JOINT STRATEGIC NEEDS ASSESSMENT 2014

Executive summary

1. Introduction

This is the second JSNA produced in Wandsworth since the Local Government and Public Involvement in Health Act (2007) placed a local duty on the Directors for Adults services, Children's Services and Public Health to document the health and wellbeing needs of the local population.

The document draws together a wide range of data and evidence to highlight areas of need or inequality that may exist between different areas, groups and communities. This understanding of what local people need is crucial in making sure that the right services are provided. This evidence is drawn from a wide range of sources, including national databases, national and local health needs assessments.

The JSNA, although primarily concerned with health and wellbeing outcomes, includes evidence on the wider determinants of health, crime, work, and regeneration plans. This JSNA also aims to support the Council and other partners in identifying areas of performance improvement.

2. Review of the 2011 JSNA key indicators

The key indicators highlighted in the 2011 JSNA are reassessed in Table 1, where there has been no improvement they have been added to the 2014 Key Messages. The numbers of excess winter deaths, falls, and sexually transmitted infections remain high. In addition, the level of childhood infectious disease covered by vaccination remains low with a time lag on most recent data. Improvement has been observed in the number of premature deaths from circulatory disease, teenage conceptions, and carers' assessments. Improvement is also noted against National Indicator 125 (the percentage of the over 65 population discharged to intermediate care or rehabilitation that are still living at home 3 months later).

Table 1 Update against the 2011 JSNA outcome indicators		
Outcome measure	Trend (3 year)	Change in the London quartile performance since the 2011 JSNA. 1st Quartile : best performance
Teenage conceptions.	⇧	No change as at 2012, 2nd quartile
Excess winter deaths.	⇔	No change, as at 2011-12 4th quartile
Falls and fractured neck of femurs.	⇔ ⇩	No change Injuries due To Falls as at 2011/12 3rd quartile Worsened performance for Fractured Neck of Femur as at 2011/12, a 4th quartile performance
Sexually Transmitted Infections	⇔	No change, Chlamydia diagnoses in 15-24 year olds as at 2012 a 3rd quartile performance
Under 75 mortality for cancer	⇧	Worsened performance as at 2010-12, now a 3rd quartile performance
Under 75 mortality for cardiovascular disease	⇧	No change as at 2010-12, 2nd quartile performance
High childhood obesity levels.	⇔	1st quartile performance as at 2012/13, but still a national issue
Alcohol related hospital admissions	⇩	No change as at 2010/11, 2nd quartile but upward trend still visible at local and national levels
Immunity for measles, mumps, and rubella.	⇩	Worsened performance as at 2012/13. Now 4th quartile performance for one MMR at 2 years
Carers receiving needs assessment.	⇧	Improvement for 2012/13. Top quartile performance.
Independence for older people through rehabilitation and intermediate care.	⇧	Improvement for 2012/13 for the % over 65 discharged to intermediate care or rehabilitation that are still living at home 91 days later (NI125).

Legend

⇧	Getting better
⇔	Constant
⇩	Getting worse

	Value in 1st or 2nd quartile
	Value in the 3rd quartile
	Value in the 4th quartile

3. 2014 Key messages

The key messages include the recurrent issues from the 2011 JSNA, and any additional areas of need with poor performance or a worsening trend. In addition two further tables demonstrate issues for smaller cohorts of patients with intensive needs, and specific areas of inequality. The key messages may be summarised as:

- **Mental health;** the sheer number of people that may have a mental health disorder (48,500 people), the high cost associated with care (£53m for Wandsworth CCG), and the impact on other conditions or areas of life particularly for black ethnic groups make this a significant issue.
- **Childhood immunisations and breastfeeding;** MMR at 2 years was 83% (7th lowest in London)_against a target of 95%, and breastfeeding at 8 weeks was 73% (8th highest in London) against a target of 76%. Additionally breastfeeding uptake is lower in more deprived areas.
- **Domestic violence;** 21% annual increase in reported domestic violence offences
- **Care of vulnerable families;** a multi-agency approach similar to the Troubled Families Programme could support vulnerable families on a number of issues. Issues include availability of family housing, long term unemployment, domestic violence, and poor maternal mental health or access to services. Particular issues for children also include gang involvement, sexual exploitation, female genital mutilation, childhood accidents and support for children with caring responsibilities, or children with disabilities.
- **Care of the elderly;** relatively poor rates of excess winter deaths (at 25.3 for 2009-2012, the highest in London) and falls injuries (6th highest in London with 727 injuries in 2011/12), and a significantly high rate of preventable eye disease (3rd highest rate of preventable glaucoma in London).
- **Lifestyle;** Sexually Transmitted Infections are particularly high; alcohol related hospital admissions have increased year on year. Nationally there have been an increasing number of deaths associated with club drugs and illegal highs with local levels of use difficult to establish. The prevalence of smoking, being overweight and lack of physical activity is relatively good in Wandsworth, but at 16%, 50% and 23% respectively, but there is still an issue with geographical inequalities.

Intensive Needs

- **Learning disabilities;** An acknowledged low number of people known to services, 1,342 representing 23% of the anticipated population.
- **Children looked after;** This cohort consists of 210 vulnerable children with poor life chances, and particularly for the care leaver group of approximately 20 a year.
- **Tuberculosis;** New cases of TB have remained stable but only 79% completed treatment in 2012, below the 85% target.

- **Care Home Residents;** To ensure the provision of appropriate and equitable services to the estimated 800 care home residents in Wandsworth.
- **Offender health;** 1000 people on the probation caseload, with direct health impacts for the offender, and indirect impacts on the offender's family and friends.

Inequalities

- **Excess mortality for residents in more deprived communities under the age of 75;** The most common causes are cancer and cardiovascular disease, however people will typically have multiple long term conditions including complications arising from diabetes, and respiratory diseases.
- **Lower educational attainment, and lower Personal Social and Emotional attainment in Reception year.** More deprived and some ethnic communities have lower levels of attainment with associated long term issues.
- **Long Term Unemployed;** With an emphasis on building skills to find work, and linking opportunities to the regeneration plans in Wandsworth.
- **Air quality;** On going need to monitor air quality in congestion areas
- **Access to open spaces;** To promote the use of open spaces particularly where access is limited.

4. Demographic implications

Wandsworth is the capital's largest inner city borough, with a growing population which currently stands at 307,000. The population structure has a remarkably young demographic, with the highest proportion of the population aged between 30 and 44 of any council in the country (31%) and the second highest proportion of the population nationally aged 25-29 (15%). In addition Wandsworth has the third highest annual migration from all London boroughs, of 25% between 2012 and 2013. Wandsworth is a borough of contrasts. For the most part people are affluent, well educated, healthy and in work. A minority of the people are not so fortunate, in common with other London boroughs, nearly 30%, or 13,200 children come from income deprived households, and a quarter, or 9,500 over 60's are in receipt of pension credits. With the gradually aging population (an additional 2000, between 2014 and 2020) pressure on services will increase.

No discussion on ill health and those most susceptible is complete without a discussion on the wider determinants of health, notably housing, education, and the physical and social environment. In working through the JSNA process it is important to understand where and how contact with more vulnerable people can be made to improve health and wellbeing chances. For example how we can work with the 4,879 people claiming Job Seekers Allowance in March 2014, or the people living in the 6,000 lower end private rental units.

5. Health profile

The health of people in Wandsworth is varied compared with the England average. Deprivation is lower than average, however about 11,800 children live in poverty. The life expectancy for both men and women is similar to the England average, although it is 8.9 years lower for men and 6.8 years lower for women in the most deprived areas of Wandsworth than in the least deprived areas. Over the last 10 years, all cause mortality rates have fallen. Early death rates from cancer and from heart disease and stroke have fallen.

With a projected increase in population size, population density will increase, with an increasing demand for statutory services, including schools, housing, health and social care.

A more ethnically diverse population, some of whom may speak little English, will have implications for health promotion and service planning, particularly awareness programmes for screening, and conditions such as diabetes and circulatory disease.

6. Wider determinants of health

- **Employment or occupation**: A key vulnerable group of up to 5,000 people claiming Job Seekers Allowance. The local emphasis is on building skills to find work, and linking opportunities to the regeneration plans in Wandsworth
- **People affected by violence**: People directly affected by crime and lessons learnt from the two Domestic Homicide Reviews in 2013, and peoples fear of crime with the 67% of residents feeling safe in 2013.
- **Homelessness and housing**: Statutory homelessness is in line with London, the true number of rough sleepers is unknown. There is a shortage of affordable family homes, and increasing demands on ensuring decent standard private rental accommodation.
- **Educational attainment**: Educational attainment is an inequality point, as poor educational attainment is associated with deprivation.
- **Air quality**: There is an on-going need to monitor quality in key areas.
- **Access to open spaces**: To promote use of open spaces particularly in areas where access is limited.

7. Health of children and young people

An increase in the number of children (0-15) in the Borough of 4,400 (15%) is projected between 2014 and 2019. (GLA population projections 2011.) The increase in child population will have implications for statutory services, and those particular to children with special needs and disabilities who need to access therapies / specialist nursing services. These are reflected in the suggested areas of focus for the Children and Young Peoples Plan and Safeguarding in 2013/14 (Appendix 5)

7.1 Early Years

- Transition to parenthood: There are approximately 13,200 children aged 0 to 15 in income deprived families in Wandsworth[1], the focus is to ensure a positive parenting experience for children.
- Maternal mental health: The impact of poor maternal mental health during pregnancy and the first 2 years of life, on infant mental health and future adolescent and adult mental health[2].
- Breastfeeding (initiation and duration): 2012/13 breastfeeding rate at 6/8 weeks in Wandsworth was 73.1% and ranked the 8th highest in London, this was below the target of 75.7%.
- Obesity and physical activity: 558 4/5 year olds and 684 10/11 year olds were identified as overweight or obese in 2012/13, this is relatively good performance against peers but a national concern and local inequalities between schools.
- Minor illness and reducing accidents: Between 2010/11 and 2011/12 there was an average of 555 admissions due to injuries per year with a rate of 103.1 per 10,000 population under 18, higher than the London average of 97.3.
- Immunity for infectious disease: In 2012/13 childhood vaccine coverage was below the 95% target, e.g. MMR at 2 years old was 82.8% and was the 7th lowest in London.

[1] Income Deprivation Affecting Children Index 2010
[2] Fair Society : Healthy Lives 2010 (The Marmot Review)

7.2 Young people

- Children Looked After: In 2013 the rate was 37 looked-after children per 10,000 under 18, lower than the rate for London (55 per 10,000) and a declining trend. Children Looked After are a vulnerable group with poorer life chances and higher educational needs, the need is most acute for those leaving care.
- Teenage pregnancy: Between 1998 and 2012, the teenage pregnancy rate has fallen from 71 cases per thousand to 25, in 2012 this represented 85 teenage conceptions. The challenge is to sustain this declining trend.
- Gangs and Youth Violence, sexual exploitation of children: 175 individuals in Wandsworth have been identified as being in a gang or at significant risk of being in a gang. Sexual exploitation of gang members is reported nationally with unknown local impact.
- Female Genital Mutilation: Over 1,000 women have been in contact with services since 2007, this position relative to other areas is unknown.
- Children with disabilities and special needs: The 2011 census recorded 1,551 young people from 0-15 with a long term health problem or disability that in some way limited their day to day activities, representing 3%, compared to 3.4% in London.
- Children and Young People's mental health: The extent of mental health problems in Wandsworth relative to other boroughs is unknown. National estimates applied to the capacity of local services are the clearest indication of need, a CAMHS review is underway to quantify this alongside the preventative focus of the Early Help scheme in Wandsworth Children's services.
- Young carers: The true extent of young carers in Wandsworth is unknown, the last audit conducted in 2007 estimated there to be around 600[3]. There is a negative impact on the health of these young people because of their caring duties.
- Tuberculosis: There was a rate of 29.8 per 100,000 population, significantly lower to the rate of 41.8 in London[4], TB treatment completion is at 79.3% for 2012 is below the target of 85%.

[3] Estimate from Childrens Services Wandsworth

[4] Public Health England. Tuberculosis in the UK: Annual report on tuberculosis surveillance in the UK, 2013.

8. General Adult Challenges

- Mental Health: Poor mental health directly impacts other health and care needs and is a particular inequality for black ethnic groups. Associations between debt, domestic violence, alcohol and drugs are observed in the literature[5]. The 2008 estimated number of people with Common Mental Health Disorders in Wandsworth was 48,500, a rate of 200 per 1,000 in line with other Inner London Authorities, but higher than the London rate of 182.
- Overweight and obesity: 52% of a sample of Wandsworth adults in 2012 were overweight, in line with Inner London rates, and better against the London figure of 57%. This potentially represents 133,000 people.
- Physical activity: 23% of a sample of Wandsworth adults were doing less than 30 minutes of moderate intensity physical activity in the previous 28 days, better than Inner London, and the London rates. This potentially represents 84,000 residents.
- Learning disabilities: People with learning disabilities have particular care needs, and are under-represented at routine medical appointments. There were 1,342 people with a learning disability known to services in 2012 which could represent 23% of the total number of people with a learning disability. The expected prevalence rates are in line with those of London as a whole.
- Autism: Local prevalence is unknown, and an area requiring further work
- Under 75 mortality: Under 75 mortality is used to reflect the higher levels of mortality experienced by the more deprived. In the 20% most deprived communities between 2009 and 2011 there were 175 excess deaths due to circulatory disease and 71 deaths due to cancer.
- Smoking: 55,000 people are estimated to smoke in Wandsworth.
- Drugs and alcohol: Estimates from 2006/8 indicate 21.4% of adults (50,800 people) with higher risk drinking in Wandsworth, compared to 20.0% in England. In 2010/11 there were an estimated 1,600 users of opiate and/or crack cocaine aged 15-64, equivalent to a rate[6] of 7.4, lower than the rate for England of 8.6. Alcohol associated hospital admissions have risen from 3,249 admissions in 2007/8 to 4,755 in 2011/12. A Drugs and Alcohol Needs Assessment is currently being conducted.
- Sexually Transmitted Infections: The incidence of Chlamydia in Wandsworth in 2012 was 977 cases, a rate[7] of 2,787 among residents aged 15-24 years, significantly higher than the rate for London of 2,159. There are key cohorts of people affected, including a recent increase in people over 50.
- Offender health: The Annual Report of the Director of Public Health 2013 highlights Offender Health as a priority issue particularly due to the wider social and economic impact it has.
- Domestic Violence: There were 508 incidents of domestic violence in 2013/14, and increase of 21% against an Inner London increase of 9%. The Brighter Future programme is working with 120 affected families.

[5] Fitch C, Hamilton S, Bassett P, et al (2011). The relationship between personal debt and mental health: a systematic review. Mental Health Review Journal 16:153–66.

[6] Crude Rate per 1000 population APHO Health Profile Wandsworth

[7] Rate per 100,000 people aged 15-24 APHO Sexual and Reproductive Health Profiles

8.1 Health of working age adults

With a more mobile population there will be limited opportunities for intervention. There will be a requirement for more flexible appointment times and locations. Symptom and risk awareness services will also need to be comprehensive and immediate. There will also be an increased demand for walk in services, as people may not be registered with a GP practice and patient follow up will be more difficult. With the observed increase in lone parent households there should also be clear signposting and comprehensive information services for issues including financial entitlements and housing, depression, smoking cessation, family planning, and domestic violence.[8]

Population changes in Wandsworth are difficult to predict, with potentially significant population increases in Nine Elms and Vauxhall with only estimated health and care needs.

Approaching and post retirement

- Preventable eye disease: The rate[9] of sight loss due to glaucoma in those aged 40+ in 2011/12 was 24 the third worst in London. A health needs assessment will be conducted in this area.
- Long term conditions: A number of conditions including mental health and cardiovascular disease, are individually discussed as key points, however other conditions such as sickle cell disease will have particular treatment requirements and others may complicate treatment such as diabetes, and respiratory disease. There may be data sharing implications for integrated working between Wandsworth CCG and Wandsworth council's adults and childrens services.

8.2 Health of older adults

An ageing population and those in more deprived circumstances - 25% of people over 75 are Council tenants (Census 2011) - will impact on health and social care services, especially for people with multiple long term conditions which will increase in complexity as people live longer. Typical issues will be dementia, neurological conditions, visual deterioration, and diabetes. Special provisions will also be required for end of life care.

Population based and targeted prevention services will be required, such as cardiovascular disease and cancer prevention and screening, the reduction of emergency admissions and prevention and rehabilitation from falls. It will also impact on carers, who will need to be assessed routinely to ensure their own health is not compromised and that they are supported to have a life outside of caring as well as supported to continue to care.

[8] Single motherhood and mental health: implications for primary prevention CAN MED ASSOC J • MAR. 1, 1997
[9] Crude rate of sight loss due to glaucoma in those aged 40+ per 100,000, PH Outcomes Framework 2014

Older age

- Falls and fractured neck of femurs: The injuries due to falls in people aged 65-79 were significantly worse than London in 2011/12, and represented 727 instances.
- High excess winter deaths: The three year pooled index for Wandsworth for 2009 - 2012 for all ages was the highest in London at 25.3 against 17.2 for London.
- Dementia: There is a relatively small population of 1153, but growing with greater front line staff awareness, and implications for health and care services
- Identification and support for carers: 1,294 carers eligible to receive services from Wandsworth council, and 2,719 recorded as a carer in Wandsworth GP surgeries.
- Hospital admissions and continuing care: Wandsworth has a 16% higher rate of emergency admissions per head than the South West London average for the over 70s population, with higher levels of admissions from deprived communities.
- Care Home Residents: There are approximately 800 care home residents in Wandsworth. Recognising the complexity of their needs and delivering appropriate and equitable services is an increasing pressure as people live longer at home then transfer later into a care home.
- Social isolation (for older people): It is estimated that 10% of people over the age of 65 are socially isolated, the percentage increases with age[10]. The actual numbers in Wandsworth relative to other London boroughs are unknown.
- End of life care: Deaths occurring in hospice in Wandsworth are significantly higher than the England rates. However information on preference of location is not comprehensively collected.

Conclusion

Overall, the population of Wandsworth is young and growing, mobility is high and the number of people giving care to a friend or neighbour is low. There is a growing older population from deprived areas, less likely to move from the borough. A significant focus for health and care is the identification of vulnerable populations such as the unemployed, offenders, children in care, and the frail or elderly, and ensuring the health of these groups is protected and the care required is reflective of need.

The regeneration programmes underway in the Borough give new opportunities for the deprived areas with jobs, better housing and a safer environment.

For more universal needs, the promotion of healthy lifestyles, with particular initiatives designed to improve mental wellbeing remain essential to a healthy community. The design and evaluation of pilot initiatives remains an important work stream, and in particular the recommended interventions published by NICE[11].

The JSNA provides the evidence of need, which may be met through partnership working. The challenge for health and care in Wandsworth is to ensure that partnerships robustly prioritise areas of work with a particular emphasis on their ability to achieve demonstrable outcomes.

[10] Social Isolation Among Older Londoners. Institute for Public Policy Research 2011.
[11] National Institute for Health Care Excellence

Contents

1. Introduction

The primary legal duty of the Health and Wellbeing Board (HWB) is to agree a Joint Strategic Needs Assessment (JSNA), setting out an agreed view of local needs, and a Joint Health and Wellbeing Strategy setting out shared priorities for addressing those needs. A minimum expectation is that these documents should be reviewed at least once every three years. The most recent JSNA in Wandsworth was completed in 2011.

The audience of the JSNA is for all stakeholders in the local health and care economy including the public. The JSNA is therefore a source of reference for commissioning services, and as a document to highlight where there may be gaps in the knowledge base that require more detailed Health Needs Assessments. The full range of needs assessments that the JSNA is based on are listed on the Wandsworth JSNA web pages.

The 2011 JSNA was based on a life course approach and is currently available as a single report or as a series of slides on the Council's website.[12] It is backed by a raft of in-depth health needs assessments that have been the basis for most of the joint work between the Clinical Commissioning Group (CCG), the Local Authority and other health and care stakeholders.

The new analysis refreshes the list of local issues and their key challenges. There are some areas where work is currently being developed, most notably the sexual health strategy and maintaining the independence of the older population.

After an overview of health inequalities in the Borough, this document assesses progress against the key outcome indicators listed in the 2011 JSNA. The document then presents a review of demographic changes, the particular health challenges facing the Health and Wellbeing Board and the wider determinants of health. The last section of the report concerns the considerable opportunities represented in the regeneration plans and new developments in Wandsworth.

2. Background

Wandsworth is the capital's largest inner city borough, with a growing population which currently stands at 307,000. The population structure has a remarkably young demographic, with the highest proportion of the population aged between 30 and 44 of any council in the country (31%) and the second highest proportion of the population nationally aged 25-29 (15%). In addition Wandsworth has the third highest annual migration from all London boroughs, of 25% between 2012 and 2013. Wandsworth is a borough of contrasts. For the most part people are affluent, well educated, healthy and in work. A minority of the people are not so fortunate, in common with other London

[12] http://www.wandsworth.gov.uk/downloads/200180/joint_strategic_needs_assessment

boroughs, nearly 30%, or 13,200 children come from income deprived households, and a quarter, or 9,500 over 60's are in receipt of pension credits. With the gradually ageing population (an additional 2000, between 2014 and 2020) pressure on services will increase.

No discussion on ill health and those most susceptible is complete without a discussion on the wider determinants of health, notably housing, education, and the physical and social environment. In working through the JSNA process it is important to understand where and how contact with more vulnerable people can be made to improve health and wellbeing chances.

The ill health burden in absolute terms is given in Appendix 1 and gives an indication of the scale of care needed. The table needs to be treated with caution as some figures are estimates from nationally derived models, and figures have come from multiple sources, some of which are more up to date or have less data validation than others. The most important aspect in this regard is the data derived from General Practice submissions under Quality and Outcome Framework (QoF), which is a contractual mechanism and therefore not specifically used for condition/disease surveillance.

The burden of ill – health in Wandsworth
• There are estimated to be 48,500 people with common mental health disorders in Wandsworth. They represent the single largest cohort of people with early treatment needs, and indicate the scale of prevention interventions for a future generation. • Hypertension is the second most prevalent health issue, with 31,000 patients (QoF 2012/13). The diagnosed prevalence of diabetes at nearly 13,000, and 11,000 people with a circulatory system condition (heart disease, atrial fibrillation, and stroke), make up a significant population cohort, especially when the undiagnosed are estimated for (QoF 2012/13). With an ageing population, the prevalence of multiple long-term conditions is increasing: the Wandsworth population with two or more long-term conditions currently stands at 34,000 (GP derived analysis 2013). • There were approximately 107,000 preventable emergency admissions to hospital, 17,000 of which were due to alcohol abuse (Hospital Episode Statistics 2012). The Health Survey for England estimates that there are 55,000 smokers and 51,000 adults who binge drink in Wandsworth. • There were 5,655 acute sexually transmitted infections diagnosed in one year, and the HIV population in treatment equates to just over 1,000 people (Public Health England 2012).

2.1 Interventions

Where possible throughout this document specific interventions and their challenges are discussed. The range of evidence based interventions is routinely assessed by the National Institute for Health Care Excellence. The implementation of NICE guidance is an important means for ensuring that patients receive the best possible treatment and care, and as such is an essential aspect of clinical governance. The Government stipulates that that all Technology Appraisals are implemented within three months of the date of issue. NICE publish evidence-based guidance under the following headings:

a. Technology Appraisals (TAs) make recommendations regarding particular drugs or other clinical treatment technologies,
b. Clinical Guidelines (CGs) make recommendations in relation to the management of a particular disease or condition (e.g. diagnosis and treatment of schizophrenia)
c. Interventional Procedure Guidance (IPGs) examine and assess surgical interventions and procedures in relation to their safety and efficacy
d. Public Health (PH) guidance makes recommendations concerning public health topics such as smoking cessation, promotion of physical activity, and the primary prevention of chronic diseases such as diabetes and heart disease.
e. Quality Standards (QS) advise providers and commissioners on how to achieve best practice in relation to the care of patients with particular diseases or conditions
f. Medical Technology Guidance (MTG) and Diagnostic Technology Guidance (DTG) aims to assess new technologies in these areas in relation to safety, efficacy and cost effectiveness

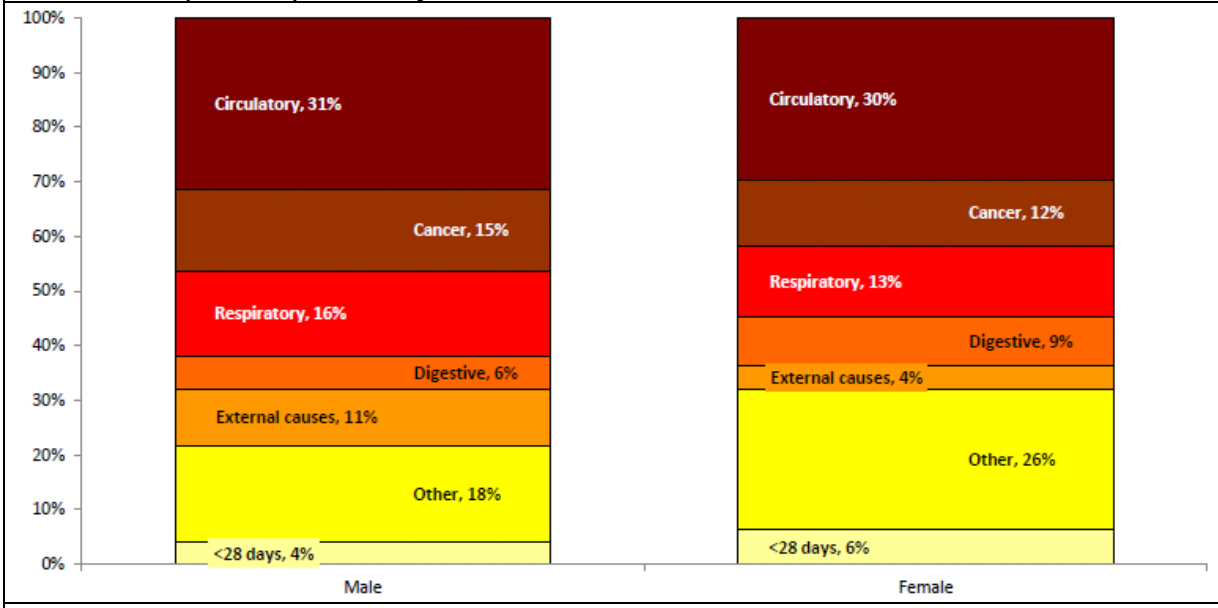
In Wandsworth the Clinical Effectiveness and Medicines Management Group (CEMMaG), monitors the local implementation of NICE guidance. CEMMaG adopts a number of different approaches, including monitoring implementation within Host Trusts such as St George's Healthcare, and ensuring that Wandsworth CCG local structures such as Clinical Reference Groups are aware of all new NICE Guidance relevant to them. In addition, CEMMaG monitors medicines management to ensure that local prescribing guidance, care pathways and policies reflect NICE recommendations. Appendix 6 lists the Public Health specific interventions.

3. Health Inequality

Based on death rates in 2009-2011, the range in life expectancy between the most and least deprived in Wandsworth is 8.9 years for males and 6.8 years for females. The gap in life expectancy between the most and least deprived areas in Wandsworth widened between 2001-05 and 2006-10, and Wandsworth now has one of the widest gaps in London, for both men and women. There are approximately 2,800 deaths in Wandsworth a year and approximately 1,000 of these are of people under the age of 75. The two most frequent underlying causes of death in the under 75's are cancer and circulatory disease with approximately 220 and 150 deaths respectively.

Figure 1 demonstrates the relative impact of conditions which reduce life expectancy in the more deprived. Circulatory disease is the largest contributor to the life expectancy gap, accounting for approximately 30% of the life expectancy gap. In the 20% most deprived population in Wandsworth there were 94 excess female deaths and 81 excess male deaths between 2009 and 2011.

Figure 1 Life expectancy gap between the most deprived quintile in Wandsworth and the least deprived quintile, by cause of death 2009-2011



Source: Segment Tool PHE 2014

Footnote: Circulatory diseases includes coronary heart disease and stroke. Digestive diseases includes alcohol-related conditions such as chronic liver disease and cirrhosis. External causes include deaths from injury, poisoning and suicide

Key to understanding inequality is to understand how to engage with groups most at risk for example, front line staff may be well placed to signpost residents to appropriate services. Inequality may not be by geography alone; other cohorts can be defined by housing tenure, employment, age, or ethnicity for example. Table 1A and Table 1B detail the vulnerable groups that are more likely to have an interaction with statutory services with estimated numbers for 2013. Vulnerability by specific clinical conditions or lifestyle risks are outlined later in the document for example, learning disabilities, or smoking.

Table 1A. Vulnerable population groups defined by interaction with existing services	
Vulnerable group	**Approximate number**
Job Seeker Allowance claimants (16+) [13]	4,879
Adult Social Services service users [14]	4,325
Victims of crime[15]	3,379
Carers (In receipt of services)[16]	715
Not in Education, Employment or Training (16-18)[6]	410
Drug users (non-alcohol)[17]	1,400 - 3,000
Offenders on probation[18]	1,000

Table 1B. Vulnerable population groups by accommodation type	**Approximate number**
Non decent Private Sector Rental Accommodation	15,099 units
Those living in lower end private sector housing[19]	6361 units
Sheltered housing	2000 units
Homeless - statutory	657 units
Mental Health Supported Accommodation	306 units
Learning Disability supported accommodation	168 units
Young People At Risk Services supported accommodation	121 units
Extra care housing	107 units
Young People Care Leaver Schemes supported accommodation	78 units
Single Homeless & Rough Sleepers	66 units
Accessible and adapted housing	55 per year
Mother and Baby supported accommodation	50 units
Drug & Alcohol Services supported accommodation	39 units
Ex Offender Services supported accommodation	37 units
Domestic Violence supported accommodation	23 nits

[13] 2014, NOMIS
[14] 2012/13, NACIS
[15] 2012/13, PHOF
[16] Wandsworth Borough Adult Social Services
[17] APHO Wandsworth Profile 2013
[18] Wandsworth Borough Public Health Annual Report – probation caseload
[19] Wandsworth Borough Housing Department Estimates

4. Progress from the 2011 JSNA

Table 2 details the updated position against the outcome indicators from the 2011 JSNA. The numbers of excess winter deaths, falls, and sexually transmitted infections remain high. In addition, the level of childhood infectious disease cover by vaccination remains low with a time lag on most recent data. Improvement has been observed in the number of premature deaths from cancer, teenage conceptions, and carers' assessments. Improvement is also noted against National Indicator 125 (% of the over 65 population discharged to intermediate care or rehabilitation living at home 3 months later).

Table 2 Update against the 2011 JSNA outcome indicators

Outcome measure	Trend (3 year)	Change in quartile performance since the 2010 JSNA
Teenage conceptions.	⇧	No change as at 2012, now 2nd quartile
Excess winter deaths.	⇔	No change, as at 2011-12 4th quartile
Falls and fractured neck of femurs.	⇔ ⇩	No change Injuries due To Falls as at 2011/12 3rd quartile Worsened performance for Fractured Neck of Femur as at 2011/12, a 4th quartile performance
Sexually Transmitted Infections	⇔	No change, Chlamydia diagnoses in 15-24 year olds as at 2012 a 3rd quartile performance
High <75 mortality for cancer	⇧	Worsened performance as at 2010-12, now a 3rd quartile performance
High <75 mortality for cardiovascular disease	⇧	No change as at 2010-12, 2nd quartile performance
High childhood obesity levels.	⇔	1st quartile performance as at 2012/13, but still a national issue
Alcohol related hospital admissions	⇩	No change as at 2010/11, 2nd quartile but upward trend still visible at local and national levels
Immunity for measles, mumps, and rubella.	⇩	Worsened performance as at 2012/13. Now 4th quartile performance for one MMR at 2 years
Carers receiving needs assessment.	⇧	Improvement for 2012/13. Improvement for 2012/13. Top quartile performance.
Independence for older people through rehabilitation and intermediate care.	⇧	Improvement for 2012/13 for the % over 65 discharged to intermediate care or rehabilitation that are still living at home 91 days later (NI125).

Legend

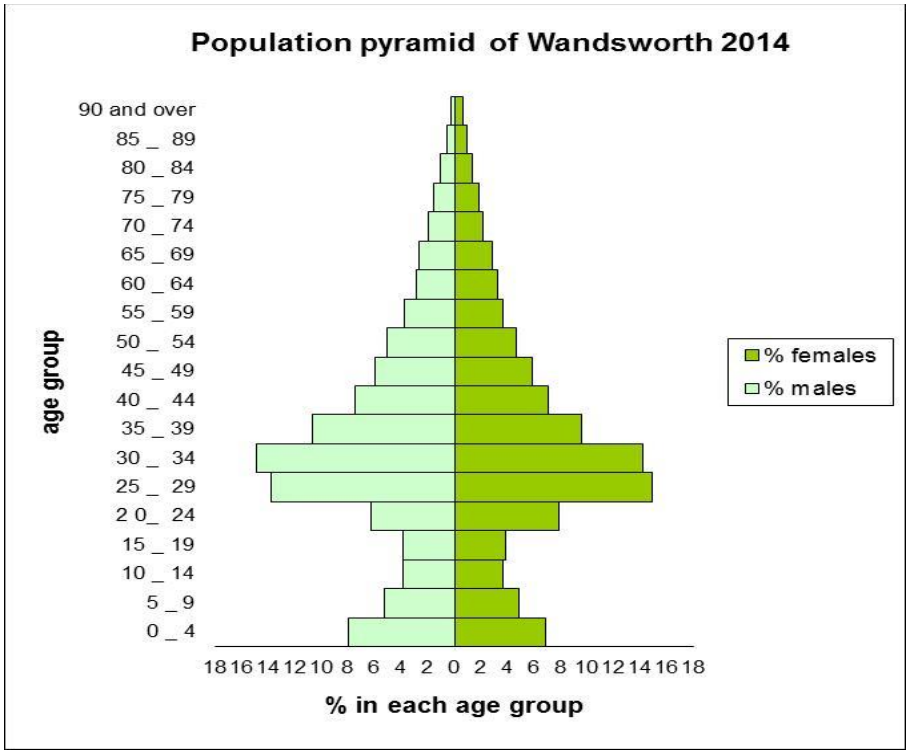
⇧	Getting better
⇔	Constant
⇩	Getting worse

	Value in 1st or 2nd quartile
	Value in the 3rd quartile
	Value in the 4th quartile

4.1 Demographic changes

Wandsworth's predominant demographic is one of a young, professional, transient and growing population with a higher population density than the London average, placing Wandsworth as the tenth most densely populated area in the country (Census 2011). The unique shape of the population demographic is illustrated in Figure 2. The pattern is of a large number of young adults living in Wandsworth, coupled with increases in the number of children, with a corresponding need for provision of family homes.

Figure 2 Population pyramid by five year age bands and gender



Source: ONS sub-national 2011-based population projections

- **Population Size**: The last decade has seen the Borough's population increase from 260,382 at the 2001 Census to 307,000 by the 2011 Census - the fourth largest population increase in London over the last decade.
- **Migration**: Wandsworth has the highest migration rates of any London borough and fourth of any local authority in England and Wales (ONS, 2012, Migration Indicator Tool). This represents 30,000 from within the UK, and 7,000 from overseas. This includes approximately 300[20] asylum seekers who are likely to have specific health and social care needs.
- **Children**: an increase in the number of children (0-15) in the Borough of 4,400 (15%) is projected between 2014 and 2019. (GLA population projections 2011).

[20] www.london.gov.uk/mayor/economic_unit/docs/irregular-migrants-report.pdf

- **Young Adults**: Wandsworth has the highest proportion of 25 – 39 year olds of any local authority nationally- 39%, compared with an average of 28% across London (Census 2011). Anticipated rise of 2,700 (2%) from 2014 to 2019 (GLA).
- **Older people**: The Borough has 27,000 people over the age of 65 (8%), compared to an average of 11% across London (Census 2011). By 2019 it is anticipated that there will be an additional 1,500 people over the age of 65, an 8% increase (GLA). By 2020:
    - 11,000 people (37%) may be living alone, an increase of 12%.
    - 13,000 people (42%) may be unable to manage a common domestic tasks, e.g. vacuuming, an increase of 14%.
    - 10,000 people (34%) may be unable to manage a self-care activity, e.g. dress/undress, or take medicines, an increase of 13%.
- **Black and Minority Ethnic groups:** Represented 88,000 people (29%) in 2011, a growth of 30,000 since 2001 (Census). BME groups represented 49% (3,205) of all Job Seekers Allowance Claimants in 2010/11[21]. Tooting has the highest percentage of BME population, with over half of its population (52.7%) coming from a BME group.
- **Deprivation:** Between 2007 and 2010, the Index of Multiple Deprivation score across the borough increased from 20.39 to 21.50 reflecting greater deprivation. However, approximately 197,000 people lived in areas where deprivation reduced, while the population from the LSOAs where deprivation has increased was smaller at 86,000.
- **Lone parents:** The 2011 Census counted 7,877 lone parent households in Wandsworth, a growth of 790 households since 2001.

4.2 Demographic implications

A bigger population will increase population density, with an increasing demand for statutory services, such as schools, recreation, health care, and social care.
It is likely that with a more mobile population there will be limited opportunities for intervention. There will be a requirement for more flexible appointment times and locations. Symptom and risk awareness services will also need to be comprehensive and immediate. There will also be an increased demand for walk in services, as people may not be registered with a GP practice and patient follow up will be more difficult. With the observed increase in lone parent households there should also be clear signposting and comprehensive information services for issues including financial entitlements and housing, depression, smoking cessation, family planning, and domestic violence.[22]

An ageing population and those in more deprived circumstances - 25% of people over 75 are Council tenants (Census 2011) - will impact on health and social care services, especially for people with multiple long term conditions which will increase in complexity as people live longer. Typical issues will be dementia, neurological conditions, visual

[21] NOMIS
[22] Single motherhood and mental health: implications for primary prevention CAN MED ASSOC J • MAR. 1, 1997

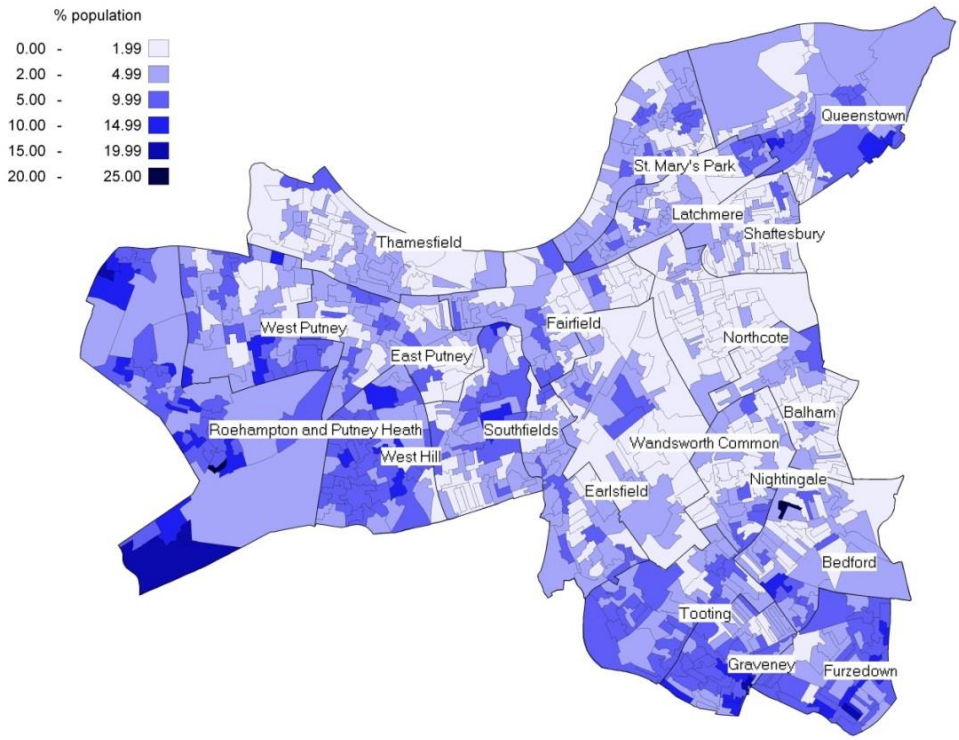
deterioration, and diabetes. Special provisions will also be required for end of life care. Population based and targeted prevention services will be required, such as cardiovascular disease and cancer prevention and screening, the reduction of emergency admissions and prevention and rehabilitation from falls. It will also impact on carers, who will need to be assessed routinely to ensure their own health is not compromised and that they are supported to have a life outside of caring as well as supported to continue to care.

The increase in child population will have implications for health care service capacity such as primary care, out of hours services, A&E services, walk-in centres and dental services. In addition it will have an impact on comprehensive child and adolescent mental health services across all tiers of care. There will be a need to provide primary and secondary education and comprehensive personal social and health education in schools to cover issues such as sexual health, obesity, smoking and physical activity. The Foundation Stage Profile undertaken for children leaving reception year highlights gaps in personal social and emotional attainment by deprivation and ethnic background within Wandsworth. Special care will need to be taken in providing targeted prevention services and on early years locality focused work such as the Early Help scheme and family support services. There is also an impact from the increasing population of children with special needs and disabilities.

The implications of a more ethnically diverse population, some of whom may speak little English, will have implications for health promotion and service planning, particularly awareness programmes for screening, and conditions such as diabetes and circulatory disease. Figure 3 illustrates one example of significant pockets of the population coming from EU accession countries: the highest proportion is the small area in the Alton estate where 74 residents out of 323 (23%) were born in EU accession countries, 68 of whom were Polish).

Population changes in Wandsworth are difficult to predict, with potentially significant population increases in Nine Elms and Vauxhall with unclear moving in dates and estimated health and care needs. GLA population projections take account of housing developments, but are still presented with a considerable time lag; this is further compromised by the high mobility observed in Wandsworth. A key challenge for Wandsworth is to link data sources together to provide a better real – time estimate of the population and mobility.

Figure 3 Percentage of the population born in EU Accession countries April 2001 to March 2011



*Accession Countries: Bulgaria, Romania, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia, Slovenia

5. Health challenges

This section of the report summarises key health messages and comments on whether they are a priority areas, and whether further assessment work is required. Throughout absolute and relative performance indicators are given to establish appropriate prioritisation. A list of the more common diseases / conditions with absolute numbers is presented in Appendix 1. The APHO Health Profile for Wandsworth presents a relative position against England in Appendix 2, and the key indicators from the Public Health Outcomes Framework are given in Appendix 3. The section is structured under five headings;

A. Children – early years challenges
B. Children and young people challenges
C. General adult challenges
D. Approaching and post retirement challenges
E. Older age challenges

5.1 Children - Early years challenges

- Transition to parenthood: A vulnerable phase, which may otherwise maintain inequality.
- Maternal mental health: The scale of the problem is unknown, but poor maternal mental health can foster inequality. A clinical and treatment pathway is being developed.
- Breastfeeding at 6/8 weeks of age: A recurring performance target.
- Obesity and physical activity: A national issue with relatively good local levels.
- Minor illness and reducing accidents: Poor relative performance and high cost.
- Immunity for infectious disease: A recurring performance target.

Transition to Parenthood[23]. There are approximately 13,200 children aged 0 to 15 in income deprived families in Wandsworth[24], representing 28% compared to 39% of children in Inner London.

There is growing evidence on the importance of positive parenting in the key age of 0-5, on the development of the baby's brain and how it can help with attachment and bonding. Tackling early attachment issues can build resilience in later life[25]. The transition to parenthood is therefore a vulnerable time for children, particularly those where parents are from deprived communities with low levels of aspiration and poor personal experience of parenting.

The Family Nurse Partnership is being established in Wandsworth which will oversee evidence-based programmes such as Preparing for Pregnancy, Birth and Beyond (PPBB) and the Positive Parenting Programme.

Maternal Mental Health[12]. Data on the relative need on maternal mental health is not comprehensively collected. National estimates indicate a level of mental ill health not being reported to services.

There is robust evidence on the impact of maternal mental health during pregnancy and the first 2 years of life, on infant mental health and future adolescent and adult mental health[14]. Where mental health is poor:-

i. Children are at a higher risk of poor outcomes, emotional, health, social and educational.
ii. Costs are accrued to a wider system – conduct disorders, social care costs, CAMHS and adult mental health services, welfare costs due to unemployment, health care costs, and the justice system.

The true extent of perinatal mental illness including Post Natal Depression (PND) is unknown, however estimates have suggested 1 in 10 mothers as suffering from PND[26],

[23] Childrens Health Overview and Clinical Reference Group Priority April 2014
[24] Income Deprivation Affecting Children Index 2010
[25] Fair Society : Healthy Lives 2010 (The Marmot Review)
[26] Weld S (2012), Maternal Mental Health Provision In Wiltshire

[27]. It can have a significant impact not only on the mother and baby, and the rest of the family. This can be of particular concern for rapidly developing infants in the absence of other carers who are able to provide the quality emotional contact every infant needs. There is a concern that this issue is under-detected at the moment due to lack of awareness, reluctance of mothers to disclose due to stigma and fears that the baby may be removed from their care.

Women with previous history of mental illness are at a higher risk. There is increased risk to a baby when combined with other factors such as domestic violence (DV) or substance misuse. Work is in progress to develop the maternal and perinatal pathway by the CCG and key stakeholders.

Population impact	Inequality area
Unknown	Yes, deprivation

Breastfeeding: 2012/13 breastfeeding rate in Wandsworth was 73.1% and ranked the 8th highest in London, this was below the target of 75.7%.

The responsibility for commissioning services for 0-5 years has moved to NHS England with effect from April 2013. Breastfeeding initiation has been consistently above 93% in Wandsworth but there is high drop-off 6-8 weeks after birth. Reducing the breastfeeding drop-off rate between delivery and 6-8 weeks after birth which stood at 21.5% in 2012/13, is therefore a key challenge. Key socio-economic inequalities exist, and therefore developing services that are desirable to breastfeeding mothers, such as increasing the range support groups also represent challenge.

Population impact	Inequality area
700 are not BF after 6-8 weeks	Yes, deprivation, age

Overweight and Obesity for children and young people: 558 4/5 year olds and 684 10/11 year olds were identified as overweight or obese in 2012/13.

Just under a quarter of children in Wandsworth reported eating at least 5 portions of fruit and vegetables a day. This was higher than the average for England (19%) but indicates that almost 40% of young people in Wandsworth are eating less than 2 portions of fruit and vegetables every day which is well below the recommended intake for good health (Health Survey for England). The Active People survey 2009-10 ranks Wandsworth as the 3rd most active local authority area in England out of 354. However, the data also indicate that approximately two out of three people in the borough are not doing enough physical activity to benefit their health. Only a third of young people reported doing something active after school every day. Almost 40% of young people reported being active after school only on some days or never (Active peoples survey).

[27] www.4children.org.uk Suffering in Silence 2011

The prevalence of overweight reception children has increased (up by 1.9%) and in Year 6 children has increased slightly (up by 1.5%) in 2012. Obesity prevalence in reception has remained relatively constant where as obesity in year 6 it appears to be following a downward trend. It is encouraging that obesity levels have not increased beyond 2006/07 levels, but the increase in the prevalence of overweight, especially in 4-5 year olds is cause for concern and indicates a need for greater focus on prevention in early years through work with particular schools and the Early Years Obesity Prevention Programme.

Population impact	Preventable	Inequality area
Obese Children: - 4/5 year olds – 558 - 10/11 year olds - 684	Yes	Yes, deprived

Minor illness and reducing accidents: Approximately 2,300 non-elective admissions relate to children under the age of 20 a year in 2012/13. Between 2010/11 and 2011/12 there was an average of 555 admissions due to injuries per year with a rate of 103.1 per 10,000 population under 18, higher than the London average of 97.3.

Wandsworth had almost 13% higher emergency admission rates for children than other South West London Boroughs with subsequent high levels of spend[28]. The most frequent reasons for admission are minor neonatal diagnoses, viral infections, asthma or wheezing, and bronchiolitis. Promotion of breastfeeding, bottle hygiene awareness, immunisations, managing minor illnesses, supporting parents to give up smoking can reduce emergency hospital attendances.

The key challenge to accident prevention in children is that there is little information as to effective interventions, hindering formulation of an action plan. Secondly, information relating to previous accidents is not collated in one place to help pilot effective interventions, and this limits the evidence required to support the establishment of a role to ensure interventions are being assessed or monitored appropriately. The measures that are known to be successful are limited mainly to council rented accommodation and housing association properties.

Population impact	Preventable	Inequality area
2,300 hospital admissions in total 550 hospital admissions per year for accidents	Sometimes	Deprivation

Childhood immunity for infectious diseases, (measles, mumps, pertussis): In 2012/13 childhood vaccine coverage was below the 95% target, e.g. MMR at 2 years old was 82.8% and the 7th lowest in London.

[28] Source: 2013-14 Budget Book. 1Uses 2012-13 SLAM breakdown, with percentage adjustment for 2013-14 planned spend. Rounded to nearest £100k. Note: Community Care spend differs in Budget Book and 2013-14 May Submissions, see email from David Marshman 5/9/13.

The key challenge in this area is the lack of local data regarding immunisation uptake, which has not been forthcoming since the reorganisation of the NHS placed responsibility for dissemination with Public Health England. This has a direct impact on the potential for identifying and implementing action plans to improve coverage. The challenge is therefore to assure that there is timely and accurate data reporting, in order to determine if opportunistic approaches are required; and to improve demand from parents or guardians.

Though immunisation rates have improved in recent times, achieving the respective targets remains elusive. The World Health Organisation recommends 95% coverage in order to prevent the spread of these infectious diseases. The figures in Table 3 show the most recent performance data. Wandsworth HPV coverage has declined compared with the previous year. It is currently below the regional (78.9) and national (86.1) averages.

Table 3 Performance data on vaccination uptake in Wandsworth

Vaccination	Uptake	Target
DtaP/Hib/IPV at 1 year	92.2%	93.7%
MMR1 at 2 years	82.8%	95.0%
HibMenC Booster at 2 years	83.0%	92.0%
PCV Booster at 2 years	81.4%	90.0%
MMR2 at 5 years	78.9%	
DTaP/IPV Booster at 5 years	70.3%	
HPV	69.8%	

5.2 Children and young people challenges

- Children Looked After and Care Leavers: A vulnerable group with known inequities in later life.
- Teenage pregnancy: An intense programme of work with improving trends .
- Gangs and Youth Violence, sexual exploitation of children: Gang membership has been associated with subsequent vulnerability and poor life chances.
- Female Genital Mutilation: A crime with an unknown extent requiring further assessment.
- Children with disabilities and special needs: A group of children with on-going care and support needs.
- Children and Young People's mental health: An area with limited data on local prevalence and appropriate service response, a detailed assessment is underway.
- Young carers: A vulnerable group with known inequities in later life.

Children Looked After: In 2012 the rate was 37 looked-after children per 10,000 population under 18, lower than the rate for London (55 per 10,000).

The number of looked-after children in Wandsworth has declined between 2008 and 2013. In March 2013, Wandsworth Council was responsible for 210 children. Rates are highest among children from Mixed and Black ethnic backgrounds (87.8 and 86.3 per 10,000 respectively). Approximately 20 children leave care each year and this transition is a vulnerable time for them.

Despite the decline in overall numbers, these children remain a particularly vulnerable group, and with relatively high rates possessing a Statement of Educational Need (equivalent to about 15 class groups of 8 children), there may be pressure for more special school places. Existing evidence shows that looked-after children also tend to have:

a. Poorer mental and emotional health; with a five-fold increased risk of developing childhood mental, emotional and behavioural problems, and being 4 to 5 times more like to self-harm in adulthood
b. Lower educational attainment and poorer employment prospect
c. Drug, alcohol and smoking problems
d. Poorer sexual health outcomes and higher teenage pregnancy rate; with looked-after teenage girls being 2.5 times more likely to become pregnant
e. Higher levels of obesity
f. Experience of abuse and bullying
g. Higher rates of involvement in crime and social exclusion; being 6 to 7 times more likely to have conduct disorders

Teenage Pregnancy: Between 1998 and 2011, the teenage pregnancy rate has fallen from 71 cases per thousand to 29, in 2011 this represented 100 teenage conceptions.

Teenage conceptions rates remain higher than the England average but significant reductions have been observed since 2007. The challenge is to sustain this reduction through education, access to emergency contraception, to work with the most at risk, and to continue training with the wider children's workforce.

Termination of pregnancy: Rates within women of reproductive age remain high, and although allowing self referral to termination services for the over 18's is encouraged, prevention is the more obvious challenge. Potential solutions include widening access to Emergency Hormonal Contraception, and increasing uptake of Long Acting Reversible Contraception.

Population impact	Preventable	Inequality area
100 Teenage conceptions	Yes	Deprivation, BME

Gangs, Youth Violence and sexual exploitation: 175 individuals in Wandsworth have been identified of being in a gang or at significant risk of being in a gang.

Violence is a major cause of poor health and wellbeing, and creates a huge cost for health services. There are 2.5 million violent incidents in England & Wales each year; violence is estimated to cost the NHS £2.9 billion every year; and exposure to violence makes children more likely to be involved in violence in later life. The challenge here is in knowing which interventions to implement and monitor in early years; the right interventions, especially in early years can prevent children becoming violent and help address violent behaviour in perpetrators. The sexual exploitation of gang members has been reported nationally[29] but evidence in Wandsworth is unsubstantiated.

Ending gangs and youth violence: The Gangs Multi Agency Partnership initially identified a cohort of approximately 175 individuals who are either gang members or at risk of joining a gang. Of these 33 were considered to pose the highest risk of serious violence. The top 15 are subject to intrusive multi agency partnership working.

Population impact	Preventable	Inequality area
175 gang members or at risk of being in a gang	Yes	Yes, deprivation

Female Genital Mutilation: Over 1000 women have been in contact with services since 2007, this position relative to other areas is unknown.

Female Genital Mutilation (FGM) or female circumcision causes, disability, physical and psychological harm for millions of women every year worldwide and can lead to death. There is strong evidence of a correlation between FGM and psychiatric disorders – with young girls and women presenting with psychological distress and post-traumatic stress

[29] "I thought I was the only one. The only one in the world" The Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation In Gangs and Groups Interim report November 2012

disorder. FGM can also increase the likelihood of acquiring sexually transmitted infections (STIs). [30]

There is an incomplete understanding of the extent of FGM practice locally but information gleaned from maternity services serving Wandsworth (mainly from St. George's Hospital) shows that about 1,044 women with FGM have come into contact with these services between 2007 and 2013 (937 for St George's, 19 for Chelsea and Westminster, 4 for Kingston). These figures exclude significant numbers who might have been seen in GP practices, and Genito-Urinary and Family Planning clinics. Data from the 2013 Wandsworth school census provides information on school children of Somali, Nigeria, and Ghana origin, which are countries where according to the World Health Organisation and UNICEF, 98%, 27% and 4%, respectively, of the population practice FGM. There are 1884, 498 and 676, girls of Somali, Nigeria and Ghana origin, respectively within Wandsworth schools and a further 987 girls from other Black African countries. It is important to note that these are only the known ethnic groups that practice FGM and that there may be others.

Population impact	Preventable	Inequality area
Unknown – low level of recording	Yes	Yes, BME, country of origin

Children with disabilities and special needs: The 2011 census recorded 1,551 young people from 0-15 with a long term health problem or disability that in some way limited their day to day activities, representing 3%, compared to 3.4% in London.

The prevalence of long-term health conditions or disabilities in children aged 0 to 15 years is 1,551, estimated from the 2011 census. In addition there were 1,300 children aged up to 15 years claiming disability living allowance. Children with complex disabilities especially those with complex medical– i.e. with tracheostomy / gastrostomy need on-going specialist support in the community and at schools to ensure their safety.

In 2008 there were 804 children (4-18 years) with a learning difficulty with a statement of special educational need attending either a maintained primary, secondary or special school. The categories of SEN related to learning disabilities include Moderate Learning Difficulty (MLD), Severe Learning Difficulty (SLD), and Profound & Multiple Learning Difficulty (PMLD). In addition to this 50% of children with Autistic Spectrum Disorder (ASD) are included since it is known 50% of children with ASD also have a learning disability (Baird 2006 and Newschaffer 2007).

Children with a Statement of Educational Need perform better in Wandsworth special schools and mainstream schools than many of their peers nationally. A current Health Needs Assessment is providing the further evidence. A key development is the national reform for children with a statement of education need or disability and how their education, health and social care needs are assessed and met. The reforms will take affect from September 2014.

[30] Department of Health. A framework for Sexual Health Improvement in England. March 2013

Children and young people's mental health. The extent of mental health problems in Wandsworth relative to other boroughs is unknown. National estimates applied to the capacity of local services are the clearest indication of need, a CAMHS review is underway to quantify this.

There are limited local data on the true extent of mental health disorders among children and young people in Wandsworth. Using ONS 2004[31] data on the prevalence of mental health disorders in children aged 5 to16 years and the ONS 2011 mid-year population estimates for Wandsworth, there are 2,984 estimated to have a clinically diagnosed mental health problem, 1,135 with an emotional disorder, and 1,798 with a conduct disorder. Estimates of the number of children and young people who may experience mental health problems appropriate to a response from Child and Adolescent Mental Health (CAMHS) at Tiers 1, 2, 3 and 4 have been provided by Kurtz[32] in Table 4

Table 4: Estimated number of children/young people needing CAMHS

Tier 1 universal services front line staff: 8,436
Tier 2 community based mental health staff: 3,937
Tier 3 community based multi-disciplinary teams: 1,040
Tier 4 intensive support: 42

The Foundation Stage Profile highlights different attainment levels for reception year children across personal, social and emotional goal achievement. The overall level of attainment is 77%, with white children achieving 82% and black children 70%, and the 20% most deprived attaining 73% compared to the 20% most affluent attaining 89%. The Early Help scheme is designed to offer preventative schemes to reduce more severe manifestations in later life. In particular there are know associations between poor attainment and later involvement in Youth Offending Teams.

A Child and Adolescent Mental Health Services (CAMHS) Strategy has been developed to meet these needs. There has also been a roll out of an integrated mental health service, Access Child and Youth Mental Health, led by the South West London and St George's Mental Health NHS Trust (SWLSGMHT) which will provide assessment, brief intervention and where appropriate onward referral to Tier 3 CAMHS. The development of the integrated service is funded by the Clinical Commissioning Group (CCG), and it represents a significant evolution of current policy and practice.

[31] Hazel Green H, McGinnity Á, Meltzer H, Ford T, Goodman R (2004) Mental health of children and young people in Great Britain. Office for National Statistics http://www.esds.ac.uk/doc/5269/mrdoc/pdf/5269technicalreport.pdf

[32] Kurtz, Z. (1996). Treating children well: a guide to using the evidence base in commissioning and managing services for the mental health of children and young people. London. Mental Health Foundation.

Young carers: The true extent of young carers in Wandsworth is unknown, the last audit conducted in 2007 estimated there to be around 600[33]. There is a negative impact on the health of these young people because of their caring duties.

The projected increase in adults with a mental health disorder may impact on the number of young carers, with 43% of young people currently caring for an adult with mental health needs[34]. Young carers are twice as likely to have a statement of educational need as their peers, and three times as likely to have a permanent exclusion from school.

The changes to the Care and Support Bill discussed under the Adult carer section elsewhere in this report will also increase the cost pressures for young carers.

[33] Reference required
[34] Reference required

5.3 General Adult Challenges

- Mental Health: An expected 48,500 people with a common mental health condition and a root cause of multiple issues across health, care and society.
- Overweight and obese: A national problem affecting 133,000 local people.
- Physical activity: A national problem with 84,000 local people not active enough.
- Learning disabilities: A vulnerable group with a growing population with longer life expectancy and consequent increasing health and care implications.
- Autism: Local data needs strengthening, and the subject of a forthcoming Health Needs Assessment.
- Under 75 mortality: There are multiple factors for geographic differentials in premature mortality, but there is a strong correlation with deprivation in Wandsworth.
- Smoking: 55,000 local people smoke, and a key cause of morbidity.
- Drugs and alcohol: Prevalence data on alcohol abuse is not comprehensively collected. The only data most robustly collected is at the acute care level, with admissions to hospital relating to alcohol increasing year on year. The subject of a forth coming Health Needs Assessment.
- Sexually Transmitted Infections: Particular inequalities exist among core groups, chlamydia diagnoses are significantly higher in Wandsworth affecting approximately 1000 people a year.
- Tuberculosis: Overall incidence is in line with Inner London but the proportion of patients not completing treatment is below target.
- Offender health: A direct issue for offenders with a significant impact on victims and source of perpetuating inequalities.
- Domestic Violence: There has been a 21% annual increase in reported domestic offences, and high demand for the Brighter Futures family based programme.

Mental Health and adults: The 2008 estimated number of people with Common Mental Health Disorders in Wandsworth was 48,500, a rate of 200 per 1,000 in line with other Inner London Authorities, but higher than the London rate of 182.

Common mental health disorders (CMD). Data from 2008, for which there is no update, showed the estimated annual prevalence rates of all types of CMD and rate of people experiencing symptoms of severe mental illness in Wandsworth as 200 per 1,000 population in Wandsworth compared to 182 in London with the range in Inner London Authorities from 190 to 213 per 1,000. It is estimated that 48,500 people aged 16-74 years show symptoms of a CMD in any given week in Wandsworth, with the prevalence of CMDs higher in females than males, (30,500 and 18,000 respectively)[35] .

The challenge is to develop interventions to promote well-being for the 48,500 adults with a common mental health disorder and to prevent others from developing a disorder, poor mental health has been associated with debt, domestic violence, alcohol and drugs are

[35] Adult Psychiatric Morbidity Survey for England 2007

observed in the literature[36]. Mental Health represents the largest area of spend for Wandsworth CCG after emergency admissions and outpatients, representing 14% of total 2012-13 spend at £53m. Mental health users are more likely to use A&E, and less likely to be employed with all the disadvantages that brings.

There is a considerable amount of work being delivered that contributes to mental health and well-being; the challenge is recognising this and capturing the evidence and lessons learnt in a multi-agency Public Mental Health and Well-being Strategy so that services can be targeted at areas most in need. The council is in the process of developing a multi-agency strategic framework to ensure stakeholders are working together to improve well-being. There is a need for all frontline staff to be provided with MH training so that they can identify early signs of mental disorder, provide support and signpost to services with confidence.

The implementation of evidence based public mental health and well-being strategy will also lead to a reduction in suicides. Statistics produced by the Office for National Statistics indicate that the suicide rate in England has been in steady decline for most of the last decade. However, more recent data indicates that since 2007 there has been an increase in the number of suicide deaths. A recent study suggests that nationally more than 1000 suicides between 2008 and 2010 could be attributed to unemployment and the economic downturn (Barr 2012)[37].

The Public Health Outcome Framework data 2010-12 identifies that in Wandsworth mortality from suicide and undetermined injury in all ages (8.0 per 100,000) is higher than the London average (7.5) but below England average (8.5). As a result, the Wandsworth rate is the 4th highest in South London and the 11th highest in London (PHOF 2014). In response to the recent increases in deaths public health initiated the formation of a Suicide Prevention Group (SPG). The SPG is developing a local action plan based upon the key objectives of the national strategy.

Black, Asian and Minority Ethnic (BAME) groups in receipt of specialist mental health care have reported higher rates of detention under the mental health act, higher rates of hospital admission, less use of psychological therapies, and more dissatisfaction with services (Bhui 2013)[38]. In response to this the Mental Health Clinical Reference Group has developed a multi-agency working group to focus on four key issues; prevention; early intervention; assessment and admission. Public health provided several reports to analyse population, prevalence and service usage. The reports highlighted that;

[36] Fitch C, Hamilton S, Bassett P, et al (2011). The relationship between personal debt and mental health: a systematic review. Mental Health Review Journal 16:153–66.

[37] Barr. B, et al. 2012. Suicides associated with the 2008-10 economic recession in England: time trend analysis BMJ 2012; 345 doi: http://dx.doi.org/10.1136/bmj.e5142

[38] Bhui.k et al. 2013. THERACOM: a systematic review of the evidence base for interventions to improve Therapeutic Communications between black and minority ethnic populations and staff in specialist mental health services. doi:10.1186/2046-4053-2-15

- The adult (18-74 years) BAME population account for a quarter (25.6%) of the resident population of Wandsworth (NOMIS 2013)[39].
- BAME adult referrals to the CMHTs of Wandsworth, over a 3-year period, from 2010-11 to 2012-13, account for nearly a third (32.1%) of all referrals, showing a higher representation in community mental health referrals compared to the population distribution.[40]
- Adults of Black ethnicity account for an even higher proportion of hospital admissions due to mental disorder, nearly a quarter (23.7%) over three years (2010-11 to 2012-13).
- Admissions for adult BAME groups account for two-fifths (38.9%) of admissions.

It was agreed that the evidence gathered through the review process will support the development of affirmative action to reduce the mental health inequalities encountered by BAME groups.

Specialised/Cross Cutting Pathways are challenging to implement but would promote integration and seamless service for patients and prevent poor "silo" practice. The Wandsworth Mental Health Clinical Reference Group has commissioned a gap analysis of psychological therapies (including IAPT) as a 2013/14 work stream.

Further challenges relate to assurances that high quality services are delivered. Work streams include links to work of Clinical Quality Review Group (quality summits; CQC; Quality Accounts; Serious Incidents), Service User and Carer experience, Adult rehabilitation model of care, the Community Mental Health Trust Review, acute and community performance.

Population impact	Preventable	Inequality area
48,500 residents	Partly	Yes, BME, deprived

Overweight and obesity and adults: 52% of a sample of Wandsworth adults in 2012 were overweight, in line with Inner London rates, and better against the London figure of 57%. This potentially represents 133,000 people.

Sample data[41] of every borough in London gives an overall range of between 46% and 67%. Local GP based data indicates a lower figure of 43% in 2012, but the GP registered population is larger than those residential population, - 157,553 local patients.

The local picture is relatively good compared to other London Boroughs, but this is masked by a younger population, and still represents nearly half of the adult population at risk of developing ill health and disability.

The awareness and acceptance of being defined overweight or obese by adults and their children leads to a poor uptake of services to help them. Unhealthy diet and low levels of

[39] NOMIS. 2013. Official labour market statistics, http://www.nomisweb.co.uk/census/2011

[40] South West London & St George's Mental Health NHS Trust. 2013b. Community Mental Health Team referral and Inpatient data extract received from the Information Services / IM&T Department, South West London & St George's Mental Health NHS Trust. Dated 24th October 2013.

[41] Active People Survey, Sport England 2012/13

physical activity lead to rising levels of obesity. The challenge is to increase awareness and weigh individuals throughout their lives and particularly those in at risk groups.

Obesity prevention and treatment contracts are due to finish in March 2015. Potential changes that should be considered when redesigning these services is incorporating school-based interventions to increase curriculum based learning about healthy living, healthy body image, increasing fruit and vegetables and physical activity levels.

Adult weight management services are only providing tier 2 services which targeted at people with only mild and moderate levels of obesity. In addition there is currently a gap in the provision of tier 3 obesity treatment services for those with more severe forms of obesity. Tier 3 services are the commissioning responsibility of the CCG and provide a gateway to tier 4/bariatric surgery. There is the potential to jointly commission tier 2 and 3 services to ensure they are streamlined and efficient.

Population impact	Preventable	Inequality area
Overweight and obese Adults: 133,000	Yes	Yes, deprived

Physical activity and adults: 23% of a sample of Wandsworth adults were doing less than 30 minutes of moderate intensity physical activity in the previous 28 days (potentially 84,000 residents), better rates than Inner London, and London.

The 2012/13 based survey of physical inactivity[42] positioned Wandsworth favourably against other Inner London boroughs with a range between 20% and 33%, and a rate for London as a whole of 27%.

Increasing the levels of activity across the community is difficult to promote in short term projects and better suited to long term regeneration planning, such as the provision of additional green space and recreational facilities, measures to encourage walking and cycling, etc. Specific challenges include an understanding of the barriers to being physically active in deprived communities, and the design of activities for BAME groups, women, and sheltered housing residents.

Population impact	Preventable	Inequality area
84,000 (23%) inactivity	Yes	Yes, deprived, BME

Learning disabilities. There were 1,342 people with a learning disability known to services in 2012 which could represent 23% of the total number of people with a learning disability. The expected prevalence rates are in line with those of London as a whole.

The number of people with a Learning Disabilities (LDs) is projected to increase by 10% by 2020 from an anticipated population of 5,500 in 2012. It is estimated that approximately 23% (1,342) of this population are known to services[43]. People with

[42] Active People Survey, Sport England 2012/13
[43] Projecting Adult Needs and Services Information & Emerson and Hatton (2004)

learning disabilities have a lower life expectancy at 67 years of men and 69 years for women, compared to the Wandsworth population of 79 and 83 years respectively. In addition data relating to people with learning disabilities being admitted to hospital where their care could have been undertaken in the community is out of date and needs to be refreshed, as it was previously higher than expected. Adult Social Care spends in the region of £40 million a year on LD services, and the Clinical Commissioning Group spends £1.9m annually for the learning disability community team, £90,000 for the acute liaison service, and an additional £2 million for NHS funded placements. Efforts to improve wellbeing and reduce cost so far include developing supported housing rather than residential care, supporting service users in finding employment, and developing new models of respite.

The anticipated increase in prevalence will have an impact on service delivery and on prospects for finding employment and accommodation. People with learning disabilities are more prone to ill health and more likely not to attend routine or scheduled appointments; it is therefore more difficult to get people checked for obesity, smoking, long term conditions, cancer and cardiovascular screening. People with learning disabilities are known to many different services across Wandsworth, but there is no reconciled list or shared care practice in place, for example between social services and GPs. Training front line staff in autism and Asperger's is important to ensure appropriate diagnosis and treatment is timely. Ethnic minorities are over represented among this cohort; any possible association with consanguineous marriage and effective prevention strategies are yet to be explored. From the educational perspective of children with learning disability, children with a Statement of Educational Need perform better in Wandsworth special schools and mainstream schools than many of their peers nationally.

Population impact	Preventable	Inequality area
1000	No	Yes, vulnerable group

Autism and adults

The recording of autism as a condition has only recently started (September 2013); as a result, data on autism prevalence in Wandsworth is currently not available. However, it is possible to provide estimates on the prevalence of autistic spectrum disorders (ASD) from the Projecting Adult Needs and Service Information (PANSI) system. For 2012 it was estimated that there were 2,200 adults aged 18-64 with an autistic spectrum disorder, of whom 1,200 were estimated to have a learning disability[44].

Population impact	Preventable	Inequality area
2,200	No	Yes, vulnerable group

[44] Emerson and Hatton (2004, 2008)

Under 75 mortality and adults: Under 75 mortality is used to reflect the higher levels of mortality experienced by the more deprived. In the 20% most deprived communities between 2009 and 2011 there were 175 excess deaths due to circulatory disease and 71 deaths due to cancer.

Under 75 mortality - Cardio-vascular disease (CVD). In 2012 there were 123 deaths due to cardiovascular disease in people under the age of 75. This represents a DSR - rate[45] of 83.1, not significantly different to the rate for London of 81.0.

Prevention initiatives such as NHS Health Checks and lifestyle services are in place to prompt adoption and maintenance of healthier behaviours. However, uptake of these services among groups at highest risk of mortality (e.g. people from areas of greater socio-economic deprivation) is lower than in the general population. Early identification and clinical management of risk factors such as diabetes is also vital: uniformity of good quality service provision across primary care will therefore also have an impact on under-75 mortality. Implementation of the CVD Outcomes Strategy in March 2013 which outlines 10 key actions that will deliver improvements in patient outcomes for CVD.

Under 75 mortality - Cancer. In 2012 there were 223 deaths due to cancer in people under the age of 75. This represents a DSR – rate[46] of 147.2, not significantly different to the rate for London of 137.2.

Prevention initiatives, increasing screening uptake, and improving recognition of the early signs and symptoms of cancer by both the public and GPs all contribute to minimising the burden of cancer. NHS England has released the 'Right Care' programme, which highlights opportunities for local savings based on experiences in other areas. NHS savings of £276k from emergency admissions for cancer could be realised if Wandsworth's performance matched the best 5 of the 10 most similar CCGs. NHS England is developing a five year strategy for cancer which will outline new commissioning arrangements for London. Wandsworth Clinical Commissioning Group has set out a commissioning strategy with several aims to reducing premature cancer mortality;

- Awareness. Making the public aware that approximately 40% of cancers can be prevented with lifestyle changes such as reducing smoking, improving diet, reducing obesity and reducing alcohol consumption. Pilot initiatives have been run in pharmacies to increase their awareness and identification of the symptoms of oesophago-gastric and lung cancer.
- Screening. Increasing the public's understanding of the potential benefits of screening to increase uptake rates, particularly breast screening coverage which has decreased between 2012 and 2013 in Wandsworth by 4.21%, to 61.15%, ranking the borough 5th lowest in London.
- General Practice.

[45] Directly Standardised Rate per 100,000 population Indicator 1.1 NHSOF
[46] Directly Standardised Rate per 100,000 population Indicator 1.4 NHSOF

- Reducing system delay between presentation and diagnosis, for example through the optimisation of 'straight to test' diagnostic services and investigations including USS, MRI brain, and endoscopy.
- Education for GPs around the early signs and symptoms of cancer, and how to minimise delays in diagnosis and the needs of those living with and beyond cancer.
- Improving services for those living with and beyond cancer including annual holistic reviews in Primary Care, self-management courses, exercise on referral and Practice Nurse cancer training.

- Working to commission and implement Best Practice pathways for early diagnosis of Colorectal, Lung and Ovarian Cancer.

Population prevalence	Preventable	Inequality area
Cancer 4,500 CVD 5,000	Partial	Yes, deprivation

Smoking and adults. Approximately 16% of adults in Wandsworth smoked in 2011/12[47], in line with the percentage for London. This represents 55,000 adults.

Smoking cessation requires multiple approaches for different groups. The most obvious challenges are:

a. The identification and engagement of smokers with long term conditions, with mental health issues, on probation, or out of work.
b. The identification of community leaders with whom to work, and the provision of the appropriate support for that community setting.
c. The engagement of pregnant mothers that smoking cessation services face significant social barriers, such as a belief that it won't harm their baby because they were not harmed by their mother smoking, and also that smoking will reduce the weight of the baby, thereby making the birth easier.
d. Persuading smokers to quit from homes where others smoke. Initiatives here have focused on promoting 'smoke free homes'.
e. There are mixed message for smokers, particularly the young. Messaging previously focused on quitting but alternative products now promote cutting down and/or replacement with e-cigarettes with as-yet-unknown harms.
f. That smoking cessation is a well known intervention, and therefore it is difficult to keep a high profile. However, key partners must be encouraged to continue the campaign, particularly acute Trusts, mental health Trusts, and Community Services.

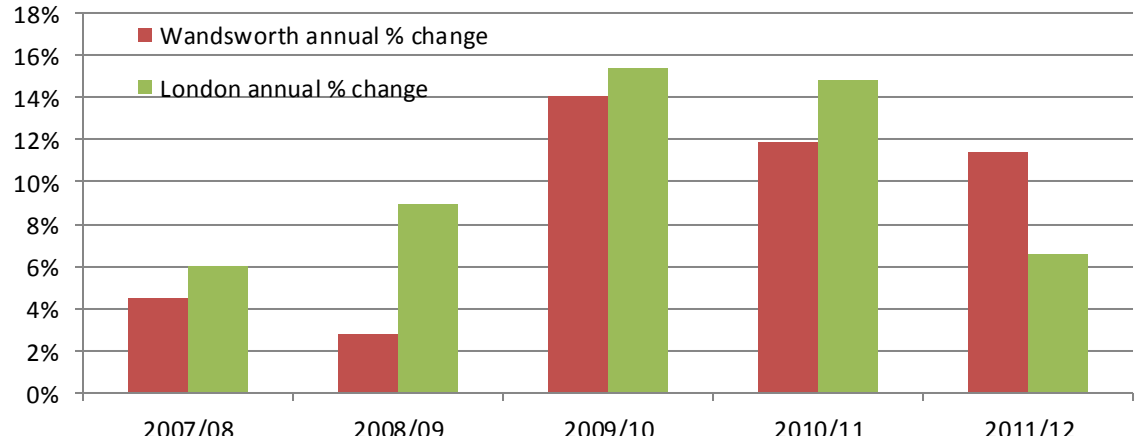
Population impact	Preventable	Inequality area
55,000	Yes	Yes, deprived, BME, substance abuse, and mental health

[47] APHO Health Profile Wandsworth. Health Survey for England

Alcohol and drug abuse. Data on alcohol and drug use is based on survey estimates, and not current. Estimates from 2006/8 indicate 21.4% of adults (50,800 people) with higher risk drinking in Wandsworth, compared to 20.0% in England. In 2010/11 there were an estimated 1,600 users of opiate and/or crack cocaine aged 15-64, equivalent to a rate[48] of 7.4, lower than the rate for England of 8.6.

Alcohol associated hospital admissions have increased from 3249 admissions in 2007/8 to 4,755 in 2011/12. The annual % increase for Wandsworth and London is demonstrated in Figure 4. Alcohol abuse can be in response to deprivation and feelings of a lack of self efficacy. Illicit drug use (especially injecting) may have direct health implications. Alcohol abuse may be domestic and inherently more difficult to control. The council is responsible under the Licensing Act 2003 to make representations regarding new license applications and request reviews of existing licences where a demonstrable ill effect can be shown.

Figure 4 Annual percentage change in Alcohol related hospital admissions



Source: Local Alcohol Profiles for England

Estimates of the prevalence of drug use have fluctuated wildly over the years, with Wandsworth's rates per 100,000 ranging from 1408 to almost 3,000[49]. Estimates can be affected by actual uptake of drug treatment services, and their accuracy cannot be checked – so the calculation that prevalence in Wandsworth is significantly lower than the England average must be treated with caution.

The rise of 'club' drugs, misuse of prescribed drugs, and notions of legal highs also carry direct health implications but may represent a different cohort of users. The challenge is to assess and treat those with a dependency problem early. Increasing engagement of service users and successful completion of treatment, leaving service users drug and alcohol free without re-presentation within six months, are all challenges identified in the National Indicators. Education, training and employment are essential for sustained recovery. Additionally a significant challenge is that drug users may also have high risk lifestyles such as smoking, unsafe sex or be perpetrators or victims of domestic abuse. Providing substitute medication and sterile needles and syringes protects those who

[48] Crude Rate per 1000 population APHO Health Profile Wandsworth
[49] APHO Health Profile for Wandsworth 2013

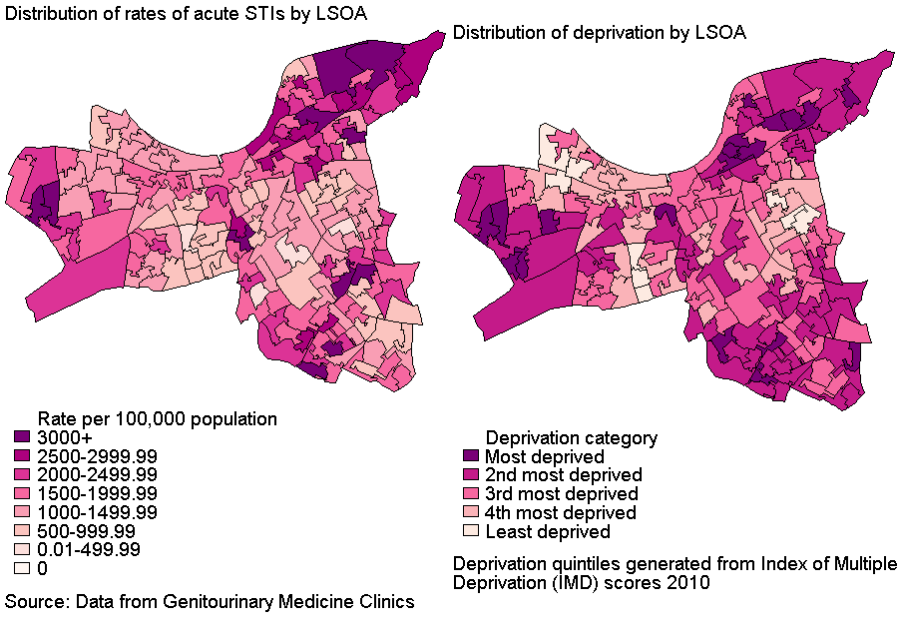
inject, their close contacts and therefore their communities, and provides long-term health savings. There is a good spread of needle and syringe programmes delivered from pharmacies across the borough. The Department for Education estimates that parental drug use is a factor for around a third of the 120,000 most troubled families. 26% of the treatment population have children living with them, and a further 22% are parents with children living elsewhere. Establishing parental status is part of the assessment process, and regular risk assessments and close working with partnership agencies such as social services is part of the care package. A detailed Health Needs Assessment is underway to further explore challenges.

Population impact	Preventable	Inequality area
Alcohol binge drinkers 51,000 Problem drug users 1,600	Yes	Yes, deprived, mental health, BME, age, offenders

Sexually Transmitted Infections and adults. The incidence of Chlamydia in Wandsworth in 2012 was 977 cases, a rate[50] of 2,787 among residents aged 15-24 years, significantly higher than the rate for London of 2,159. There are key cohorts of people affected, including a recent increase in people over 50.

Wandsworth's rates of acute STIs are high and in 2012 it ranked 9th highest of the 326 local authorities in England (rate of 1837.8 per 100,000 population). In the same year, a total of 5,655 Wandsworth residents were diagnosed with an acute STI, of which 59% were male and 41% female. High rates of acute STIs are often observed in areas of deprivation and in Wandsworth rates vary across the borough (Figure 5[51]).

Figure 5. The rate per 100,000 of acute STIs by Lower Super Output Areas (LSOAs)[52] in Wandsworth: 2012 [i].



[50] Rate per 100,000 people aged 15-24 APHO Sexual and Reproductive Health Profiles

[51] Public Health England. Wandsworth Local Authority sexually transmitted infections and HIV epidemiology report (LASER):2012

[52] LSOAs - are used to improve reporting of small area statistics

Following on from Chlamydia, Genital warts remain the second most commonly diagnosed STI in Wandsworthi (Table 5). Evidence however suggests that the Human Papilloma Virus (HPV) vaccination has a protective effect against genital warts in young women.

Table 5: Rates per 100,000 population of all ages in Wandsworth residents: 2011-2012

Diagnoses	Rate 2011	Rate 2012	% change 2011- 2012*	Rank within England: 2012**	Rate in England residents: 2012
Acute STI	1653.8	1837.8	n/a	9	803.7
Chlamydia	522.9	659.1	n/a	22	371.6
Genital Warts	261.6	259.3	-0.9	5	134.6
Gonorrhoea	141.4	184.9	30.8	9	45.9
Syphilis	21.4	18.8	-12.1	13	5.4
Genital Herpes	109.5	132.9	21.4	7	58.4

*% change not provided where rate per 100,000 population in 2011 was 0.0
** Out of the 326 local authorities, 1st rank has the highest rates.
n/a- Due to changes in reporting systems percentage change could not be calculated

A 21% increase in the number of people living with HIV in Wandsworth was observed between 2007-2011[i]. Wandsworth has the 2nd highest rate of HIV prevalence 4.97/1000 population in South West London (SWL) but remains below the London average of 5.4/1000 population. In 2011, the main route of infection continued to be through sex between men (61%) followed via sex between men and women (33%)[38]. In 2012, 1094 Wandsworth residents were accessing HIV related care, 10 of whom were under the age of 15 years of age[53]. Patients accessing care are commonly from white or black-African ethnic backgrounds [38]. In Wandsworth, certain groups are affected disproportionately by acute STIs [i]:

- 36% of diagnoses in 2012 were among young people aged 15-24, Chlamydia being most commonly diagnosed (diagnostic rate: 2,787.2 per 100,000 population). The Public Health Outcomes Framework has an annual target of diagnosing 2,300 per 100,000 population in 15-24 year olds. Wandsworth exceeded its target last year (2012-2013) and is aiming to meet the target for this year (2013-14).
- Acute STIs are commonly diagnosed among men who have sex with men (MSM). Between 2010-2012, the highest proportion of people diagnosed with syphilis (73%-86%) and gonorrhoea (53%-77%) were MSM.
- Between 2009-2011, diagnosis of acute STIs increased by 20% in people over the age of 50 years. In terms of HIV, 1 in 4 people diagnosed are now over the age of 50.
- Rates of acute STIs are highest among people who identify themselves as 'black' followed by people who identify themselves as from 'other ethnic backgrounds'. Table 6 outlines rates of acute STIs among ethnic groups.

[53] Wandsworth HIV Profile 2011

Table 6: The rate per 100,000 of acute STIs by ethnic group in Wandsworth and England: 2012 [i]

Ethnicity	Wandsworth	England
White	1,464	532
Black	2,836	1,833
Asian	528	288
Mixed	2,277	1,093
Other ethnic backgrounds	2,623	1,366

The challenges in this area are particularly pronounced due to the high proportion of young people in the Wandsworth population. It is challenging providing increased access to testing services for Sexually Transmitted Infections that will be economically utilised; ideally services should be open in the evening, at the weekend and out of hours. With regard to HIV, it is challenging to ensure that those most at risk, particularly men who have sex with men and the Black African Community, engage with services for early diagnosis and infection minimisation.

Population impact	Preventable	Inequality area
Chlamydia 1000 HIV 1000	Yes	Yes, BME, sexuality, age

Tuberculosis. The rate of tuberculosis in Wandsworth is 29.8 per 100,000 population, significantly lower to the rate of 41.8 in London[54], TB treatment completion is 79.3% for 2012, below the target of 85%.

There were 277 cases of tuberculosis (TB) in Wandsworth from 2010 to 2012. In 2012 there were 92 cases.

The challenge for TB is targeting key demographic groups (24% of people diagnosed with TB are aged 20 to 29, 30% are black-African and 74% were born outside the UK). Further it is to ensure that they complete treatment to prevent further infection. Small clusters of cases have lead to wider screening in institutions such as schools, colleges or hospitals or in workplaces, therefore ensuring the appropriate systems are in place in these institutions is important. TB is a health priority for London, with the formation of the multi-agency London TB Control Board in 2013 and several actions:

a. To work with partners towards reducing the incidence of TB.
b. To ensure there is a TB diagnosis and treatment service in place at St George's and other trusts where Wandsworth residents are treated.
c. To achieve an 85% therapy completion rate.
d. To work with partners to raise awareness of TB, with the aim of achieving early diagnosis and to limit transmission in key demographic groups.

Population impact	Preventable	Inequality area
100 per year	Yes	BME, migrants, overseas travellers

[54] Public Health England. Tuberculosis in the UK: Annual report on tuberculosis surveillance in the UK, 2013.

Offender health

The emotional, physical and economic impact of crime on victims is never to be underestimated; however, the challenge is to reduce offenders' influence and direct impact on future offences. Offenders have significant influence on the formation of criminal habits in children, and their own health history is often complex, with addictions, mental health issues, and vulnerability to infectious disease. The challenge is to encompass this diverse range of issues within a multi-agency group to prioritise and coordinate activity. This includes assessing existing services, piloting new services, and identifying the resources, pooled or otherwise to implement the work.

This issue was the subject of the Annual Report of the Director of Public Health 2013, which contains full details of the issue and recommended actions to improve offender health and reduce reoffending and the impact of crime.[55]

Population impact	Preventable	Inequality area
1000 probation service caseload	Yes	Yes, vulnerable group

Domestic violence. There were 508 incidents of serious domestic violence in 2013/14, and increase of 21% against an Inner London increase of 9%.

There were 508 incidents of domestic violence (injury obtained) between March 2013 and February 2014. This was a 21.2% rise on the previous 12 months, which does not compare favourably to the Inner London average, where the overall increase was only 8.9% (total offences 7498). Wandsworth experienced the highest proportional rise in offences between these two periods but nonetheless remained 8th (out of 12, highest to lowest) in terms of total offences. The challenge for domestic violence lies in recognising and signposting victims to support services. The Brighter Futures programme supported by the big lottery, is a three year programme working with families affected by domestic abuse but no longer living with it, the uptake of the service is exceeding anticipated levels with 100 of the families reached in two years from a target of 120 for three years. is It is important to ensure that all NHS and Council frontline staff know about and take up the Independent Domestic Violence Advisor and Educator service provided by the Council to provide awareness training, a proactive service and increased referrals.

Population impact	Preventable	Inequality area
120 families with a child under 10	Yes	Yes, deprivation

[55] http://www.wandsworth.gov.uk/downloads/file/8974/annual_report_of_the_director_of_public_health_2013_on_offender_health

5.4 Approaching and post retirement challenges

- Preventable eye disease: A small cohort with poor relative performance, a Health Needs Assessment is forthcoming.
- Long term conditions: Long term condition comprise of a number of conditions including mental health and circulatory disease. There may be data sharing implications for integrated working between Wandsworth CCG and Wandsworth council.

Preventable eye disease. The rate[56] of sight loss due to glaucoma in those aged 40+ in 2011/12 was 24 the third worst in London.

These indicators relates to three main eye diseases, which can result in blindness or partial sight if not diagnosed and treated in time. These are age related macular degeneration (AMD), glaucoma and diabetic retinopathy.

Diabetes prevalence QOF 2011/12 in Wandsworth is lower than expected at 12,600, suggesting that there are approximately 1,400 undiagnosed diabetics in Wandsworth. Type 2 diabetes is a key cause of sight loss among the working age population and the diabetic retinal screening programme in Wandsworth has increased consistently in recent years, with uptake in 2011/12 of 83%. Analysis of programme data has found that there was variation in uptake of screening by GP practice but that there was little variation in uptake by ethnic group.

Eye disease has obvious consequences for social isolation. A detailed Health Needs Assessment will be conducted in this area.

Population impact	Preventable	Inequality area
59 instances in 2011/12	Yes	Yes, age

Long term conditions

Long term conditions include both mental health, and cardio-vascular conditions which are discussed earlier. Other common long term conditions are listed below. Particular issues include the under-diagnosis of many of these conditions, for example Chronic Obstructive Pulmonary Disease has an expected rate of 7,600 and an actual rate of 3,300. Finally the provision of appropriate treatment pathways, for example the recognition and urgent treatment of sickle cell crises.

People with long term conditions may required health and social care support, with implications for integrated working and data sharing between services.

Potential savings (Table 7) are those achievable if the spend in Wandsworth matched the best 5 of the 10 most similar CCGs. Physical activity, maintaining normal weight, and smoking cessation can all help prevent the onset of or complications from hypertension, diabetes, circulatory conditions, and some cancers. In addition, risk, symptom awareness and signposting help ensure early treatment.

[56] Crude rate of sight loss due to glaucoma in those aged 40+ per 100,000, PH Outcomes Framework 2014

Table 7: Prevalence and potential savings arising from the treatment of common long term consitions.

Population impact	Potential Savings[4]	Inequality area
Multiple long term condition 34,000	-	
Diabetes 12,600	£633k Prescribing	Yes, BME, learning disabilities
Circulatory conditions 5,500	£598k Emergency admissions	
Chronic Obstructive Pulmonary Disease 3,300	£201k Respiratory condition prescribing	
Sickle Cell Disease 200	-	Yes, BME

5.5 Older age challenges

- Care Homes: An ageing population presenting in care homes with more complex needs, and a necessity to provide equitable services.
- Falls and fractured neck of femurs: Poor relative performance.
- High excess winter deaths: Poor relative performance.
- Dementia: A known population of approximately 1000 adults, with increasing prevalence. There is a greater programme of awareness needed, with multiple implications for health and care services.
- Identification and support for carers: A vulnerable group and potentially isolated group with increasing numbers.
- Hospital admissions and continuing care: Poor relative performance and increasing costs for continuing care.
- Social isolation (for older people): Social isolation has an unknown extent in Wandsworth, but with known impacts on health and wellbeing.
- End of life care: Increasing the number of people who die at their chosen place of death.

Care Home Residents. Estimates indicate approximately 800 people reside in a care home with increasingly complex levels of care required.

As older people are increasingly supported to remain in their homes for as long as possible, the care home population has become older and frailer. With reductions in NHS long term care beds, the care home sector is now an important source of care provision for older people living with complex clinical needs. Despite this it's widely acknowledged that they sometimes have less access to health services than older people who live in the community and that there is wide variation in how health care is delivered to care home residents. A recent care home needs assessment found that this was also the case in Wandsworth, with some reports of difficulty accessing primary care and also limited specialist medical support provided to care home residents

Falls and fractured neck of femurs. The injuries due to falls in people aged 65-79 were significantly worse than London in 2011/12, and represented 281 instances.

NHS England has released the 'Right Care' programme[57] which highlights opportunities for local savings if the performance matched the best 5 of the 10 most similar CCGs. NHS savings of £675k from emergency trauma and orthopaedic admissions could be realised.

A key challenge is to continue to raise awareness of falls, remove any stigma associated with falling and to encourage people to attend the appropriate falls prevention and bone health services. Other priorities for falls prevention and bone health include;

a. Continuing to expand on work with partners to identify people who have fallen or at risk of falling.

[57] www.rightcare.nhs.uk

b. Establishing interventions to reduce the risk and incidence of falling in care homes. People living in care homes are three times more likely to fall than those living in the community.
c. Evaluating the integrated falls and bone health pathway for potential improvements.
d. Ensuring pharmaceutical provision is available within the community to support medicine use and compliance.
e. Working with local acute providers to implement NICE clinical guideline 161 falls: assessment and prevention of falls in older people with particular focus on the new recommendations that were introduced in 2013.
f. Ensuring joint working between Wandsworth CCG and Wandsworth Borough Council to utilise the Better Care Fund to implement joint strategic intentions in commissioning falls prevention, management and bone health services through pooled budget arrangements.

Table 8: Hospital admissions in the older population

2011/12 Hospital Admissions	Wandsworth ASR*	Instances in Wandsworth	London ASR*	London Rank
Hip fractures 65+	472.4	179	434.0	8th
Hip fractures 65-79	235.6	52	217.5	10th
Hip fractures aged 80+	1537.8	127	1408.1	9th
Injuries due to falls 65+	2130.0	727	1871.8	6th significantly worse than London
Injuries due to falls 65-79	1354.3	281	1071.8	6th significantly worse than London
Injuries due to falls 80+	5620.7	446	5471.8	15th

*ASR: Age Standardised Rate per 100,000

High excess winter deaths. The three year pooled index for Wandsworth from 2009 - 2012 was the highest in London at 25.3 against 17.2 for London.

There is an increasing proportion of people aged 75 years and over, with those over the age of 85 most at risk of excess winter deaths. In March 2012 an excess winter deaths needs assessment was completed, the key recommendations focused on ensuring preventative actions are in place, particularly;

a. Increasing the awareness of excess winter deaths within members of the public and frontline staff in key organisations such as GP practices and increase the awareness of referral pathways for winter warmth initiatives.
b. Ensuring the required coverage targets for flu vaccination for both the population over 65 years (71.3% in line with the London at 71.2% in 2012/13) and at risk individuals (50.0% significantly lower than London at 50.9% in 2012/13) are met.
c. Ensuring that private sector housing meets the Decent Home Standard.
d. Targeting individuals with dementia or cognitive impairments with appropriate interventions as they may be more at risk of excess winter deaths. This is particularly important as the numbers of people living with

dementia are set to increase. From 2012 to 2020 there is expected to be a 16% increase in people with dementia from 1,920 to 2,286 (POPPI, 2013).

Population impact	Preventable	Inequality area
130	Partially	Yes, age

Dementia. The number of patients with dementia recorded at a GP surgery in Wandsworth is 1,153 which is expected to be approximately half of the true prevalence.

National estimates[58] indicate the expected prevalence of dementia to be 2220. There is expected to be an increase of 200 people living with dementia to 2286 from 2010 to 2020[59].

The primary challenge for dementia is early recognition and treatment. Mechanisms to highlight cases (for example from social workers) to GPs for assessment should be eased, the challenge is to share case notes between health and care services. This could be expanded to include all long term conditions to ensure all partners are aware of individuals needs. The 'Right Care' programme[60] indicates potential savings of £245k for dementia prescribing. People with learning disabilities are increasingly living longer and more likely to suffer from dementia, meaning learning disability services need to be prepared to cope with increased demand.

Population impact	Preventable	Inequality area
2000	No, but slowed	Yes, age, and learning disabilities

Identification and support for carers. 1,294 carers eligible to receive services from Wandsworth council, and 2,719 recorded as a carer at GP surgeries in Wandsworth.

Data from the 2011 Census shows that there over 19,000 carers in Wandsworth. A Carers Health Needs Assessment[61] completed in 2013 showed 2,719 of the population to be registered as carers on EMIS, while only 1,294 carers were eligible to receive services from the Department of Education and Social Services (previously the Department of Adult Social Services). Carers may be any age, and the over 65 population is projected to increase[62] from 27,700 in 2012 to 30,500 in 2020, which could represent an additional 131 carers by 2020 to the 1,294 currently eligible for services.

Data from the 2011 Census also shows that 6.2% of carers describe themselves as having bad or very bad health compared with 3.5% of the non-carer population. The challenge around carers is that many are 'hidden' or unknown, only becoming known if

[58] Dementia UK 2007 applied to registered population January 2014
[59] Projecting Older People Population Information
[60] www.rightcare.nhs.uk
[61] Completed by Wandsworth Borough Council Public Health Department and Wandsworth CCG)
[62] Projecting Older Peoples Population Information

there is a crisis or carer breakdown. It is therefore important to ensure that carers can be identified and supported early on to avoid caring responsibilities negatively impacting on their own health. Plans for an integrated carer support service across health and social care include primary care liaison and training for health and social care professionals, which are anticipated, will encourage and support best practice for professionals in identifying and supporting carers.

People performing a caring role should be followed up by any service that comes into contact with them, this includes health and social care, community, voluntary agencies, general practice, and/or schools. A Carers Locally Enhanced Service is currently operating in GP practices across Wandsworth and provides that carers will receive an annual consultation/review. Another possibility to explore is the creation of a local register (with consent from the carer), enabling data on carers currently held by schools, health services, Wandsworth Council and the voluntary sector to be shared. In addition, the Wandsworth Carers Guide should continue to be updated and included on Family Information Service, ACIS and Wandsworth CCG websites.

A key challenge is to agree eligibility criteria across adult social care and the NHS for respite and carers breaks following the continued integration work with the Better Care Fund, secondly the Care and Support Bill may present a cost pressure as more rights are given to carers, with each entitled to an assessment and personal budget in their own right. Another key challenge for integrated commissioning is defining geographic boundaries, as in addition to the variations between the health and social care geographies it is also a fact that many people who care for a Wandsworth resident live outside of the borough.

Population impact	Inequality area
715 over 65 carers receiving services	Yes, vulnerable group

Hospital admissions and continuing care

Wandsworth has a 16% higher rate of emergency admissions per head than the South West London average for the over 70s population with the most frequent reasons for admission being non-interventional acquired cardiac conditions; Lobar, Atypical or Viral Pneumonia, Kidney or UTI; Muscular, Balance, Cranial or Peripheral Nerve disorders, and Non-Transient Stroke[63].

The GP Practices in areas of high deprivation (e.g. Roehampton Surgery) show the highest rates of admission for older people. In 2012-13, Wandsworth spent £23m on emergency admissions for over 70-year-olds. Spend on continuing care for older people in Wandsworth has risen from £11m in 2010/11 to £15m in 2012/13, with a continued increase forecast for 2013/14.

[63] Source: 2013-14 Budget Book. 1Uses 2012-13 SLAM breakdown, with percentage adjustment for 2013-14 planned spend. Rounded to nearest £100k. Note: Community Care spend differs in Budget Book and 2013-14 May Submissions, see email from David Marshman 5/9/13.

Social isolation. It is estimated that 10% of people over the age of 65 are socially isolated, the percentage increases with age[64]. The actual numbers in Wandsworth relative to other London boroughs are unknown.

With an ageing population people may feel physically mentally trapped within their immediate environment. Deprivation may impact the issue, Wandsworth has 26% of the over 60 population on pension credits, compared to 32% for Inner London[65]. This can lead to poor mental health and a reduction in the quality of life[66]. Initiatives such as Winter Calls to Increase Access to Preventative Programmes were introduced in the previous two winters, where Adult Social Services telephoned vulnerable individuals to provide simple advice and refer them on to relevant services. In Wandsworth services include the Short Term Assessment and Reablement Team, and the Wandsworth Home Improvements service which helps over 200 people a year. Just under 1000 users are also signed up for the Telecare/WATCH Lifeline service.

Population impact	Preventable	Inequality area
11,300 elderly living alone Census 2011 2,500 estimated as socially isolated	Yes	Yes, age, physical disability

End of Life Care. Deaths occurring in hospice in Wandsworth are significantly higher than the England rates. However information on preference of location is not comprehensively collected.

The End of Life Care Local Authority Profile 2012 presents over 50 indicators on elderly population's demography, mortality, place of death, cause of death, care homes and social care. There were three indicators where Wandsworth was significantly higher than the England average however the data needs to be refreshed. These indicators are deaths in hospice, deaths in hospital and terminal admissions in population over 65. The percentage of deaths that occurred in a hospice (2008/10) in Wandsworth is 7.4% which is significantly higher than the England percentage at 5.2%. 43.5% of hospital admissions in persons over 85 years old were terminal (2010/11); the national proportion was 37.8%.

More recent place of death analysis details that since 2008 there has been a 7% shift from deaths in hospital to deaths at home (or usual place of residence), from 33% at home in 2008 to 40% in 2011. The 7% deaths in hospice remained constant to 2011. National level evidence demonstrates that people in most deprived communities are more likely to die in hospital (61%) than more affluent groups (54–58%)[67].

The challenge is to focus on advance care planning, supporting people to identify their preferred place of care and death, and sharing that information across all providers. Wherever possible measures should be focussed on achievement of preferences, and

[64] Social Isolation Among Older Londoners. Institute for Public Policy Research 2011.
[65] Public Health England Local Health Profile Pension credit recipients
[66] Loneliness, social isolation, and behavioural and biological health indicators in older adults. Shankar A Health Psychol. 2011 Jul;30(4):377-85.
[67] Deprivation and death: Variation in place and cause of death. National End of Life Care Intelligence Network 2012.

not on the assumption that people want to die at home. The Coordinate my Care (c/o Royal Marsden) programme is measuring this with high achievement rates (70%+). Finally, because people with more complex needs are being looked after in the community rather than in hospital, it is possible that hospice deaths will increase because that is the most appropriate place for the person to be right at the end of their life, or because that is their preference.

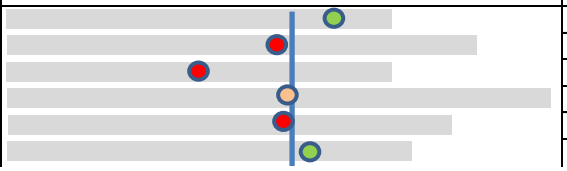
Population impact	Inequality area
1,600 deaths a year	Yes, deprivation

6. Wider determinants of health

The position of Wandsworth relative to the England average is presented in the Local Health Profiles, as part of the Communities chapter as shown in Table 9.

Table 9. Local Health Profiles: Our Communities

Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
1 Deprivation	35408	11.5	20.3	83.7		0
2 Proportion of children in poverty	11785	22.4	21.1	45.9		6.2
3 Statutory homelessness	591	4.7	2.3	9.7		0
4 GCSE achieved (5A*-C inc. Eng & Maths)	1067	58.6	59	31.9		81
5 Violent Crime	4090	14.1	13.6	32.7		4.2
6 Long Term Unemployment	1898	8.3	9.5	31.3		1.2



www.localhealth.org.uk

The Wandsworth Aspirations Programme is targeted at the deprived areas of Winstanley / York Gardens & Roehampton, with a range of projects intended to target both the direct causes of inequality and the wider determinants of health, including employment, community safety, housing, education, and the environment.

6.1 Summary issues: Wider determinants of health

- Employment or occupation: The unemployed are a known vulnerable group, the local emphasis is on building skills to find work, and linking opportunities to the regeneration plans in Wandsworth.
- People affected by violence: To act on the lessons learnt from the two Domestic Homicide Reviews in 2013, and to continue to reduce peoples fear of crime with the 67% of residents feeling safe in 2013.
- Supporting families at risk, Troubled Family Programme: Vulnerability can be defined in a number of settings, however a holistic partnership approach has been shown to show good results with the Troubled Family Programme.
- Homelessness: Statutory homelessness is in line with London, the true number of rough sleepers is unknown.
- Housing stock: There is an affordable family home shortage, and increasing demands on ensuring decent standard private rental accommodation.
- Housing for vulnerable groups: To identify and continue the work with key groups to tackle inequalities.
- Educational attainment: Educational attainment is correlated with deprivation and several other factors.
- Environment - air quality: There is an on-going need to monitor quality in particular areas.
- Environment – access to open spaces: To promote use of open spaces particularly in areas where access is limited.
- Regeneration plans – To note the positive impact of regeneration on the community, and continuing to protect health and care.

6.2 Employment or occupation

According to the 2011 Census there were 172,468 persons aged 16 to 74 years old in employment in Wandsworth. The 2011 Census has also shown that Wandsworth had more full-time employees than London (39.8%) and England (38.6%) with 50.9% of its residents being in full-time employment, and an unemployment rate of 3.8%.

The majority of the working population in Wandsworth are employed within professional, scientific and technical services (16.8%). Over 10% of the working population is employed by the Financial and Insurance industry and by the Wholesale and Retail industry (Source: Census 2011).

The majority of the unemployed population in Wandsworth were long-term unemployed. Unemployment is associated with mental well being, smoking and alcohol/drug misuse. The latest data from NOMIS (March 2014) on JSA benefit claimants of working age (16-64) counted 4,879 (2.1%) persons in Wandsworth.

Employment – key challenges
• Working with long term unemployed to build skills to find work • Appropriately targeting employment interventions within the Aspiration Programme

6.3 Community Safety

In addition to domestic violence reported earlier, the most recent strategic assessment of crime highlighted several areas for closer consideration[68].

People affected by violence: Those at risk of causing violence and those at risk of experiencing violence, as well as actual victims of violence, are far more likely to experience poor physical and mental health than the general population. The direct experience of crime as a victim has a negative impact on a person's sense of health and wellbeing. The chances of becoming a victim or indeed an offender are not equal across communities, but the Wandsworth Residents Survey in 2013 suggests that 67% of residents feel 'safe'.

Supporting families most at risk: It is believed that by taking a holistic partnership approach to the most troubled families has a significant crime and disorder reduction and increases efficiency. The Troubled Families agenda works with 660 families that are involved in crime, anti social behaviour and have issues with employment or education, over a three year period. The Family Recovery Project (FRP) works with the 30 most challenging families in the borough to specifically reduce crime, antisocial behaviour and other life outcomes including, education, health and employment. The Brighter Futures Programme involves working with 120 families over three years where domestic abuse is an issue and the eldest child is between 5 and 11 years old.

[68] Annual Strategic Crime Assessment 2013 Community Safety Wandsworth

Community safety – key challenges
• Domestic Homicide Review (DHR): Undertaking Domestic Homicide Reviews to learn from what has happened and to improve policy and practice at a local / national level. There were two DHRs in 2013. • Older people's perception of community safety: Perceptions of safety is an important factor in helping older people to maintain their independence and activity to avoid social isolation.

6.4 Housing

Housing and shelter are one of the most basic human health needs, and the people most at risk will be those at the bottom of the private rented sector, or homeless in accommodation not supplied or supported by the council. These people are likely to be single parent households, and migrants, with estimates of 70% of homeless families being single parent families[69]. In addition there may be a significant invisible population, of multiple families at one address, perhaps unknown to statutory services. The number of these households based on units where the council leaseholder does not live at the property address is approximately 6,300.

Homelessness.

In 2012/13 there were 4.52/1000 households accepted as homeless and in priority need (statutory homeless), in line with the London average. In addition there were between 10 and 60 rough sleepers in 2012/13. The majority of homeless people are either housed within temporary council accommodation or in supported accommodation. Rough sleepers may be masked by the lack of hostels or day centres within the borough meaning they stay invisible.

The homeless population of Wandsworth are a young population, with 87% between 18 and 55 years of age. The 2013 Homeless Needs Assessment[70] compared local homeless statistics with national figures and found high rates of musculoskeletal and respiratory problems, and 9 out of 10 respondents reporting at least one mental health need. There is overuse of acute hospital services with 36% of respondents having an admission in the previous 6 months, compared to 7% of the general population over 12 months.

The local Health Needs Assessment for homeless people highlighted that beyond the statutory services there are no healthcare services aimed at single homeless people in Wandsworth, or local day centres to provide drop in services or signpost clients.

Housing Stock.

Wandsworth has a high proportion of privately renting households at 32% of the 130,493 households compared to 25% for London (2011 Census). There will be significant demand for all forms of housing tenure with the SHMA 2012[71] identifying an affordable

[69] 2013 Homeless Health Needs Assessment Public Health Wandsworth
[70] 2013 Homeless Health Needs Assessment Public Health Wandsworth
[71] Strategic Housing Market Assessment 2012 Wandsworth Borough Council

housing shortfall alone of 1,628 properties per annum over the next ten years. Housing need cannot be met through new build housing alone. As such the private rented sector and market housing will continue to play an important role in meeting the housing needs.

The demand for private rented accommodation is projected to increase with households on a broad range of incomes accessing this tenure. There are important links between good housing and health, for example in relation to excess winter deaths arising from falls and excess cold, and the good condition or 'decent' standard of private rented accommodation.

The SHMA 2012 estimates that 40% (15,099 units) of all private rentals in Wandsworth (37,742 units) are non decent. Non decency is most commonly associated with thermal comfort (20%) or hazards (19%). The provision of grants or enforcement measures has reduced the percentage of non-decent homes, in Wandsworth (by approximately 1000 units from 2007 to 2010) with more recent information currently unavailable. However it should be emphasized that such information can be misleading and it is not necessarily the case that the extent of unfitness is as pervasive as presented. A number of properties have been improved through Council enforcement action over the last four years and other homeowners and landlords will have made their own property improvements. However, the Council will continue to work closely with landlords to improve the condition of private sector accommodation and target the few rogue landlords providing below standard accommodation.

Welfare reform.

A number of welfare reforms have impacted on tenants living in both social housing and private rented accommodation.

- Local Housing Allowance, for those living in the private rental sector, was capped for all new claimants living in the deregulated private sector from 7th April 2008 and affected 2912 households. It placed a cap on the amount of benefit that can be claimed to the 30th percentile of private sector rents. However, Wandsworth Council's case load for LHA claimants has now stabilised indicating there has not been a significant movement of households.
- Council tax benefit has been replaced by Council Tax Reduction, a new system which works on grant support rather than reimbursement with the level of grant supported awarded not exceeding 90% of the previous CTB costs. Wandsworth Council has decided to meet the deficit in grant allocation from the General Fund, rather than pass this onto low income benefit households, and this will remain for 2014/15 but will be kept under review. As such the full impact of this new scheme has been minimal although further consideration will be required should funding arrangements change.
- The total weekly benefit cap, which limits the amount of benefits an out of work household can receive, is set at £500 per week or £350 per week for single adults without children (£18,500 per year). The roll out in Wandsworth commenced on 12th August 2013. The number of households with a limit placed on them was 425, 400 of which included children. To minimise the impact on these households the Welfare Reform Team (WRT) is working to contact all families to offer help and advice, with those households willing to engage and work towards agreed solutions being awarded DHP to help meet the reduction in benefit until an agreed time, e.g. so they can find work or reduce costs.

Vulnerable people.

There are vulnerable groups with specific housing needs:

- **Sheltered housing** is supported housing for residents over the age of 55 and are designed to help people maintain their independence. Council sheltered schemes have 24 hour alarms service and sheltered housing officers to offer help and support. Registered Providers also own and manage a number of schemes in the Borough providing a combined total of some 2,000 units.
- **Extra care housing** is supported housing, similar to sheltered housing, but suitable for older people who need more care and support. It provides tailored packages of care and support 24 hours a day. Once all the extra care units are fully occupied there will be 107 units across the Borough.
- **Accessible and Adapted Housing.** All new dwellings should be built to Lifetime Homes standards and that at least 10% of new homes provided should be wheelchair accessible. The provision of adaptations in people's homes is a key part of the strategy for helping individuals to remain independent and in their own homes for as long as possible. The Home Improvement Agency (HIA) carries out adaptations to Council owned properties and processes the majority of those in private accommodation applying for Disabled Facilities Grants (DFG). On average there are 220 disability adaptations a year.
- **People with learning disabilities.** The Council maintains the Supported Queue for applicants with support needs and an estimated population of 5,500 people with learning disabilities in 2012. The Council does not manage residential care homes or supported schemes for adults with a learning disability although there is a wide range of provision in the Borough provided by a number of independent organisations. There are 136 registered care home places in the Borough and a further 150 adults are placed in care homes in other areas.
- The Adult Care and Health Overview and Scrutiny Committee report on the review of Supporting People Services (Paper No. 12-699) considered the use and demand for a range of temporary housing for a number of other vulnerable groups such as single homeless, rough sleepers, those with drug or alcohol problems, ex-offenders, young people's schemes, including care leavers and women escaping domestic abuse. The review identified a significant over provision in parts of this sector with some need for a reconfiguration of services (ex-offender services).

Housing - key challenges
• Opportunities such as housing into work schemes, apprenticeship and local labour initiatives in order to maintain a suitable mix of family homes such as those at St John's Hill Estate, Winstanley and York Road Estates and the Roehampton area. • The process of awarding housing benefit offers an increasingly important opportunity to engage with the public on a one to one basis. • Non-decent homes are successfully targeted but limited in their impact by the structure of the elderly housing stock. • There is a need to reconfiguration some provision for single homeless, young people and other supported accommodation to match demand. • Understanding the impact on services such as education and accident and emergency attendances of the invisible population, this includes rough sleepers, illegal extensions and housing units with multiple families. • Increasing assistive technologies such as tele-care, and disabled facilities grants.

6.5 Educational achievement

The Marmot Review 'Fair Society, Healthy Lives' highlights the importance of children's education. Foundation stage development and Key stage 2 results are presented below to demonstrate the good performance in Wandsworth overall and compared with other London authorities and often nationally many of the vulnerable groups (e.g. children with a Statement of Educational Need) do relatively well but there are inequalities between socio-economic status and variation across schools. In addition, some significant attainment gaps between groups may widen throughout the education period.

- **Foundation Stage.** Over 54% of Wandsworth children made a good level of development overall, compared to 52% nationally. The Wandsworth overall figure masks a deprivation inequality. 69% of children from the 20% least deprived achieving a good level compared to 48% of children from the 20% most deprived.
- **Key Stage 2** (Reading Writing and Maths combined at level 4+). Overall 82% of children achieved Key Stage 2, compared to the national figure of 76% with the 20% least deprived achieving 94% compared to 79% of the 20% most deprived.

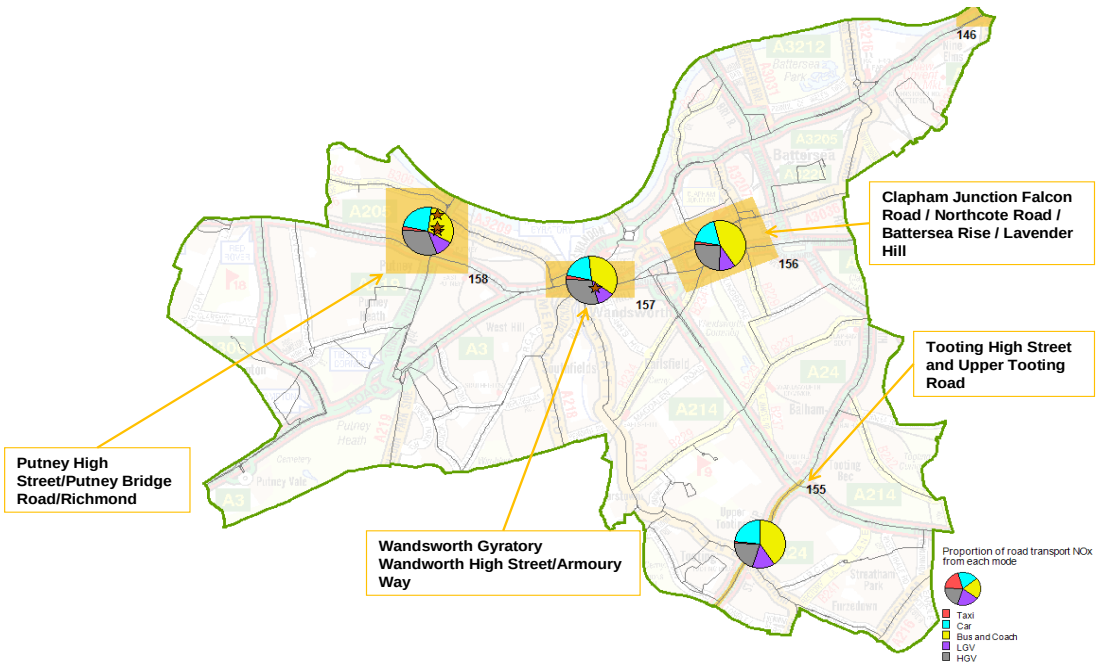
Educational achievement - key challenges
To maintain the focus on raising educational standards and tackling attainment gaps

6.6 Environment

Air quality. An Air Quality Action Plan was published in Wandsworth in 2004 because of high levels of nitrogen dioxide (NO2) and particulates (PM10). Where measured, particulate levels now meet the EU objectives, but there are still some areas with high nitrogen dioxide levels;

- Clapham Junction: there is Nursery on Battersea Rise and a number of private businesses and dense consumer areas surrounding the station.
- Putney High Street: a typical high street, as is the High Street in Tooting which also covers a South Thames College building, and St Georges Hospital.
- Wandsworth Gyratory: includes South Thames College and Wandsworth Borough Council. Southside shopping centre borders the gyratory along with a range of smaller municipal and private services.

Wandsworth Focus Areas



Source of data: Transport for London

People living, working and/or spending time in the vicinity of the roadside (being exposed for the length of time stated in the objective, i.e., 1 hour nitrogen dioxide objective of 200µg/m^3) may be exposed to high levels of pollution at which they suffer health effects. However, pollution levels decrease rapidly with increasing distance from the source of the pollution; in this case traffic.

Noise. Noise can cause stress and anxiety with measurable effects on physical and mental health (including sleep disturbance, cardiovascular effects and damage to work or school performance – World Health Organisation 2012). Wandsworth carries out over 3000 complaint investigations a year. Whilst anti-social behaviour and/or substance misuse and/or mental health issues are often an element in the cause of these complaints, poor quality, high density housing with insufficient noise insulation between units contributes to the problem, as does the proximity of residential accommodation to commercial uses such as bars, clubs and large scale construction sites.

Contaminated land. Most land within the borough is remediated through the planning process as development occurs but there is also a system in place in which action can be taken to remediate contaminated land when there is an imminent risk to health.

Water Quality. Regulations have been introduced to ensure that water from private supplies is wholesome, so that people who drink water or consume food or drinks made from private supplies may do so without risk to their health. Wandsworth Council is responsible for ensuring that all water from private water supplies and private distributions systems is wholesome.

Access to green spaces.

Accessible, safe green space is shown to reduce mental distress, depression and Attention Deficit-Hyperactivity Disorder (ADHD) symptoms in children. Access to a garden or living a short distance to/from green areas, as well as having the potential to lead to improvements in the environment, are associated with a general improvement in mental health and wellbeing[72]. Wandsworth has 27% green space coverage; 4 per cent below the London average. In two south Wandsworth wards, over 50 per cent of households have deficient access to nature. However 65% of the Wandsworth population participate once a week in physical activity which is above the London average and the adult obesity prevalence is 15 per cent, which is significantly lower than the London rate of 21%.

Environment - key challenges
Continue air quality monitoring over time, and to address the causes.
To implement the Air Quality Action Plan.
Identify and monitor private water supplies.
To implement a risk-based strategy to deal with potentially contaminated land.
To investigate and where necessary address noise nuisance complaints.
Promoting access to green spaces and physical activity.

[72] Use of small public urban green spaces and health benefits, Peschardt, K. K., Schipperijn, J., & Stigsdotter, U. K. (2012) Use of small public urban green spaces (SPUGS). Urban Forestry & Urban Greening, 11 (3), 235-244

7. Development and regeneration

New developments offer significant opportunities to address inequalities, for example by providing employment, or through designing buildings to be appealing and with no 'unsafe' corners which may attract crime. The socio-economic profile presented in Appendix 4 highlights the key Wandsworth figures as: 16-18 year olds in employment, education and training, free school meals and homelessness acceptances. With new developments there is an on-going need to ensure health and care services remain appropriate for the new populations. The most significant new developments in Wandsworth are discussed in turn.

- **Ram Brewery**. The development will deliver 661 new homes including a 36 storey landmark residential tower, as well as over 9,500 sq m of space dedicated to new shops, cafes, bars and restaurants. The proposed development will preserve many of the site's historic buildings which will be restored and refurbished, and a micro-brewery and a brewing museum will also be part of the completed scheme. The development would generate 500 new permanent jobs and 266 construction jobs. The River Wandle will be opened up and landscaped to provide public access along a new riverside walk. In addition the removal of one way system around Wandsworth Town Hall should encourage more pedestrian access and cycling.
- **Estate regeneration.** Regeneration plans for the Winstanley / York Road Estates in Battersea and the Alton Estate in Roehampton are currently being drawn up. Existing provision and community views are being examined to propose alternative accommodation options. For both areas existing open space / parks are being upgraded, and with potential increases to leisure facilities, including cycling proposals and possible roof top sports pitches.
- **Springfield Hospital**. The site is being redeveloped for mixed used, with housing and open space. In addition mental health service facilities will be upgraded.
- **Vauxhall/Nine Elms/Battersea Opportunity Area (VNEB OA)**. The area is shared between Wandsworth and the London Borough of Lambeth. The area will also now benefit from the introduction of Boris bikes at near rail and bus stations. Eight districts are proposed within Nine Elms. The Wandsworth part of the Opportunity Area has the potential to deliver around 14,000 new homes and 20,000 jobs (gross) over a period of up to 20 years (based on the total capacity of the area expected to be in the region of 18,000-19,000 new homes and 20,000 - 25,000 new jobs), however the actual mix of development is likely to depend, on economic conditions, and the provision of appropriate transport, social, community and green infrastructure. The funding has been agreed for the extension to the northern line.
- The population age make up for VNEB OA is likely to change shape over the course of the development within 5 years, the structure is predicted to retain this profile for the remainder of the development. The estimates suggest an increase of 20-29's (est. 4%), and a drop in the 40-59s (est. 5%). For the 20-29 year old

population that represents approximately 4200 in 2018 and 9550 in 2023, and for 40-59 year old population that represents approximately 2013 in 2018 and 4615 in 2023. These demographic changes assume a young population will be moving into the area, however the existing residents in the area will reflect a broader age demographic, particular the over 80's.

- The construction workforce over the course of the development is estimated at 23000. It is not know how many will be present at any one time, however given that over 80% of the total dwellings (15000 of the 18000) will be built by 2023/24, it is reasonable to suggest that most will be on site imminently.
- The VNEB OA population needs can be estimated from the health profile of the GP practice in Vauxhall, Riverside Medical Practice. The new population is likely to be under 45, affluent and mobile. The population is likely to have high wellbeing needs, less long term needs, but risky behaviours that could lead to Long Term Condition with emergency admission, including HIV. Table 10 estimates the likely demands.

Table 10 Potential health needs of the NEVOA population

- Maternity services, and contraception, although a low fertility rate is expected. (est. 4500 women aged 16-40 by 2018, with 250 babies in that year alone)[73]
- Sexual health, HIV prevalence in the Wandsworth portion of the OA in 2011 is between 10 and 20 per 1000 population, more than double the London rate.[74]
- Drugs, and legal highs
- Alcohol, binge drinking (est. 20.8% of 18+; 2400 people by 2018)[75]
- Mental health – depression (est. 8.9% of 18+; 1000 people by 2018)[2]
- Circulatory disease and emergency admissions for long term conditions. (CHD admissions ratio of 112, with a ratio of undiagnosed: diagnosed CHD of 0.22) [2]
- Smoking and emergency admission for Chronic Obstructive Pulmonary Disease. (COPD admissions ratio of 183)
- Cancer awareness, as the incidence of cancer is higher than expected (ASR of 116)

[73] APHO Riverside Medical Practice September 2013
[74] Personal communication with the Health Protection Agency / PHE
[75] APHO Healthy Lifestyle Behaviours 2006-2008

Appendix 1 Ill health in Wandsworth

Indicator	Value
Preventable emergency hospital admissions in a year (??)	n= 106,927, rate= 88.5%
Smokers (16+), (QoF, 2012/13)	n= 55,077, rate= 15.1%
Adults who binge drink (HSE estimate 2007/8)	n= 50,807, rate= 21.4%
Common Mental Health Disorder (18-64) (APMS2007)*	n= 48,500, rate= 20.0%
People with multiple long term conditions (Census, 2011)	n= 34,386, rate= 11.2%
Hypertension prevalence, (QoF, 2012/13)	n= 31,288, rate=8.6%
Children with a long term health disability (Census 2011)	n=16,114, rate= 5.2%
Asthma prevalence, (QoF, 2012/13)	n= 15,360, rate= 4.2%
Diabetes (Type I and II) prevalence (QoF, 2012/13)	n= 12,638, rate= 3.5%
CHD prevalence, (QoF, 2012/13)	n= 5,444, rate= 1.5%
Cancer prevalence, (QoF, 2012/13)	n= 4,529, rate= 1.2%
Social service clients (NACIS, 2013)	n= 4,325, rate= 170 per 10,000
COPD prevalence, (QoF, 2012/13)	n= 3,301, rate= 0.9%
Stroke and TIA prevalence, (QoF, 2012/13)	n= 2,869, rate= 0.8%
Atrial fibrillation prevalence, (QoF, 2012/13)	n= 2,619, rate= 0.7%
Adults with an autistic spectrum disorder (18-64) (PANSI) 2014)*	n= 2,359
People with HIV (SOPHID, 2012)	n= 1,090, rate= 44.97 per 100,000
People with dementia, (QoF, 2012/13)	n= 1,031, rate= 0.3%
Psychotic Disorders (18-64) (PANSI, 2014)*	n= 991 adults, rate= 0.4%
CHD hospital admissions, (NHS Comparators 2010/11)	n= 984, rate= 17.90%
Chlamydia new cases (15-24 year olds) (PHOF, 2012/13)	n= 977, rate= 2787.21 per 100,000
People with a learning disability (QoF, 2012/13)	n= 969, rate= 0.3%
Gonorrhoea new cases (SOPHID, 2012)	n= 569, rate= 184.9 per 10,000
COPD hospital admissions, (NHS Comparators 2010/11)	n= 453, rate= 15.23%
Atrial fibrillation hospital admissions, (NHS C 2010/11)	n= 385, rate= 15.73%
Asthma hospital admissions, (NHS C 2010/11)	n= 367, rate= 2.46%
Food Poisoning (Campylobacter), (HPA 2010-12)	n= 362, rate= 116.8 per 100,000
Hospital admissions for diabetes, (NHS C 2010/11)	n= 280, rate= 2.38%
Tuberculosis (TB), (HPA 2010-12)	n= 277 cases
TB new cases (PHOF, 2012/13)	n= 92.67cases, rate= 29.97per 100,000
C Diff Infection in ages 2 and up, (HPA 2012-13)	n= 68 cases, rate= 22.1 per 100,000
Whooping Cough, (HPA 2010-12)	n= 63 cases
Mumps, (HPA 2010-12)	n= 57 cases
Age Related Macular Degeneration (PHOF, 2012/13)	n= 32, rate= 121.05 per 100,000
Measles, (HPA 2010-12)	n= 26 cases
VTEC (E.Coli), (HPA 2010-12)	n= 17 cases
Hep A, (HPA 2010-12)	n= 16 cases

Appendix 2 APHO Health Profile for Wandsworth

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Children's and young people's health	7 Smoking in pregnancy ‡	224	4.2	13.3	30.0		2.9
	8 Starting breast feeding ‡	5008	93.4	74.8	41.8		96.0
	9 Obese Children (Year 6) ‡	386	20.0	19.2	28.5		10.3
	10 Alcohol-specific hospital stays (under 18)	26	53.1	61.8	154.9		12.5
	11 Teenage pregnancy (under 18) ‡	116	33.9	34.0	58.5		11.7
Adults' health and lifestyle	12 Adults smoking	n/a	16.2	20.0	29.4		8.2
	13 Increasing and higher risk drinking	n/a	23.3	22.3	25.1		15.7
	14 Healthy eating adults	n/a	40.8	28.7	19.3		47.8
	15 Physically active adults	n/a	65.0	56.0	43.8		68.5
	16 Obese adults ‡	n/a	15.0	24.2	30.7		13.9
Disease and poor health	17 Incidence of malignant melanoma	38	14.5	14.5	28.8		3.2
	18 Hospital stays for self-harm	252	84.0	207.9	542.4		51.2
	19 Hospital stays for alcohol related harm ‡	4267	1840	1895	3276		910
	20 Drug misuse	1688	7.4	8.6	26.3		0.8
	21 People diagnosed with diabetes	11920	4.2	5.8	8.4		3.4
	22 New cases of tuberculosis	90	31.1	15.4	137.0		0.0
	23 Acute sexually transmitted infections	5655	1838	804	3210		162
	24 Hip fracture in 65s and over	179	472	457	621		327
Life expectancy and causes of death	25 Excess winter deaths ‡	115	23.4	19.1	35.3		-0.4
	26 Life expectancy – male	n/a	78.8	78.9	73.8		83.0
	27 Life expectancy – female	n/a	83.1	82.9	79.3		86.4
	28 Infant deaths	19	3.4	4.3	8.0		1.1
	29 Smoking related deaths	262	198	201	356		122
	30 Early deaths: heart disease and stroke	133	64.4	60.9	113.3		29.2
	31 Early deaths: cancer	208	101.4	108.1	153.2		77.7
	32 Road injuries and deaths	111	36.8	41.9	125.1		13.1

www.localhealth.org.uk

Appendix 3: Public Health Outcome Framework – January 2014

- **Employment**: The gap in the employment rate between those with a long-term health condition and the overall employment rate in persons aged 16-64 years old was 9.00% in 2012. The percentage of employees (16+) who had at least one day off in the previous week in 2009/11 was 2.22%.The percent of working days lost due to sickness absence in the same period was 1.06% in employees aged 16+.
- **Noise, fuel poverty, mortality attributable to air pollution and excess winter deaths:** The percentage of population affected by noise which is based on the number of complaints has decreased from 16.29% to 14.32% between 2010/11 and 2011/12. The percentage of persons that experience fuel poverty was 8.63% in 2011.
- The percentage fraction of mortality attributable to air pollution in persons aged 30+ was 7.20% in 2011. The excess winter deaths index in persons of all ages was 33.35 and 33.33 in persons aged 85+ in 2010/11.
- **Crime and road casualties:** Violent crime rate has been decreasing in the last three years since 2009; in 2009/10 it was 13.64 per 1,000 and in 2010/11 it dropped to 11.32 per 1,000 to fall even further in 2011/12 at 10.98 per 1,000.
- The rate of people who were killed or injured on the street has decreased from 36.79 per 1,000 in 2009/11 to 34.99 per 1,000 in 2010/12.
- **Life expectancy:** Wandsworth's gender life expectancy at birth is significantly different between males and females with 78.8 and 83.1 years respectively (2009-11). In the same period the gap in life expectancy at birth between each local authority and England as a whole in Wandsworth was -.11 years for males and .21 years for females.
- **Children in poverty:** There was a reduction in children under 16 living in poverty between 2010 and 2011 from 22.40% to 21.60%. A significant decrease has also been seen in the percentage of pupil absence (aged 5-15) from 5.60% in 2011/11 to 4.84% in 2011/12. The infant mortality rate (under 1 year) in 2009/11 was 3.42 per 1,000 births, the 6th best in London. The tooth decay index in children aged 5 was 0.84 in 2011/12, the 9th best, and significantly better than the London rate.
- **Low birth weight, excess weight in school children and adult physical activity:** The percentage of low birth weight babies was 2.31% in 2011. In 2006/07 the percentage of 4-5 year olds with excess weight was 20.4% and in 2011/12 22.6%. In 10-11 year olds it was 34.3% in 2006/07 and 35.3 in 2011/12. The percentage of physically inactive adults (16+) in 2012 was 22.76%.
- **Hospital admissions for unintentional and deliberate injuries:** The rate of hospital admissions caused by these injuries in children aged 0-14 was 99.19 per 10,000 in 2011/12. In young people aged 15-24 the rate was 110.97 per 10,000 in 2011/12.
- **Cancer screening coverage:** Breast cancer screening coverage in females aged 53-70 increased from 2010 to 2012 from 63% to 65%, however it dropped in 2013 to 61%. Cervical cancer screening (25-64 year olds) increased from 67% in 2010 to 74% in 2013.
- **TB incidence:** The incidence of tuberculosis has decreased from 31.08 per 100,000 in 2009/11 to 29.97 per 100,000 in 2010/12 higher than the rate for England but in line with London.

Appendix 4 Determinants of health during the economic downturn

- A Wandsworth profile of socio-economic determinants of health during the economic downturn" included indicators grouped into four domains; these were employment, economic security, housing, and health and well-being.
- Associations between economic downturn or changes in employment, housing, income levels and patterns of migration have been well documented.
- The Wandsworth profile shows a significantly lower average for the capital in job seekers allowance claimants, 16-18 year olds in employment, education and training, free school meals and homelessness acceptances. The proportion of Job seekers allowance claimants and job vacancies in Wandsworth was 7.2% in November 2012 which was higher than the proportion in London at 6.0% .7.1% of 16-18 year old population in Wandsworth was not in employment, education or training in 2012; the London average was 4.7%. In 2013 24.4% of school children in Wandsworth were receiving free school meals which was significantly higher than the proportion in London (23.6%). Wandsworth had 5.1% of homelessness acceptances in 2012/13 5.1%, which was higher than the London figure at 4.4%.[76]

[76] The impact of the economic downturn and policy changes on health inequalities in London: development of an indicator set" Health Inequalities Network; UCL Institute of Health Equity June 2012

Appendix 5 Suggested Areas of Focus for the CYPP and Safeguarding in 2013-14

1. Reducing levels of obesity in children and young people across the borough (CYPP Priority 2: More children and young people develop physical resilience to achieve good health throughout childhood)
2. Teenage pregnancy and sexual health services in schools (CYPP Priority 2: More children and young people develop physical resilience to achieve good health throughout childhood)
3. Improving the health of children in the early years, specifically focussing on immunisations, breastfeeding and perinatal and maternal mental health (CYPP Priority 2: More children and young people develop physical resilience to achieve good health throughout childhood)
4. Improving the co-ordination of arrangements for provision of Early Help (CYPP Priority 3: More Children Feel and are Safe in the Community)
5. Address the challenges and risks of children missing from care/education; child trafficking and sexual exploitation; e-bullying and sexual bullying (CYPP Priority 4: More Children who are vulnerable are safe at home and in the community)
6. Improve inter agency working to reduce involvement in gangs and youth violence (CYPP Priority 4: More Children who are vulnerable are safe at home and in the community)
7. Understand the reasons for overrepresentation of BAME children in specialist services and reduce numbers needing these services (CYPP Priority 4: More Children who are vulnerable are safe at home and in the community)
8. Develop a child focussed approach to substance misuse, mental health and domestic abuse (CYPP Priority 4: More Children who are vulnerable are safe at home and in the community)
9. Provide advice and support to vulnerable families affected by Welfare Reforms (CYPP Priority 11: Economic security and stability and fewer children in poverty)
10. Increase work placements, apprenticeships and volunteering opportunities – and improve support to those with limited "employability" skills (CYPP Priority 12: More young people re in employment or further learning)

Appendix 6 NICE Public Health Interventions

Ref	Title	Date
PH1	Brief interventions and referral for smoking cessation (PH1)	Mar 2006
PH2	Four commonly used methods to increase physical activity (PH2) (partially updated by PH41 and PH44)	Mar 2006
PH3	Prevention of sexually transmitted infections and under 18 conceptions (PH3)	Feb 2007
PH4	Interventions to reduce substance misuse among vulnerable young people (PH4)	Mar 2007
PH5	Workplace interventions to promote smoking cessation (PH5)	Apr 2007
PH6	Behaviour change: the principles for effective interventions (PH6)	Oct 2007
PH7	School-based interventions on alcohol (PH7)	Nov 2007
PH8	Physical activity and the environment (PH8)	Jan 2008
PH9	Community engagement (PH9)	Feb 2008
PH10	Smoking cessation services (PH10) (partially updated by PH45 and PH48)	Feb 2008
PH11	Maternal and child nutrition (PH11)	Mar 2008
PH12	Social and emotional wellbeing in primary education (PH12)	Mar 2008
PH13	Promoting physical activity in the workplace (PH13)	May 2008
PH14	Preventing the uptake of smoking by children and young people (PH14)	Jul 2008
PH15	Identifying and supporting people most at risk of dying prematurely (PH15)	Sep 2008
PH16	Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care (PH16)	Oct 2008
PH17	Promoting physical activity for children and young people (PH17)	Jan 2009
PH18	Needle and syringe programmes (PH18)	Feb 2009
PH19	Managing long-term sickness and incapacity for work (PH19)	Mar 2009
PH20	Social and emotional wellbeing in secondary education (PH20)	Sep 2009
PH21	Reducing differences in the uptake of immunisations (PH21)	Sep 2009
PH22	Promoting mental wellbeing at work (PH22)	Nov 2009
PH23	School-based interventions to prevent smoking (PH23)	Feb 2010
PH24	Alcohol-use disorders - preventing harmful drinking (PH24)	Jun 2010

Ref	Title	Date
PH25	Prevention of cardiovascular disease (PH25)	Jun 2010
PH26	Quitting smoking in pregnancy and following childbirth (PH26)	Jun 2010
PH27	Weight management before, during and after pregnancy (PH27)	Jul 2010
PH28	Looked-after children and young people (PH28)	Oct 2010
PH29	Strategies to prevent unintentional injuries among under-15s (PH29)	Nov 2010
PH30	Preventing unintentional injuries among under-15s in the home (PH30)	Nov 2010
PH31	Preventing unintentional road injuries among under-15s: road design (PH31)	Nov 2010
PH32	Skin cancer prevention: information, resources and environmental changes (PH32)	Jan 2011
PH33	Increasing the uptake of HIV testing among black Africans in England (PH33)	Mar 2011
PH34	Increasing the uptake of HIV testing among men who have sex with men (PH34)	Mar 2011
PH35	Preventing type 2 diabetes - population and community interventions (PH35)	May 2011
PH36	Prevention and control of healthcare-associated infections (PH36)	Nov 2011
PH37	Tuberculosis - hard-to-reach groups (PH37)	Mar 2012
PH38	Preventing type 2 diabetes - risk identification and interventions for individuals at high risk (PH38)	Jul 2012
PH39	Smokeless tobacco cessation - South Asian communities (PH39)	Sep 2012
PH40	Social and emotional wellbeing - early years (PH40)	Oct 2012
PH41	Walking and cycling (PH41)	Nov 2012
PH42	Obesity - working with local communities (PH42)	Nov 2012
PH43	Hepatitis B and C - ways to promote and offer testing (PH43)	Dec 2012
PH44	Physical activity: brief advice for adults in primary care (PH44)	May 2013
PH45	Tobacco harm reduction (PH45)	Jun 2013
PH46	BMI and waist circumference - black, Asian and minority ethnic groups (PH46)	Jul 2013
PH47	Managing overweight and obesity among children and young people (PH47)	Oct 2013
PH48	Smoking cessation - acute, maternity and mental health services (PH48)	Nov 2013
PH49	Behaviour change: individual approaches (PH49)	Jan 2014
PH50	Domestic violence and abuse - how services can respond effectively (PH50)	Feb 2014