Wandsworth Joint Strategic Needs Assessment 2010

Contents

Executive summary

The JSNA is presented by life-stage, the executive summary describes the key points from each life stage drawing on data survey results, and the further details provided by the community development coordinators.

Key areas of need (in no order of priority)

1. Particular health outcomes
    a. High teenage conceptions (NI 112)
    b. High excess winter deaths
    c. High number of falls and fractured neck of femurs
    d. Wandsworth has relatively high levels of chlamydia, gonorrhoea, and syphilis. In particular the incidence of chlamydia for people above and below 25 is higher than Inner London.
    e. High <75 mortality for cancer (particularly female) (NI 122)
    f. High childhood obesity levels (NI 055 / 056)
    g. Low childhood immunity for measles, mumps, and rubella
    h. Carers receiving needs assessment (NI 135)
    i. Independence for older people through rehabilitation and intermediate care (NI 125)
2. Additional service need
    a. Prevention of emergency admissions
    b. Access to services in areas of deprivation
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    d. Management of long term conditions (to include respiratory, cardiovascular and neurological conditions)
    e. High potential demand for early intervention CAMHS
3. Worsening trend
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    b. Under 75 All cause and cancer mortality
    c. Number of people accessing HIV related care
    d. Number of alcohol related hospital admissions (NI 39)
4. Equality & diversity (age, disability, gender, geography)
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    b. Smoking prevalence has particular geographical hotspots.
    c. Adult Social Care provision and correlation with deprivation
    d. Overrepresentation of BME groups in social care and mental health services
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    f. Relatively low flu immunisation in the over 65 age group and those at risk
    g. Low % of people with learning disabilities in settled accommodation (NI 145)
    h. Disproportionate rate of mental health admissions in BME groups
5. Failure to meet targets which may contribute to poor outcomes
    a. % of people with learning disabilities in employment (NI 146)
    b. Screening for cervical, bowel, and breast cancer
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    d. Breast feeding at 6/8 weeks (NI 053)
    e. Pregnant women attending a 12 week maternity appointment (NI 126)

Children and young people

GLA Projections for the Wandsworth 0-19 population show an increase over the next five years from approximately 59,000 in 2010 to 62,000 in 2015. The majority of this increase is in the 5-9 age group with significant implications for education.

During this life stage, the risk of mortality or serious disability is at its greatest at or immediately after birth. The chances of mortality then decline towards the end of this stage. Experience and learning in childhood should be the top priority in addressing health inequalities. The move to identify and diagnose heath and developmental problems early is therefore a key focus.

Children in poor households are more likely to have been born prematurely, have had a low birth weight, and more likely to die in the first year of life. With approximately 14,000 children living in poverty the priority is clear. A related factor will be the overrepresentation of black children in a number of areas; from obesity through to child and adolescent mental health services to being excluded from school.

Voice

Improve accessibility to fruit and vegetables in Roehampton.
After a structured outreach process we have worked with parents on the Lennox, Alton Ashburton Estates and through the parents forums at the Children's Centre. Concerns were raised over the availability of fresh food and vegetables. There was a perception amongst those attending that the local shops only sold alcohol and processed food with lots of sugar and fat in them. The groups we worked with felt that increasing availability of fresh food at existing shops would improve their ability to lead a healthier lifestyle.
Source: Community Development log. Roehampton.

Prevention

Childhood obesity is a national problem but with up to 1 in 5 children being obese in year 6 and a dip in results from the school sports survey obesity remains a local priority.
The declines in teenage pregnancy are noteworthy, but the target has not been met, and continues to be high for London. The take up of long acting reversible contraception is low in Wandsworth, a further targeting of this service may help.
There are particularly vulnerable groups of children at risk of mental health disorders, being aware of these factors and being able to appropriately sign post is therefore vital to meeting their needs. Particular groups are children with learning difficulties and children from black and minority ethnic groups.

Care

Childhood immunisation continues to be a priority, and whilst good improvement has been noted in recent years, the key 95% target has yet to be reached for the uptake of MMR by the age of 2.
Sickle cell is more common in London due to the high level of ethnic diversity. Further consideration needs to be given for the pathway around patients before, during and after acute admission.

Young adulthood

Wandsworth has an estimated population of approximately 67,000 18-29 year olds (23% of the population). This compares with 18% for London, and over the next 5 years is expected to remain stable.

Young adulthood covers the period between the attainment of adulthood and entering into a settled relationship, parenthood and living as part of a family. This is a generally a group that enjoys good health and makes little use of health and social care services, but they are also typified by risky health behaviours such as smoking, drug use, accidents and sexually transmitted infections.

Voice

The GP Patient Survey show that, in line with the national picture, there has been reduction in the percentage of those who stated they were able to see a doctor fairly quickly. However, there has been an increase in the percentage of people who were satisfied with the opening hours of their GP practice

On a bi-weekly basis we provide the opportunity for local residents to attend informal drop is session, these are delivered at a range of local venues such as libraries, parks and squares. From these sessions residents have realised concerns **around crime** and drug use on the Winstanley, York 1, Surrey Lane and Doddington Estates.
Residents felt that there is a need to **support people** wanting to address their **drug and alcohol problems** to develop life skills and to increase awareness around local services
Linked to this were concerns around things for young people to do to divert them from drug and alcohol use.

Source: Community Development log. Battersea.

Prevention

Prevention initiatives such as **smoking cessation** and **long acting contraception** show low rates of uptake. **Chlamydia** diagnoses are particularly high in Wandsworth with annual increases.

Care

Confirmed cases of tuberculosis show pockets of high prevalence in Wandsworth, increasing awareness and early treatment in these populations remains essential.
This age group is not represented well in the uptake of drug and alcohol treatment services.
The clients of the homeless, asylum and refugee seekers team based in Balham indicate clients with a high level of mental health health needs and support.

Mid-life

GLA estimates are that there are currently 116,845 people in Wandsworth aged between 30 and 49, representing 40% of the Wandsworth population above the proportion for London. The key change in the population will be an expected additional 2,000 people in the 45-49 age group.

The early years within this life stage are likely to see the establishment of new families, Child facing services and the role model of parents become considerations. However with the additional responsibilities come pressures such as housing, domestic violence, and mental well being. For this age group HIV becomes more common. Housing is an obvious determinant of health, and although the proportion of homeless households is in line with the London average, particular concerns arise for people with learning disabilities in settled accommodation.

Voice

Over the last year we have facilitated a number of women's group and events. These included the Somali Womens association and Urdu group, Storm empowerment project. Issues raised at these sessions included:

- Limited knowledge of local health services
- Wanting more information around healthy lifestyles, amongst communities speaking English as a second language.
- Support around domestic violence in BME communities People felt that mental health promotion and training (for example Mental Health First Aid) should be specific to BME communities. It was also felt patient facing staff needed to be sensitive to cultural and religious factors which may affect BME communities accessing mental health services.
- Increasing availability of women only sports facilities, including the availability of female lifeguards and staff at these sessions.

Source: Community Development log. Tooting and black and minority ethnic groups.

Prevention

Prevention initiatives need to target particular lifestyle risks and audiences. For example **smoking prevalence** does not follow deprivation pattern, the 40-44 age group is most at risk for being admitted to hospital for **alcohol related conditions**, and the majority of people in treatment with **HIV** have been infected heterosexually (70%).
Mental health affects all age groups, and it is a relatively high area of need for Wandsworth. The employment and housing needs of those with a mental health problem or learning disabilities remain a key focus. The full spectrum of mental well being from prevention to acute treatment remains a priority for Wandsworth.

Care

The number of women having a **maternity appointment** within 12 weeks of conception is below target, early identification of issues is key to ensuring the health of mother and child. The uptake rate for **cervical screening** is below target, and with increasing numbers of people living with **HIV**, timely diagnosis remains a priority despite recent good performance.

Pre and post retirement

GLA projections show the 2010 Wandsworth population in the 50-74 age range being around 45,000. This represents 15% of the population. The bulk of the population increase within this age group is expected to be attributable to increasing numbers aged between 50 and 54, with an additional 3,000 before 2015.

Within this age range long term conditions may become evident, and symptom awareness and screening uptake become priorities. With increasing age, reduced mobility and potential retirement prospects, healthy lifestyles and prevention initiatives should be encouraged. Additionally for this age group, the care they may be providing for others may become an additional strain on their own health.

Deprived groups and certain ethnicities are more likely to suffer most from long term ill health. The analysis demonstrates that certain long term illnesses may be preventable (some forms of cancer, and certain respiratory disease) and others such as diabetes may be eased by early identification and treatment. It is recognised that many co-morbidities exist for example smoking, mental well being and cancer. Care and treatment of the whole person and not the condition needs to be recognised in planning.

Voice

People of all ages with a long-term condition largely reported they had enough support to manage their long-term health condition (79% in 2009/10). A 2009 survey on the views of carers found that nearly half of them felt themselves to be less physically healthy than people of the same age who were not carers, but nearly 70% felt themselves to be less emotionally healthy.

Prevention

Adopting a healthy lifestyle, and being aware of risks remain the most universal form of prevention. However within this age group improving cancer outcomes is of key importance through increasing awareness of cancer signs and symptoms amongst members of the public, reducing delays in primary care and reducing system delays between diagnosis and referral. Attendance for NHS screening services remain priorities for Wandsworth. In particular breast screening uptake and retinopathy screening uptake for people with diabetes are both below target levels. With regard to cardio vascular disease the NHS health check programme should continue to target those at higher risk including specific ethnic groups, people with learning disabilities, males, those on GP mental health registers, prisoners and those individuals that don't traditionally access GP services. Continue to improve the management and treatment of Atrial Fibrillation in primary care and review the provision of cardiac rehabilitation services across the Borough Efforts should also be focussed on improving the life expectancy of people with learning disabilities.

Care

Standards for treatment to begin within two weeks of referral for breast cancer symptoms have been missed. In addition hospital discharge process for COPD patients is also below standard, with a concerning high length of stay for COPD patients admitted to hospital. Finally there is evidence that the pulmonary rehabilitation service does not meet demand.

Old age

GLA projections show the 2010 Wandsworth population in the 75+ age range being around 11,300, this represents 4% of the population, and the proportion is not expected to increase. However Wandsworth has the second highest proportion of women aged 75+ living alone in London at 69%, (London - 60%.)

Maintaining independence, preventing accidents, raising awareness and maintaining dignity and respect in treatment are key issues arising from this analysis. Overall mortality rates are in line with other Inner London boroughs.

There are pockets of deprivation, and correlations with ill health. Poor mental well being, and depression may be linked to social isolation. These pockets of 'vulnerable' people need to be further identified and regarded as individuals with interrelated needs.

Voice

Overall 86% of people over 65 are satisfied with both home and the neighbourhood.
The Wandsworth public perception of the care given to older people is largely unknown and this is an area that needs to be investigated and reported. However, we do know that a low percentage of users report respect and dignity in treatment.

From work undertaken with The Putney Vale Drop In, Lennox Lives and Memory Lane and the Contact Club older people's groups. We identified a range of issues and concerns:

- **Social isolation** amongst older people. Notably concern over meeting places with the opportunity for older peoples agencies to engage with them. In addition a lack of knowledge on long term conditions and specific older people's health issues.
- **Falls** were highlighted by older people as being a concern and lack of confidence after falling particularly in winter, as was highlighted elsewhere in the JSNAThe groups were aware of the ongoing consultation around day services and raised some concerns over what they feel is a valuable resource and part of their lives used to reduce social isolation

Source: Community development log, Battersea, Roehampton Hub project

Prevention

Increasing the public awareness of symptoms, and early diagnosis of conditions, particularly COPD, diabetes and cancer, is a key concern for health promotion in this age group. It is also important to provide classes that maintain mobility, help prevent falls, and can maintain independence.

Care

Excess winter deaths are high. Factors that impact upon this metric need to be further investigated. Known contributory factors are low levels of flu immunisation, undiagnosed respiratory diseases, and high numbers of falls.
Mortality for falls is high, often serious hip fracture falls occur after a previous non-hip fracture fall. Both rates of admission are high and rising which calls for integrated work streams incorporating falls prevention services, acute and community services.
The number of people with dementia will increase. Parkinsons disease is categorised under dementia and independently accounts for over 3,000 hospital bed days a year.
Although the indicator of the choice people have to die at home is improving there is still room for improvement.

Introduction

The purpose of the JSNA is to provide an agreed record of the key health needs of the Wandsworth population, and to guide action to address these needs, however the document is not a commissioning plan.

This document represents a summary of much more detailed work that has been undertaken. It is underpinned by a core data set defined in statutory guidance, and by needs assessments which have been undertaken in relation to various client groups and localities. Much of this background material is available on the Joint Strategic Needs Assessment web site: www.wandsworth.gov.uk/jsna

The core chapters are structured around the health and social care needs that are associated with each life stage. These life stages are defined by the lifestyle and living circumstances that people are likely to experience in the course of their lives:

- *Children and young people*, covering the period from birth to the completion of school education (approximately 0-18);
- *Young adulthood*, covering the period in which most people become increasingly independent of their parents and make the career and lifestyle choices that will guide the remainder of their adult life (approximately 18-30);
- *Mid-life,* covering the period in which people are likely to be primarily concerned with the upbringing of children, work, and home (approximately 30-50);
- *Pre and post retirement,* covering the period from when children leave home through the early years of retirement (approximately 50-75); and
- *Old age*, covering a period in which most people are likely to experience increasing physical and possibly mental frailty (approximately 75+).

It is acknowledged that not everyone will follow a life course proceeding sequentially through the above life stages, which largely reflect the likely life course of heterosexual people who do not experience early disability. To avoid duplication, some large topics such as mental health are presented in just one chapter. The primary focus of this document is on the themes requiring action over the next three years. However, the introductory chapter adopts a rather longer time frame, looking at anticipated changes over the next five, ten and twenty years.

Context for the 2010 JSNA

Before moving on to the presentation of the findings of the JSNA, two aspects of the national context may be mentioned.

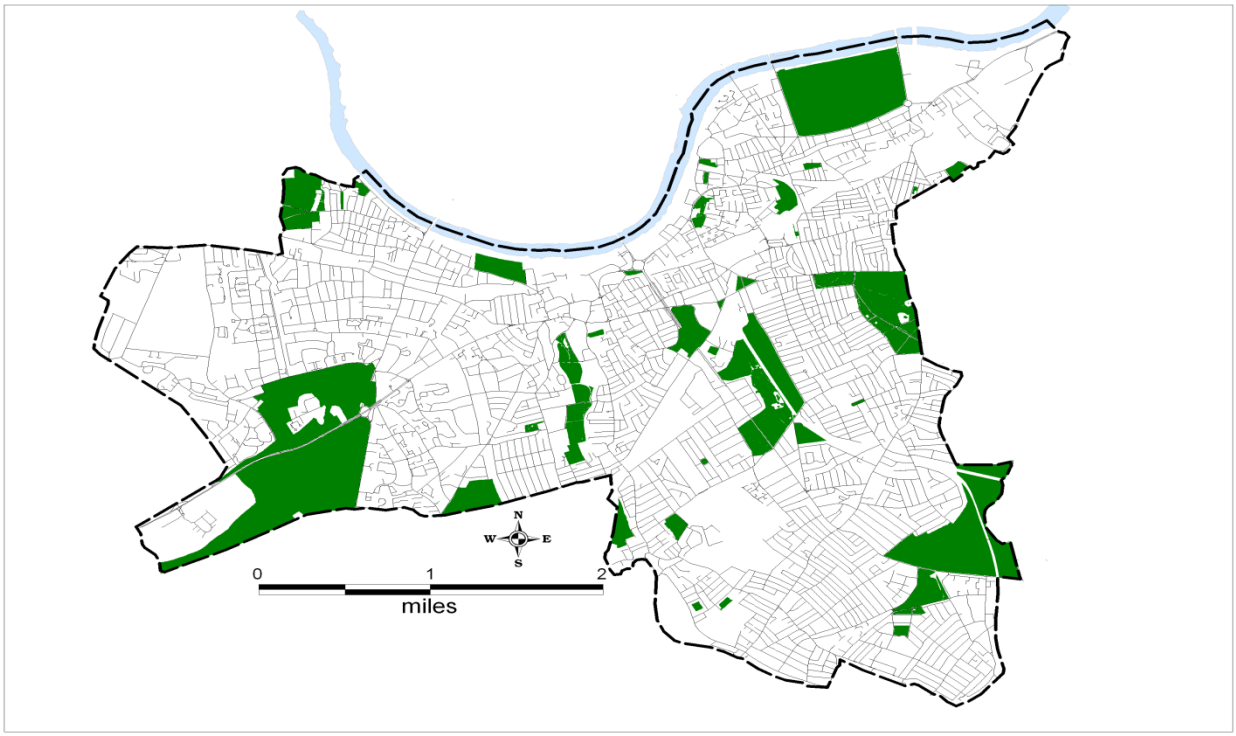
Firstly, the Marmot Review has highlighted the persistence of health inequalities, despite significant investment in programmes intended to reduce inequalities. There remains a difference of around ten years in life expectancy between those living in the most and least affluent neighbourhoods, whilst the difference in disability-free life expectancy is still greater, at around eighteen years. The conclusion of the Marmot review is that the reduction of health inequalities requires a consistent cross-government programme of action covering the whole life course, paying particular attention to measures that will give all children the best start in life. Wandsworth Council and NHS Wandsworth have

considered the Marmot Review and have jointly committed to the development of a local strategy to reduce health inequalities.

Secondly, the economic recession has resulted in substantial cuts in public spending. Whilst the recently-elected coalition Government has pledged to protect health service spending from the full force of these cuts, social care and other programmes that may affect the health of the population will not enjoy such protection. Although the local impact of reduced spending is not yet known, it is clear that the priorities for the coming period will have a much greater focus on value for money and elimination of ineffective spending than in recent years.

At the local level, a key development is GP led clinical commissioning. With the demise of PCT commissioners, the general public become closer to the decision makers who can more easily define and shape the commissioning agenda according to local need. This local engagement is a significant relationship that the Joint Strategic Needs Assessment should capitalise on.

The Joint Strategic Needs Assessment (JSNA) represents an opportunity for Wandsworth Council, NHS Wandsworth, and other local agencies to review the needs of the local population and to agree priorities for health and social care investment.

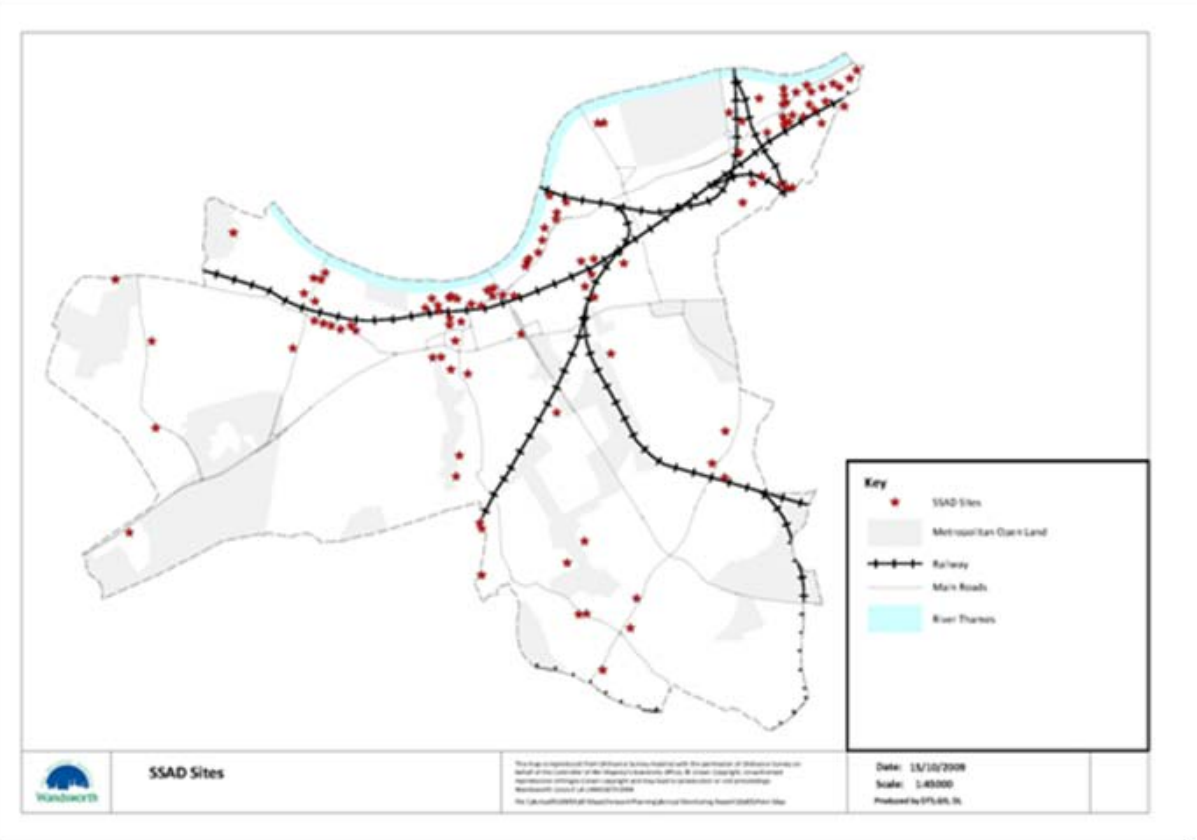


Wandsworth; the place and the people

The London Borough of Wandsworth is the largest inner London borough with a population of approximately 290,000. The borough has five main town centres; Balham, Clapham Junction, Putney, Tooting and Wandsworth. The borough has the River Thames as a northern boundary and some important landmark sites such as Battersea Power Station. Wandsworth also has large recreational spaces such as Battersea Park. Strategic radial

transport routes offer good accessibility, particularly to central London, and 71% of residents who work, commute to a place of work outside of the borough. Overall Wandsworth has a young mobile and prosperous community. However, there are particular communities and geographies for which good health and health outcomes contrast badly with the majority of the population. The residential wards of Latchmere, Roehampton, Queenstown and Tooting all exhibit significant disadvantage across most, dimensions of deprivation[1]. These are the borough's priority neighbourhoods and are subject to continued specific and targeted action to reduce these inequalities.
There has been considerable redevelopment over the previous decade on brownfield sites within the borough, with around 10,000 new homes built since 2001/02[2]. Opportunities remain particularly on the Thames riverside and in the town centres, mainly Clapham Junction, Putney and Wandsworth. A number of designated employment areas in the borough have also recently been released to promote mixed-use redevelopment on sites which are under-utilised. The Council's Site Specific Allocations Document[3] details 102 key potential development sites that are anticipated to come forward to deliver the strategic direction set out in the Council's Core Strategy[15] (Map 2).

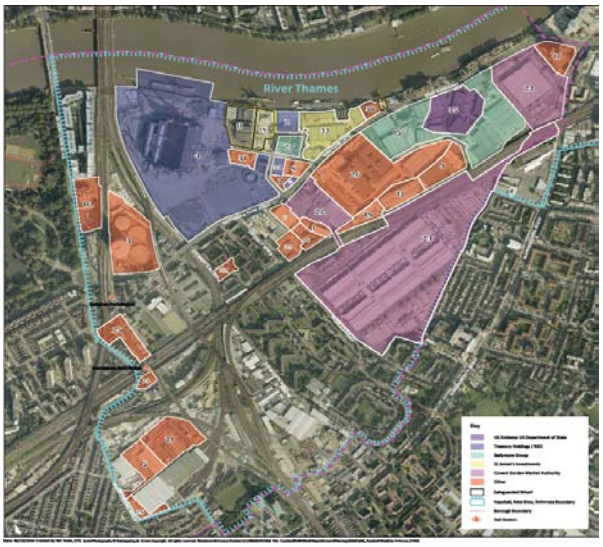
Map 2: Location of Key Future Redevelopment Sites (Site Specific Allocation Document)



[1] 2010 Wandsworth Council Priority Area Overview
[2] Wandsworth Development Monitoring Database
[3] Local Development Framework Development Plan Document

The Vauxhall/Nine Elms/Battersea Opportunity Area has been identified as an area of potential major change, (Map 3) with scope to intensify activity and create a dynamic new quarter providing 20,000 new jobs and 10,000 or more new homes, dependent on the provision of related infrastructure. Plans for the area are at an early stage and the demographics of the area following regeneration will depend on the type and density of housing built. As a whole it is anticipated in the region of 20-30,000 new residents will live in the Opportunity Area once completed.

Map 3 Vauxhall/Nine Elms/Battersea Opportunity Area



The Council has committed to making provision for at least 7,500 net additional homes between 2007/08 and 2016/17 and a further 3,750 net additional homes in the borough between 2017/18 and 2021/22. A review of these targets will be undertaken following the publication of a replacement London Plan, as housing targets are likely to significantly increase in the borough, particularly in light of the results of the 2009 London Strategic Housing Land Availability Assessment.

The people

Wandsworth has around 132,000[4] dwellings which are home to a population of over 290,000[5] residents. The age structure of residents is uniquely skewed towards the young, the 20-39 year old age group represents 48% of the population compared to 27% nationally and 36% in Greater London[6]. This is further exemplified by the fact that one person households account for 38% of all households in Wandsworth. Wandsworth has a greater proportion of highly skilled workers than London and fewer lower supervisory and semi-routine workers[7]. Rates of unemployment are generally low compared with London, although there has been a noticeable increase in unemployment since the onset of recession and rates are highest in areas of deprivation and amongst younger adults aged

[4] 2009 Housing Strategy Statistical Appendix
[5] 2009 Round GLA Demographic Projections (SHLAA)
[6] 2008 Mid-Year Estimate (revised May 2010), Office for National Statistics Population Estimates
[7] 2001 Census, Office for National Statistics

16-24[8]. In 2008/09, 6.4% of 16-18 year olds were not in full-time education, employment or training, compared with 9.5% in Central London[9].

Wandsworth is home to a diverse range of communities and 20% of the borough's population is non-white, compared with 31% in Greater London and 12% nationally.[10] Although the overall non-white population in the borough has changed little since 2001, there has been a significant percentage increase in the number of residents of Asian or Asian British ethnicity, particularly Bangladeshi, with an estimated increase in population size of 92%, to 2,300, from 2001 to 2007. In contrast, a decrease of more than 20% has been observed in residents from Black or Black British Caribbean (-2,900), African (-2,100) and White Irish (-1,800) ethnic groups.

Population change

The largest increase in population by 2030 is projected in the 45-49, 50-54 and 55-59 year old age groups (Appendix Table 1). However, in practice Wandsworth is a borough which experiences high levels of population turnover year on year, and the movement of young adults into the borough is expected to continue. Although actual numbers remain small, the number of people aged 90 or over is projected to increase significantly by 2030, particularly for males.

As the population is so young, the population moving into, between and outside of the borough is relatively high even for a London Borough (Appendix Table 2). From a starting point of 2002-3 to 2007-8, the number of people within the 15-29 age group moving in has remained stable at 14,000, and the numbers moving out has declined by approximately 600 people to 10,000, this reflects the increase in the number of students moving in to find their first jobs. For the 30-44 age group, the numbers moving in have increased by approximately 1,500 people from 2002-3 to 2007-8, whilst the number moving out has also increased by approximately 800 people, to 12,000. Net migration is outward and increasing, but not enough to lead to an overall decrease in population. The proportion of households which are couple households (married and cohabiting) is projected to decrease over the next 15 years, whilst the number and proportion of lone parent households is set to increase (Appendix Table 3). On average, there are 2.2 people per household in Wandsworth and average household size is projected to decrease to 2.1 persons by 2026. The population of the borough is set to increase to over 330,000 by 2030[11].

[8] 2010 (May) Claimant Count, Greater London Authority
[9] 2008/09 NEET Data, Connexions
[10] 2007 Mid-Year Estimates by Ethnic Group (experimental), Office for National Statistics
[11] 2009 Round GLA Demographic Projections (SHLAA)

Inequalities

Mortality is the most readily measurable indicator used to compare health outcomes between populations. For example, in Wandsworth in 2010, approximately 2,500 people died. In addition, the number and type of admissions to hospital reflect the immediate or acute need of the population for consultant-led medical care. The people of Wandsworth generated 60,000 emergency hospital attendances in 2009/10. Many conditions and lifestyle choices contribute to premature mortality or the need for care in a hospital, and these are described more fully within the most relevant life-stage chapter.

Between Borough Inequalities

Statistically Wandsworth residents are not expected to live as long as their counterparts elsewhere in London. Males are expected to live 76 years and females 81 years, whereas male Londoners as a whole can expect to live 77 years and females 82 years. Life expectancy is increasing nationally with advances in healthcare and the public becoming more health aware, even in the short time between 2001-2005 and 2003-2007 male life expectancy increased by 0.7 and females by 0.3 years (Source: APHO 2009).

The Standardised Mortality Ratio (SMR) is a measure that assesses one value against another but takes account of age and sex differences within each population. Across all causes of death and for the deaths in the under 75s, the SMRs for Wandsworth are in line with the England rates, but worse than the London figures. For some specific conditions (circulatory disease, cancer, and stroke) the SMRs for Wandsworth indicates a higher rate of mortality than in London or England. The level of suicide in Wandsworth is relatively low, with an SMR which is better than for both London and England. (Source: NCHOD 2006-08)

Two targets for under 75 mortality were set out under the White Paper ‘Our Healthier Nation’ which were for circulatory disease and cancer. These were set with another measure called Directly Standardised Rates (DSRs), which although laid out differently still address the age and sex differences in the underlying populations. The circulatory target of 99 (DSR) has already been reached with a 2006-8 actual of 89 (DSR). The cancer target of 107 (DSR) has not yet been reached, with a 2006-8 based actual of 126 (DSR).

Attendance rates at hospital are indicative both of the absolute level of need within the community as well as the effectiveness of community-based services in providing treatment without the need for hospital admission. Hospital activity is broken down into Accident and Emergency attendances, outpatient attendances, and admissions.

Generally the DSR for outpatients, A&E and emergency admissions in Wandsworth is lower than for London and England (the exception being outpatient attendances, for which Wandsworth has a higher rate than England) Table 1. The DSR for outpatient attendances and admissions for mental health conditions in Wandsworth is higher than for London and England, suggesting that mental well being remains a key issue for Wandsworth. Further discussion on hospital admissions is given in Chapter 5 in relation to long term conditions, and admissions that may have been treatable in primary care.

Table 1. Hospital Care 2009/10, Directly Standardised Rate per 1000 population.

Activity	Wandsworth Rate (Value)	London Rate	England Rate
Outpatient Attendances	1145	1181	1047
Accident and Emergency	314	327	368
Emergency admissions	66 (20,783)	80	86
Admissions for alcohol related	1489 (3,375)	1490	1582
Mental Health outpatient	26 (9167)	16	22
Mental Health admissions	2.3 (851)	2.2	1.9

Source: NHS comparators 2009/10, HES 2008/9, Local Alcohol Profiles England 2008/09

Inequality within Wandsworth Borough

There are specific wards with poorer health outcomes and economic and social disadvantage. These wards have high levels of social housing, lone parents with dependent children, benefit claiming households and low levels of educational attainment. There are also higher levels of over-crowding, greater numbers of black and minority ethnic residents and higher levels of long-term limiting illness. These deprived wards generate disproportionate numbers of children who become looked after by the Council, and higher numbers of children in need who require ongoing support from the Council. Evidence of the impact of this deprivation on health outcomes is demonstrated by looking at the local mortality rates and level of deprivation.

All age and under 75 mortality correlated with deprivation
Under 75 SMR. Latchmere has the highest SMRs for both males (165.4) and females (152.2), closely followed by West Hill (males at 155.1 and females at 127.4). The rates in West Hill may be distorted by the presence of the Royal Hospital for Neuro-Disabilities. Roehampton also has high SMRs for under-75s.
All age SMR. Latchmere remains high, but other wards such as St Mary's Park (males at 125.5 and females at 171.9) and Nightingale (males at 138.2 and females at 140.4) are also well above average. The high SMR for Nightingale may be attributable to the large nursing home in, but there is no evident explanation for the high SMRs in St Mary's Park.

The Index of Multiple Deprivation (IMD) provides a composite score of deprivation and is available at a low level of geography. The IMD is a combination of seven differently weighted domains, Income; Employment; Health and disability; Education, skills and training; Barriers to housing and services; Living environment; Crime. The IMD was calculated in 2007 and again in 2010. Figure 1 demonstrates the observed changes in banding between the two periods for small areas known as lower super output areas (LSOAs). Between 2007 and 2010 fourteen LSOAs have improved their percentile band, twenty-nine have deteriorated and 131 remain within the same banding.

Figure 1 Changes in IMD percentile banding between 2007 and 2010

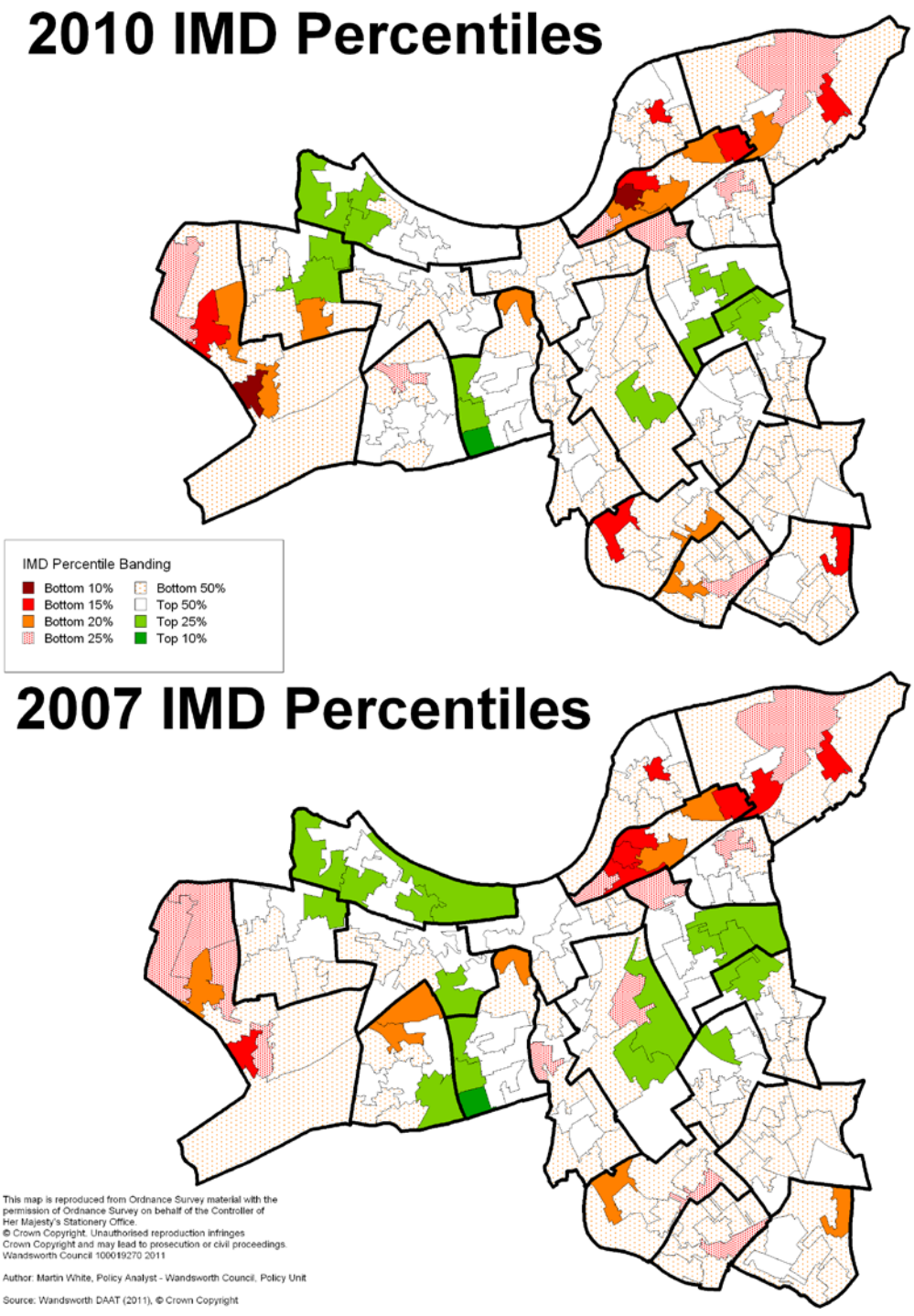


Figure 2 demonstrates the Slope Index for Inequality (SII), which portrays the life expectancy for each decile of deprivation in Wandsworth. This shows the difference in life expectancy between the most deprived decile and the least deprived decile. In Wandsworth the gap between those living in the most and least deprived areas is 7.5 years for males, and 5.9 years for females.

Figure 3 shows the percentage contribution of various causes of death to the life expectancy gap between the most deprived quintile in Wandsworth and the least deprived. The largest cause of years of life lost is coronary heart disease which contributes to over one year of the life expectancy gap for males and 5 months for females.

Figure 2 Slope Index of Inequality

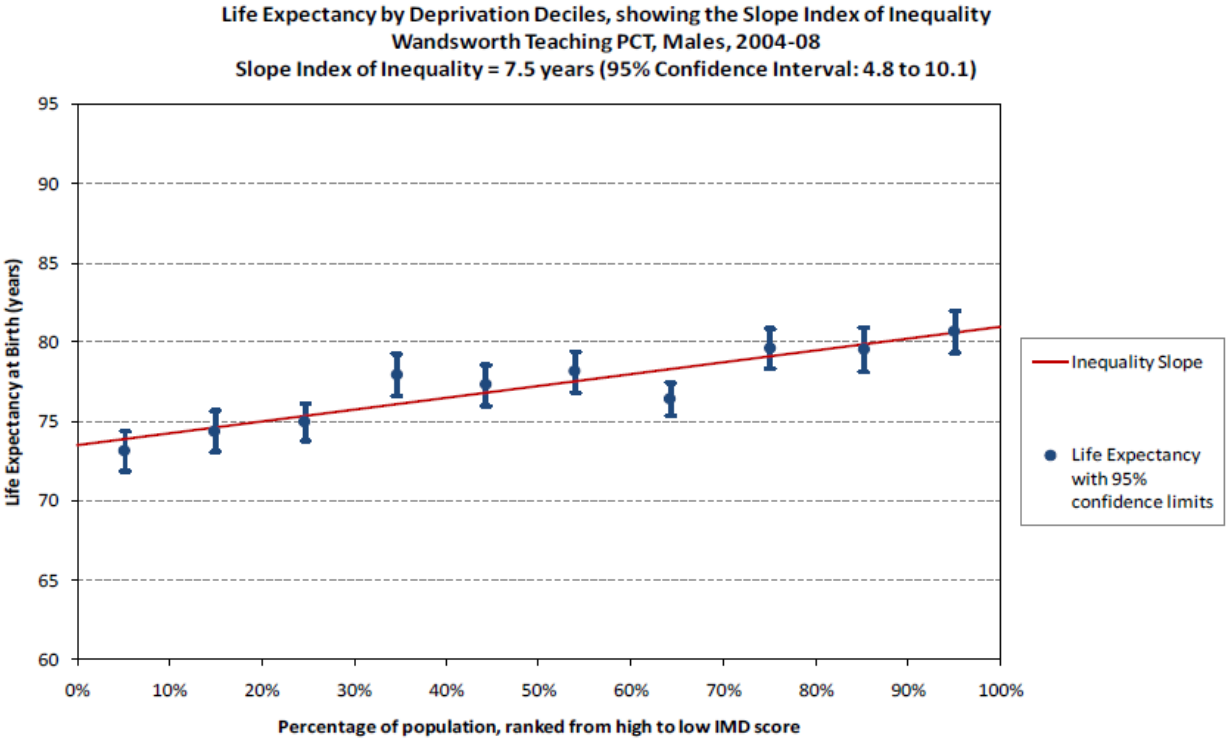
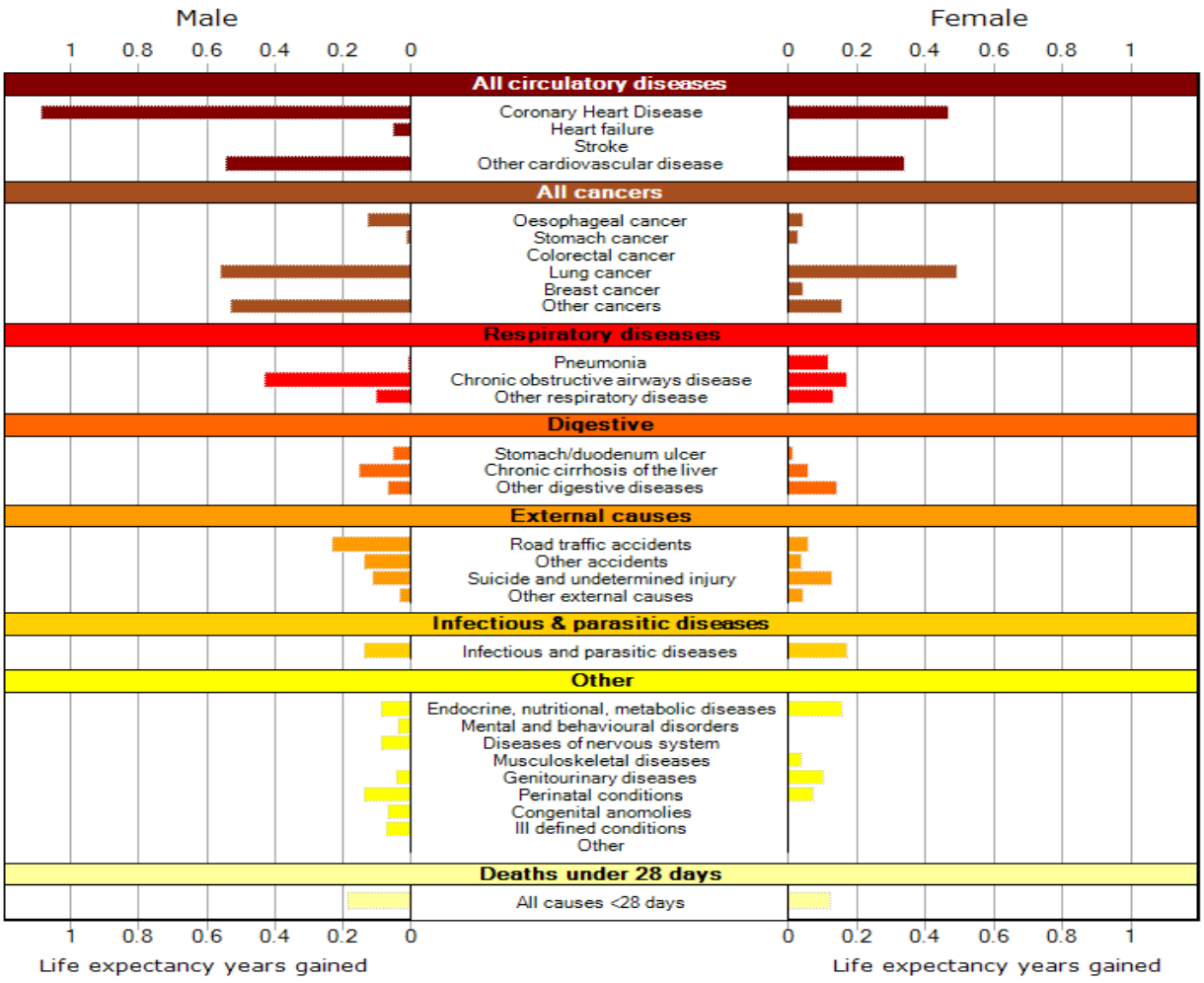


Figure 3 Breakdown of life expectancy gap between the Most Deprived Quintile in Wandsworth and the least deprived quintile in Wandsworth by cause of death



Chapter Two: Children and young people

During this life stage, the risk of mortality or serious disability is at its greatest at or immediately after birth. During subsequent childhood years the risk of mortality and disability is very small, with the most significant threat being posed by accidents. However, experience and learning in childhood had a profound effect upon future life chances, and the Marmot Review identifies a focus on the childhood years as the top priority in addressing health inequalities. The move to identify and diagnose heath and developmental problems early is therefore a key focus

There has been a marked increase in birth rates over the last decade and this is contributing to projected substantial increases in the 5-9 age group over the next 5 years. However, the fertility rate in Wandsworth remains below that for London and England. Infant mortality and low birth rates in Wandsworth are better than for London and England. Women in Wandsworth are less likely to smoke during pregnancy and more likely to start breast feeding.

This chapter draws attention to child and adolescent mental health, often overlooked but frequently a pre-cursor of wider health inequalities. The adverse health outcomes for particular vulnerable groups are also identified.

The key priorities for improving the health of children and young people in the coming years have been set out in “Being Healthy” section the Children and Young People’s Plan (CYPP), now being updated as part of development of a new CYPP for 2011-14. They align with the proposals for children’s care set out in the Wandsworth PCT Strategic Plan 2009 -14. These priorities have been informed by needs assessments undertaken to support local commissioning, the 2010 drug and alcohol needs assessments, the draft CAMHS Needs Assessment 2010, and an ongoing survey of health needs in special schools.

Summary: Children and Young People

1. Relatively poor outcomes
    a. Despite reductions, teenage pregnancy rates are still above national and London averages (and well short of the 55% target reduction from 1998)
    b. Levels of childhood obesity are high in comparison to national averages – especially for year 6.
2. Areas of increasing concern
    a. Increasing numbers of children are identified as having physical and learning disabilities – particularly moderate learning disabilities (although absolute numbers are small) and autistic spectrum disorders.
3. Inequality
    a. Over-representation of: Black children in the obese group; Black or Black British young people amongst those in treatment for drug misuse; ‘Black other’ children amongst those needing Child and Adolescent Mental Health services; Black children amongst those with statements of special

educational need; Black Caribbean , mixed Black and mixed Asian children amongst those becoming teenage parents; and Black young people amongst those excluded from school and in the criminal justice;

b. Increased prevalence and concentration of poor health outcomes in disadvantaged areas of the borough – particularly for obesity, teenage conceptions and mental disorders;

c. Greater prevalence of mental health problems amongst vulnerable groups including Looked After Children, young carers, Teenage parents, youth offenders, LGTB and homeless young people; and

d. Some concern that substance misuse services may not be reaching those with the greatest need.

4. Failure to meet targets which contribute to good outcomes

   a. Childhood immunisation rates, whilst considerably improved, are below the level required to provide "herd immunity" for MMR, school leavers booster and HPV.

Table 2 Selected maternal and child health indicators

	Wandsworth Rate (Value)	**Inner London Rate**	**London Rate**	**England Rate**
Fertility 2008 (per 1,000 females aged 15-44)	61 (5,246)	64	69	64
Low birth weight 2008 (% of all births)	6.4% (335)	8%	7.9%	7.5%
Infant mortality (under 1) 2006-2008 (per 1,000 live births)	3.3 (50)	4.8	4.6	4.8
Teenage pregnancy 2008 (per 1000, 15-17 females)	50.2 (136)	52.6	44.6	40.3
Breast feeding initiation % Q1 2009/10	91% (4079)	86%	85%	72%
Breast feeding at 6/8 weeks 2009/10	72.9% (857)	67.1%	63.2%	44.6%
Smoking during pregnancy % 2008/9	10%	-	-	27%
2 doses of MMR immunisation at 5 years old % 2009/10	78.5% (2764)	69.71%	72.2%	82.7%
Childhood obesity in reception year	10.2% (224)	14.6%	11.2%	9.6%
Childhood obesity in year 6	20.0% (378)	13.5%	21.3%	18.3%

Source: National Statistics, Teenage Pregnancy Unit, Information Centre, HPA

2.1 Description of the population

GLA Projections for the Wandsworth 0-19 population show a significant increase over the next five years. Table 3 highlights the general rise of 6.3%, but of particular note are:

- A very significant rise in the 5 – 9 year old population – estimated at 17%; and
- An increase in the female population aged between 15 and 19 – estimated at 7%; and
- 10-14 numbers remaining broadly static.

Table 3 Projected Population by age band - 2010-15

Age	2010		2015		Change 2010-15	
	Male	**Female**	**Male**	**Female**	**Male**	**Female**
0-4	10,670	10,198	10,962	10,482	+3%	+3%
5-9	7,064	7,194	8,267	8,404	**+17%**	**+17%**
10-14	6,124	6,337	6,183	6,471	+1%	+2%
15-19	5,635	5,864	5,792	6,253	+3%	+7%
Total 0-19	**29,493**	**29,593**	**31,204**	**31,610**	**+6%**	**+7%**

Table 4 Projected Population by broad ethnic group - 2010-15

	2010		2015		Change 2010-15	
	0-19	**All**	**0-19**	**All**	**0-19**	**All**
White	64.8%	77.9%	65.2%	77.8%	+0.4%	-0.1%
Black	17.1%	9.9%	15.6%	9.5%	-1.5%	-0.4%
South Asian	12.1%	5.2%	12.0%	5.1%	-0.1%	-0.1%
All other ethnic groups	6.0%	7.0%	7.2%	7.5%	+1.2%	+0.5%

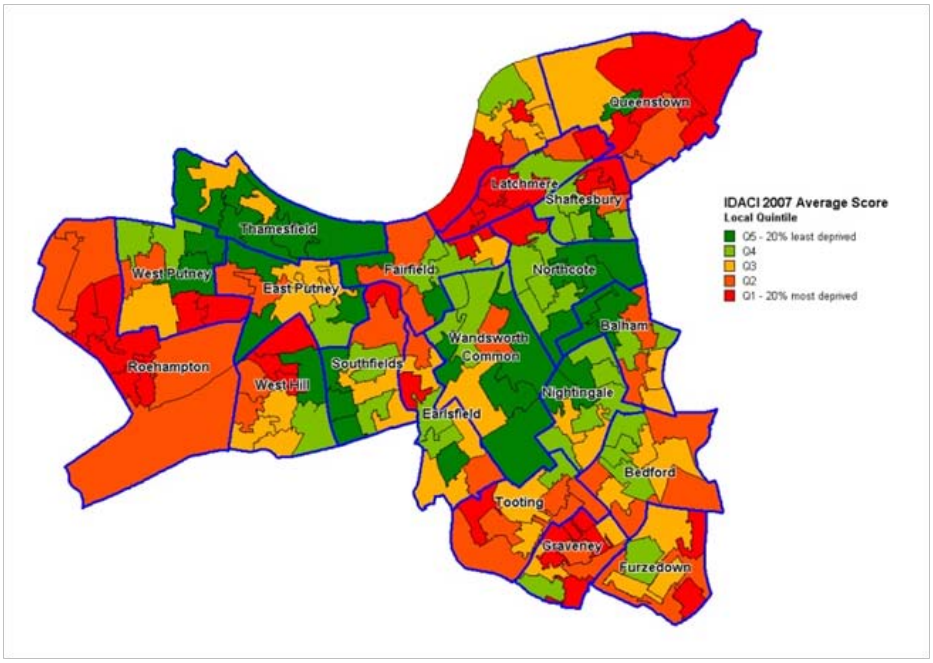
Projections by ethnic group in Table 4 for the next five years show a small reduction in the proportion of Black young people and small increases for the White and particularly “other” groups. Whilst, overall, the proportion of South

Asian young people remains broadly static, the Pakistani population is projected to decline whilst the Bangladeshi population increases significantly. The most significant reduction within the Black group is amongst the Black Caribbean population.

Children in low income households

2007 data shows that around 14,000 children in Wandsworth live in poverty[12]. Children and young people in Latchmere, Roehampton and Queenstown wards are most likely to live in households affected by income deprivation (Map 3).

Map 3: Income Deprivation Affecting Children Index (IDACI) 2007, average score by national quintiles



Growing up in poverty has an impact on children's health and well-being and places them at greater risk of poor health outcomes. Children in poor households are more likely to have been born prematurely, have had a low birth weight, and more likely to die in the first year of life[13]. Children from unskilled, working-class backgrounds are three times as likely to have a mental disorder as children from professional backgrounds[14]. Those families with less disposable income tend to have a lower intake of fruit and vegetables. The prevalence of overweight and obese children tends to be higher in lower socioeconomic groups.

[12] National Indicator 116 – The proportion of children in poverty

[13] Children and Young People Today: evidence to support the development of the Children's Plan (Department for Children, Schools and Families, 2007)

[14] Meltzer H, Gatward R, Goodman R, Ford T (2000) The mental health of children and adolescents in Great Britain HMSO: London.

The direct impact of growing up in poverty may be exacerbated by other factors: for example, households in which a parent has a mental health problem or a substance misuse problem are also likely to be poor ones.

School population
The population of maintained schools differs from the borough resident population due to pupils seeking education in other boroughs ("exports") and the independent sector and a significant "import" of pupils from neighbouring boroughs, in particular Lambeth. This results in a larger Black, Asian and minority ethnic (BAME) school population than is the case in the resident population.

2.2 Particular Issues and what we need to improve

Teenage Pregnancy
There have been significant declines in the number of teenage pregnancies in Wandsworth. The under 18 conception rate (per 1,000 girls aged 15-17) has fallen from 71.4 in 2007 to 50.3 in 2008 –the 12th largest fall nationally and the 4th largest in London. However the rate is still the 10th highest in London and above the national average of 40.4 per 1000). In spite of the decline over time, this is still well short of the trend needed to achieve the target of a 55% reduction on 1998 levels by 2010. In 2008, 40% of under-18 pregnancies continued through to birth, equating to 54 live births. Wandsworth also has amongst the lowest prescription of Long Acting Reversible Contraception (LARC) in the country for 15-44 year olds, (and this has been a focus of recent activity under the Teenage Pregnancy Strategy) but the percentage of under 18s who attended Community Sexual and Reproductive Health services and chose LARC (10.1%) is near the national average (11.5%).
Ward-level under 18 conception rates averaged over 2004-06 show the highest rates in Queenstown (99.3) and Latchmere (94.3) – almost double the borough average - with Nightingale (86.1) and Bedford (84.5) also having high rates.

Immunisation.
The uptake of one dose of MMR by the age of 1 in 2009/10 was higher in Wandsworth (86%) than Inner London (81%) and London (82%). However the uptake of two doses of MMR at 5 years of age in 2009/10 was significantly higher in Wandsworth (78%) than Inner London (70%) and London (72%).. There are also some local variations in MMR uptake at Year 2. Q1 data for 2008/9 showed lower rates of immunisation in West Putney (76.5%), East Putney (76.9%), Tooting (77.3%), Graveney (77.5%) and Northcote (77.6%). There have been significant improvements in the immunisation levels for young children in the borough. The rise has been consistent across Diptheria, Tetanus, Polio, Pertussis, Hib (all delivered as one dose), MMR and Meningitis C and the school leavers booster (Tetanus, Diphtheria, and Polio). However, despite this

improvement, the levels of immunisations rates are all below the 95% target. Uptake of the human-papilloma virus (HPV) vaccine are particularly low.[15]

Measles

Within Wandsworth there was an increase in measles cases between 2007 and 2008, from 16 to 36. There were then 8 cases confirmed in 2009 out of a total of 20 cases in South West London. In 2009 there were 20 cases of mumps in Wandsworth and 92 in South West London. Many of these cases were linked to outbreaks in young adults attending further or higher education institutions, with the numbers remaining far higher than the confirmed cases in 2001-2003[16].

BCG vaccination and tuberculosis

Trends in TB incidence in Table 5 show the rate in Wandsworth being stable with three year rolling average figures of between 34 and 36 per 100,000. The Department of Health recommend that when TB incidence approximates 40/100,000 universal neonatal BCG vaccination should be introduced. Proposals for the introduction of universal BCG vaccination within Wandsworth are being considered. More information on TB is given in Chapter 3 Young Adulthood, as the stage in life when TB is most frequent.

Table 5: Rate of TB per 100,000 Wandsworth residents, 2002-2009

Three year average	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09
TB cases	92	98	94	98	95	97
Rate / 100,000	34.0	35.8	33.9	35.3	33.7	34.0

London TB Register, HPA London. Data extracted 15/06/10

Childhood obesity

The establishment of the National Child Measurement Programme has provided comprehensive information on levels of childhood obesity. Obesity rates in Wandsworth continue to remain above the national average for both Reception and Year 6. The key concern is the Year 6 rate. Although this has shown a decline from 24% in 2007/8 to 20.0% 2008/9, this is still above the national average (18.3%) but below the average rates for Inner London (23.3%) and London (21.3%). Obesity in Reception has remained broadly static (10.3% in 2007/8 and 10.2% in 2008/9). This is slightly higher than the national average (9.6%) but significantly lower than the averages for Inner London (12.8%) and London (11.2%).

Local data on levels of obesity needs to be treated with caution because of the relatively small numbers involved and cohort volatility. However, the 2008 NCMP exercise identified high rates of Obesity for both reception and Year 6 in

[15] NHS Immunisations Statistics. 2008/09
[16] SWLHPU Enhanced surveillance June 2010

Queenstown and Fairfield, high rates of Reception obesity in Latchmere and St Mary's Park , and high rates of Year 6 obesity in Bedford, Earlsfield and East Putney. Overall, the prevalence of obesity in year 6 children living in the most deprived wards of Wandsworth is almost 30% higher than in the least deprived wards[17].

Physically active children

The 2009/10 School Sports Survey showed that 49% of pupils in Wandsworth schools (years 1-13) participate in high quality physical exercise or sport for at least three hours per week. Whilst this represents an improvement from the 48% reported in 2008/09, it has fallen short of the improvement in the London and national averages which have risen, respectively, from 49% to 55% and from 50% to 55%. In earlier years Wandsworth has consistently performed well against the standard of children undertaking at least two hours of sport and physical exercise per week, but there does seem to be scope for improvement in performance against the newer and higher standard.

Thalassaemia, and Sickle Cell Anaemia

Sickle Cell disorder is an inherited blood condition that affects the haemoglobin of the red blood cells. The disease usually presents itself in childhood and may lead to various acute and chronic complications, several of which are potentially lethal. In England, sickle cell disease is considerably more common than usually quoted, with a birth prevalence of 1:2000 (more common than cystic fibrosis = 1:2500), and an S carrier rate of almost 1% in babies. Highest rates of affected babies can be found in London as the disease is more common in people who have ancestors from malaria affected countries. Table 6 shows that South West London has a rate of 1.25 per 1000 babies screened. South East London has the highest rate and North West London the lowest.

Table 6: Rates of haemoglobinopathies by SHA 2005 - 07

Results for newborns	Rate per 1000 babies screened	No.	No. of Babies screened
London South East	3.05	158	51815
London North East	2.18	120	55050
London North Central	1.41	54	38231
London South West	1.25	49	39044
London North West	0.99	55	55514
England	0.54	651	1198614

Source: NHS Sickle Cell and Thalassaemia Screening Programme 2007-08

A recent review available at: www.wandsworth.gov.uk/jsna concluded that sickle cell patients need to be managed with a chronic care model that not only provides for the acute episode but attempts to reduce the impact of acute episodes. A number of issues such as communication, patient education, continuity of care,

[17] Local data from National Child Measurement Programme

home care, multi-agency collaboration, and a holistic understanding of pain need to be addressed to improve outcomes.[18]

Mental health and well being

A self-assessment of child and adolescent mental health services (CAMHS) in the borough is being finalised, early research findings are shown below. When published in 2011, it will be available from: www.wandsworth.gov.uk/jsna

Mental health problems in children are associated with a number of contributing factors including educational failure, family disruption, disability, offending and antisocial behaviour. They place demands on health care, social services, schools and the youth justice system. Without early and appropriate intervention, problems can become more debilitating and create distress for children and young people families, carers. Problems may also be exacerbated and may continue into adult life.

Assessing the prevalence of mental health disorder amongst children and adolescents in Wandsworth is a difficult task due to incomplete data sets and lack of clinical diagnoses at a community level. The prevalence of mental health disorders amongst children and young people in Great Britain has been estimated by the Office of National Statistics to be 11% for boys and 8% for girls aged between five and fifteen[3.] In an attempt to address the problems of the children and young people with a mental health disorder who are not accessing services, psychological well-being as a public health priority has been highlighted in several documents.[19,20,21.]

Research has identified a range of 'risk factors' that are associated with poor mental health outcomes: the more factors a child has, the more likely the child will experience mental health and wellbeing problems and will require services at an appropriate level of specialty. In an effort to explore these factors eight groups of vulnerable children have been identified, as described in Table 7.

[18] Review of Haemoglobinopathy Services. NHSW Public Health 2010
[19] Choosing Health: Making healthy choices easier. Department of Health 2004
[20] National Service Framework for Children, Young People and Maternity Services. Department of Health 2004.
[21] Children and young People in Mind: the final report of the national CAMHS review. DCSF. 2008

Table 7: Mental health disorders in vulnerable groups[22]

Children Looked After	42 children aged 5-10; 78 children aged 11-15; and 43 aged 16-18 March 2010
	Estimated prevalence of any mental health disorder; 18 children aged 5-10; 38 children aged 11-15; and 17 aged 16-18
Children with Learning Difficulties [23]	3417 children in maintained schools; 674 children in special schools; 963 children with SEN statement
	44% of children with SEN Statement have a mental health disorder
Youth Offenders	224 first time entrants; 70 re-offenders 2009/10
	Psychiatric morbidity 35%; Anxiety 31%; Depression 22%; Suicide attempts[24] 16%
Young Carers	Estimate between 250-600 young carers; median number of 425 carers
	54.2% of young carers have Special Educational Needs, compared to 28.7% of the general student population in Wandsworth
Homeless Young People	Local data not yet available
	52% of homeless 16-17 year olds experience anxiety, depression or other mental health problem[25]
Lesbian Gay Bisexual & Transgender (LGBT) children and young people	Estimated 410 Wandsworth young people who are homosexual, bisexual or unsure of their sexuality.
	44% have a clinically recognised mental health disorder; 51% experienced bullying at school; 47% have considered suicide.[26]
BAME groups	Estimated number of BAME children, over 5800 black, over 2500 mixed, over 4000 Asian.
	Any mental health disorder; 9.2% black; 7.8% Pakistani/Bangladesh; 6.9% other; 2.6% Indian
Teenage Mothers	46 births <18s 2009/10.
	3 x more likely to suffer from post-natal depression and experience poor mental health for up to three years after the birth.

Growing up in a household in whish there is domestic violence is a particular risk factor. During 2009/10 MARAC records indicate 3708 recorded incidents of domestic violence, an increase of 190 (5.1%) on the previous year.

[22] CAMHS Health Needs Assessment, Public Health 2010
[23] School Action, School Action Plus and Special Educational Needs Statement
[24] Chitsabesan, Bailey (2006)
[25] Statutory Homelessness in England: The experience of families and 16-17 year olds 2008 Pleace N, Fitzpatrick S, Johnsen, S, Quilgars, D and Sanderson, D. Department for Communities and Local Government
[26] Warner et al 2004

The calculation of mental illness prevalence rates for children under the age of 5 is difficult because the assessment instruments for these children are different and not as well developed as those for older children. A study by the Office for National Statistics[27] provides the national figures for the prevalence of mental health disorders in children and young people aged only 5-16 years old. Using this data for the prevalence of mental health disorders and the GLA Ward-level Population Projections for 2008, the number of children and young people in Wandsworth aged 5-16.

It is estimated that there will be 2,965 children affected by and mental heath disorder (i.e. around 9.6% of the 5-16 population). Prevalence of disorders is higher amongst boys at 11.4% (1743) compared with 7.8% of girls (1223). The highest absolute prevalence was estimated in the wards of West Hill (205), Roehampton (188), West Putney (188) Furzedown (187) and Latchmere (181).

The commonest mental health disorder in children aged 5-16 is conduct disorder, estimated to affect 1758 children in Wandsworth. The next commonest disorders, each estimated to affect around 1,000 children, are anxiety and emotional disorders. Other disorders are markedly less common. There are also variations between the sexes in terms of prevalence of disorders with anxiety more common amongst girls (4.3% and against 3.1% for Boys), whereas conduct disorder is more prevalent amongst Boys (7.5% as against 3.9% for girls).as are autistic apectrum disorders (1.4% as against 0.3%)

More detailed results on all the above will be available in the draft CAMHS needs assessment.

Substance misuse

A young people's substance abuse needs assessment was completed in 2010. The full version is available here: www.wandsworth.gov.uk/jsna/substancemisuse The latest TellUs4 survey[28] of pupils in Wandsworth schools showed that 9% of young people said they had ever taken drugs and that 28% had ever had an alcoholic drink. These levels are similar to those of Wandsworth's 'statistical neighbours' (the boroughs most similar to Wandsworth) where the percentages were 8% and 29% respectively. Cannabis was the most frequently taken drug. 8% of young people surveyed said that they had been drunk once or more times in the past four weeks and 4% said they had used cannabis once or more times in the past four weeks. These levels of use are also similar to Wandsworth's statistical neighbours.

Substance misuse is more common in certain vulnerable groups, for example homeless young people, young people in trouble with the law, and children looked after. The Drug Use Screening Tool (DUST) has been adopted as a means of

[27] Mental Health of Children and Young People in Great Britain, 2004 (Office for National Statistics, 2005)
[28] Available at www.education.gov.uk

establishing more systematic knowledge of the needs of these groups. In 2009/10, 9.4% of children looked after were identified as having a substance misuse problem.

Amongst young people, the most common adverse effect of substance misuse is intoxication through binge drinking, which poses immediate health risks as well as the risk of offending. In 2009/10, 100 young people were attended by an ambulance as a result of their drinking. The majority were aged between 15 and 17 years old and 53% were female. There were 21 recorded incidents where 2 or more young people were attended. The largest number of call-outs were to Thamesfield, West Putney, Bedford and Northcote wards – these reflect the location in which the young people were drinking, and not necessarily where they live.

Treatment for substance misuse

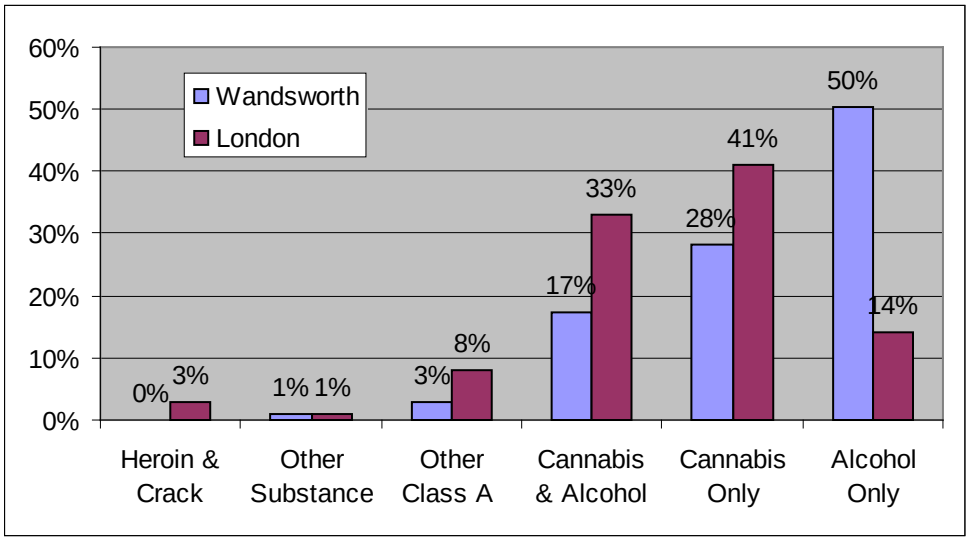
103 young people entered structured treatment for substance misuse in 2009/10[29]. The majority of young people entered treatment via TH@W. Compared with other boroughs in London, a very high proportion of referrals came from children and family services (particularly schools) and a lower proportion from the Youth Offending Team and from children looked after. It is believed that the low number of referrals shown as originating from these sources reflects data submission problems affecting the substance misuse services working in these settings.

However, there is some concern that substance misuse services in Wandsworth may not be reaching those young people with the most serious and entrenched problems. Compared with the rest of London, a higher proportion of young people in treatment are aged 14 or under are engaged in treatment and a lower proportion of people aged 15-17. This may partly reflect the high proportion of referrals originating from schools, but that is not a complete explanation as the profile of Wandsworth referrals is younger than the London average for all the main referral routes.

Likewise, the proportion of young people who entered treatment as a result of an alcohol problem is much higher in Wandsworth than elsewhere in London, whilst the proportion reporting use of Class A drugs is very low, as shown in Figure 4.

[29] www.ndtms.net

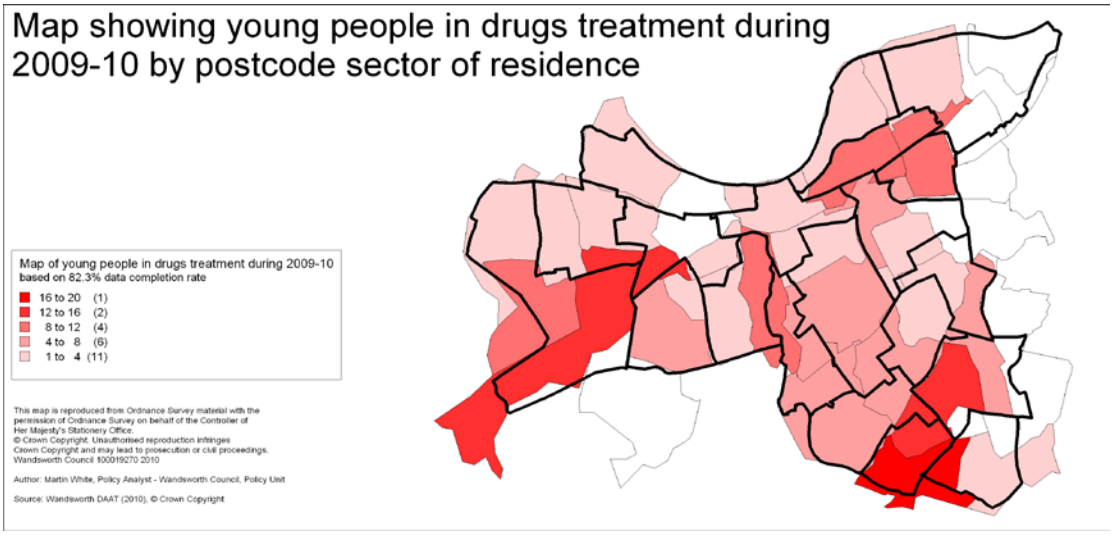
Figure 4: Young people in treatment by drugs used



Source: NDTMS

The ethnicity profile of young people entering treatment varies from the borough profile as fewer white young people entered treatment than the borough profile (46% as compared to 63%). The place of residence of young people in treatment is shown in Map 4.

Map 4: Drug users in treatment by place of residence



Source: NDTMS

The largest number of drug users in treatment came from Tooting and Roehampton, with secondary clusters in Battersea and central Wandsworth.

Children with special educational needs.
The number of pupils with special educational needs (SEN) in Wandsworth schools increased slightly between 2009 and 2010. However, this reflected a similar rise in the general school population, so the proportion of pupils with some kind of SEN provision (statement, School Action+ or School Action) remained at 30.1%[30].

However, within this stability there were some noticeable changes. There was an 11% increase in the number of pupils with Autistic Spectrum Disorder with significantly higher numbers at secondary and nursery ages. There were declines in the number of children and young people with severe or specific learning difficulties, with a slight increase in the number of children with Profound and Multiple learning difficulties (although the numbers are still small).

The largest groups remain children and young people with Behaviour, Emotional and Social Difficulty and Speech, Language and Communication Difficulties.

Just under 700 children attend one of the eight special schools in Wandsworth. A detailed census of health need is currently being undertaken and will focus on care planning and long term conditions such as epilepsy, asthma and diabetes. Strengthening of care planning will help to reduce hospital admissions, provide access to health, education and social care services, and reduce inequalities by integrating the approach to care.

2.3 Diversity and inequalities
This section highlights a number of indicators where particular groups suffer from particularly poor health outcomes when compared to their peers.

Obesity rates in the borough reduced in 2008/09, however the rates for certain groups remained significantly above the borough average. Data on year 6 pupils show that Black children were 2.1 times more likely than their White peers to be obese.[31]

The proportion of Black or Black British young people amongst those in treatment for drug misuse (29%) is higher than it is in the resident population (21%). This gap is wider for young people entering the youth justice system for drugs offences. Of the 54 drug offences committed by YOT clients, 40% of those were committed by Black or Black British young people.

In 2009-10, there were 224 first time entrants to the youth justice system in Wandsworth. 29 of these had a drug-related offence and 7 of these (24%) were Black or Black British.

[30] School Census January 2010
[31] Wandsworth Healthy Weights, Healthy Lives strategy.

Child and Adolescent Mental Health Tier 3 Services are referral-only services from GP, school, health visitor or social worker. Most of the 704 referrals in 2008/9 are for children (0-19) from a white ethnic background (423 children, 60%), which is slightly below the proportion of children of this ethnicity in the population (65%). The next most common ethnicity on the caseload is Black Other, which includes children of a mixed black ethnicity. These children are over-represented at 9% of the service caseload, compared to 7% of the overall child population.

For births in a hospital setting in 2009/10, ethnicity records indicate that the proportion of births occurring to mothers from a white ethnic background, at 43%, is well below the proportion of white children in the 0-19 population. Conversely, the births occurring to mothers from black Caribbean (11%), or mixed black (13%) or mixed Asian (7%) backgrounds are higher than their respective proportions of the 0-19 ethnic populations in Wandsworth (4%, 7%, 4% respectively).

There is some over-representation of black children amongst those with Statements of Special Educational Need. Black children make up 27% of the school age population in Wandsworth, but 31% of children with a statement of educational need. It should be noted that White British children are also overrepresented, making up 29% of the school age population but 36% of all statemented children.

2.4 What we're doing well

The percentage of children born with a **low birth weight** is lower in Wandsworth than is the case either regionally or nationally. However, rates remain higher than the London average in six wards

The **breastfeeding** prevalence at the 6-8 week check was significantly higher in Wandsworth (72.9%) than London (63.2%) and England (44.6%). The difference between the breastfeeding prevalence at the 6-8 week check between Wandsworth and Inner London (67.1%) was not significant.

Infant Mortality rates in Wandsworth (3 per 1000 live births) are lower than is the case nationally or in London. This figure is indicative of better nutrition and health amongst parents, but the numbers are too low to draw definitive conclusions.

Health outcomes for Children Looked After are good. 100% of under-5s had up to date health checks. The majority of CLA also had the correct immunisations (90.6%), up to date dental health checks (98.1%) and completed health checks (100%).[32] Additionally performance is good for children leaving care, going to suitable accommodation, and entering employment, education or training.

[32] Department for Education Statistical First Release: outcomes for looked after children

2.5 What we need to improve

Several **inequalities** manifest themselves for children from **deprived** backgrounds or from **black or minority ethnic groups**.

Teenage pregnancy rates are relatively high, but the downward trend is encouraging.

Routine childhood immunisation including **MMR** school leavers booster and HPV are below recommended levels.

2.6 What else do we need to know?

Increase our knowledge and understanding of the impact of **health inequalities**, particularly at a locality level, in order to inform effective commissioning of services. This will include developing better information on the combined impact of gender, ethnicity and disability on the health of children and young people and the specific issues in local areas. This will need to be linked to the mapping of existing services and the planning and commissioning of new or reconfigured services to address these issues, using evidence based approaches.

Improve the quality of the data collected and raise awareness amongst the children's services workforce of the issues surrounding **emotional and mental health and well-being of children and young people** and how best to support children in this area.

Progress the work to identify the **health needs of children attending special schools** in Wandsworth, and to map and identify any gaps in service provision. This will include progressing a range of reviews of therapy services.

Undertake further work to identify the reasons for the **overrepresentation of BAME groups across a range of adverse health outcomes** and to ensure any barriers to services and access to early interventions and support are tackled and that these groups are dealt with appropriate cultural sensitivity.

Improve **information sharing** about and understanding of the impact of parental mental heath issues on child and adolescent mental health.

Improve the identification of children and young people with **learning disabilities** to ensure adequate support from NHS and Local Authority services.

Use the outcomes from the **CAMHS** needs assessment to target local resource allocation.

Chapter Three: Young adulthood

This chapter is concerned with young adults, concentrating on the period between the attainment of adulthood and entering into a settled relationship, parenthood and living as part of a family. The approximate age range is from 18,and there is some overlap with the children's life-stage.

18-29 year olds are generally a group that enjoys good health and makes little use of health and social care services. However, it is also typified by risky health behaviours. Immediate risks to health include accidents and violence (including those related to alcohol misuse) and sexually transmitted infections. A high proportion of problem drug users fall within this age range, and it is a stage of life in which serious and enduring mental health problems are likely to emerge. It is also a period when health behaviours that may have long-term negative impacts (heavy drinking, smoking, lack of physical exercise, poor diet) are likely to become entrenched.

For some vulnerable young people, the transition from childhood to adulthood may be challenging and additional support may be necessary to manage with this transition.

Summary: Young Adults

1. Relatively low or poor health outcomes
    a. Low uptake of smoking cessation services by this age group
    b. Low uptake of drug and alcohol treatment services by this age group
    c. Low uptake of long-acting reversible contraceptives
2. Worsening trends
    a. High and increasing rates of sexually transmitted infections
    b. Survey results showing reduced satisfaction with access to primary care
3. Inequality
    a. Very high level of mental health needs of asylum seekers and refugees
    b. Low use of drug and alcohol services by women aged over 25
4. Failure to meet targets which contribute to good outcomes
    a. People with learning disabilities in employment

Table 8: Selected indicators for young adults

	Wandsworth	Inner London	London	England
Chlamydia screening (% of 15-24 population screened, 2009-10)	27.4%	n/a	26.0%	22.1%
Chlamydia diagnosis rate (per 100,000 population aged 15-24, 2009)	3,205	n/a	2,428	2,181
Acute sexually transmitted infections per 100,000 population	1,693	n/a	1,176	775
GP prescribed long-acting reversible contraception per 1,000 registered females aged 15-44	17.56	17.36	21.98	41.43
% of NHS-funded abortions undertaken at less than ten weeks' gestation, 2009	75%	77%	77%	74%
% repeat abortions in women aged under 25	30.8%	32.1%	32.2%	24.7%
Ambulance call-outs for drug overdose per 100,000 population, 2001-03	202	243	213	n/a

Source: National Chlamydia Screening Programme, Health Protection Agency, Department of Health, London Ambulance Service

3.1 Description of the population

Wandsworth has an estimated population of 67,111 18-29 year olds – 22.8% of the borough's overall population. This is high and compares with 17.7% for London as a whole and 16.3% for the United Kingdom. 53.4% are female and 46.4% male – another contrast to the national and London populations for this age group, which have much more even gender splits. Table 9 sets out the predicted change in this section of the population between 2010 and 2015:

Table 9: Projected population by age band, 2010-2015

	2010		2015		Change 2010-15	
Age	Male	Female	Male	Female	Male	Female
15-19	5,635	5,864	5,792	6,253	+3%	+7%
20-24	9,306	11,668	9,329	11,738	0%	+1%
25-29	19,393	22,030	19,488	22,138	0%	0%
Total 15-29	**34,334**	**39,562**	**34,609**	**40,129**	**+1%**	**+1%**

It can be seen that a very small increase (less than 1%) in the population in this age range is expected. It will decrease as a proportion of the overall population, to 22.0%. The number of 18-19 year olds is expected to increase much more sharply than the remainder of the age group.

GLA household estimates for 2011 show 18,233 households headed by a person aged under 30, of which 6,369 (34.9%) contain married or cohabiting couples, 1,336 (7.3%) are headed by a lone parent, 7,450 (40.9%) consist of other multi-person households, and 3,077 (16.9%) are one person households.

Table 10 also derived from GLA projections, shows the projected proportion of the 20-29 year old population by broad ethnic group, set against the projected proportions for all age groups, in 2010 and 2015.

Table 10: Projected population by broad ethnic group, 2010-2015

	2010		2015		Change 2010-15	
	20-29	All	20-29	All	0-19	All
White	87.3%	77.9%	87.4%	77.8%	+0.1%	-0.1%
Black	4.4%	9.9%	4.4%	9.5%	0%	-0.4%
South Asian	3.2%	5.2%	3.2%	5.1%	0%	-0.1%
All other ethnic groups	5.1%	7.0%	5.0%	7.5%	-0.1%	+0.5%

A higher proportion of this population are from white ethnic groups than the Wandsworth average, with no significant change expected in the next five years.

This segment of the Wandsworth population is generally affluent. GLA estimates suggest that Wandsworth has a higher proportion of 18-29 year olds who are economically active than any other London Borough, and the proportion of income benefit claimants is low. However, significant pockets of deprivation exist within the borough. According to official labour market statistics for the calendar year 2009, 4.2% of the population aged between 16 and 24 were on income support, but the proportion in Latchmere is more than twice as high (9.6%). Since 2008 there has been an increase in the number of Job Seeker Allowance claimants.

Wandsworth receives a high number of international migrants, with numerically, the 11th highest non-UK born population amongst London boroughs and the 6th highest non-British population. Table 11 shows the number of new National Insurance Number registrations for Wandsworth residents between 2002 and 2008, broken down by country of origin, for all countries of origin from which there were over 2,000 registrations during this period.

Table 11. New National Insurance Number registrations for Wandsworth

Country of Origin	Registrations between 2002 and 2008
Australia	8330
Poland	7430
South Africa	6400
New Zealand	3270
Italy	2060
France	2040

Whilst this data is not normally broken down by age group, it seems likely that the majority of these migrants are young adults coming to work and study in the borough.

3.2 Particular issues and what we need to improve

Open access primary care provision

2009-10 was the fourth year of the GP Patient Survey. In Wandsworth, 40,705 people were sent a questionnaire and 26% responded. The results shown in Table 12 indicate that, in line with the national picture, there has been reduction in the percentage of those who stated they were able to see a doctor fairly quickly, and the percentage of those who stated they were able to book ahead for an appointment with a doctor. There has also been a reduction in the percentage of those agreeing that they found it easy getting through on the phone. However, there has been an increase in the percentage of people who were satisfied with the opening hours of their GP practice, in contrast to the London and national results, where demand for additional hours has risen.

Table 12: GP Survey questions demonstrating significant change between 2008/9 and 2010/11

	Wandsworth		
	2008/09	2009/10	Change
% Found it easy getting through on the phone	71%	68%	-3%
% Able to see a doctor fairly quickly	82%	77%	-5%
% Able to book ahead for an appointment with a doctor	74%	69%	-5%
% Satisfied with opening hours	79%	81%	+2%

Source: National GP Patient Survey

Physical activity and obesity

From the 2009 Active People survey[33], 31.8% of Wandsworth residents aged 16-34 exercised for at least 30 minutes on three or more occasions per week – close to the national average but eighth highest amongst London boroughs.

GP data shows the prevalence of obesity in the Wandsworth population aged 16 or over is 5.5%, below the London average of 9% and the rate across England of 9.9%. However, this figure is considered unreliable, due to the high proportion of registered patients for whom no Body Mass Index (BMI) is recorded. Modelled

[33] Available at www.sportengland.org

estimates, derived from the 2003-05 Health Survey for England, give the adult obesity rate for Wandsworth as 14%, against a national figure of 24%[34].

It is important to increase the recording by GP practices of a recent BMI (measured in the previous 15mths) for adults over the age of 16, in line with the requirements set out in the Quality and Outcomes Framework. This will give a more accurate picture of adult obesity levels and encourage more consistent identification and signposting of adults to appropriate services.

Smoking

In 2009-10, 1,117 Wandsworth residents aged under 34 set a quit date with the NHS smoking cessation service, equivalent to 10.00 per 1,000 residents aged 15-34. This was an improvement of over 50% since 2008/09, but is still well below the London average for this age group (15.90 per 1,000). The proportion of those engaging who successfully quit smoking, validated by a CO monitor, at 26.8%, was close to the London average (27.0%)[35].

Alcohol

The 2009 alcohol needs assessment showed that 23.3% of all alcohol related ambulance call outs in 2008-09 were for 18-29 year olds, much higher than their overall share of ambulance call-outs (4.6%). However, the number of young adults in treatment for alcohol misuse is low, with fewer 20-24 year olds in treatment than under 16s and 16-19 year olds[36].

Drug misuse

The estimated prevalence of problem drug use in Wandsworth (defined as use of crack or heroin) is 8.53 per 1,000 population aged 15-64, below the London average of 11.64. In the 15-24 year old population, Wandsworth's estimated prevalence was 11.19 per 1,000 population, just above the London average, but in the 25-34 year old population it was 5.79 per 1,000, less than half the London average of 13.89 per 1,000[37]. Despite this, the link between drug misuse and offending is most clearly manifested in young adults, with 25-29 being the commonest age range for drug testing positive for cocaine or opiates following arrest. However, there is a concern that services in Wandsworth are less effective than those in some other areas at engaging young adults: in Wandsworth, it is estimated that 11% of problem drug users aged 15-24 are in structured treatment, compared to averages of 14% in Inner London and 16% in London[38].

[34] PCO Level Model Based Estimates for Obesity. NHS Information Centre, 2008. Available at www.ic.nhs.uk
[35] Statistics on NHS Stop Smoking Services: England, April 2009 - March 2010 (NHS Information Centre)
[36] National Drug Treatment Monitoring System
[37] Prevalence estimates produced by University of Glasgow and available at www.nta.nhs.uk
[38] National Drug Treatment Monitoring System

Sexual Health

In 2010 a sexual health needs assessment reviewed access to contraception and sexual health services in Wandsworth. When published, the full document will be available at: www.wandsworth.gov.uk/jsna

In 2008-09, approximately 9,000 women aged 20-34 had initial appointments for contraception with Community Services Wandsworth Reproductive Sexual Health Service – approximately 17% of the Wandsworth population in this age group. However, this data does not include women who access contraception through general practitioners or women who access services outside Wandsworth. 12% of first contacts with the Wandsworth Reproductive Sexual Health Service were for long-acting reversible contraception – below the London and England averages of 17%. The GP-prescribed LARC rate is 17.6 per 1,000 women aged 15-44, below the London average of 22 per 1,000 and less than half the national average of 41.4 per 1,000.

Around 1,000 women per year access emergency contraception through the community reproductive sexual health services and over 2,000 through community pharmacies. 54% of those accessing emergency contraception through community pharmacies are aged 20-29, with the peak age for uptake of this service being 20-24 years.

The proportion of Wandsworth women in the 20-29 age range undergoing terminations of pregnancy fell between 2003 and 2008 and, by 2008, was below the South West London, London and English averages. The percentage of all NHS funded abortions undertaken at less than 10 weeks of gestation in 2009 was 75%, close to the London and national averages and a significant improvement on the 68% recorded in 2008.

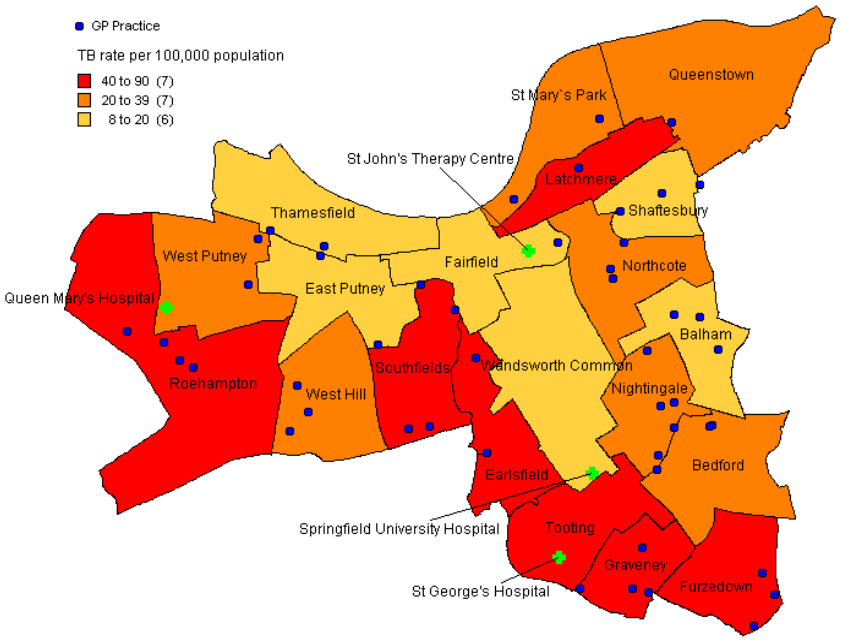
Between 2002 and 2009, there have been continuing increases in the incidence of Chlamydia, Genital Warts, Herpes and Syphilis diagnosed in genitor-urinary medicine clinics in South West London, although the incidence of Gonorrhoea has fallen back slightly since peaking in 2002. Chlamydia infection remains the most common STI, with new cases continuing to increase across the sector and a gradual increase across London. Diagnoses of Chlamydia at GUM clinics are largely symptomatic cases; in addition there are a number of diagnoses made through the Chlamydia screening programme (asymptomatic). In 2009 the screening programme identified 347 positive cases in Wandsworth. Under the National Chlamydia Screening Programme, 3.6% of the 15-24 year olds resident in Wandsworth who have been screened have tested positive – below the London and national averages (5% and 6%).

Tuberculosis

The majority of TB cases in Wandsworth occur in people between the ages of 20 and 40 years, as is the case nationally. For women and men respectively, 54%

and 52% of cases occur in patients between the ages of 20 and 40 years. Overall the majority of cases were of Black-African ethnic origin (33%), or from the Indian sub-continent (35%). Over 80% of the total number of cases were non UK-born.

Map 5: Ward level tuberculosis case reports in Wandsworth 2006-2008



The epidemiological analysis also identifies parts of Wandsworth and population groups that are particularly affected by TB. Areas that have high proportions of ethnic minority populations or populations that come from areas of the world with high TB incidence are at increased risk. This risk is clearly demonstrated in the ward level analysis which shows high TB incidence in some areas of the borough. Even though these ethnic minority populations are well established, the risk of developing TB remains as the analysis shows that 60% of those born outside the UK who developed TB had been in the country for more than 5 years. The largest number of non UK-born TB cases in Wandsworth are from Somalia, Pakistan and India which together account for 55% of non UK-born cases[39]. It is therefore necessary to invest in community based TB awareness raising activities both within the communities affected and with frontline health care providers in these areas to prevent further increases in TB incidence. Early identification of TB cases is key to reducing incidence as well as reducing the health impact of TB. Feedback from the local stigma consultation suggests that the awareness activities in the community should not be TB specific but be part of other general health promotion activities in order to maximise community participation.

The development of a TB strategy for Wandsworth is the next step in addressing the findings of this needs assessment. A key component of the action plan is the implementation of the universal BCG for all children at birth.

[39] Health Protection Agency Centre for Infections, 2009

Suicide

Young males aged 20-39 and females aged 15 to 29 are at higher risk of suicide than other age groups. In 2006/08 the directly standardised death rate for suicide and undetermined injury in Wandsworth was 10.41 per 100,000 for males and 4.06 per 100,000 for females (derived from a total of 56 deaths over this three year period). The rate for males was below the national rate and very close to the London average, whilst that for females was higher than both London and national rates. These figures represent a reduction in Wandsworth of 39% in the male death rate and 38% in the female rate since 1995/97 – a reduction that far outstrips that achieved nationally or across London.

Since 2003 there have been 30 or fewer annual deaths from suicide and undetermined injury in Wandsworth. Wandsworth has the highest all age mortality rate by suicide in SW London reflecting the higher suicide rate in Inner London compared to Outer London.

In England and Wales, suicide rates have been found to be twice as high for those living in the most deprived areas compared to those living in the least deprived. Research has shown that suicide rates tend to rise during periods of high unemployment and therefore it is possible that the current global economic recession may lead to a rise in suicide rates in Wandsworth. The contingency recommended is to focus mental health promotion and suicide prevention activity in those parts of the borough with the highest unemployment rates.

Employment support

Wandsworth has a low proportion of people with learning disabilities in employment. In 2009/10 5.4% of working age adults with learning disabilities were in paid employment compared to 8.1% reported from similar boroughs; this has risen to 6.7% in 2010/11 (provisional analysis NI146). In 2009/10 7.7% of mental health service users on the Council's books were in employment; this has risen to 10.0% in 2010/11 (provisional analysis NI150) but is still below the 15% target. Adult Social Services commissions a range of providers to help people with disabilities into work, also supported by the Council's Adult and Community Learning Service.

Transitional support

The groups of young people likely to require additional support in the transition to adulthood include young people who are homeless, or have been looked after by the Council, young people with disabilities or special educational needs, young people with substance misuse problems, and young offenders. The Council's "Transition Protocol 2011-13" addresses the interagency approach to providing this support.

3.3 Diversity and inequalities

In October 2010, the NHS Wandsworth Homeless, Asylum and Refugee Team held 155 case files on asylum seekers and refugees. Of the total caseload, 20% had unresolved asylum status. Mental health problems are prevalent and range from sleep problems and anxiety to severe depression and post traumatic stress disorder. A number of asylum seekers were suffering the effects of torture, imprisonment, rape or war.

Although, overall, men substantially outnumber women in alcohol treatment services, women account for half of those in treatment who are aged under 24. Men substantially outnumber women amongst those in treatment for drug misuse, but the proportion of women in treatment is highest in those aged under 24 or over 55. Whilst the predominance of men in treatment may reflect higher prevalence of substance misuse amongst men, the decline in the number of women entering treatment from 24 onwards suggests that women with childcare responsibilities may be more reluctant to enter treatment than younger age groups, perhaps because of a perception that identifying themselves as having a substance misuse problem could lead to children being taken into care.

Whilst Chlamydia screening and positivity rates in the borough are better than national and regional averages there are some discrepancies. In 2009/10 young women were 1.2 times more likely to be screened for Chlamydia than their male peers. However, young women aged 15-19 were 2.8 times more likely to test positive than their male peers.[40]

3.4 What we're doing well

The number of adults participating in at least **30 minutes of sport** is well above the London average.

More 15-24 year olds in Wandsworth were screened for **Chlamydia** in 2009/10 (27.4%) than was the case nationally (22.1%) and London (26.0%). Fewer of the young people screened tested positive for Chlamydia (3.6%) than is the case nationally (6.0%) and regionally (5.0%).[41]

The **suicide rate** within Wandsworth has fallen significantly faster than in London as a whole or nationally.

[40] National Chlamydia Screening Programme – detailed PCT tables
[41] National Chlamdyia Screening Programme – detailed PCT tables 2009/10

3.5 What we need to improve

Experience of **primary care services** as evaluated by the national GP survey highlights a number of areas that Wandsworth patients have indicated a decline in satisfaction.

The uptake of GP-prescribed **Long Acting Reproductive Contraception** falls below London averages and the rate of sexually transmitted infections particularly **Chlamydia** is relatively high against other local areas.

There is concern that engaging young adults in the uptake of **drug services** is not effective.

3.6 What else do we need to know?

- To better understand how to respond effectively and in a timely way to meet the needs of challenging and vulnerable young people and their families during transition to adulthood.To determine if there are barriers to women from drug treatment services
- To establish the relationship between Chlamydia diagnoses and screening for young men and young women to ensure universal uptake of services
- To understand the impact of unemployment on the need for health care in the short, medium and long term

Chapter Four: 'Mid-life'

This life stage is typified by more settled relationships and a focus on work and home life. For many, children and families will be a central concern. The age range covered is generally between 30 and 50.

The early years within this life stage are likely to see the establishment of new families, involving entry into and formalisation of settled relationships, and the birth of children. For the majority, the remainder of the life stage is likely to be dominated by responsibilities associated with the upbringing of children, whilst the end of the life stage may be marked by children completing their education and leaving home. Key health services in the early part of this life stage will include family planning and maternity services. Health promotion interventions are of importance: nutrition, exercise, sexual health, drugs, alcohol, and mental well-being are all key issues for individuals in this life stage and their health choices and behaviours will influence the children in their care. Services such as cancer screening, early diagnosis and treatment for a range of diseases and conditions become of increasing importance. Issues that may affect the health of the more vulnerable in this life stage include domestic violence, housing problems and debt.

Summary: Mid-life

1. Relatively low or poor health outcomes
    a. Very high need for acute inpatient mental health services, as calculated by Mental Illness Needs Index 2000
    b. A relatively high proportion of HIV cases are diagnosed late.
2. Worsening trend in health outcome
    a. Increasing rates of HIV diagnoses in Wandsworth.
    b. Increasing rates of hospital admissions attributable to alcohol.
3. Inequality
    a. Smoking prevalence is high in some areas, but uptake of smoking cessation services in some of those areas is low.
    b. People from BME groups have a high rate of mental health admissions to hospital and a high rate of compulsory detentions.
4. Failure to meet targets
    a. Performance against the 80%cervical screening target was 71.5% for Wandsworth. The breast screening target was 80%, with Wandsworth achieving 63.5%.
    b. The proportion of people with learning disabilities in employment and those in settled accommodation is lower than in comparable boroughs.
    c. The number of women attending a maternity appointment at 12 weeks into the pregnancy was below target in 2009/10.

Table 13: Selected indicators for mid-life

	Wandsworth	Inner London	London	England
% cervical screening coverage	71.5	71.2	73.8	78.9
HIV prevalence per 1,000 persons aged 15-59	4.68	n/a	5.04	1.70
% HIV diagnoses with CD4 cell count <200 at time of diagnosis	33.8	28.1	31.1	32.1
Number of smoking quitters per 100,000 population aged 16+, 2009/10	539	932	799	895
National psychiatric morbidity survey depression index	10.8	n/a	10.6	7.6
Mental Illness Needs Index 2000 Schizophrenia index	2.4	n/a	1.6	1.0

Source: Vital signs, NHS Screening Programme, Health Protection Agency, NHS Information Centre, London Health Observatory

4.1 Description of the population

GLA estimates are that there are currently 116,845 people in Wandsworth aged between 30 and 49, with men slightly outnumbering women (51% to 49%). 39.7% of the Wandsworth population fall in this age range – above the proportion for London as a whole (34.4%), and further above the proportion in the United Kingdom population (28.0%). Table 14 sets out the predicted change in this section of the population between 2010 and 2015.

Table 14: Projected population by age band, 2010-2015

	2010		2015		Change 2010-15	
Age	Male	Female	Male	Female	Male	Female
30-34	20,968	20,911	20,150	20,503	-4%	-2%
35-39	17,215	15,672	16,988	16,390	-1%	+5%
40-44	12,485	11,526	13,591	12,702	+9%	+10%
45-49	8,957	9,111	10,363	9,969	+16%	+9%
30-49	**59,625**	**57,220**	**61,092**	**59,564**	**+2%**	**4%**

It is anticipated that a slight decline in the population at the bottom end of this age group will be more than offset by a sharp increase in the population aged between 40 and 49 years.

GLA projections for 2011 show 71,690 households in Wandsworth headed by a person in the 30-49 age range. Of these, 28,011 (39.1%) consist of married or cohabiting couples, 9,240 (12.9%) consist of lone parents with dependent children, 7,378 (10.3%) are other multi-person households and 27,061 (37.7%) are single person households.

There is a smaller proportion of lone parent households (9%) than in London or England and Wales (11% and 10% respectively). There are sharp variations between wards: in February 2010, 4.8% of the working age population in Latchmere and 3.9% in Roehampton were on lone parent benefits, compared to 0.6% and 0.5% in Northcote and Thamesfield respectively[42]. The percentage of children aged 0-19 living in households claiming benefits, as at May 2008, followed a similar distribution, with 41.0% (1,315 children) in Latchmere and 30.9% (1,225 children) in Roehampton, compared to 5.2% (140) in Thamesfield and 7.2% (220) in Northcote.

Table 15, also derived from GLA projections, shows the projected proportion of the 30-49 population by broad ethnic group, set against the projected proportions for all age groups, in 2010 and 2015:

Table 15: Projected population by broad ethnic group, 2010-2015

	2010		2015		Change 2010-15	
	30-49	**All**	**30-49**	**All**	**30-49**	**All**
White	80.6%	77.9%	81.5%	77.8%	+0.9%	-0.1%
Black	8.5%	9.9%	7.5%	9.5%	-1.0%	-0.4%
South Asian	4.5%	5.2%	4.4%	5.1%	-0.1%	-0.1%
All other ethnic groups	6.4%	7.0%	6.6%	7.5%	+0.1%	+0.5%

It is anticipated that the proportion of people from Black ethnic groups within this age range will decline between 2010 and 2015, and there will be a corresponding increase in the proportion of the population from White ethnic groups.

[42] Priority Area Overview Wandsworth

4.2 Particular issues and challenges

Parenting

Approximately 70% of births to women registered in Wandsworth are to a mother who is over the age of 30. The fertility rate is increasing and the number of births has increased rapidly from 4,080 in 2001 to 5,246 in 2008. A high proportion of the increase in births is attributable to mothers who were not born in the UK.

Problems have been encountered in ensuring that all women get early access to maternity services. The number of women attending a maternity appointment at 12 weeks into the pregnancy was 73% in 2009/10 against a target of 80%.

Screening

In 2008/09, Wandsworth achieved a marginally higher uptake of cervical cancer screening than the Inner London average (71.5% against 71.2%), but fell short of the London and National averages (73.8% and 78.9%), and well short of the 80% target. Coverage by GP Practice ranged from 42% to 83%. Early data from the new bowel cancer screening programme shows a coverage rate of 40%, whilst GP data for 2008/09 showed an 87% coverage rate for retinal screening.

Smoking

The estimated adult smoking prevalence rate derived from the 2006-08 Health Survey for England is 18.6%, significantly below the national average[43]. GP data on the prevalence of smoking, as recorded in July 2009, showed 67,194 "current smokers" registered with Wandsworth GPs (19.6%). The recorded prevalence of smoking in the adult population was highest in the most deprived ward (Latchmere, 5,032). However, recorded prevalence was not closely linked to deprivation, with Fairfield (one of the more affluent wards) having a relatively high number of smokers (4,035), whilst Graveney and Tooting (amongst the more deprived wards) had relatively low numbers (1,834 and 1,396, respectively). Caution must be exercised in interpreting these figures, as recording practices may differ between GPs. The ward-level figures may be affected by the distribution of ethnic groups across Wandsworth, with different prevalence of smoking in different ethnic and cultural groups.

In 2008/09, 6.5% of women in pregnancy were recorded as smoking – significantly lower than the national average (14.6%) and just below the London average.

In 2009/10, 539 people per 100,000 aged 16 or over successfully quit smoking through the smoking cessation service, well below the London and national averages (799 and 895). The geographical distribution of people using the smoking cessation service largely follows the pattern of smoking prevalence, although the some areas with relatively high prevalence of smokers, notably

[43] Local Tobacco Control Profiles for England. Available at www.lho.org.uk

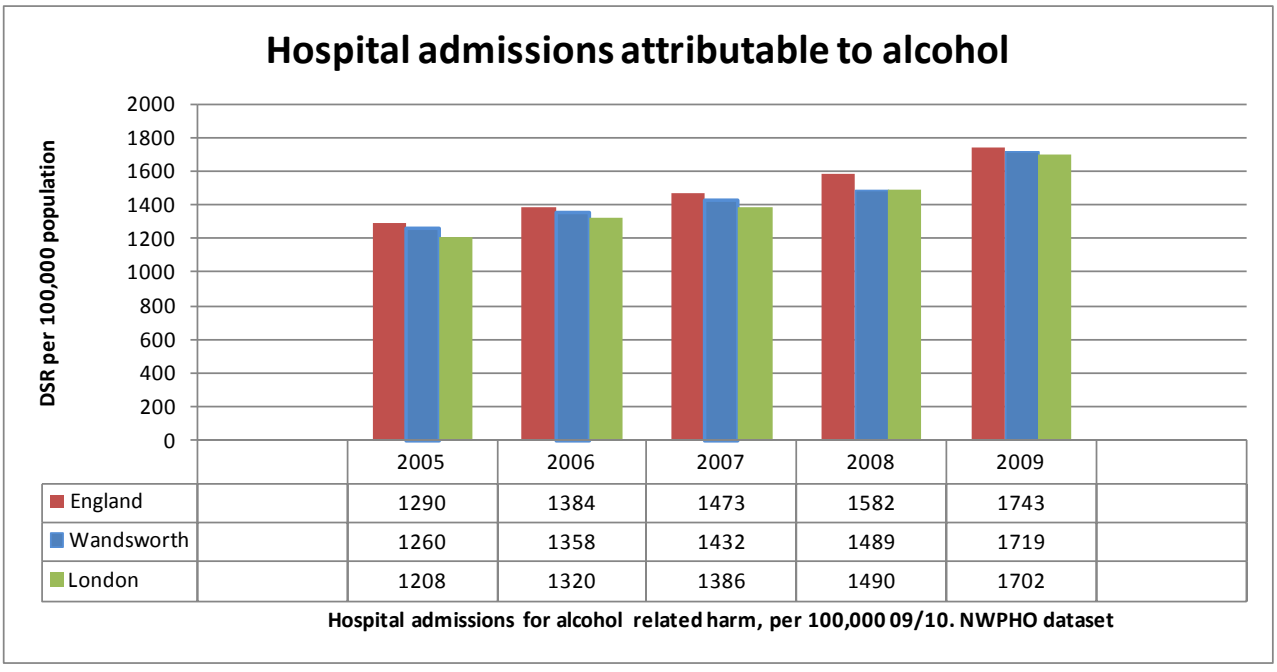
Latchmere and St Mary's Park, had a low number of people accessing the service (115 and 51 respectively), which may indicate that the service should be further promoted in these wards.

Despite the below-average recorded prevalence of smoking in Wandsworth, rates of smoking-related harm appear high. The rate of smoking-attributable mortality in the same period (223.1 per 100,000 population aged 35 or more) was significantly above the national and London averages (206.8 per 100,000 and 200.4 per 100,000). Smoking-attributable hospital admissions in Wandsworth were 1,402.9 per 100,000 population aged 35 or more, significantly above the national and London averages (1265.3 per 100,000 and 1216.3 per 100,000). Wandsworth also had significantly high rates for lung and oral cancer registration and lung cancer mortality[44].

Alcohol

Data on engagement in structured treatment for alcohol misuse shows that engagement peaks in the 40-44 age range. The Wandsworth rate of alcohol-related hospital admissions (DSR) in 2009/10 was significantly lower than the Inner London averages, and close to the average for London and England[45]. However there have been very sharp increases in the number of alcohol-related admissions at national, London and local levels over the last few years, as shown in Figure 5. Wandsworth's admission rate in 2009/10 was 36% up on 2005/06.

Figure 5: Trends in alcohol-related hospital admissions



[44] Local Tobacco Control Profiles for England. Available at www.lho.org.uk
[45] Local Alcohol Profiles for England, available at www.nwph.net/alcohol/lape

Drug Misuse

The estimated prevalence of problem drug use in the Wandsworth population aged 35-64 in 2008/09 is 10.08 per 1,000, just below the London average of 10.96 per 1,000[46]. The 2009 drug treatment needs assessment showed that the number of drug users in structured treatment was equal to 43% of the estimated population of problem drug users. The estimated proportion of those aged 35-64 in structured treatment is 56%, above the London average of 50%. Around 30% of drug users in treatment are current or previous injectors. Within South West London, around 30% of drug users who have injected have been infected with Hepatitis B and 50% with Hepatitis C.

HIV

The number of people living with HIV in Wandsworth has increased by 32% in the last five years (compared to 48% nationally) and by 9% between 2007 and 2008 (compared to 8% nationally). 1,042 Wandsworth PCT residents accessed HIV-related care in 2008 (979 males and 245 females), source:HPA, SOPHID. This equated to a prevalence rate of 4.68 per 1,000 people aged 15-59, well above the average for England (1.70 per 1,000) but just below the London average (5.04 per 1,000). 69% of the Wandsworth residents affected were infected heterosexually and 25% were infected through sex between men. 40% of men and 41% of women accessing care were aged 35 and 44. The greatest numbers of patients accessing care were classified as white (n=599, 57%) and black African (n=262, 25%).

Late diagnosis of HIV is defined as people with HIV who have a CD4 count less than 200 per mm^3 within three months of diagnosis. The most recent data indicates the percentage of cases diagnosed late for Wandsworth was 34%, below the South West London percentage of 38% but, higher than the rate for Inner London and London.

Mental health

A Mental Health Needs Assessment was completed in 2009. The full version is available at: www.wandsworth.gov.uk/jsna

Mental health problems affect all ages but, for simplicity, they are primarily considered within this chapter. Wandsworth has a greater mental health need than the four other PCTs in SW London as measured by the Mental Illness Needs Index 2000 (MINI 2K) – Wandsworth's score is 1.45, compared to an English average of 1.00 and scores of 0.82 in Sutton, 0.79 in Croydon, 0.70 in Merton and 0.63 in Kingston and Richmond and Twickenham. The six most deprived wards in Wandsworth by IMD score also have the highest MINI 2K scores, Job Seekers Allowance claimant rates and lone parent claimant rates in Wandsworth. This indicates the need to target mental health promotion and other resources at those wards.

[46] Prevalence rates produced by the University of Glasgow and available at www.nta.nhs.uk

Wandsworth has the highest estimated annual prevalence rates of all types of common mental disorder and of people experiencing symptoms of severe mental illness in South West London. The rate for neurotic disorders is 200 per 1,000 population in Wandsworth compared to 182 in London. For phobias the rate is 24 per 1,000 population in Wandsworth (22 in London), depressive episodes 38 per 1,000 (35 in London), generalised anxiety disorder 57 per 1,000 population (53 in London), mixed anxiety depression 94 per 1,000 (84 in London) obsessive compulsive disorder 17 per 1,000 (15 in London) and panic disorder 9 per 1,000 (8 in London).

The mental health register held at GP level during 2008/09 indicates a prevalence of serious mental illness for all adults of between 7.4 per 1000 in West Wandsworth and 9.8 per 1000 in Balham Tooting and Furzedown. The highest number of mental health admissions is from West Wandsworth (418) and the lowest from Central Wandsworth (280). GP records show a prevalence of depression of 6.7% in the Wandsworth Population aged 18 or over – below the prevalence across London of 7.2% and the England-wide rate of 10.2%.

The number of NHS Wandsworth registered patients admitted to acute adult wards reduced by 18% from 800 in 2006/07 to 654 in 2007/8 and remained stable between 2007/8 and 2008/9.

In 2009/10, 81.5% of adults in contact with secondary mental health services were in settled accommodation, better than the London average. The Council and the Mental Health Trust are implementing a review of supported accommodation. Phase 1 was approved in January 2009 and will create a new scheme of self-contained flats and remodel a hostel into self-contained units. A resettlement team was set up in 2008 and is working to reduce the use of bed and breakfast accommodation. There has also been an increase in the number of council housing tenancies made available to people with mental health needs.

Day care services in Wandsworth are funded by Wandsworth Borough Council & NHS Wandsworth. From 2007/08 to 2008/09 three out of five centres (Bedford Hill, Edward Wilson House and Triangle) were under-utilised. The percentage of adults in Wandsworth receiving secondary mental health care who are in employment remains low, at 14%, despite investment in employment support.

Links between mental health and physical health

Having a mental health problem increases the risk of premature death. Deaths from infectious disease, endocrine, circulatory, respiratory, digestive and genito – urinary system disorders are significantly more likely to occur in adults with severe mental health problems.

People with mental health problems are also more likely to engage in behaviours that increase the risk of poor health. For example, people with severe mental health problems are more likely to have poor diets, take less exercise, smoke

heavily and be dependent on alcohol, thus increasing the risk of illness such as cardiovascular disease. They are also less likely to be offered or receive regular health checks.

The ONS survey of psychiatric morbidity amongst adults found that 44% of people with common mental health problems were smokers compared with 27% of people without these problems, and that they were twice as likely to be heavy smokers. Stopping smoking can result in significant reductions in dosages of mental health medications thereby reducing the long-term side effects. Increased investment in smoking cessation services for people with mental health problems may thus help to prevent widening health inequalities in this group.

Homelessness

In 2009/10, 3 households per 1,000 in Wandsworth were accepted as homeless and in priority need. This is equal to the London average, but above the equivalent rate for England (2 per 1,000).

Homelessness is commonly associated with a range of health and social problems. This is borne out by the records of the Community Services Wandsworth homeless team which works with approximately 250 families living in temporary hostels throughout the borough. Over a six month period, the team had been alerted to a wide range of social problems, including domestic violence incidents and drug and alcohol misuse, as well as a wide range of specific child health issues including prematurity, learning disability and sickle cell disease[47].

Learning disabilities

A health needs assessment of people with learning disabilities is available at: www.wandsworth.gov.uk/jsna

It is estimated that there are 5,200 adults (18-64 years) with learning disabilities (of all severity type) living in Wandsworth and that this population will increase by 10% by 2020. Just over a thousand people are recorded as having a learning disability and are registered with a GP practice in Wandsworth.(September 2010).

The number of individuals with learning disabilities identified on GP registers does not match that on Council learning disability records (i.e. records held by Child Learning Disability and Social Services team, statements of special educational need associated with learning disabilities). In 2010 Wandsworth Adult Social Services provides support to around 750 adults with a learning disability. 294 of these are in registered residential care, of whom 198 are placed outside Wandsworth.

[47] Homeless, Asylum and Refugees Team, Community Services Wandsworth, October 2010

The wards of Latchmere, Graveney and Roehampton have the highest proportion of people with learning disabilities living in them (GP registered population). Two and a half times the proportion of people with learning disabilities live in areas of highest deprivation compared to least deprived areas. From adult social services information systems, 46.2% of adults with learning disabilities in Wandsworth were recorded as in settled accommodation in 2009/10 (NI145), compared to 61.5% reported in similar authorities; rising in 2010/11 to 57.3% in 2010/11 (provisional). A programme to create more independent living accommodation is in place and will become available in the next few years.

The life expectancy at birth for people with learning disabilities is well below that of the general population. For males with learning disabilities the current life expectancy is 67 and for women 69. The leading cause of death amongst people with learning disabilities is from respiratory disease followed by heart disease. Almost half of people with Down's syndrome are affected by congenital heart problems. People with learning disabilities have higher rates of obesity, coronary heart disease, respiratory disease, hearing impairment, dementia, osteoporosis and epilepsy. In Wandsworth, of those aged 16 or over with a BMI recorded by their GP, a third are obese (BMI >= 30). Just over eight percent of those aged 17 or over are diabetic, compared to a national prevalence rate of 4-5%. The prevalence of asthma is 10.9%, more than twice rate in the general registered population, and nearly one in five persons with learning disabilities has epilepsy.

4.3 Diversity and inequalities

There are marked differences in use of mental health services by ethnic group. The proportion of patients from black ethnic groups amongst those admitted to acute adult wards or detained under section at South West London & St Georges Mental Health Trust in the last three years has been more than double that in the general population of Wandsworth.

For African men aged between 16 and 64, the rate (DSR) of admission to hospital was 862 per 100,000. The same relative position holds true for African women, Indian men, and Caribbean women. Wandsworth is in the top 40% for all ethnic and gender groups. Table 16 presents further details:

Table 16: Wandsworth Mental Health admission rates by ethnic origin against range for England (DSR per 100,000)

Ethnicity	Males (16-64)	Position amongst English PCTs	Females (16-64)	Position amongst English PCTs
African	**862** (123-1800)	**Top 20%**	**933** (83-2333)	**Top 20%**
Pakistani	**632** (105-2333)	**Top 40%**	**294** (140-5000)	**Top 40%**
White	**328** (27-730)	**Top 40%**	**346** (18-740)	**Top 40%**
Indian	**412** (48-2000)	**Top 20%**	**Not available**	**NA**
Caribbean	**1069** (260-2500)	**Top 40%**	**1216** (136-2750)	**Top 20%**
Source: NEPHO, Mental Health Observatory, HES 2001-2006				

The proportion of patients from black ethnic groups on the CMHT caseload is also raised compared to Wandsworth's resident population. Further work needs to be done to reduce the rate of admission of people from black ethnic groups to SWL & StG MHT and the disproportionate rates of compulsory detention of patients from black ethnic groups.

4.4 What we're doing well

The proportion of **users of secondary mental health services who are in settled accommodation** is well above the London average, and services are being reviewed to improve accommodation provision.

The **Mental Health Trust's User Employment Programme** (jointly funded by the Council and the NHS) is a nationally recognised model of good practice. In 2009-10 seven Wandsworth residents participated in the work preparation 10 week course and, over the year, 33 were supported by the programme into work within the Trust.

The proportion of **drug users in treatment** from this age group is well above the London average.

4.5 What we need to improve

Lifestyle risks such as **smoking** remain commonplace, with approximately 1 in 5 adults smoking the potential capacity for the smoking cessation service is very large. **Cervical screening** uptake remain below target.

The rates of **HIV** for this age group represent a growing problem, both in terms of prevention planning and provision of care.

The potential demand for **mental health and well being services** needs to be acknowledged, with particular issues such as the employment status of clients in contact with secondary mental health services.

4.6 What else do we need to know?

We need to obtain more information in the following areas:

- We need to understand more about the differences between GP and social services identification of people with learning disabilities, and how to ensure that, when identified, people with learning disabilities are offered a health check and health action plan;
- We need to understand the to understand better the reasons for the high level of admissions from BME groups

Chapter Five: Pre and post retirement

This chapter is concerned with people in the years immediately before and after retirement age – approximately from 50 to 75. For those who are parents, this life stage is typified by children reaching adulthood and leaving home. Many will be planning for retirement, and some will be looking to move away from Wandsworth at this point. With increasing age comes a higher likelihood of a long term condition being diagnosed, and therefore early detection and treatment services are in demand. There are increasing risks of reduced mobility and vision and other health problems, and healthy active lifestyles need to be prioritised.

Summary: Pre and post retirement

1. Relatively low or poor health outcomes
    a. Life expectancy at 65 for females was 20.6 years, and for males was 17.3 years. Both were significantly lower in Wandsworth than the London average.
    b. Mortality rates for all causes and all cancers are significantly higher for males and females than the London and England averages, although neither are above average for Inner London.
    c. The average length of stay of those who are admitted to hospital for a long term condition is longer than expected.
    d. Length of stay in hospital for patients with COPD is significantly higher than London.
2. Worsening trend in health outcomes
    a. Female mortality rates show evidence of increasing over the last three years, particularly for breast cancer.
    b. Under 75 lung cancer mortality is increasing for both males and females with the female rate showing a large increase since 2001-03.
3. Inequality
    a. The levels of under 75 mortality in Wandsworth are correlated with deprivation.
    b. Poor cardiovascular disease outcomes show a correlation with deprivation.
4. Failure to meet targets which may contribute to poor outcomes
    a. Targets for screening for breast cancer, and for treatment to begin within two weeks of referral for breast cancer symptoms have been missed.
    b. Hospital discharge process for COPD patients does not meet standards set by the National Institute for Healthcare and Clinical Excellence (NICE).
    c. The target for diabetic retinopathy screening in 2009/10 was not met.

Table 17: Selected indicators for pre and post-retirement

	Wandsworth	London	England
Male Life expectancy 65+ (2007-09)	17.3	18.4	18.0
Female life expectancy 65+ (2007-09)	20.6	21.2	20.6
Male cancer mortality aged under 75 (DSR per 100,000)	142.1	122.1	124.0
Female cancer mortality aged under 75 (DSR per 100,000)	108.9	96.3	101.2
Male circulatory disease mortality aged under 75 (DSR per 100,000)	121.5	114.1	105.1
Female circulatory disease mortality aged under 75 (DSR per 100,000)	59.6	47.7	46.3
Carers receiving needs assessment or review 2009/10*	15.3%	21%	23%

Note: Carers receiving needs assessment has shown provisional improvement to 26% in 2010/11. Source unless otherwise noted, NCHOD 2006-2008 pooled.

It should be noted that, whilst the recorded prevalence of respiratory disease (COPD), Coronary Heart Disease, Stroke/TIA, hypertension and diabetes are significantly lower in Wandsworth than in London as a whole, this may reflect either lower prevalence or less complete recording.

5.1 Description of the population

GLA projections show the 2010 Wandsworth population in the 50-74 age range being around 45,000, equal to 15.3% of the entire Wandsworth population. By 2015 the population in this age group is expected to increase to 48,500, or 15.9% of the Borough's population. Table 18 sets out the predicted change for five year age bands. There is a sharp increases are expected in the numbers of people aged in their 50s and in the immediate post-retirement group (aged 65-69), offset by reductions in the two other age bands.

Table 18: Projected population by age band, 2010-2015

2010			2015		Change	
Age group	Male	Female	Male	Female	Male	Female
50 - 54	6,348	6,425	7,613	7,915	+20%	+23%
55 - 59	4,746	5,367	5,402	5,677	+14%	+6%
60 - 64	4,239	4,983	4,009	4,624	-5%	-7%
65 - 69	3,205	3,683	3,521	4,165	+10%	+13%
70 - 74	2,799	3,181	2,517	3,050	-10%	-4%
50-74	**21,337**	**23,639**	**23,062**	**25,431**	**+8%**	**+8%**

GLA household estimates for 2011 show 31,058 households headed by a person in the 50-74 age group, of which 11,774 (37.9%) contain married or cohabiting couples, 1,152 (3.7%) are headed by a lone parent with a dependent child, 4,139 (13.3%) consist of other multi-person households (e.g. one parent with an adult child), and 13,993 (45.1%) are one person households.

Table 19, also derived from GLA projections, shows the projected proportion of the 50-74 population by broad ethnic group, set against the projected proportions for all age groups, in 2010 and 2015:

Table 19: Projected population by broad ethnic group, 2010-2015

	2010		2015	
	50-74	All	50-74	All
White	75.5%	77.9%	74.6%	77.8%
Black	11.2%	9.9%	11.8%	9.5%
South Asian	6.9%	5.2%	6.6%	5.1%
All other ethnic groups	6.4%	7.0%	7.0%	7.5%

It will be noted that the proportion from ethnic minorities in this age group is slightly higher than in the overall Borough population. Over the next five years, there are expected to be increases in the proportions from Black and 'other' ethnic groups, but a marginal reduction in the proportion of South Asians.

5.2 Particular issues and challenges

NHS Health Checks

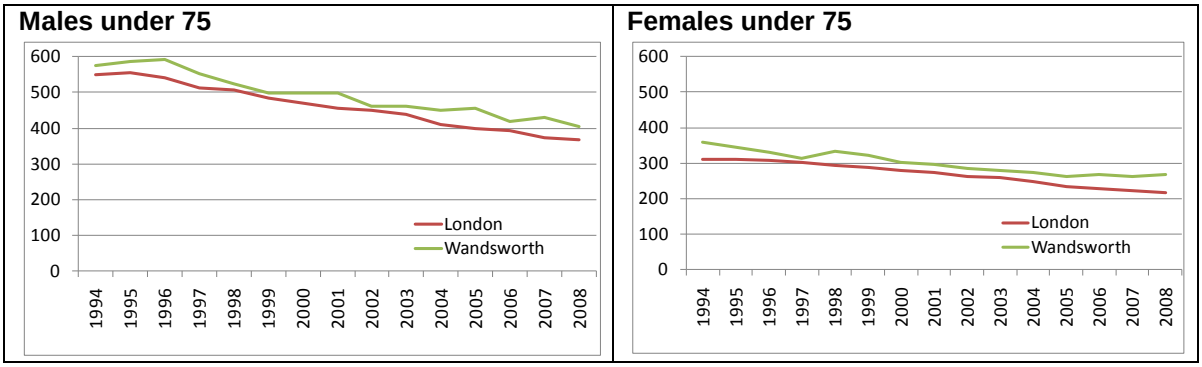
The NHS Health Check programme is of particular relevance to this age group. This is a universal and systematic risk assessment and management programme for everyone between the ages of 40 and 74 without established cardiovascular disease. The check assesses people's risk of heart disease, stroke, kidney disease and type 2 diabetes, and supports people to reduce or manage that risk through individually tailored advice and lifestyle interventions. This programme commenced in 2009 and it is anticipated that it will help identify at an earlier stage

those with undiagnosed cardiovascular disease including diabetes and its associated modifiable risk factors. In 2010/11 almost 18,000 people were invited for an NHS Health Check in Primary Care with just over 10,300 taking up the offer, this equates to an average uptake rate of 57%.

Mortality rates

Figure 6 shows the changes in the Directly Standardised Rate (DSR) for the under 75s for all causes since 1994, set against changes in the London DSR. Whilst it can be seen that mortality rates have declined, both the rate of decline and the absolute values have been broadly in line with the London average and, since 2003, female mortality rates have been dropping more slowly than the London average. This is somewhat worse than might have been expected, given Wandsworth's generally improved position on deprivation.

Figure 6: All cause directly standardised rate per 100,000 people



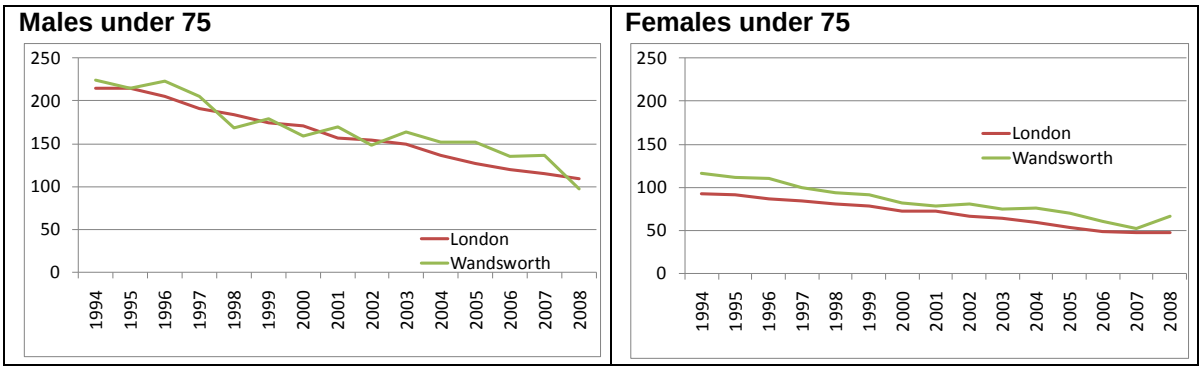
Source: NCHOD

Life expectancy for men who live in the least deprived parts of the borough is over 6 years longer than for men who live in the most deprived parts. For women the difference is nearly 5 years. The most deprived ward (by IMD), is Latchmere, with all cause SMRs of 163 and 145 (males and females respectively), against SMRs for the least deprived ward, Thamesfield, of 71 and 87 respectively.

<u>Mortality from cancer and circulatory disease</u>

Mortality from cancer and circulatory disease are similarly related to deprivation. Circulatory disease annual DSRs for men and women under the age of 75 are displayed in Figure 7, which provides some evidence that the mortality rates for Wandsworth women under the age of 75 have not declined as much as expected, with the Wandsworth DSR having fallen rather more slowly than that for London. This pattern is not mirrored in the DSR for men.

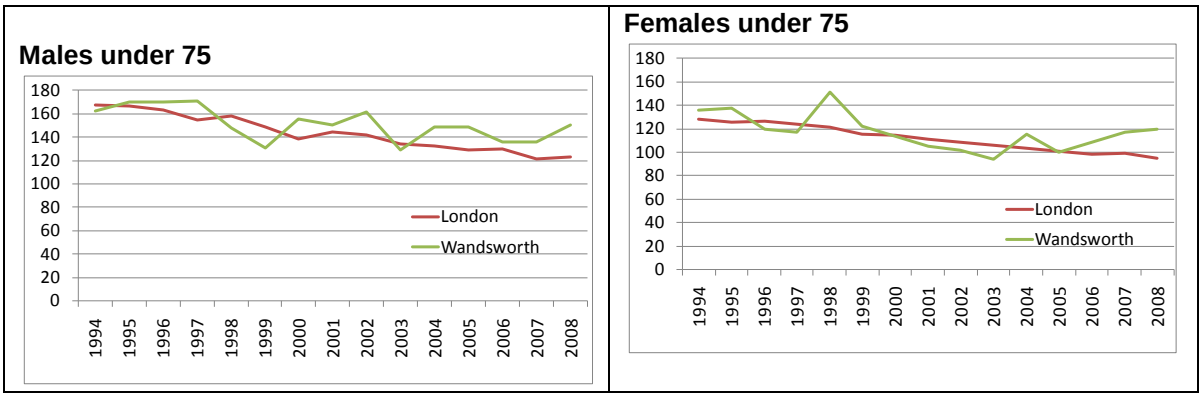
Figure 7: Circulatory disease directly standardised rate per 100,000 people



Source: NCHOD

Overall, the decline in cancer mortality has been much slower than that in circulatory disease. Figure 8 demonstrates that from 2003 onward, the decline in cancer DSRs in Wandsworth has ceased.

Figure 8: Cancer mortality directly standardised rate per 100,000 people



Source: NCHOD

Long term conditions

A Long Term Condition is defined as a condition that cannot, at present, be cured; but can be controlled by medication and other therapies. More proactive, preventive and personalised approaches can improve patient experience and reduce unscheduled use of hospital care. People of all ages with a long-term condition largely reported they had enough support to manage their long-term health condition (79% in 2009/10), an improvement on the previous year (NI124). Better quality care in the community can prevent emergency admission to hospital and reduce the length of stay when admissions do occur.

Examples of Long Term Conditions are diabetes, Coronary Heart Disease (CHD) and Chronic Obstructive Pulmonary Disease (COPD). Some neurological conditions, such as Parkinson's Disease, are classified as long term conditions.

The prevalence of long term conditions can be estimated from General Practice records. Unfortunately this data is not available by age group, and is only based on people who are registered with a GP. The prevalence of many conditions is

lower in Wandsworth than in London and England (Table 20). However, this is likely to be related to the relatively youthful profile of the Wandsworth population.

Table 20: Percentage prevalence of common diseases and conditions recorded at General Practice. (Quality and Outcome Framework 2008/9)

Condition or disease	Wandsworth	London	England
Stroke and Transient Ischaemic Attack	0.8	1	1.7
Hypertension	8.4	10.8	13.1
Diabetes Aged >=17	3.6	5	5.1
Chronic Obstructive Pulmonary Disease	0.8	1	1.5

Source: Information Centre Quality and Outcome Framework

Support for carers

Within the 50-75 age range, an increasing proportion of the population will assume caring responsibilities for a person with a long-term illness or disability. In October 2009 a Carers' Strategy was launched to improve the way in which carers' needs were met. A real-time survey at the launch found that 45.2% of the carers participating felt themselves to be less physically healthy than people of the same age who were not carers, and 67.1% felt themselves to be less emotionally healthy. In 2009/10 the proportion of carers who were reviewed by Adult Social Services and who were provided with a service as a result was 15%, which placed Wandsworth in the bottom quartile of London Boroughs (England 26%). Provisional figures for 2010/11 indicate an improvement to 26.5% due to investment in systems and processes linked with the implementation of Self-Directed Support. Identification of carers remains a priority in order to promote independent living, this is particularly an issue for mental health service users where the role of the carer can more easily remain hidden..

Cardiovascular Disease

Cardiovascular disease includes both stroke and coronary heart disease and is the most common complication of diabetes. A CVD Primary Prevention Needs Assessment is available at www.wandsworth.gov.uk/jsna.

There are a number of well recognised factors which increase the risk of cardiovascular disease. In order to identify the wards of greatest need, the measures of risk for cardiovascular disease have been combined to achieve a combined score. The five wards with the highest and the five wards with the lowest combined score are shown in Table 21. Some significant risks, such as smoking, diet, and exercise, are difficult to quantify and not accounted for here.

Table 21: Deprivation, prevalence of CVD risk factors, and CVD mortality

Ward	IMD	Ethnicity % (Asian, black, mixed)	Hyper-tension %	Stroke %	Diabetes %	CHD %	CVD SMR	Z Score
Roehampton	31.7	18.27	9.85	1.00	3.75	2.18	164.7	**1.67**
Furzedown	22.8	32.27	10.18	0.98	5.16	1.88	136.6	**1.65**
Latchmere	36.9	34.05	8.86	0.80	3.89	1.46	196.4	**1.39**
Tooting	24.9	37.08	9.35	0.79	4.47	1.71	132.9	**1.10**
Graveney	24.3	34.58	9.31	0.79	4.75	1.66	114.2	**0.94**
Wandsworth Common	14.8	12.47	7.82	0.66	3.38	1.35	118.5	-0.68
East Putney	14.9	10.72	6.79	0.81	2.41	1.44	100.7	-0.95
Balham	15.3	17.03	7.28	0.59	3.17	1.33	95.5	-0.98
Northcote	13.8	12.62	7.11	0.56	3.02	1.09	97.7	-1.37
Thamesfield	10.4	6.59	5.71	0.72	1.82	1.26	74.2	-1.90

There is a strong association between CVD and deprivation as measured by the Index of Multiple Deprivation score (see Introduction for more detail). The wards that show a high prevalence of risk factors and CVD mortality were amongst the most deprived in Wandsworth and those with low prevalence and mortality were amongst the least deprived.

The needs assessment recommended that a targeted approach to CVD presentation be adopted. The NHS Health Check programme should continue to be implemented in order to meet the national target of offering 20% of the eligible population a check from 2012 onwards. The programme should continue to specifically target those at higher risk including specific ethnic groups, people with learning disabilities, males, those on GP mental health registers, prisoners and those individuals that don't traditionally access GP services. Further development will be informed by the NICE Public Health CVD Prevention Guidance[48]. There is a need to assess the management and treatment of Atrial Fibrillation in primary care and review the provision of cardiac rehabilitation services across the Borough.

The Health Benefits of Physical Activity

Physical inactivity and low fitness are major independent risk factors for coronary heart disease in both men and women, at a level similar to that of smoking cigarettes. Inactive and unfit people have almost double the risk of dying from Coronary Heart Disease compared to more active and fit people. Physcial activity also has benfitcial effects on preventing strokes and treating peripheral vascular disease, and modifying the classical cardiovascular risk factors such as high blood pressure and adverse lipid profiles. Physical activity does not need to be vigorous to confer protection from cardiovascular disease: 30 minutes of

[48] Prevention of Cardiovascular Disease at Population Level. National Institute for Health and Clinical Excellence, June 2010.

moderate intensity physical activity a day on at least 5 days a week is sufficient to achieve benefit.

A full Physical Activity Health Needs Assessment is in development. When published it will be available for download from www.wandsworth.gov.uk/jsna

Chronic Obstructive Pulmonary Disease

A needs assessment in relation to Chronic Obstructive Pulmonary Disease (COPD) was undertaken in 2009 and is available at www.wandsworth.gov/jsna. All patients with COPD are exposed to risk of acute exacerbations, requiring hospital admission, but ideally there should be developed plans in place in the community for when exacerbations takes place, so that patients either have pre-prescribed medication available, or have rapid access to primary care including the support of respiratory specialist nurses. Higher rates of emergency admission suggest poorer management of the disease in the community.

An analysis of emergency admission rates reveals that admissions per 1000 people are higher in Wandsworth (2.3 per 1,000) than the national average (2.0 per 1,000), but lower than the central London cluster average (2.7 per 1,000)[49].

Length of stay in hospital for acute admissions is a useful process measure that reflects on the quality of discharge management in the hospital. Ideally patients would be diagnosed from hospital as soon as possible, but only once the current episode has been adequately treated, and when a robust discharge plan is in place, including appropriate levels of support in the community. Length of stay in hospital with COPD in Wandsworth is significantly higher than the central London cluster average, which itself is higher than both London and national averages[50].

Key findings of the needs assessment were that the hospital discharge process does not currently meet NICE commissioning standards and pulmonary rehabilitation services cannot meet the demand. The needs assessment recommended that the PCT should work with its community respiratory team to develop stronger measures of process and activity around COPD service provision. In particular, it should collect and report data on levels of activity at specialist clinics and during the new weekend on call service.

Diabetes Health Needs Assessment. 2009.

A diabetes needs assessment was undertaken in 2009 and is available at www.wandsworth.gov.uk/jsna.

People with ethnicities categorised as Asian or Black have an increased risk of developing diabetes compared to other ethnicities. Within Wandsworth the localities with higher proportions of the population from these ethnic groups are Balham, Tooting and Furzedown, and Battersea. Many risk factors for diabetes are modifiable, so that the development of diabetes can be prevented or reduced.

[49] NHS Comparators, NHS Information Centre, 2008-9
[50] NHS Comparators, NHS Information Centre, 2008-9

Foremost amongst these is obesity: as reported in Chapter 3, the modelled estimate for obesity in the Wandsworth Population is 14%[51]. In addition, the needs assessment estimated that 12,761 people in Wandsworth suffered from impaired glucose tolerance and 93 women have gestational diabetes (impaired glucose tolerance during pregnancy).

The percentage of people with diabetes offered screening for early detection (and treatment if needed) of diabetic retinopathy in 2009/10 was 84%, which has not met the target of 95%, although this may have been partly due to under-reporting. A dedicated provider was agreed part way through the year, with administrative processes needing to be put in place to offer appointments to all people on the registers. In addition, the target was based on inaccurate patient lists and thus some underperformance was inevitable.

Physical inactivity is a major risk factor for the development of Type II diabetes, with active people having a 33-50% lower risk compared with inactive people. High risk individuals in particular can substantially reduce their risk of developing Type II Diabetes by becoming more active.

A recommendation of the needs assessment was that early identification of diabetes should be increased by raising both public and professional awareness of the signs of diabetes and regular testing of anyone known to be at risk. The development of NHS health checks and other screening programmes, as well as the underlying increase in the prevalence of the condition, means that there will be an increasing need for health service provision for people with diabetes.

Hospital admissions for long term conditions. In the six month period from September 2009 to February 2010, 579 patients aged 65 or over had two or more admissions. In total they accounted for 1,413 admissions. Comparative data indicates that admission rates of Wandsworth patients are in line with those for patients from other PCTs in London. In 2008 the percentage of emergency admissions attributable to people admitted 3 or more times in the year was 9.3% for Wandsworth patients, and 10.1% across London[52]. This analysis, alongside more traditional referral systems, has been used to help GPs and Community Matrons identify patients at risk of being readmitted to hospital. Once patients have been identified more care can be delivered in the community and managed by GPs.

The length and number of emergency admissions for long term conditions can be used to compare care in Wandsworth with that provided in other areas. Table 22 is based on admissions to all hospitals, and shows that Wandsworth patients with a long term condition have a longer length of stay in hospital than would be

[51] PCO Level Model Based Estimates for Obesity. NHS Information Centre, 2008. Available at www.ic.nhs.uk
[52] Secondary uses service, 2008

expected from the national average. Wandsworth patients have longer lengths of stay than other patients in South West London and across London as a whole.

Table 22: Emergency Bed Days, Long Term Conditions per 1000 Population, 2008/9

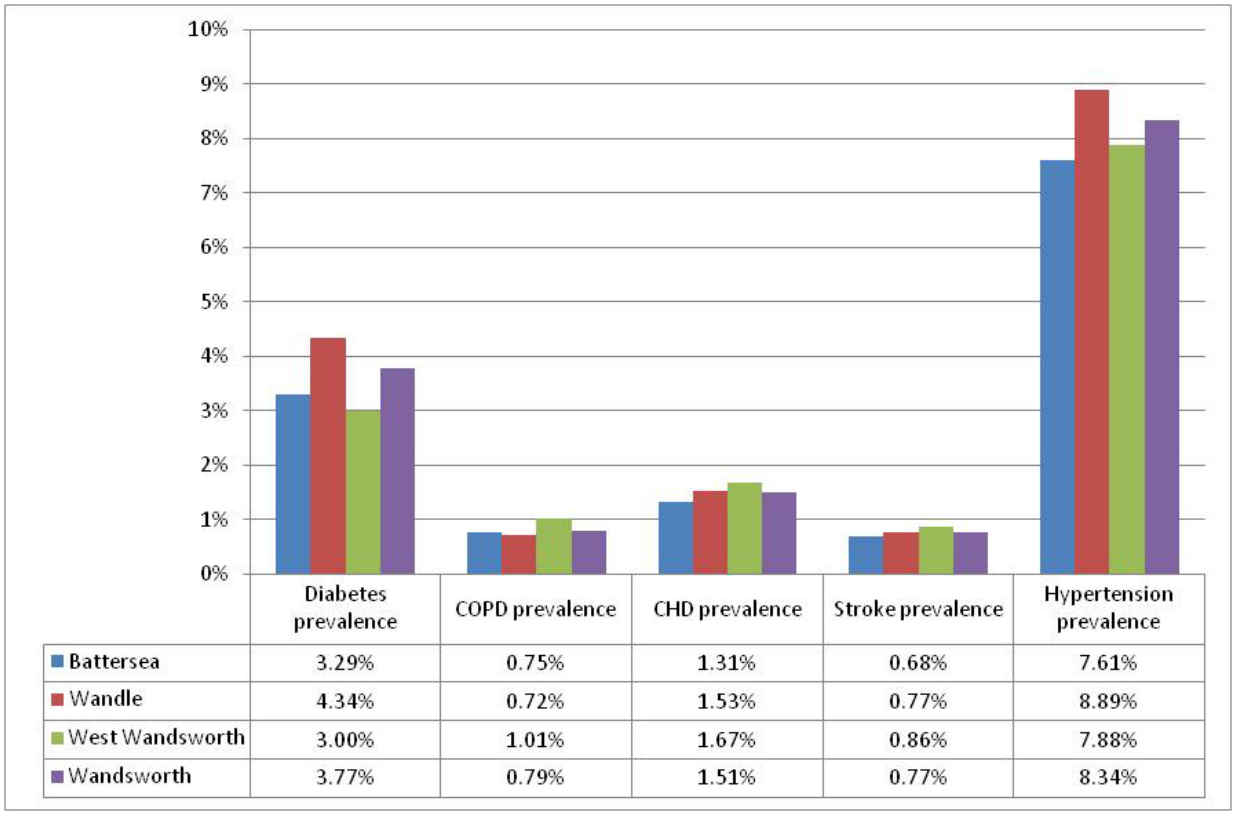
PCT	Total Bed Days	Expected Bed Days	% Difference
Wandsworth	126406	116577	+8.4
Croydon	167632	160776	+4.3
Sutton & Merton	172290	178682	-3.6
Richmond & Twickenham	77192	86636	-10.9
Kingston	63467	82731	-23.3
London	3679291	3414152	+7.8

Source: NHS comparators, extracted June 2010

Prevalence and service use by local clinical commissioning group

In order to offer a commentary of long term conditions within Wandsworth, three areas have been defined. Figure 9 presents information on the prevalence and use of treatment services for a range of long-term conditions, derived from GP records.

Figure 9: Prevalence by Local Clinical Commissioning Group, 2009/10



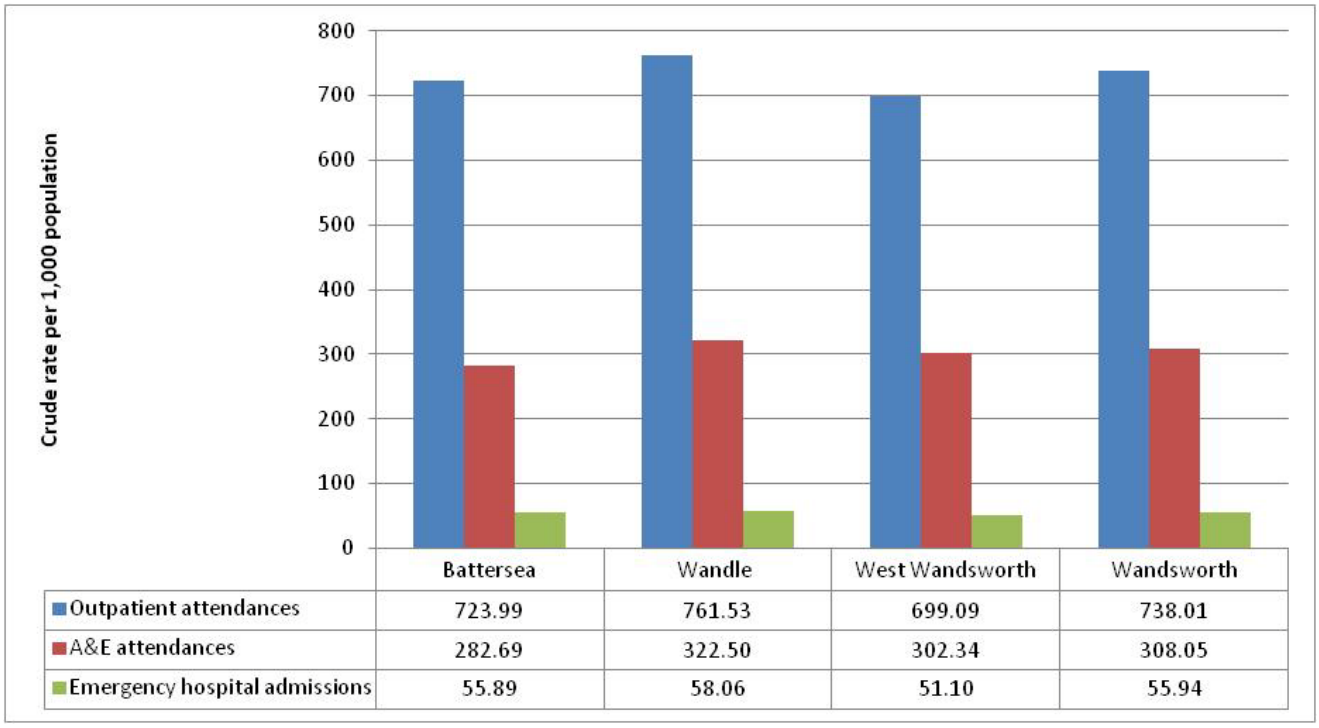
	Diabetes prevalence	COPD prevalence	CHD prevalence	Stroke prevalence	Hypertension prevalence
Battersea	3.29%	0.75%	1.31%	0.68%	7.61%
Wandle	4.34%	0.72%	1.53%	0.77%	8.89%
West Wandsworth	3.00%	1.01%	1.67%	0.86%	7.88%
Wandsworth	3.77%	0.79%	1.51%	0.77%	8.34%

Source: NHS Comparators

It will be noted that the prevalence of diabetes is greatest in Wandle (4.34% compared to a Wandsworth percentage of 3.77%). The prevalence of COPD is greatest in West Wandsworth (1.01%) compared with a Wandsworth percentage of 0.79%. Variations between localities for the other conditions are less marked.

The recorded prevalence of COPD, CHD and Stroke is greatest in West Wandsworth and the recorded prevalence of Hypertension is greatest in Wandle. Caution must be used in interpreting these figures as variations may relate to differences in either underlying prevalence or the comprehensiveness of GP records. Figure 10 shows differences in the use of hospital provision by patients from the three localities.

Figure 10: Attendance and admission rates by Local clinical commissioning group, 2009/10



	Battersea	Wandle	West Wandsworth	Wandsworth
Outpatient attendances	723.99	761.53	699.09	738.01
A&E attendances	282.69	322.50	302.34	308.05
Emergency hospital admissions	55.89	58.06	51.10	55.94

Wandle has the highest rate of outpatient attendances, A&E attendances and emergency hospital admissions. The figure for ambulatory sensitive conditions refers to the crude hospital admissions rate for a range of conditions that can normally be managed without admission to hospital. Wandle has the highest rate of 10.16 admissions per 1,000 population. This compares to a rate of 9.75 for Wandsworth.

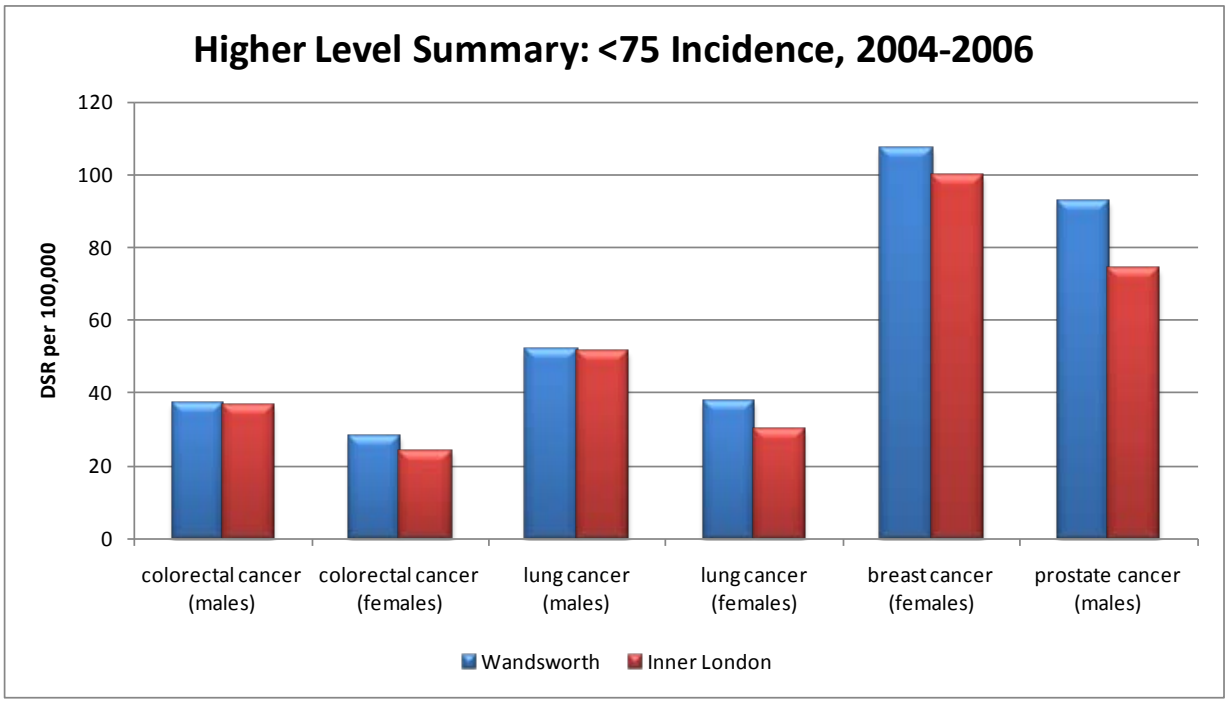
Cancer

As shown in Figure 11, the under-75 mortality for all cancers in Wandsworth, for both males and females, is significantly above the all cancer mortality rates for London and England, and higher than that for Inner London, although the latter difference is not statistically significant.

Figure 11: Mortality rate for all cancers for under-75 year olds

The increase over the last five years in female mortality due to cancer, reported above, is of particular concern. The total number of deaths in under 75 year old females due to cancer in the years 2006-08 was 330, with the most frequent cancer sites being breast and lung (80 and 61 respectively). Between 2003-05 and 2006-08 there was an increase in the annual Directly Standardised Mortality Rate (DSR) for breast cancer amongst women from 63.5 to 67 per 100,000 and for lung cancer amongst women from 21.6 to 28.1 per 100,000. The commonest cancer amongst males aged under 75 is prostate cancer. Comparative incidence rates for common in Wandsworth and Inner London are presented in Figure 12.

Figure 12: Comparative incidence of cancers in under-75s



Needs assessments on lung, breast, colorectal, urological and upper gastro-intestinal cancers have now been finalised and are available at www.wandsworth.gov/jsna.

Cancer stage at diagnosis

Recent research has identified multiple strands of evidence linking the poor cancer survival rates observed in the United Kingdom, to advanced stage at diagnosis and to delays occurring between the onset of symptoms and the start of treatment. The Cancer Reform Strategy[53] highlights the importance of earlier diagnosis, which will be achieved through improved public awareness and screening programmes. The relative performance of Primary Care Trusts for the early detection of cancer can be estimated by the one-year survival rate following diagnosis. One-year cancer survival rates (male 30.1%; female 33.2%) in the South West London Cancer Network (SWLCN) are significantly higher than the national average[54]. It is, however, important to bear in mind that the national average for cancer survival falls below the rates achieved in other European countries.

Cancer Awareness

A comprehensive assessment of cancer awareness of residents in South West London was conducted by IPSOS/Mori in 2010[55], the executive summary of which can be found at; www.wandsworth.gov/jsna. This assessment found that residents of South West London:

- believe that lifestyle makes the greatest contribution to developing cancer in the UK, with around half (53%) ranking it as the most important factor. Second comes genetic inheritance (29%). This follows a similar pattern to that for residents across the country;
- are aware that there is an NHS breast cancer screening programme and an NHS cervical cancer screening programme (78% for both), although these figures are lower than for the country as a whole; and
- identify a range of possible warning signs and symptoms of cancer, the most commonly mentioned of which is an unusual lump or swelling (59%). However, the depth of residents' awareness appears to be quite shallow, with only a relatively small proportion able to identify more than five signs or symptoms of cancer (13%).

Overall, South West London residents appear to have lower levels of cancer awareness than people resident elsewhere in the country.

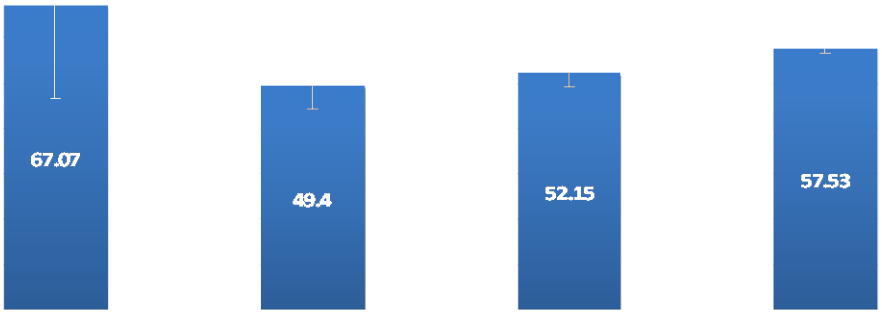
Breast cancer

Figure 13 shows the breast cancer mortality rate for women aged under 75, comparing the Wandsworth rate for that with Inner London, London and England. Although the rates of breast cancer mortality are higher in Wandsworth than the comparators, the difference is not statistically significant, due to the small number

[53] Cancer Reform Strategy. Department of Health, 2007.
[54] Summary of the analysis of cancer staging data for the South West London Cancer Network. Available at www.wandsworth.gov.uk/jsna
[55] Cancer Awareness in South West London. Ipsos MORI Social Research Institute, November 2010. © Ipsos MORI Available at www.swlcn.nhs.uk

of cases observed: 80 cases in Wandsworth from 2006 to 2008. Wandsworth also has an emergency bed day rate for breast cancer of 242 per 100,000, higher than national average (200 per 100,000).

Figure 13: Breast cancer mortality



Wandsworth is the only PCT in SWL that does not reach the national breast screening coverage target of 70%, recording 63.5% in 2008-09. Coverage by GP practice ranges from 39% to 72%, with only one practice exceeding the 70% target. The coverage rate in West Wandsworth is particularly low, at 55%. However, Wandsworth's overall coverage rate is higher than the Inner London average (59.3%).

In 2009/10 Wandsworth also underperformed on the breast symptom 2 week wait target, which extends the urgent suspected breast cancer two week wait rule to all patients referred with "breast symptoms". Wandsworth achieved 87% against the target of 93%. This underperformance is believed to have been caused by a mixture of insufficient capacity to see the additional patients within two weeks, and problems with new administrative processes. Performance in each hospital improved in the course of the year. However, only 28.1% of diagnosed breast cancer cases in Wandsworth were non-urgent referrals, considerably lower than for any other PCT in South West London, suggesting that the response to suspected breast cancer in Wandsworth may be more rapid than elsewhere in South West London.

Lung cancer

The rate of mortality from lung cancer in males aged under 75, 2006-2008, was significantly higher in Wandsworth (40.7) than for the whole of England (31.9). This was also true for females, with the Wandsworth mortality rate (28.1) being significantly higher than the all-England rate (21.1). Female lung cancer mortality

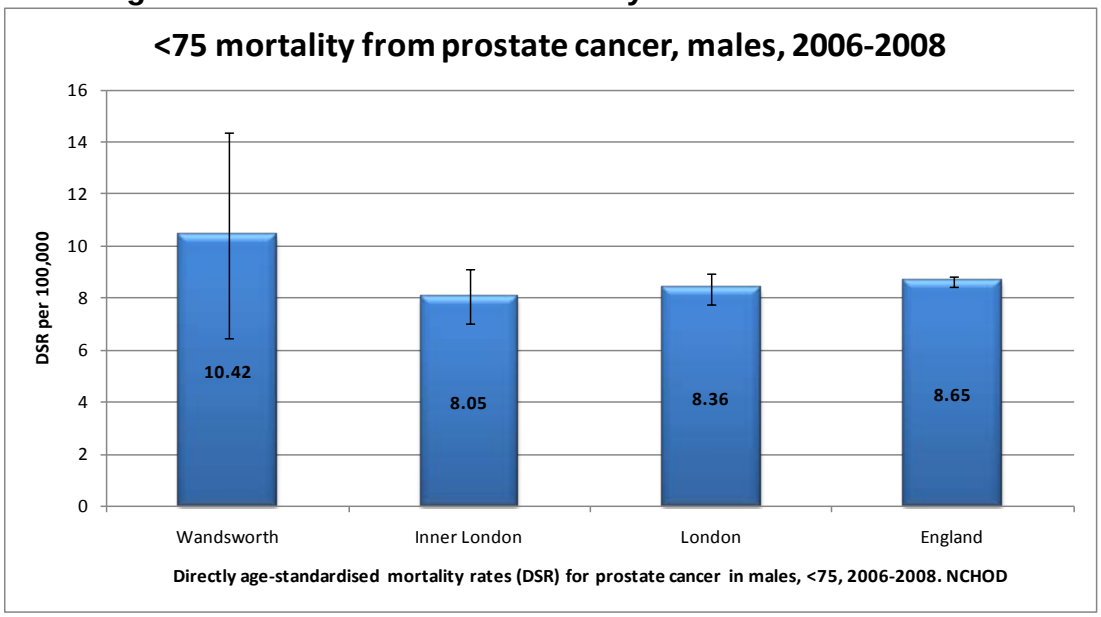
(unlike male mortality) was also significantly higher than the London average (19.5). Between 1993-95 and 1999-01 the male under-75 mortality rate (3-year rolling average) decreased by 39%, but since 1999-01 it has increased by 14%, partly negating the initial improvement. The trend in the female under-75 mortality rate (3-year rolling average) over the same period (1993-2008) has been erratic, but overall it has increased 6%. Since 2003 the female lung cancer mortality rate has consistently increased year on year, with a total increase of 44%.

Wandsworth also has a high emergency bed day rate at 481 per 100,000 weighted population. Nearly seventy percent (69.4%) of cases are diagnosed through non-urgent referrals, meaning that the majority of lung cancer cases are not diagnosed as quickly as is possible. However, the five-year survival rate for lung cancer is the highest in South West London, at 11.4%.

Prostate cancer

The under-75 mortality rate from prostate cancer in Wandsworth is higher than the Inner London, London and National rates, although the small number of cases means that this difference is not statistically significant, Figure 14.

Figure 14: Prostate cancer mortality



Improving cancer outcomes

In improving cancer outcomes, the key challenge is to reduce the delay between onset of symptoms and the start of treatment. This will involve addressing three main areas of work:

- reducing patient delay by increasing awareness of the signs and symptoms of cancer amongst the public;
- reducing primary care delay by working with general practitioners to reduce delays between first consultation and referral; and

- reducing system delay between referral and diagnosis, for example through the development of 'straight to test' diagnostic services.

5.3 Diversity and inequalities

People from deprived groups and certain minority ethnic groups are likely to suffer the most from long-term ill health. On average, people with learning disabilities or long term mental health problems die 5 to 10 years younger than those without these conditions, and they are more likely to suffer from premature cardiovascular disease (Disability Rights Commission 2006). In addition, individuals in these groups may have poorer access to healthcare services and may be less likely to attend regular follow up.

Those in vulnerable groups will face the highest rates of long-term ill health and worklessness[56]. Data providing evidence of this in Wandsworth is limited to deprivation scores based on postcode of residence, ethnicity records from hospital admissions and GP registered patients on the learning disability register. Increases in life expectancy for people in some vulnerable groups, such as people with learning disabilities, means that these groups will increasingly feature in this age group.

5.4 What we do well

As admissions to hospital begin to become more frequent in this life stage, indicators relating to hospital admission become more relevant. Wandsworth residents' access to acute hospital care is generally good. In 2009/10 Wandsworth achieved the 18 week referral to treatment target in 92% of cases. 97% of patients waited for less than a month from diagnosis to treatment for cancer in 2009/10, against a target of 96%. In the first quarter of 2009/10 0.13% of transfers of care were delayed against a target of 2.85, and the number of cancelled operations recorded as at December 2009 was less than 1% against a target of 5%.

Good performance was achieved on some other aspects of hospital care in 2009/10: , 79% of patients recovering from stroke spent the recommended time on a dedicated stroke unit, exceeding the 73% target. The number of cases of Clostridium Difficile at St George's also showed a sharp reduction, with the target improvement being exceeded.

5.5 What we need to improve?

In this age group caring becomes more common, people may both be caring for their children and for parents. The focus on carers needs to continue, with more joined up approaches across agencies and with primary care..

[56] Long-term ill health, poverty and ethnicity. A Race Equality Foundation Briefing Paper. February 2008

We need to increase public awareness of symptoms, and early diagnosis of conditions, particularly COPD diabetes, and cancer.

The uptake of **screening** undertaken by screening units and by GP needs to be increased, and after initial success the **NHS health check** service can be expanded and targeted at particular groups and areas. Understanding the inequality of service provision and susceptibility of people with **learning disabilities** for some long term conditions should be built into service planning.

5.6 What else do we need to know?

We need to identify high intensity users of service in each of the polysystem areas across agency in order that we can design more integrated and efficient approaches to care and support. Datasets that might be used include::

- Regular users from a number of services;
- A&E and GP repeat admissions; and
- Older people not in social care attending A&E.

Further work is necessary to understand the apparent increase in mortality from breast and lung cancer in women aged under 75 since 2003, in order to ensure that interventions to reverse this trend are well targeted.

We need to understand more about the impact of health inequality within Wandsworth, particularly as it affects vulnerable groups (including people with learning disabilities), as well as deprived and ethnic minority populations.

Chapter Six: Old age

The health and well-being concerns of people at approximately 75 or over are about quality of life, avoiding ill health and recovering quickly from periods of illness and maintaining physical and mental ability.

Some people will experience long term and debilitating physical and/or mental health conditions, and will need the support for themselves and their families to manage the condition, whilst continuing to live independently. End of life is a phase when people may have a couple of years of poor health and repeated admissions to hospital. In this phase the focus is on maintaining quality and dignity of life and support.

Summary: Old age

The rate of all age mortality from all causes in males, 2006-2008 showed no significant difference between Wandsworth and Inner London, however the rate was significantly higher than London or England. For females the rate was significantly higher than Inner London, London, and England.

The 2006-2008 mortality rates presented in this chapter are based on the number of observed deaths, from 2006- 2008 circulatory disease caused the death of 1734 people (34%), cancer caused the death of 1322 people (26%), and the main respiratory disease, COPD, caused the death of 258 people (5%).

1. Relatively low or poor health outcomes
    a. Wandsworth has a significantly higher rate of **Excess Winter Deaths** than England.
2. Worsening trend in health outcome
    a. The rate of emergency admission for **fractured neck of femur** in the over 65's in Wandsworth is in line with the England average however there is a locally observed rise in the trend of these admissions since 2005.
    b. The number of people with **dementia** is expected to increase, and Parkinson's disease causes a high number of hospital admissions
3. Inequality
    a. There is a concentration of **older people** in some of the most deprived Wandsworth wards.
4. Failure to meet targets which may contribute to poor outcomes
    a. The **flu** immunisation uptake rate in the over 65's was significantly lower than the rates for Inner London, London and England.
    b. Although an improving indicator NI129, enabling people to choose the appropriate care to die at home, at 18.5% Wandsworth is below the average for London at 18.7% and England at 20%

The Safeguarding of vulnerable adults is a significant area of work for social care at this age. As a result of local training and heightened awareness of adult abuse, there has been an upward trend in the number of safeguarding alerts. It is

expected that this trend will steady as new safeguarding practice becomes embedded, but is being kept under review.

Table 23: Selected indicators for old age

2009/10	Wandsworth	London	England
All age mortality from accidental falls (Rate per 100,000) **2006-2008**	7.8	2.7	3.7
Excess Winter Deaths % 2004-2008	22.5	13.0	15.6
Flu immunisation (Over 65) % 2009/10	70.2	72.5	74.0
NI130 Adults receiving self-directed support % 2009/10*	15.0	13.4	13.0
NI125 Older people (aged 65+) achieving independence following a hospital episode % 2009/10*	80.8	81.4	81.2
NI128 User reported measure of respect and dignity in their treatment % 2009/10	80.3	81.9	87.1

*****NI125 / NI130 show provisional improvement in 2010/11, to 89% and 30% respectively

6.1 Description of the population

GLA projections show the 2010 Wandsworth population in the 75+ age range being around 11,300, (4%). This is below the proportion in the Greater London population (6%). Wandsworth also has the second highest proportion of women aged 75+ living alone in London at 69%, (London - 60%, and England - 60%). Over the next five years, there is expected to be an increase in the over 75's in England and a slight increase across Greater London. However in Wandsworth it is expected to fall slightly to 11,000 as demonstrated in the Table 24.

Table 24: Projected population by age band, 2010-2015

	2010		2015		Change	
Age group	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**
75-79	2,023	2,549	2,077	2,526	+3%	-1%
80-84	1,378	2,080	1,346	1,853	-2%	-11%
85-89	750	1,434	744	1,210	-1%	-16%
90+	291	820	358	886	+23%	+8%
75+	**4,442**	**6,883**	**4,525**	**6,475**	**+2%**	**-6%**

GLA Household projections for 2011 show 8,564 households headed by a person in the 75+ age group. Of these, 2,194 (25.6%) contain married or cohabiting couples, 1,075 (12.5%) are other multi-person households and 5,295 (61.8%) are one person households. Table 25, also derived from GLA projections, shows the projected proportion of the 75+ population in different broad ethnic group, set against the projected proportions for all age groups, in 2010 and 2015.

Table 25: Projected population by broad ethnic group, 2010-2015

	2010		2015	
	75+	All	75+	All
White	83.0%	77.9%	78.2%	77.8%
Black	9.3%	9.9%	11.9%	9.5%
South Asian	4.8%	5.2%	6.3%	5.1%
All other ethnic groups	2.9%	7.0%	3.6%	7.5%

In 2010 there is a higher proportion of white people in the 75+ population (83%) than in the overall borough population (77.9%), but this is expected to fall by 2015 to 78.2%, broadly in line with the all age proportion. Conversely, the proportion of people from Black ethnic groups is expected to rise from 9.3% to 11.9% and the proportion from South Asian ethnic groups will rise from 4.8% to 6.3%.

The number of people of pensionable age in Wandsworth is approximately 31,000. Of these 19,000 (60%) rely on the state pension only. (Source: DWP, Pension age client Group caseload: November 2008). The Income Deprivation Affecting Older People Index in Figure 15 indicates that Tooting, Bedford, Latchmere and Queenstown all have high numbers of deprived older people.

For the population over 65 in 2010, just over 5,000 people were unable to manage at least one mobility activity, 2,000 were helped to live independently, 3,500 received a community based service, whilst 1,100 people were cared for in a residential or nursing home. Additionally in the over 65 population, 800 people are carers receiving services for themselves. Projections indicate that these numbers will change very little over the next 10 years. Source: National Indicator Set 2008-09, projections from www.poppi.org.uk

Older peoples service definitions.

Pensionable age;
Women aged 60 and over and men aged 65 and over

The Income Deprivation Affecting Older People Index;
Adults 60 or over living in pension credit (guarantee) households

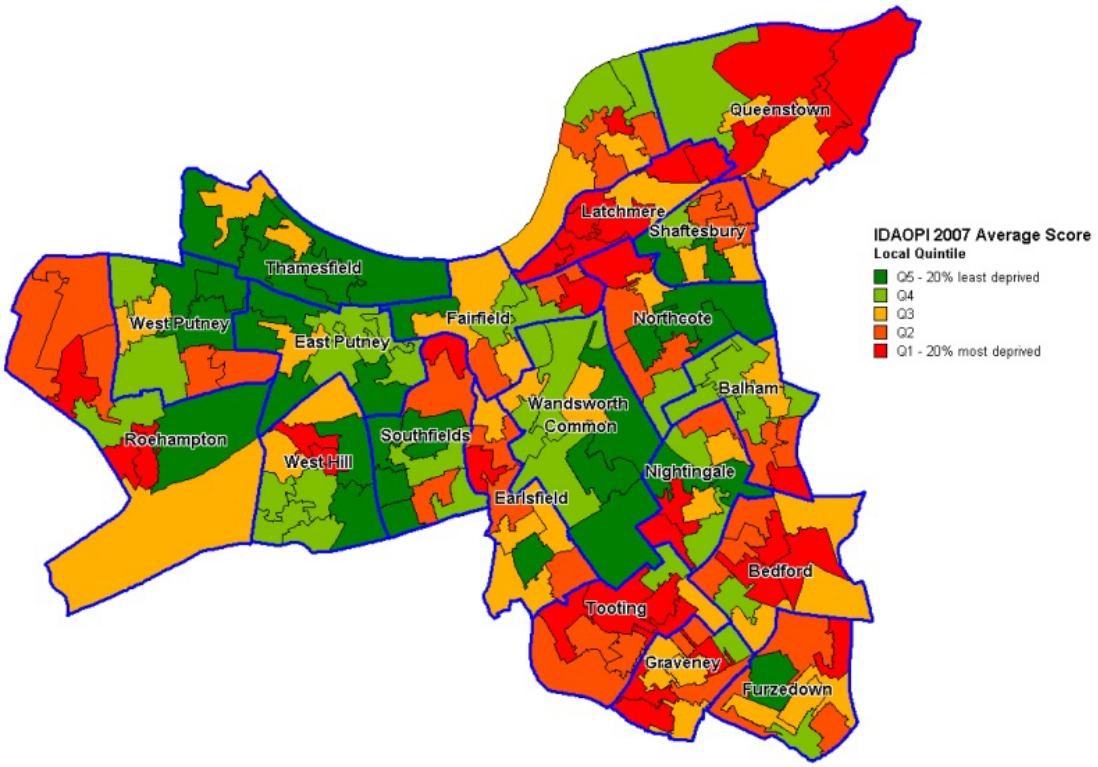
Unable to manage at least one mobility activity on their own;
Going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed. Source: Living in Britain Survey (2001)

Helped to live independently;
Direct assistance through social services assessed/care planned, funded support to live independently, or those supported through organisations that receive social services grant funded services.

Carers receiving services;
Receiving different types of services provided as an outcome of an assessment or review

Care for in a residential or nursing home;
Social Service purchased or directly provided residential or nursing care

Figure 15. Index of deprivation, older people 2007, average score by national quintiles



Source: Government and Local Communities, 2008

6.2 Particular issues

A population aged over 65 is expected to represent the greatest burden of ill health for society. However of the approximate 35,000 people that declared a limiting long term illness in the 2001 census, only a third were aged over 65. By long term condition as indicated in Table 26 the most common conditions in the over 65 group are hypertension (42%), and diabetes (19%). Forward projections for long term conditions caused by a heart attack, and for diabetes indicate no obvious increasing trend. (Source: www.poppi.org.uk). However, as reported in the chapter on pre and post retirement in this JSNA, long term conditions are commonly under-diagnosed, better awareness in the community could substantially increase the number of people identified as having a long term condition. In the most extreme case, Chronic Obstructive Pulmonary Disease is reported at approximately 30% of likely prevalence.

Table 26 GP registered population and reported long term conditions

	Under 65	65+	% under 65	% 65+	Total
GP registered population	336921	29,968	-	-	366,889
Limiting long term illness*	22,087	12735	7%	42%	34,822
COPD**	3172	1617	1%	5%	4789
Diabetes**	6257	5579	2%	19%	11836
Hypertension**	10762	12571	3%	42%	23333
CHD**	1671	3877	0%	13%	5548
Stroke**	1081	2323	0%	8%	3404

* Census 2011, ** recorded at GP, EMIS

Physical ill health can lead to feelings of depression, and a less positive mental well being. Depression often occurs after a stroke and effective treatment may be critical to restoring normal abilities. The health benefits of being part of a family or tight community are well-known as a positive influence on treating depression, in instances where these contacts are not established, social isolation can occur and therefore inhibit the impact of any initiative or treatment. In Wandsworth the number of over 65's with depression is estimated at 2,300, or approximately the same number as over 65's having had a stroke[57]..

The number of people over 65 with dementia was approximately 2,000 in 2010, This number can be expected to rise marginally over the next 10 years by an additional 100 cases, which with the prospect of decreasing numbers of people over 65 could be seen as significant. The prevalence of dementia increases with age, affecting a quarter of all people over the age of 85[58]. Parkinson's disease is an age related neurological condition that affects 3.5% of 85 to 89 year olds (compared to 0.6% of 60 to 64 year olds), and contributes to the numbers with dementia in older age. Inpatient activity for Parkinson's disease in the Wandsworth population in 2008/09 accounted for 3,209 bed days and 309 admissions involving 190 patients.

A key factor affecting independence and mobility is losing a degree of control of the bladder. The condition is estimated to affect approximately 4,500 people over the age of 65, with the numbers expected to remain stable over the next 10 years.[59]

[57] Baldwin, R. (1996) Depressive Illness, in Jacoby, R. and Oppenheimer, C. (eds) Psychiatry in the Elderly, Oxford University Press.

[58] Dementia UK: A report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society, 2007.

[59] Health Survey for England 2005

Independence

People of all ages with a long-term condition largely reported they had enough support to manage their long-term health condition (79% in 2009/10), an improvement on the previous year (NI124). However the percentage of residents who believe older people receive the support they need to live independently was lower in Wandsworth at 20.3% in 2008/9, than London at 23.3% (NI 139). For older people who require more support, partnership work continues with local leisure providers to provide exercise classes for older people. The PCT also expects to further expand the Expert Patient Programme (EPP) in Wandsworth to reach even greater numbers of older people, enabling them to have more control over their condition.

Self-directed support (Direct Payments and Individual Budgets) will enable older people to have more choice and control over their care. The process identifies the needs of an individual and then assists them in identifying which services they can receive to meet their individual needs. Of all adults receiving any state community based service, 30% receive self-directed support in 2010/11, meeting the set target for the year. The process of transitioning people onto self directed support has added a layer of complexity to the reviewing process, which impacted on the percentage of clients receiving a review 73.7% in 2010/11 against a target of 83%.

Of those people defined as vulnerable service users in 2009/10 (NI142), 99% have established or are maintaining independent living, above the 99% target. The majority of the elderly achieved independence through rehabilitation / intermediate care following an admission to hospital(81%), under the 82% target in 2009/10, but latest figures for 2010/11 indicate 88%. (NI125)

People are supported to live at home through schemes such as the on line shopping service provided through Age Concern. In 2010 112 people received this service which has helped to keep older people independent.

More specialist self-contained apartments with flexible on site care and support are available at Chestnut House, Roehampton and Mary Court/Joan Bartlett House, Battersea. In line with the Wandsworth Older People Housing Strategy, further extra care accommodation of this type is being planned by the Council in association with Residential Social Landlords in the Tooting and Battersea areas, ensuring access borough wide.

Enabling people to choose the appropriate care to die at home in Wandsworth is an improving indicator (NI129) for Wandsworth, up from the previous year to 18.5% in 2008, but still below the average for London at 18.7% and England at 20%.

Winter mortality

The health profile for Wandsworth reveals an Excess Winter Mortality index of 22.5% for the period from 1st August 2005 to 31st July 2008. For the same time period Kingston Upon Thames had a higher index score of 24.8%. Kingston and Wandsworth were the highest in the sector, Croydon was the lowest at 12.4%, just below the index for London at 13%, and the index for England of 15.6.The Wandsworth data behind this indicator is presented in Table 27 to demonstrate the trend in actual excess winter deaths.

Table 27. Number of theoretical excess winter deaths.

EWD year* against age	2004	2005	2006	2007	2008*
Under 45	-1.5	-6.0	-0.5	2.0	16.5
45-64	12.0	24.0	21.0	18.0	15.5
65+	56.0	127.5	117.5	86.0	83.0
Total	66.5	145.5	138.0	106.0	115.0

*** Excess Winter Death year (EWD), E.g. 2008 covers the period from August 2007 to July 2008. Source: ERPHO mortality files**

In the winter period of December to March 2008/09 there were an estimated 36,700 more deaths in England and Wales, compared with the average for the non-winter period. This was an increase of 49 per cent compared with the number in the previous winter 2007/08[60]. These numbers are not yet prepared at PCT level, but a high index in line with the 2005-8 data is expected.

Increases in deaths from respiratory and circulatory diseases are responsible for most of the excess winter mortality. Influenza is often implicated in winter deaths as it can cause complications such as bronchitis and pneumonia, especially in the elderly, although relatively few deaths are attributed to influenza itself. Of particular note are indicators for pneumococcal immunisation in the over 65's and the identification of patients with COPD. Wandsworth was among the lowest areas in the country for the uptake of the pneumococcal vaccine in persons aged 65 years and over in 2008/9; Wandsworth 70.2%, Inner London 72.4%. Vaccination was also low in persons at risk and under the age of 65; Wandsworth 27.0%, Inner London 44.8%. The prevalence of COPD was 30% of what would be expected in 2008/9, indicating approximately 6,000 people with COPD but not receiving treatment. Table 28 demonstrates that the largest differences in cause of death between the winter and summer periods to be flu/pneumonia, and falls. However it is still obvious that mortality is generally higher across all underlying causes of death in the winter period.

[60] ONS nugget ID 574. Excess winter mortality, England and Wales, 1999/2000 to 2008/2009.

Table 28. Top 10 most frequent underlying cause of winter death against respective numbers of summer deaths. Total deaths from August 2003 to July 2008.

Underlying cause of death	Winter total	Summer total	Winter monthly average	Summer monthly average	% difference
Malignant Neoplasms	753	1460	188	183	3%
Ischaemic heart disease	485	754	121	94	22%
Flu and pneumonia	287	377	72	47	34%
Cerebrovascular diseases	277	461	69	58	17%
Other forms of heart disease	249	377	62	47	24%
Chronic lower respiratory disease	196	294	49	37	25%
Organic mental disorders	72	119	18	15	17%
Diseases of arteries etc	55	89	14	11	19%
Other urinary system disease	53	105	13	13	1%
Falls	53	64	13	8	40%

Source: ONS, mortality file 2003 - 2008

Falls and hip fractures

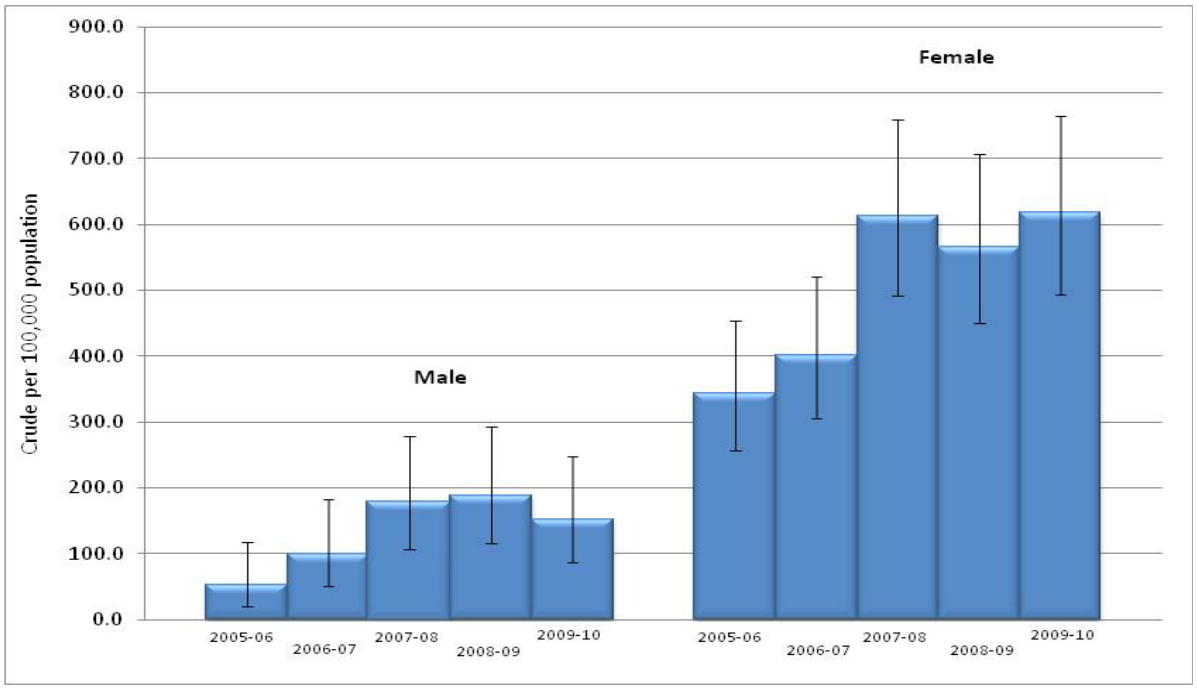
A needs assessment on falls prevention, management and bone health was completed in 2010 and is available at www.wandsworth.gov.uk/jsna. Non-hip fractures have been increasing year on year since 2005-06 for both men and women. Considering that research shows that around 50% of people 65 and over that suffer a non-hip fragility fracture go onto have a hip fracture, this is an important factor pointing to the need for intervention strategies. Admissions for fracture of neck of femur have also continued to increase, although between 2008 and 2009 the rate (DSR) of emergency admissions in the over 65s for fractured neck of femur in Wandsworth was 415.9, which is not significantly different from the English average. Figures 16 and 17 present the trend in emergency admission rates for non-hip fractures and fractured neck of femur.

The wards of Bedford, West Hill, Wandsworth Common and Graveney experience higher than expected admissions of non-hip fractures, while Graveney, West Hill and Furzedown experience higher than average rates of hip fractures.

The recommendations from the needs assessment were that:

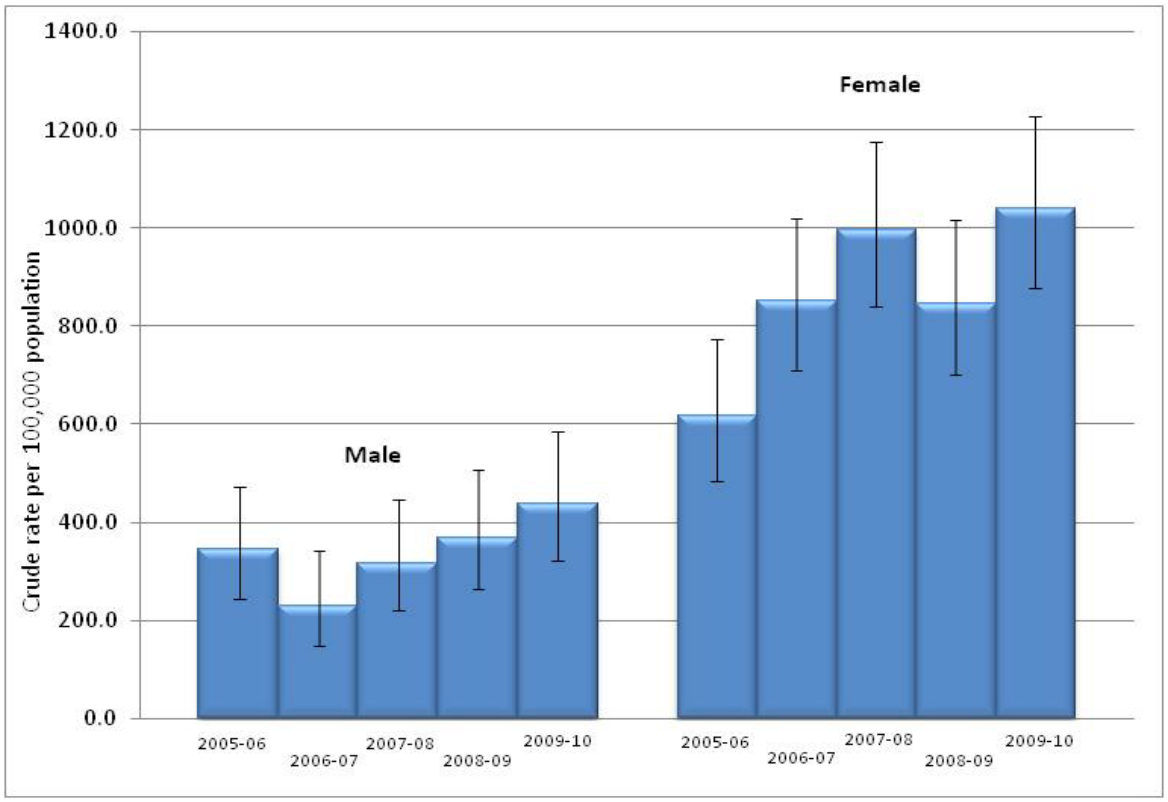
- Implement the Wandsworth Falls prevention, management and Bone Health strategy including systematic case finding of patients with new fragility fractures, those with a history of fragility fracture or identified at risk of osteoporosis.
- Integrated work streams incorporating falls prevention services, bone health, Primary Care and commissioning were required within the wards of West Hill, Wandsworth Common, West Putney, Graveney, Bedford.
- Work with primary care to promote improved bone health management.

Figure 16 Emergency non-hip fracture admission rates, 65+ years.



Source: Secondary User Service Data, Vital Signs, Wandsworth PCT (2010).

Figure 17 Emergency fractured neck of femur admission rates, 65 + years.



Source: Secondary User Service Data, Vital Signs, Wandsworth PCT (2010).

Safeguarding older adults

Some older adults may be considered vulnerable because of mental or other disability, illness or being unable to take care of or protect of themselves. Safeguarding is the term used to protect people of all ages from abuse or violation of their human and civil rights by any other person (s). Abuse may:

- Be a single or repeated act(s)
- Be physical, verbal, psychological, sexual, neglect, institutional, discriminatory or financial
- Be an act of neglect or failure to act

As a result of local training and heightened awareness of adult abuse, there has been an upward trend in the number of safeguarding alerts, (Table 29). It is expected that this trend will steady once awareness is well embedded amongst organisations and the public.

Table 29 Increases in the number of safeguarding referrals

Year	Number of referrals	Year on year increase
2006/07	103	-
2007/08	225	118%
2008/09	403	79%
2009/10	723	79%

Source: Wandsworth Adult Social Services 20010

6.3 Diversity and inequalities

More women live into older age than men and there is some evidence (Council's Day Services Review 2009) that support for older people is used disproportionately by women. Older people from Black and Minority Ethnic Communities are overrepresented amongst users of mental health services representing 47% of the older people's Community Mental Health Team caseload, rising to 59% for the Team serving the south and eastern side of the borough (NHS Wandsworth and Council: Review of Older People's Mental Health Services – Interim Report, July 2010**).**

Some health conditions are more prevalent amongst certain Black and Minority Ethnic Communities, notably diabetes, hypertension and cardiovascular disease. As the proportion of elders from these communities rises the incidence of these disease in the local over 75 population is expected to increase.

6.4 What we do well

Delays in discharges from hospital have continued to reduce. NI 131 for 2009/10 is 7.3 per 100,000 of the population aged 18+, but has improved to 6.6% for 2010/11 (provisional). The NHS and Council will continue to work in partnership to minimise unnecessary stays in hospital.

The percentage of **vulnerable people who are supported to maintain independent living** has exceeded the target, at 99.7%. (NI142). This is the number of service users (i.e. people who are receiving a Supporting People Service) who are supported to live in their home or in long stay accommodation. All care homes are excluded from the definition.

Most people over the age of 65 (85.9%) state they are fairly or very **satisfied with both their home and neighbourhood**, above the average for England of 84.5%. (NI138)

A joint action plan on Safeguarding Vulnerable Adults is in place (2008-2011) overseen by a multi-agency Safeguarding Partnership Board, chaired by the Council's Chief Executive.

6.5 What we need to improve

The **excess winter death rate** is significantly worse than the England and London averages and is a cause for concern. A possible factor is that **uptake of flu vaccination** of those aged 65 plus is 70.93%, slightly lower than the London average of 71.14% and the England average of 74%. Other contributions may be the significantly undiagnosed COPD patients, falls, and the **rising trend in fractures**.

Enabling people to **choose the appropriate care to die at home** is below the average for London.

6.6 What else do we need to know?

Excess winter deaths. Work needs to be commissioned to explore possible reasons for the apparent high number of winter deaths and whether it represents a continuing problem.

Parkinson's disease. We need an understanding of whether more support could be provided in the community for Parkinson's disease.

Diagnosis of people with dementia. In 2007/08 0.22% of patients were on the GP dementia register (727 people), compared to 0.28% in London and 0.41% in England. We need to understand whether the Wandsworth figures just reflect Wandsworth's young demographic or if there are issues around under-diagnosis or under-recording.

Understanding the requirements to increase the proportion of people being able to choose to **die at home**.

Implications for health and social care

A number of aspects of the population trends presented have implications for health and social care.

Increases in the number of births and of children. In recent years there has been a very sharp increase in the number of births to Wandsworth residents, which has placed pressure on maternity services. The number of infants within Wandsworth is expected to continue to increase slightly, and a much sharper increase is expected in the number of children aged 5-9. This suggests challenges and increasing demands in the following areas:

- Maternity services and midwifery capacity;
- Primary care (including health visiting) capacity;
- Urgent care provision for infants and children, including appropriate planning and integration of A&E, Walk-in and Out Of Hours services;
- Primary and secondary school provision, including capacity for children with special educational needs;
- Comprehensive Personal, Social and Health Education in schools;
- Comprehensive Child and Adolescent Mental Health Services across all tiers of care; and
- Dental service capacity.

Ageing population. Sharp increases are expected in two of the older sectors of the population: those in the 50-70 age range, and those aged over 90. Demand is likely to increase for:

- Preventative and screening services, especially for cardiovascular disease and cancer; and
- Health and social care services for people aged 90 plus, who are likely to have complex needs resulting from age related conditions, for example dementia, neurological conditions, visual deterioration, in addition to physical frailty.

Migration and turnover of the population. The number of single person households is already high and will account for the vast majority of the increase in household numbers. This coupled with the high rate of population turnover poses a number of challenges for health and social care:

- GP registration quickly becomes out of date, making it difficult to monitor caseload and true population demand;
- There will be a high level of demand for walk in services, as people may not be registered with a GP;
- Attendance at routine appointments may be affected as patients may move on between appointments;

- There may be requirements for screening and treatment of international migrants, including for some vaccine-preventable conditions such as tuberculosis and measles, as well as for conditions such as HIV and Hepatitis C; and
- Asylum seekers and refugees are likely to have specific health and social care needs.
- As breast and cervical screening invites are mainly sent out every 3 years, to the target groups, the high rate of turnover means that a large proportion of these women will have moved and a large portion of those moving in will not have attended for screening.
- Bowel screening will have similar challenges as both men and women in the target group are invited every two years.

Lone parents. The proportion of households headed by a lone parent is expected to increase further:

- Lone parents and their children will need the same range of health and social care services as other families, but may require additional support and flexibility;
- Lone parents may require additional help and support on a number of issues. Social issues might include financial entitlements, child care and housing, whilst health issues might include stress, depression, smoking cessation, family planning, sexual health screening and substance misuse; and
- The proportion of lone parents is highest amongst people of black Caribbean and mixed racial origins, and support services need to be particularly targeted at these groups.

Ethnic composition. Whilst the proportion of Wandsworth's population from ethnic minorities is below average for London, and expected to remain so, it is well above the national average and the need for services will be affected by the presence of diverse groups:

- Coronary heart disease and diabetes are particularly prevalent for specific ethnic groups. African Caribbean and Asian people are at high risk of diabetes, and African and Caribbean people are at higher risk of stroke . The following schemes need to be available to all at risk, but should particularly target South Asians:
    - Managing high blood pressure in patients with or at high risk of disease (e.g. diabetes);
    - Reducing blood cholesterol levels;
    - Ensuring effective emergency care and treatment for heart attack and other aspects of heart disease;
    - Improved treatment of atrial fibrillation (an abnormal heart rhythm);
    - Reducing overall smoking and increasing smoking quit rates; and

    - Primary prevention of Cardiovascular Disease through the NHS Health Check Programme;
- Mental health conditions are more prevalent in the African, African Caribbean, and white minority populations and in young Asian women. Prevention, early intervention and treatment services need to be appropriately targeted at these populations;
- Reported diagnoses of sexual health conditions are higher in Black Ethnic groups. Good sexual health promotion and testing for sexually transmitted diseases and HIV need to be appropriately targeted; and
- Bangladeshi and Pakistani families tend to be larger than those in other ethnic groups, and the anticipated increase in these ethnic groups will need to be addressed by health and social care services for families.

Appendices

Table 1: Change in Wandsworth Population over 5, 10 and 20 Years by Age and Gender

Age	2010		5 Years - 2015				10 Years - 2020				20 Years - 2030			
	Male	Female	Male		Female		Male		Female		Male		Female	
0-4	10,670	10,198	10,962	+3%	10,482	+3%	11,129	+4%	10,641	+4%	11,491	+8%	10,988	+8%
5-9	7,064	7,194	8,267	+17%	8,404	+17%	8,491	+20%	8,644	+20%	8,808	+25%	8,965	+25%
10-14	6,124	6,337	6,183	+1%	6,471	+2%	7,147	+17%	7,470	+18%	7,462	+22%	7,817	+23%
15-19	5,635	5,864	5,792	+3%	6,253	+7%	5,763	+2%	6,293	+7%	6,708	+19%	7,334	+25%
20-24	9,306	11,668	9,329	0%	11,738	+1%	9,300	0%	11,908	+2%	9,324	0%	11,983	+3%
25-29	19,393	22,030	19,488	0%	22,138	0%	19,628	+1%	22,374	+2%	17,711	-9%	20,908	-5%
30-34	20,968	20,911	20,150	-4%	20,503	-2%	20,659	-1%	21,126	+1%	20,237	-3%	21,314	+2%
35-39	17,215	15,672	16,988	-1%	16,390	+5%	16,904	-2%	16,532	+5%	17,408	+1%	17,162	+10%
40-44	12,485	11,526	13,591	+9%	12,702	+10%	13,702	+10%	13,451	+17%	14,000	+12%	14,004	+21%
45-49	8,957	9,111	10,363	+16%	9,969	+9%	11,230	+25%	10,943	+20%	11,426	+28%	11,790	+29%
50-54	6,348	6,425	7,613	+20%	7,915	+23%	8,716	+37%	8,618	+34%	9,545	+50%	9,979	+55%
55-59	4,746	5,367	5,402	+14%	5,677	+6%	6,393	+35%	6,895	+28%	7,757	+63%	8,104	+51%
60-64	4,239	4,983	4,009	-5%	4,624	-7%	4,553	+7%	4,920	-1%	6,010	+42%	6,365	+28%
65-69	3,205	3,683	3,521	+10%	4,165	+13%	3,384	+6%	3,919	+6%	4,473	+40%	4,982	+35%
70-74	2,799	3,181	2,517	-10%	3,050	-4%	2,800	0%	3,462	+9%	3,115	+11%	3,544	+11%
75-79	2,023	2,549	2,077	+3%	2,526	-1%	1,929	-5%	2,464	-3%	2,181	+8%	2,722	+7%
80-84	1,378	2,080	1,346	-2%	1,853	-11%	1,436	+4%	1,886	-9%	1,615	+17%	2,184	+5%
85-89	750	1,434	744	-1%	1,210	-16%	773	+3%	1,144	-20%	883	+18%	1,263	-12%
90+	291	820	358	+23%	886	+8%	423	+45%	910	+11%	615	+111%	1,101	+34%
Total	**143,599**	**151,032**	**148,697**	**+4%**	**156,956**	**+4%**	**154,360**	**+7%**	**163,601**	**+8%**	**160,771**	**+12%**	**172,506**	**+14%**

Table 2: Internal and International Migration from mid-2001 to mid-2008

Year	Mid-Year Population Estimate	Internal Migration		International Migration		Volume of migration per 1,000 population	
		In	Out	In	Out	All migration	International migration
Mid 2001 - mid 2002	273,600	25,400	28,500	7,900	5,000	244	47
Mid 2002 - mid 2003	274,200	26,200	29,700	7,600	6,200	254	50
Mid 2003 - mid 2004	275,000	25,900	30,000	8,000	5,800	253	50
Mid 2004 - mid 2005	278,200	26,900	29,200	8,100	5,100	249	48
Mid 2005 - mid 2006	281,100	27,800	30,200	7,600	5,200	252	46
Mid 2006 - mid 2007	282,800	28,500	31,300	7,500	6,500	261	49
Mid 2007 - mid 2008	283,700	28,100	30,600	7,400	7,500	259	52

Between 2001 and 2008 Wandsworth had the 9th highest volume of migration per 1,000 population in England and Wales. The borough has high levels of both internal (UK) and international migration (Table 2) and overall migration in Wandsworth has gradually increased from 244 migrants per 1,000 population in mid-2001 to 259 by mid-2008. Net migration is outward and increasing, but not enough to lead to an overall decrease in population.

Table 3: Household Projections by Household Type

Household Type	2011	5 Years - 2016		10 Years - 2021		15 Years - 2026	
Married Couples	28,300	25,900	-8%	24,300	-14%	23,100	-18%
Cohabiting Couples	20,300	22,800	+12%	24,800	+22%	26,200	+29%
Lone Parents	11,800	12,900	+9%	13,800	+17%	14,400	+22%
Other Multi-person	20,200	21,100	+4%	21,800	+8%	22,400	+11%
One Person	49,400	53,000	+7%	56,600	+15%	60,100	+22%
Households	**130,100**	**135,700**	**+4%**	**141,300**	**+9%**	**146,200**	**+12%**
Average Household Size	2.20	2.17	-1%	2.13	-3%	2.10	-4%
Private Population	285,600	294,200	+3%	301,600	+6%	306,800	+7%
Institute Population	4,300	4,300	0%	4,300	0%	4,300	0%
Total Population	**289,900**	**298,400**	**+3%**	**305,900**	**+6%**	**311,100**	**+7%**