhood obesity
- Anxiety/depression
- Dementia
- Support for carers
- Children and young people with complex needs and disabilities
- Children and young people with mental health and emotional problems
- Children and young people referred to children's social care

There are also issues which affect a smaller proportion of the population but the situation appears to be worsening, and therefore these need to be considered in any health strategies, these include atrial fibrillation, HIV, complex care and transition for people with physical disabilities and sensory impairment and appropriate housing.

Appendix 1: Progress from 2010

The needs assessments included in the JSNA 2010 all included recommendations for future action. This section provides a brief update on the progress in the various areas.

1. Learning disabilities and autism spectrum disorder

There were five main areas to be addressed:

1. Specialist care
   - The appointment or designation of someone as a strategic health facilitator for LD
   - Increased liaison between the Community Learning Disabilities Team (CLDT) and other agencies in the borough to raise awareness of people with LD among staff and supporting them in improving the accessibility of their services.
   - More consistent involvement of users and carers in planning and evaluating services
   - The development of a diagnostic service for high-functioning adults with autism should be supported.

2. Primary care
   - The provision of clear criteria for the identification of people with moderate/severe LD in primary care
   - Increasing the number of GP practices involved with DES, and thus the number practices with good access and appropriate care for people with LD, and the number of people having annual health checks.
   - Raising awareness of the needs of people with LD in primary care, including the need to look out for health problems that are particularly prevalent in this group.
   - IT systems are needed that allow sharing of data between primary care LD and chronic disease registers and health action plans to enable better assessment of local needs.

3. Acute services
   - People with LD should be identified in secondary care IT systems, to enable better assessment of health needs
   - Raising awareness of LD among hospital staff should continue, with training in communication a priority.
   - All contracts with acute trusts should include requirements for ensuring equal access for people with LD.

4. Community services
   - Contracts with the community provider should include requirements for ensuring equal access for people with LD, and appropriate training of staff.

- Increased liaison between community and specialist services would improve continuity and appropriateness of care.

5. Health improvement
   - Liaison between the Assessment and Support team and the Health Improvement Service is needed to ensure that people with LD receive appropriate health promotion advice and support.
   - People with LD who attend screening programmes should be identifiable by the system, to enable uptake and success of local measures to be monitored.
   - Problems that many people with LD have in terms of body weight should be highlighted with specialist teams, primary care, residential care staff, carers and the Health Improvement Service, to enable the delivery of appropriate advice, opportunities for exercise and referral to the dietetics service.
   - Sexual health services should make appropriate adjustments to enable people with LD to have access to the support they need, including the provision of easy read educational materials.

<u>Progress:</u>

The appointment of a strategic health facilitator has not happened due to funding constraints. It is unclear whether this will go ahead in the future.

There has been increased liaison between and the CLDT and other agencies such as Bromley Screening to discuss Cervical, Breast and Bowel screening programmes. There has also been a joint project 'LD Access to Healthcare' between the CLDT and acute hospital.

There has been increased involvement of users and carers in planning and evaluating services through the development of the 'Healthy Lunches' booklet and the pilot project 'Go 4 It'.

The Integrated Transition Strategy currently being developed (CYP, Adults & Health) has Autism as an identified theme contained within it.

Bromley Council are currently investigating the possibility of a high intensity respite service located within the Borough that would be specifically geared for children with ASD.

An Autism strategy (with Health input) will go to Council Scrutiny in July 2011 prior to wider consultation with key stakeholders.

The number of GP practices signed up to the DES has improved but more work needs to be done as it is still within the 'red' category on the progress status. This will also contribute to raising the awareness of the needs of people with LD more widely in primary care.

To identify people with LD on secondary IT systems, a scoping exercise is underway of all systems currently in use on all sites of the Trust. There is a SLHT action plan in place for 'flagging' and diagnostic coding.

A new enhanced district nursing service has been commissioned from 2010/11 to provide additional support to individuals with a learning disability and complex needs. Bromley Healthcare has been commissioned to provide a range of community

services to meet the specific needs of people with learning disabilities. NHS Bromley has also commissioned DisabledGo to review access to a range of healthcare venues including doctors, dentists, opticians and pharmacies.

Health and social care contracts ensure equal access to health for people with learning disabilities.

As part of the re-provision programme, detailed mapping has been completed to identify local gaps in service provision, and new services have been commissioned accordingly.

Many of the recommendations in the Health Improvement category are already in progress.

2. End of Life Care

There were four main recommendations to be addressed:

1. Encourage audit of patients' preferred place of death by GPs and palliative care teams, and actual place of death.
2. Address inequalities revealed (geographical, age, gender, ethnic origin, GP), through further investigation and targeted interventions.
3. Review the Bromley End of Life Care Action plan in the light of these results.
4. Continue to perform place of death data analyses annually in order to monitor progress and highlight any areas for particular focus.

Progress:

Bromley Health Care has produced an audit for people's preferred place of care for the year 2010/11. They will continue to do so for 2011/12 with the support of the implementation of the Advance Care Planning tool working with Harris Hospice Care & St. Christopher's Hospice.

Inequalities have not been identified with the exception of those who live at the far end of Orpington borough who feel that they would have chosen to be admitted to an inpatient hospice bed if there was one closer to them. However, the hospice specialist care team do not exclude patients for admission to beds due to geographical reasons nor admit patients because they live near to in patient hospice beds. The criteria for bed admission are solely based on needs.

A Local Enhancement Scheme is currently being implemented whereby GPs will receive a financial incentive if they can demonstrate that they are undertaking high quality end of life planning with individual patients.

3. Alcohol Health Needs

There were five main areas to be addressed:

1. Community safety
   - More work around prevention of driving whilst under the influence of drugs and/or alcohol
   - Continue to enforce controlled access to alcohol especially at the points of sale with rigorous vetting of age before sale
   - Continue to enforce zero tolerance of drinking in public places like parks by young people using Community Police to confiscate drinks from under 18 drinkers
   - Continue to work with drug and alcohol agencies to ensure that contracts are sufficiently flexible to enable agencies to support local borough and police initiatives which promote access into treatment
   - Drug Intervention Programme workers are not currently contracted to provide advice and support to young people under 18 years of age however are able to signpost to the appropriate service. Further work will need to be done to appropriately address this gap in provision

2. Prevention
   - In line with the Chief Medical Officer's guidance; agencies in Bromley need to continue to communicate with parents, carers and professionals the message of strict abstinence for under 15s and supervised drinking if at all for the 15-17 age group to minimise alcohol harm both in the short term and in the long term
   - Frontline services need to be more visible and welcoming in a non stigmatising way to increase access to support for young people and families with alcohol related issues
   - Need for increased alcohol awareness and education amongst young people especially within the educational establishments highlighting the importance of accurate and consistent messages in relation to harm reduction, safer drinking limits, and prevention, including high visibility campaigns in the community to sensitize young people to the dangers of alcohol (similar to "Talk to Frank").

3. Primary care
   - Expand the Alcohol-Direct Enhanced Scheme to further increase the number of practices offering Alcohol health checks.
   - To address the assertion of under-recording of alcohol consumption in primary care by auditing the recording of alcohol on GP registration and ongoing care
   - To continue to provide by direct contact with GPs, and by continued participation in GP training, information on the services and treatments available in Bromley.

4. Access to treatment services
   - Increase the numbers of points of access to treatment for problematic drinkers, including expanding outreach services.

- To support NICE guidance regarding school based initiatives providing support to schools identified as needing, or requesting additional support from the Healthy Communities Team and to inform schools of the referral pathway into specialist young people's drug and alcohol services.
- To increase access to services for those who are currently underrepresented within local provision including working with local agencies to target those under 24 years of age.
- Protocols are being explored to ensure access to the appropriate detoxification services for individuals from the acute mental health services.
- To explore further the needs of older people in relation to harmful alcohol consumption and access to services
- There is a need to address the increase in hospital admissions in Bromley to reduce the pressure on hospital services and ensure that individual needs are met to reduce harmful alcohol consumption
- To undertake a review of the care pathway for alcohol services with a focus on the A&E department**,** In-patient services in mental health and aftercare provision.

5. Information and data
    - There is limited data on the effects of alcohol on the elderly
    - To develop an alcohol database to enable monitoring across partnership agencies.
    - There is a need to understand and address the increase in female mortality in Bromley due to alcohol which contrasts with the decreasing rates of mortality for men

<u>Progress:</u>

An action plan has been drawn up to target the specific areas of alcohol and substance misuse and mental health.

Work continues around enforcing controlled access to alcohol especially at the points of sale as well as enforcing zero tolerance of drinking in public places by young people. There is support in place for local enforcement initiatives that promote access into treatment. A new specification has been put in place for services to those under 18 to address the gap in provision. It is expected that a contract will be in place by December. Work in schools is continuing to raise alcohol awareness and education among young people. The number of GP practices offering Alcohol health checks has expanded. There is also increased involvement in GP training by service providers to inform them about the services and treatments available in Bromley. The numbers of points of access to treatment for problematic drinkers including those under 24 years of age, will be increased accordingly within the new integrated service currently being tendered. Agreement is being reached about direct access to detoxification services by mental health services. Work is underway to begin scoping the needs of older people in relation to harmful alcohol consumption and access to services. Discussions are beginning about screening at admission and at the GP surgery to address the increase in hospital admission in Bromley to reduce the pressure on hospital services.

There has been no work done as yet around the prevention of driving whilst under the influence of drugs and/or alcohol. Tackling the visibility of frontline services in order to make them more welcoming and non-stigmatising has not been addressed as this is seen more as a long term recommendation and consequently has not been featured in the immediate action plan. Work surrounding information and data recommendations have also not been addressed but this is seen as something that public health agencies should take responsibility for.

Substance Misuse

There were three recommendations to be addressed:

1. More work needed to be conducted to implement preventative services, involving the use of appropriate materials being delivered in a variety of places to target the right population
2. Improving access to services for hard to reach clients
3. Improving case tracking and development of a discharge policy for clients exiting treatment services

Progress:

Improving access for hard to reach clients and preventative services will be improved accordingly within the new integrated service currently being tendered for. A six month follow up is now being done on hard to reach clients upon exit of their treatment.

Appendix 2: The JSNA Process

Early in 2011 a small interagency sub group was convened to review the 2010 JSNA and plan for the latest publication. It was agreed from the outset where possible the large core data tables and supporting publications would be uploaded to the internet to encourage more potential readers to access.

Two planning workshops were prepared to identify potential new areas to be included this year, analysis of data to ascertain the emerging priorities and identify future areas that could be in future JSNAs.

Workshop 1 - Identifying Priorities

It was agreed that the JSNA should readily identify the key priorities for Bromley from a health perspective and that it would be useful to produce a single report for the Health & Wellbeing Board and that priorities should be identified in individual areas before this report can be pulled together.

There were 8 presentations followed by a general discussion about areas and how to present in an accessible way. The presentations included:

- **Population Demographics**
- **Risk Factors for Disease**
- **Social Care and Health**
- **Children & Young People**
- **Ill Health**
- **Disability**
- **Environment and Health**
- **Strategy/ Policy Mapping**

The outcome of this workshop was the agreed structure for the 2011 JSNA:

Executive Summary

1. Introduction
2. Demographic background
3. Environment
4. Life Expectancy
5. Quality of Life and Wellbeing for the whole population
   - Children (education/employment), housing, social inclusion and environment
6. Quality of Life for People with Specific Needs (Children/Adults)
   - Physical Disabilities & Sensory Impairment, Learning Disabilities, Carers, Older People, Children In Need, Looked After Children
7. Conclusion
8. Appendices review of the 2010 priorities, useful publications

Sections 4, 5 and 6 were to include the following areas: Issue, Core data, Trends, Impact, Current situation and the potential work requirement.

Workshop 2 – Emerging Priorities and Future Areas

The group reviewed the draft JSNA and agreed the areas to be included within the blue boxes at the end of each sub section – “what does this mean for our JSNA?”

The following areas were highlighted as areas that would be included in future JSNAs:

- The impact of various issues (environmental, educational achievement, quality of housing, economic, social isolation) on the health of particular areas of Bromley through mapping and layering the issues together

- Including a table that highlighted which groups were most impacted upon by the key issues

- More on crime and the fear of crime

- Closer working with clinical commissioners

Appendix 3: Reference Documents

You can find further information on a particular topic in the following documents:

Adult and Childhood Obesity

Healthy Lives, Healthy People

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_129334.pdf

Start Active, Stay Active

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128210.pdf

NICE Public Health Guidance 2 – *Four commonly used methods to increase physical activity* (March 2006)

http://guidance.nice.org.uk/PH2

NICE Public Health Guidance 7 – *Promoting physical activity for children and young people* (January 2009)

http://guidance.nice.org.uk/PH17

NICE Public Health Guidance 8 – *Physical activity and the environment* (January 2008)

http://guidance.nice.org.uk/PH8

NICE Public Health Guidance 13 – *Promoting physical activity in the workplace*

(May 2008)

http://guidance.nice.org.uk/PH13

NICE Public Health Guidance 27 – *Weight management before, during and after pregnancy* (July 2010)

http://guidance.nice.org.uk/PH27

NICE Clinical Guideline 43 - *Obesity: the prevention, identification, assessment and management of overweight and obesity in adults and children* (December 2006)

http://guidance.nice.org.uk/CG43

Alcohol Misuse

NICE Quality Standard **-** *Alcohol dependence and harmful alcohol use* (August 2011)

http://www.nice.org.uk/guidance/qualitystandards/alcoholdependence/home.jsp

NICE Public Health Guidance 24 - *Alcohol use disorders: preventing harmful drinking* (June 2010)

http://guidance.nice.org.uk/PH24

NICE Clinical Guideline 115 - *Alcohol use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence* (February 2011)

http://guidance.nice.org.uk/CG115

NICE Clinical Guideline 100 - *Alcohol use disorders: Physical complications* (June 2010)

http://guidance.nice.org.uk/CG100

Bromley Alcohol Needs Assessment (contact: Claire.Lynn@bromley.gov.uk)

Cardiovascular Disease

NICE Quality Standard - *Stroke* (June 2010)

http://www.nice.org.uk/guidance/qualitystandards/stroke/strokequalitystandard.jsp

NICE Public Health Guidance 15 – *Identifying and supporting people most at risk of dying prematurely* (September 2008)

http://guidance.nice.org.uk/PH15

NICE Public Health Guidance 25 - *Prevention of cardiovascular disease* (June 2010)

http://guidance.nice.org.uk/PH25

Dementia

NICE Quality Standard - *Dementia* (June 2010)
http://www.nice.org.uk/aboutnice/qualitystandards/dementia/dementiaqualitystandard.jsp

NICE Clinical Guideline 42 - *Dementia* (November 2006)

http://guidance.nice.org.uk/CG42

Dementia Needs Assessment for Bromley – (contact: Paula.Morrison@bromleypct.nhs.uk)

Diabetes

NICE Quality Standard - *Diabetes in Adults* (March 2011)

http://www.nice.org.uk/guidance/qualitystandards/diabetesinadults/diabetesinadultsqualitystandard.jsp

NICE Public Health Guidance 35 – *Preventing type 2 Diabetes* (May 2011)

http://guidance.nice.org.uk/PH35

NICE Clinical Guideline 10 *Type 2 Diabetes Footcare* (January 2004)

http://guidance.nice.org.uk/CG10

NICE Clinical Guideline 15 – *Type 1 Diabetes* (July 2004)

http://guidance.nice.org.uk/CG15

NICE Clinical Guideline 63 – *Diabetes in Pregnancy* (March 2008)

http://guidance.nice.org.uk/CG63

NICE Clinical Guideline 66 – *Type 2 Diabetes* (May 2008)

http://guidance.nice.org.uk/CG66

NICE Clinical Guideline 87 - *Type 2 diabetes (newer agents)* (May 2009)

http://guidance.nice.org.uk/CG87

NICE Clinical Guideline 119 - *Diabetic Foot Problems* (March 2011)

http://guidance.nice.org.uk/CG119

NICE Technology Appraisal 53 - *Diabetes (types 1 & 2) – long acting insulin analogues* (December 2002)

http://guidance.nice.org.uk/TA53

NICE Clinical Guideline TA60 - *Diabetes types 1 & 2 – patient education models* (April 2003)

http://guidance.nice.org.uk/TA60

NICE Technology Appraisal 151 - *Diabetes – Insulin Pump Therapy* (July 2008)http://guidance.nice.org.uk/TA151

NICE Technology Appraisal 203 - *Diabetes (type 2) – Liraglutide* (October 2010)

http://guidance.nice.org.uk/TA203

Disability

PDSI Needs Assessment (contact: Anita.Houghton@bromleypct.nhs.uk)

LD Needs Assessment (contact: Paula.Morrison@bromleypct.nhs.uk)

Domestic Violence

Domestic Violence Strategy (contact: Colin.Newman@bromley.gov.uk)

Drug Misuse

Substance Misuse Needs Assessment 2009-10 (contact: Claire.Lynn@bromley.gov.uk)

Education

Department for Education – Education Bill 2011

http://www.education.gov.uk/aboutdfe/departmentalinformation/educationbill

Department for Education - Academies Act 2010 (July 2010)

http://www.education.gov.uk/schools/leadership/typesofschools/academies/whatisanacademy/a0061222/academies-act-2010

The Importance of Teaching: School White Paper (published: December 2010)

http://www.education.gov.uk/schools/teachingandlearning/qualifications/alevels/b00688570/the-importance-of-teaching/

Department for Education - Special Educational Needs and Disabilities Green Paper (March 2011)

http://www.education.gov.uk/childrenandyoungpeople/sen/a0075339/sengreenpaper

Department for Education - Dame Claire Tickell Review of the Early Years Foundation Stage to be radically slimmed down 2011

http://www.education.gov.uk/childrenandyoungpeople/earlylearningandchildcare/a0076193/early-years-foundation-stage-to-be-radically-slimmed-down

Department for Education - Bew Review of Key Stage 2 Testing, Assessment and Accountability (June 2011)

http://www.education.gov.uk/ks2review

Students at the Heart of the System, the Higher Education White Paper

(June 2011)

http://www.bis.gov.uk/he

Wolf Review of Vocational Education for 14- to 19-year-olds (March 2011)

http://www.education.gov.uk/16to19/qualificationsandlearning/a0074953/review-of-vocational-education-the-wolf-report

Health Inequalities

Marmot, M 92010) Fair Society, Healthy Lives: Strategic review of health inequalities in England post 2010

http://www.marmotreview.org

The Social determinants of health and the role of local government, Improvement and Development Agency, March 2010

http://www.idea.gov.uk

Peeling the onion: Learning, tips and tools from the Health Inequalities Scrutiny Programme, Centre for Public Scrutiny, May 2011

http://www.cfps.org.uk

Immunisation

NICE Public Health Guidance 21 - *Reducing differences in the uptake of immunisations* (September 2009)

http://guidance.nice.org.uk/PH21

Mental Health

No health without mental health - A cross-government mental health outcomes strategy for people of all ages 2011

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124058.pdf

No health without public mental health the case for action. Royal College of Psychiatrists Position statement PS4/2010

http://www.rcpsych.ac.uk/pdf/Position%20Statement%204%20website.pdf

Talking therapies: A four-year plan of action. A supporting document to No health without mental health@ A cross-government mental health outcomes strategy for people of all ages.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_123985.pdf

Sainsbury Centre for Mental Health (2003) The economic and social costs of Mental Illness, Policy paper three

http://www.centreformentalhealth.org.uk/pdfs/costs_of_mental_illness_policy_paper_3.pdf

NICE Quality Standard - *Depression in adults* (March 2011)

http://www.nice.org.uk/guidance/qualitystandards/depressioninadults/home.jsp

NICE Public Health Guidance 16 – *Mental Wellbeing and Older People* (October 2008)

http://guidance.nice.org.uk/PH16

NICE Public Health Guidance 22 – *Promoting mental well-being at work* (November 2009)

http://guidance.nice.org.uk/PH22

NICE Clinical Guideline 28 - *Depression in children and young adults* (September 2005)

http://guidance.nice.org.uk/CG28

NICE Clinical Guideline 90- *Depression in Adults (update)* (October 2010)

http://guidance.nice.org.uk/CG90

NICE Clinical Guideline CG113 – Anxiety Management of anxiety (panic disorder, with or without agoraphobia, and generalised anxiety disorder) in adults in primary, secondary and community care

http://www.guidance.nice.org.uk/CG113

London Health Programmes – Mental health services case for change for London

http://www.londonhp.nhs.uk/wp-content/uploads/2011/03/1.-Case-for-change-low-res.pdf

National Mental Health Development Unit – Mental Well-being checklist

http://www.nmhdu.org.uk/our-work/promoting-wellbeing-and-public-mental-health/mental-wellbeing-checklist/?keywords=Mental+Well-being+checklist

University of central Lancashire – Commissioning Mental Wellbeing

http://www.uclan.ac.uk/schools/school_of_health/mental_wellbeing_report_points_way_forward.php

Mental Health Strategy for Bromley 2008-2011 (contact: Paula.Morrison@bromleypct.nhs.uk)

Pharmaceutical

Pharmaceutical Needs Assessment (contact: Sonia.Colwill@bromleypct.nhs.uk)

Planning and Environment

Health Issues in Planning – Best Practice Guidance

http://legacy.london.gov.uk/mayor/strategies/sds/docs/bpg-health.pdf

London Plan 2011

http://www.london.gov.uk/priorities/planning/londonplan

The London Housing Strategy 2010

http://www.london.gov.uk/sites/default/files/uploads/Housing_Strategy_Final_Feb10.pdf

Travel In London – Key trends and developments Report No.1 (TFL 2009)

http://www.tfl.gov.uk/assets/downloads/corporate/Travel-in-London-report-1.pdf

Draft National Planning Policy Framework 2011

http://www.communities.gov.uk/documents/planningandbuilding/pdf/1951811.pdf

Local Implementation Plan – Transport

http://www.bromley.gov.uk/info/200107/transport_policy/535/local_implementation_plan

Unitary Development Plan

http://www.bromley.gov.uk/info/856/local_development_framework/162/unitary_development_plan_udp

Core Strategy Issues Document

http://bromley-consult.limehouse.co.uk/portal/cs/csissues?pointId=1742151

Poverty

Frank Field Independent Review on Poverty and life Changes (December 2010)

http://www.frankfield.com/campaigns/poverty-and-life-changes.aspx

www.dwp.gov.uk/policy/welfare-reform/

http:// www.dpm.cabinetoffice.gov.uk/news/social-mobility-strategy-launched

Child Poverty Strategy (April 2011)

https://www.education.gov.uk/publications/standard/publicationDetail/Page1/CM%208061

Safeguarding and Social Care

Legal Aid, Sentencing and Punishment of Offenders Bill (June 2011)

http://services.parliament.uk/bills/2010-11/legalaidsentencingandpunishmentofoffenders.html

Department for Education - Professor Eileen Munro Review of Child Protection (published: May 2011)

http://www.education.gov.uk/munroreview

Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offending, the Offending Green Paper (December 2010)

http://sentencing.justice.gov.uk/

Review of the Family Justice System (November 2011)

http://www.justice.gov.uk/about/moj/independent-reviews/family-justice-review/index.htm

Sexual Health & HIV

NICE Public Health Guidance 3 - *Prevention of sexually transmitted infections and under-18 conceptions* (February 2007)

http://guidance.nice.org.uk/PH3

NICE Public Health Guidance 33 - *Increasing the uptake of HIV testing among black Africans in England* (March 2011)

http://guidance.nice.org.uk/PH33

NICE Public Health Guidance 34 - *Increasing the uptake of HIV testing among men who have sex with men* (March 2011)

http://guidance.nice.org.uk/PH34

Smoking

NICE Public health Guidance 1 – *Brief interventions and referral for smoking cessation* (March 2006)

http://guidance.nice.org.uk/PH1

NICE Public Health Guidance 5 – *Workplace interventions to promote smoking cessation* (April 2007)

http://guidance.nice.org.uk/PH5

NICE Public Health Guidance 10 – *Smoking cessation services* (February 2008)

http://guidance.nice.org.uk/PH10

NICE Public Health Guidance 14 – *Preventing the uptake of smoking by children and young people* (July 2008)

http://guidance.nice.org.uk/PH14

NICE Public Health Guidance 23 – *School-based interventions to prevent smoking*

(February 2010)

http://guidance.nice.org.uk/PH23

NICE Public Health Guidance 26 – *Quitting smoking in pregnancy and following childbirth* (June 2010)

http://guidance.nice.org.uk/PH26

NICE Technology Appraisal 123 – *Smoking Cessation: Varenicline* (July 2007)

http://guidance.nice.org.uk/TA123

Wellbeing

The role of local government in promoting wellbeing - Healthy Communities Programme. Local Government Improvement and Development

http://idea.gov.uk

Not another consultation! Making community engagement informal and fun (Community wellbeing), Local Government Improvement and Development, November 2010

http://www.idea.gov.uk

Government Office for Science (2008), Mental Capital and Wellbeing: Making the most of ourselves in the 21st Century

http://www.bis.gov.uk/assets/bispartners/foresight/docs/mental-capital/sr-c10_mcw.pdf

Centre for Wellbeing at the New Economics Foundation. Five Ways to Well-being: The Evidence

http://www.neweconomics.org/publications/five-ways-well-being-evidence

NICE Clinical Guideline 123 - *Common Mental Health Disorders: identification and pathways to care* (May 2011)

http://guidance.nice.org.uk/CG123

The Princess Royal Trust for Carers and the Royal College of General Practitioners: Supporting Carers: An action guide for general practitioners and their teams, October 2011

http://www.carers.org and http://www.rcgp.org.uk

Welfare Reform Bill (2011)

http://services.parliament.uk/bills/2010-11/welfarereform.html

Cabinet Office – Graham Allen Independent Review of Early Intervention (January 2011)

http://www.cabinetoffice.gov.uk/search/apachesolr_search/Review%20of%20Early%20Intervention?filters=tid%3A1389

Universal Credit: Welfare that Works, the Department of Work and Pensions' Welfare Reform White Paper (November 2010)

http://www.dwp.gov.uk/policy/welfare-reform

White Paper

Department of Health – NHS White Paper (July 2010)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353

Department of Health – Public Health White Paper (November 2010)

http://www.dh.gov.uk/en/Publichealth/Healthyliveshealthypeople/index.htm