

Camden Joint Strategic Needs Assessment 2014/15

Executive Summary



Foreword

Welcome to the executive summary of Camden's Joint Strategic Needs Assessment (JSNA) 2014. This summary provides an overview of the wide range of information about the health and wellbeing needs of Camden residents available through our full, online JSNA (available at camden.gov.uk/jsna).

The views of our residents and patients are particularly important in helping us understand the health and wellbeing needs of our population, and what is important to them in achieving a healthy life and sense of wellbeing. Over the past year, a key area of focus for us has been on increasing our engagement with residents and patients in order to add more experiential, qualitative intelligence to the body of evidence on health needs in Camden. We have done this through an innovative programme of community research, whereby Camden residents themselves have been supported to have a dialogue with their peers about health and wellbeing. This information, together with the valuable information on patient and user experience gathered through the ongoing engagement work carried out by HealthWatch Camden and Camden CCG, has further enhanced and strengthened Camden's JSNA.

The intelligence that is gathered through the JSNA process is invaluable in informing the priorities of the Health and Wellbeing Board and those of its constituent partners. Evidence-based, needs-led prioritisation of how we best use our collective resources and assets to improve health and tackle inequality is even more critical in the context of the major challenges the health and wellbeing system is facing – rising demand for health and care associated with demographic and other pressures, increasing costs, and a dramatic reduction in central government funding to local government.

We are refreshing our Joint Health and Wellbeing Strategy in 2014, based on our understanding of current and future local health and wellbeing needs, what we have achieved to date as a Board and collectively as a health and wellbeing system, and the major challenges that we still need to tackle to improve health for all, and address long-standing health inequalities. The Board is committed to focusing on those issues which have a big impact on long term health and wellbeing outcomes for Camden residents, which have complex underlying causes and which no single organisation alone can solve.



Pat Callaghan

Councillor Pat Callaghan,
Cabinet Member for Adult
Social Care and Health,
Camden Council



Cheryl

Caroline Sayer, Chair,
Camden Clinical
Commissioning

The assessment of health and wellbeing need in Camden is a continuous process and our aim is to carry on building up the evidence base and information we have, to look beyond the problems and needs, to the resources and assets amongst Camden communities and organisations that will enhance the ability of our residents to maintain and sustain health and wellbeing.

We hope you find the JSNA interesting and useful. As always, we welcome your comments and feedback, which we will use to continuously refine and improve it.

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1.0 What is the Joint Strategic Needs Assessment and what is its purpose?

Joint strategic needs assessment (JSNA) is a process by which the current and future health and wellbeing needs of the local population are described. The production of a JSNA is a statutory requirement for Health and Wellbeing Boards.

The intelligence gathered in conducting a JSNA should be used to support the identification of local health and wellbeing priorities and to inform the commissioning of the right services for the local population to improve health and wellbeing and reduce inequalities.

In Camden the JSNA aims to:

- Identify and describe the issues that impact on the health and wellbeing of Camden residents and how these might change in future;
- Identify who is affected by particular health issues, including which population groups are disproportionately affected;
- Suggest actions that local services might undertake in future to address specific health and wellbeing issues.

2.0 Background and purpose of this document

Camden's JSNA is produced through a continuous process of strategic needs assessment and planning. Individual chapters are updated with new information, evidence and intelligence as they become available and new chapters are added over time as new issues and gaps in the JSNA are identified. The majority of the information contained in the JSNA will not therefore have radically altered over the 12 month period. The 2014/15 JSNA executive summary represents an update of the previous version with new additional information that has been collated over the past year on the impact of air quality on health and wellbeing, the needs of people with visual impairment and the oral health needs of Camden's population. There has also been significant engagement with residents and patients over the past year and the key themes from this work are included in this summary, with a more detailed report to be published on the JSNA website in September 2014.

The aim of this summary document is to present a digestible outline of the refreshed JSNA in 2014/15, with commentary on existing and future needs and the potential implications of changing needs. While this summary document is intended to support strategic discussion, changes in delivery or commissioning of services should be based on the detail contained in the individual chapters of the full JSNA documents.

3.0 Camden's population

The population of Camden is living longer, growing and constantly changing and marked by significant differences in health experience and outcomes between its richest and poorest communities. Life expectancy at birth (2010-12) for men in Camden is now 80.5 years, an increase of 6.2 years from 11 years ago and is better than that of London (79.7 years) and England (79.2). For women in Camden life expectancy is 85.4 years and higher than London (83.8 years) and England (83.0 years). Whilst the improvements in life expectancy at birth for men and women in Camden overall paint a positive picture of improving health, the gap in life expectancy observed between people living in the most and least deprived areas of Camden reflects big differences in wealth, deprivation and health across the borough. This is particularly stark for men where there is an 11.6 year gap in life expectancy within the borough (2006-10). For women there is a life expectancy gap of 6.2 years. The main drivers of the "within Camden" gap in life expectancy are coronary heart disease, lung cancer, respiratory disease, liver disease and mental health disorders.

According to the latest estimates from the Greater London Authority, there are an estimated 225,000 people living in the borough of Camden, a figure predicted to rise to around 246,000 in the next 10 years.

Camden has a relatively young population. In absolute numbers, people aged between 25 and 40 years old make up the largest age group. This presents a significant opportunity for prevention of ill health, as people under 40 are unlikely to have developed those conditions that are the leading causes of death and disability in Camden, although many of them will have or be exposed to risk factors for poor health. Although older people make up a relatively small proportion of Camden's population (25,000 persons aged 65 years old and over), the highest percentage growth in the next 10 years will be seen in those aged 75 years and older. The number of people in this age group will increase by approximately 30%, translating into nearly 3,500 additional persons. The rise in numbers of children and young people in the borough is predicted to be slower than growth in the general population.

Camden's population is becoming increasingly diverse. In 2001 47% of Camden's residents described themselves as being of black minority ethnic origin or non-white British. In 2011 this rose to 56%. There are particularly high proportions of Bangladeshi, black African and other Asian populations resident in Camden. Ethnicity varies considerably by age. The black, Asian and minority ethnic (BAME) population in Camden is young; 47% of children and young people aged 0 to 24 years are from a BAME background compared to 16% of the population aged 65 years and over.

What does this mean for Camden?

- **The aging population over the next 10 years will lead to a growing number of people living with long-term conditions, including dementia and mental health and an increasing need for health and care services to identify and manage these long term conditions, and particularly those with multiple conditions and needs.**
- **The increasing diversity of Camden requires commissioners and providers to ensure services are culturally sensitive. Certain BAME groups, such as the Bangladeshi and black African communities, have a higher risk of developing mental illness, certain chronic conditions such as heart disease and hypertension. Some behavioural risks, such as smoking, are also more common in certain BAME groups.**



4.0 What modifiable factors contribute to poor health in Camden?

Many factors combine to affect the health of individuals and communities. Whether people are healthy or not is determined by their life circumstances, their environment, their lifestyle choices and their access and use of health services and other services that influence health (e.g. lifestyle change services, social care services). In the long term, it is our social, economic and environmental circumstances, which include factors such as how safe we feel in the environment in which we live, the physical condition of our housing and the wider physical environment in which we live, job security, income and education levels, that have the strongest impact on health outcomes.

4.1 Housing

The availability and quality of housing (e.g. accommodation that may be cold, damp or overcrowded) impacts on both physical and mental wellbeing. In Camden high house prices and private rents mean securing affordable housing of appropriate quality is a key challenge for many households. The uncertainty that goes with living in temporary accommodation can have a negative impact on health and wellbeing. The number of homeless households in Camden placed in temporary accommodation (over 500 households) has remained stable in recent years. However, there are still a significant number of households in temporary accommodation and many of them remain in temporary accommodation for long periods of time. Living in overcrowded situations can also adversely affect health and wellbeing, particularly for children. Levels of overcrowding in Camden are among the highest in the country. Encouraging social housing tenants whose homes are now larger than their household needs to move to smaller homes is critical to freeing up larger homes for overcrowded families. There are early indications that welfare reform is encouraging people to move to smaller homes, although we do not yet know the impact of welfare reform on individuals and families in Camden, and its overall impact on the population. Homes in poor physical condition can put occupants' health and safety at risk, especially where they are children, older people, ill or disabled people. In Camden, homes that present the greatest risks to health and safety are concentrated in the private rented sector, where, on average, residences are older. This presents challenges in designing and delivering broader programmes to improve the quality of housing in Camden.

4.2 Education

A good education is strongly associated with better health outcomes including life expectancy and disability-free health. Overall educational attainment at key stages for children going to Camden schools is similar to the national average, except for attainment of children aged 7 (key stage 1) where it is below the national average. A number of key black and minority ethnic groups (Congolese, black Caribbean, Bangladeshi, black African and Somali pupils) continue to perform below the Camden average. Pupils from White British background, who are eligible for free school meals, looked after children and those with special educational needs are also underachieving compared to the Camden average, which is similar to the national picture. The proportion of 16-18 year olds in Camden who are not in education, employment or training (NEET) has decreased in recent years but remains slightly higher than London. In 2013-14, 4% of 16-18 year olds were NEET compared to 3.7% in central London.

4.3 Employment

Being in good and secure employment has a positive impact on wellbeing. Overall unemployment levels in Camden are similar to inner London and lower than London and the UK as a whole. Similar to London and England the highest levels of worklessness are in young adults aged 16-24. In Camden the female unemployment claimant count has been rising much faster than men. It remains lower than London levels but higher than the UK rate. The high unemployment rate amongst women may in part be due to looking after family. Groups with particularly high levels of unemployment in Camden include people from BAME communities and people with learning disabilities. A large number of people claiming out of work benefits in Camden do so because of long-term illness or other health conditions. Mental ill health accounts for the largest proportion of claims for incapacity benefits, reflecting the high prevalence of mental ill health in the borough. 1 in 10 are off work due to musculoskeletal problems (e.g. back pain). Those groups disproportionately affected by long term sickness or disability and unable to work include older residents aged 55-59 and Black or Black British residents.

4.4 Crime

The most obvious health impact of crime is on the physical and mental health of victims, their friends and relatives. However, crime can also impact on the health of those who are not direct victims. This can come in the form of stress and fear of living in high crime areas. Camden has the second highest crime rate of any London local authority, although the borough has seen the greatest percentage reduction in overall crime compared to all London boroughs between 2001/02 and 2011/12. Camden has higher levels of alcohol-related crime, violent crime and sexual offences than the national average. Domestic violence is recorded at 15% of all recorded violence, although it is thought that the true figure is much higher.

4.5 Poverty

Poverty is for a key determinant of poor outcomes in health and wellbeing. Higher levels of deprivation are linked to numerous health problems (e.g. chronic illness, lower life expectancy) and unhealthy lifestyles (e.g. obesity, smoking, drugs misuse). These factors mean that needs for health, social care and lifestyle services are higher amongst populations living in more deprived areas. Camden is ranked the 15th most deprived borough in London (out of 33) and 74th most deprived in England (out of 326). Within Camden there are areas that are within the 10% most deprived areas in England and some areas that are in the 20% least deprived. The impact that poverty (in terms of unemployment or low income) has on families with young children is particularly important. Disadvantage experienced in childhood has strong ties with health throughout life. In 2011, 34% of children (under the age of 16) in Camden were living in poverty in real terms (this equates to 13,000 children), compared to 21% nationally. Camden had the sixth highest proportion of children living in poverty in London. The emotional health of children is also correlated with poverty. Particularly vulnerable children are those who are looked after, youth offenders and children of parents with mental health problems.

According to the older people's deprivation index (IDAOPI), one in three (32%) of older people aged 60 years and over in Camden are income deprived compared to 18.1% across England.

4.6 Air Pollution

The greatest burden of air pollution usually falls on the most vulnerable in the population, in particular the young and older people. Individuals particularly at risk include those with existing respiratory

problems and chronic illnesses such as asthma and chronic obstructive pulmonary disease (COPD). Levels of air pollution (Particulate Matter) in Camden are mostly within EU Limit Values, however, they exceed World Health Organisation guidelines, and as this pollutant is dangerous at any level, this is still a key area of concern in Camden. Pollution is also an area that has been highlighted as being important to the wellbeing of residents as part of the community research work.

What does this mean for Camden?

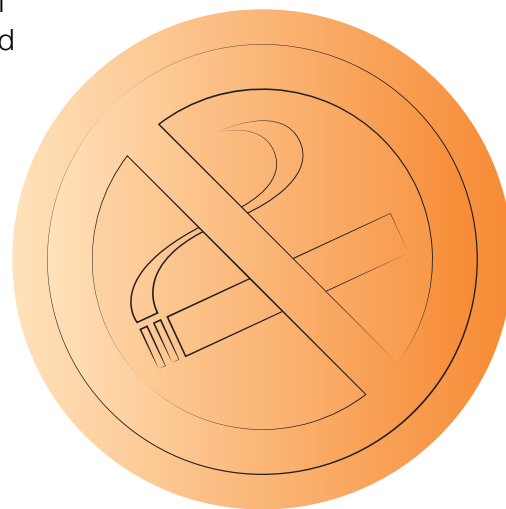
- **A large scale, systematic and co-ordinated approach to reducing health inequality is needed that involves all partners and focuses on the wider socio-economic and environmental determinants and on individuals, families and communities.**
- **Poverty is one of the greatest threats to health and wellbeing in the borough. Getting people into work and particularly those population groups that face persistent barriers to moving into work, should be a focus.**
- **Housing and security of housing is a particularly area that welfare reform will impact on. This has the potential to have a negative impact on the mental wellbeing of residents.**

4.7 Modifiable behavioural factors that contribute to poor health in Camden

Regular exercise, maintaining a healthy weight, reducing alcohol consumption and stopping smoking can prevent illness or at least delay it for many years. Unlike other factors such as age and genetic factors, lifestyle behaviours can be altered and, in the medium term, improve population health outcomes.

4.7.1 Smoking

The number of people who smoke has declined in Camden. Overall smoking prevalence, based on survey data in Camden, has reduced from 19% in 2010/11 to 17% in 2011/12 and current estimates are not significantly differently to that estimated for London (19%) and England (20%). Data from general practices in Camden suggests a prevalence of 20%. Smoking remains more prevalent in key population groups including those from lower socio-economic groups (29%) and people with long term conditions (particularly those with mental health conditions - almost half of this population group smoke and COPD). People from these groups may also find it harder to quit and need more intensive support. In order to reduce the inequalities in death rates from cardiovascular disease and cancer that are observed within Camden, then greater effort is required to support people from these groups to stop smoking.



4.7.2 Alcohol

Rates of alcohol related admissions in Camden for males and females are rising and the current rate is similar to London and England. Hypertensive disease and mental and behavioural disorders due to alcohol make up the largest proportion of these admissions. Alcohol-specific admissions are significantly higher amongst Camden males compared to both London and England. For females the alcohol specific admission rate is significantly higher compared to London but similar to England. People living in the most deprived areas of Camden are more likely to be admitted for alcohol-specific conditions. Kentish Town and Gospel Oak wards have significantly more alcohol-specific admissions compared to the Camden average.

The impacts of alcohol are not isolated to health. Alcohol misuse is also linked to crime, violence and social disorder. Camden has significantly higher rates of alcohol-related crime and alcohol-related sexual crime compared to England.

4.7.3 Physical activity

25.2% of adults in Camden are estimated to be participating in sport and active recreation, at moderate intensity equivalent to 30 minutes on 3 or more days a week a slight increase from 23% in the previous period. At least 30% of Camden's population are estimated not to engage in any physical activity. Levels of physical activity in older people, those with physical illness, and in those from low income groups are lower than the general population. The main barriers to physical activity identified by people in Camden are work commitments, financial constraints and lack of motivation.



Amongst children only 12% of young people in Camden are estimated to be meeting the Chief Medical Officer's (CMO) recommendations for physical activity and with increasing age, activity levels decline.

4.7.4 Overweight and obesity

Results from the 2012/13 national child measurement programme suggests 21% of Camden children aged 4-5 years old are overweight or obese, a reduction from the previous period of 24.2%. For children aged 10-11 years old almost 36% of children 10-11 years old are overweight or obese, no change from the previous period.

Just over 63,000 adults registered with a Camden GP are obese or overweight and approximately two thirds of adults with a chronic illness are overweight and obese. Obese people are significantly more likely to have diabetes (type II), hypertension, heart failure, heart disease and a range of other conditions. Approximately two thirds of adults with a chronic illness are overweight and obese. Obesity prevalence increases with deprivation, with those living in the fifth most deprived areas in Camden being 52% more likely to be obese compared to the Camden average. People from a black ethnic minority are more likely to be obese compared to the Camden average.



What does this mean for Camden?
Supporting people to live healthier lives across the life course remains a priority. Programmes and services to support people to adopt healthier lifestyles should be delivered at sufficient scale and appropriately targeted in order to shift population health outcomes positively, and reduce health inequalities within the borough. Specific areas of focus include:-
Tobacco
<ul style="list-style-type: none">Reducing second hand exposure to tobacco smokeRegulating and enforcing the laws on sale and display of tobacco products.Educating and preventing young people from starting smoking.Commissioning high quality smoking cessation services that target high risk populations to quit building on the pilot smoking cessation service targeting people with mental health conditions.
Alcohol
<ul style="list-style-type: none">Ensuring there is a strong partnership approach to minimise the harms associated with alcohol, including enforcement of licensing regulations, Identification and Brief Advice and high quality treatment services.Tackling domestic violence, parental substance misuse and late night disorder.
Overweight and obesity
<ul style="list-style-type: none">Continuing to commission weight management services for children and adults and evaluate their effectiveness.Continue to commission and evaluate interventions that promote physical activity, including both universal approaches and those targeted at population groups most in need e.g. people on low incomes, people with disability.

4.8 What ill health are people most affected by?

Cardiovascular disease, respiratory disease and cancer remain the leading causes of premature death in Camden, although death rates are declining. Diabetes, high blood pressure and obesity are also prevalent conditions that, although frequently not recorded as the underlying cause of death, significantly contribute to early death. The increasing burden of liver disease associated with excessive alcohol consumption is also of particular concern. These conditions cause significant morbidity and are disabling in their own right if not diagnosed early and managed effectively. Additionally oral diseases have multiple impacts on the physical and psychological well-being of older people and reduce quality of life. Oral health is an important public health issue because oral disease is amongst the most commonly found chronic disease and is largely preventable.

4.8.1 Cardiovascular disease

Early deaths from cardiovascular conditions, including coronary heart disease are declining in Camden. There continues to be a decrease in the rate of early deaths in Camden from heart disease. Death rates are currently similar to England and London. Trends since 2007 suggest the rate of decline is slowing in Camden compared to England. Deaths remain higher for men compared to women and for those living in deprived areas.

4.8.2 Hypertension

Over 20,700 people are living with high blood pressure in Camden and a significant number are thought to be living with the condition, but not yet diagnosed. Camden’s gap between observed and expected prevalence of hypertension is similar to London.

4.8.3 Diabetes

The gap between the number of people with diagnosed diabetes and the number expected to have the disease in Camden suggests significant number of undiagnosed cases in Camden. High levels of obesity and overweight amongst younger people is likely to result in more people developing diabetes in future. People who do not have their diabetes managed well are at increased risk of developing complications including, heart disease, stroke, kidney failure, blindness and amputations. Camden’s prevalence gap for diabetes is significantly higher compared to the gap in London and England.

4.8.4 Respiratory disease

The main burden associated with COPD in Camden is its impact on the quality of life of people with COPD and their carers and frequent hospital emergency admissions as opposed to its impact on death rates in Camden. Camden has the 6th highest rate of emergency admissions in London for respiratory disease, primarily due to COPD. The proportion of undiagnosed COPD in Camden is estimated to be significantly higher compared to England but lower than London.

4.8.5 Cancers

The rate of early death from cancer is falling at a faster rate in Camden than London and England. The number of people who are alive after a diagnosis of prostate, breast, lung and colorectal cancer at 1 year and 5 years in Camden is generally similar to London and England. The leading causes of premature cancer death in Camden are lung and breast cancer. There is scope to further improve survival by early detection and treatment.

4.8.6 Liver disease

Most liver disease is preventable and much is influenced by alcohol consumption and obesity prevalence, which are both amenable to public health interventions. Camden currently has significantly higher early death rates from liver disease compared to England and similar boroughs.

The long term conditions described above disproportionately affect those people living in deprived communities. Therefore, they contribute substantially to the observed life expectancy gap within the borough. Older people and those living with more than one long term condition are at significantly higher risk of poor quality of life. Nearly a third of all people with long-term physical conditions also suffer from depression or anxiety. This association is particularly strong for cardiovascular disease, diabetes and chronic obstructive pulmonary disease (COPD).

4.8.7 HIV

With advances in treatment HIV can now also be considered a long term condition. In 2011 Camden’s diagnosed HIV prevalence per 1000 population (aged 15-59) was 8.5. This is the 6th highest prevalence rate in inner London. The number of people living with HIV in Camden has increased by 13% in the last five years. Improved survival and continuing transmission across all age groups has led to this increase in prevalence and to a shift in the age distribution of HIV diagnosed persons receiving

care, with older adults living with HIV increasing in both number and proportion. The largest proportion of patients who were resident in Camden were infected through sex between men. Earlier diagnosis of HIV leads to better outcomes. 39.1% of adults newly diagnosed with HIV in Camden were diagnosed late (CD4 count less than 350 cells/mm3) in 2010-12. This proportion is significantly lower than the England average and 8th lowest in London.

4.8.8 Mental health

Mental health needs vary according to gender, ethnicity and age, and are influenced by family, social and environmental determinants. Mental health conditions can intensify the effects of a physical illness and considerably raise the cost of physical health care. Rates of hospitalisation and death for those with mental health problems are up to three times higher than for others.

Camden has the third highest prevalence (1.3%) of recorded serious mental illness (schizophrenia, bipolar disorder and other psychoses) in London and has a crude prevalence significantly higher than London and England. Locally, black men have the highest rates of diagnosed serious mental disorder, at 4.8% compared to the borough average. Camden has significant numbers of people suffering from depression (over 28,000 people), the 7th highest rate in London.

There were 813 people with a diagnosis of dementia registered with Camden GPs in 2011/12. This is a lower rate than England and similar to London. Dementia is strongly correlated with age. Camden's young population age profile explains the relatively low prevalence of dementia. The predicted ageing of Camden's population will increase demand on dementia services.

4.8.9 Oral health in adults

Older people living in care homes are particularly vulnerable in terms of their oral health. Oral health can deteriorate rapidly in this group of people who may be unable to care for their teeth without support and are often unable to voice their needs.

What does this mean for Camden?

- The number of people living with multiple long term conditions is set to increase and with the strong link between physical and mental health, a service model that systematically promotes integration of physical and mental health across primary and secondary care services and including self-management is required.
- Early detection and diagnosis of people with a long term condition who are not yet diagnosed is critical to ensure they can be systematically managed with appropriate treatment and care and to prevent disease progression and improve outcomes. Addressing the under diagnosis of long term conditions needs to continue to be a focus locally.

4.9 Sexual health and reproductive health

Sexual health and reproductive health is also critical to population wellbeing. Poor sexual health can cause unintended pregnancies, sexually transmitted infections (STIs), cancers and infertility. Having a healthy pregnancy is particularly important to reduce the risk of adverse outcomes in pregnancy and post pregnancy for both mother and child.



4.9.1 Maternal and infant health

The most significant impact on the future health of a person is the start they get in life. Giving children the best start in life is crucial to improving their chances of a full and healthy life. If opportunities at an early stage are missed, later interventions are likely to be substantially less effective. The lifestyle of the mother before and during pregnancy impacts on the chance of having a healthy baby. Behaviours and risk factors such as substance misuse, smoking and maternal obesity can profoundly affect the health of an unborn child. In Camden:

- The percentage of women smoking at the time of delivery has been significantly lower than that observed for England and London over the past five years.
- Initiation rates of breastfeeding in Camden are higher (91%) than London (87%) and England (74%). However this rate falls at 6-8 weeks to (77%), but still remains higher than London and England. The trend for breastfeeding at 6-8 week is steady with no significant increase.
- Maternal obesity increases the risk of complications to the mother and her unborn child during birth. Nationally the prevalence of obesity amongst women of childbearing age increased during the period 1997-2007. No local data are available.
- Risk factors for conditions such as Down's Syndrome and other congenital anomalies are strongly related to maternal age and more frequently require screening and intervention. Camden has a higher percentage of older mothers compared to other London boroughs. Camden also has a higher rate of caesarean section.
- In 2012 Camden had the lowest teenage conception rate in inner London and 5th lowest in London at 18 conceptions per 1,000 15-17 year olds. Whilst teenage conceptions are relatively low (18.1 in Camden compared to 27.1 in England and 25.9 in London) the percentage of these leading to abortion is high in Camden. In 2011 68% of under 18 teenage conceptions led to abortion compared to 49% in England and 61% in London.

4.9.2 Sexual transmitted infections

Camden has higher rates of diagnosed acute STIs than the average for London and England. Like England and London, the highest rate of STI diagnosis is for chlamydia and the lowest for syphilis. Camden's screening coverage for chlamydia is similar to England yet its positivity rate is lower. This suggests the need for improved targeting of people.

What does this mean for Camden?

- Women of childbearing age and during pregnancy should be supported to adopt healthy lifestyles.
- Clear pathways for antenatal referrals to Children Centres (from Royal Free and UCLH midwifery) should be established to ensure all women, including teenage parents and those with additional needs, have access to the full range of support available at an early stage of pregnancy.
- High quality sex and relationships education and good access to effective contraception and sexual health services for teenagers are key to improving sexual health of young people in Camden to tackle Camden's high abortion rate.
- High quality, accessible and integrated sexual health promotion, testing and treatment services are an essential component of improving sexual health outcomes.

5.0 Specific populations vulnerable to poor health outcomes

Health and wellbeing issues highlighted in the JSNA disproportionately affect some population groups within Camden. Some population groups are more vulnerable to poor health than others. This arises from the combined effects of socio-economic deprivation on health and the challenge that some groups face accessing services. In addition to the specific population groups disproportionately affected by poor health already outlined (BAME groups, people from lower socio-economic groups, people with mental health) other key population groups with particular health and wellbeing needs include:

5.1 People with learning disabilities

People with learning disabilities are three more times likely to die early compared to the general population and thus have a shorter average life expectancy. People with learning disabilities suffer disproportionately from specific health issues including coronary heart disease, respiratory disease and epilepsy. The number of people with a learning disability is increasing due in part to the rising numbers of young people with complex needs surviving into adulthood. Local projections are that each year for the next 3 years 20 young people with learning disabilities will reach 18 years of age, in keeping with the national rate of increase. Whilst there has been an increase in the number of people with learning disability who have received health checks, improving the delivery of preventative interventions and earlier identification and management of physical health issues in people with learning disabilities remain important.

5.2 Carers

People providing high levels of care are twice as likely to have poor health compared with those without caring responsibilities. The types of ill health that carers suffer from include physical injury, e.g. due to having to lift or handle a disabled person, high blood pressure, heart problems and other associated physical symptoms of stress. Caring also has a negative impact on mental wellbeing (e.g. higher levels of anxiety, depression compared to non-carers) and is more prevalent in carers than physical ill-health. The 2011 Census suggests that there are approximately 17,000 unpaid carers in Camden. In absolute numbers this has increased by 12% since the 2001 census, with the biggest increase seen in carers aged 65 and over.

5.3 People with visual impairment

Approximately 1,400 people are currently registered as having a visual impairment in Camden and about 20% of people with sight loss are not registered. Most causes of visual impairment are age related (AMD, Glaucoma) or linked to some long term conditions e.g. diabetes and stroke. Key themes from the engagement forums conducted with residents who are visually impaired included the need for information provided at local services presented in an accessible way (e.g. audio, braille), isolation and the need for community support.

5.4 Children and young people

Although the majority of children and young people in Camden live healthy lives there are some children and young people for whom poorer outcomes, if not addressed at an early stage, will carry into adulthood. Children living in poverty have already been identified as a key group at risk of poor health and wellbeing outcomes. Looked after children, youth offenders, children with adolescent mental health conditions and children whose parents suffer from chronic mental health difficulties, alcohol and substance misuse, or major mental illness are also at risk. Local clinicians report that there are particular needs amongst parents with personality disorders whose needs are below the adult mental health threshold but their inconsistent parenting and poor relationships are likely to have a very serious impact on the child.

Children with special educational needs and disability are at an increased risk of poor outcomes. There are an estimated 2,834 children and young people aged 0-18 years old who either live in Camden, live outside Camden but attend a Camden maintained school, or under Camden's responsibility who are known to have special educational needs with a statement or school action plus, developmental concerns and/or disability (January 2013). The primary needs for these pupils are largely around speech, language and communication issues, behavioural, emotional and social difficulties, moderate learning difficulties and autistic spectrum disorder. These issues make it harder for children to learn or access education than most children of the same age. Camden has a higher proportion of children with statements or school action plus who have speech, language and communication needs and behavioural, emotional, social development needs than the national average.

Poor oral health has been identified as a health issues in Camden children:

- In Camden, 36.3% of five-year-old children experienced dental decay in 2012; this is higher than the England average – 27.9%. Contrary to national trends, in Camden, prevalence increased from 31.4% in 2008 to 36.3% in 2012.
- The mean number of decayed, missing or filled teeth (d3mft) was 1.65 per child, which was significantly higher than England average for 2012. Similarly to the prevalence trends, in Camden, the mean d3mft increased from 1.04 in 2008 to 1.65 in 2012.

The average number of decayed teeth in those children aged five with decay increased from 3.0 in 2008 to 4.55 in 2012. This increase is statistically significant and suggests that children suffering from dental decay in Camden now experience significantly more decay than they did 5 years ago. Severity of decay is well correlated with deprivation and oral health inequalities appear to be widening in Camden. For comparison, in England, among children with decay experience, the average number of d3mft was 3.38 in 2012.



What does this mean for Camden?
<ul style="list-style-type: none">• Ensure services are accessible and able to meet the needs of people with learning disabilities.
<ul style="list-style-type: none">• Work with local communities/specific population groups to improve understanding about how to improve the accessibility and reach of services.
<ul style="list-style-type: none">• Raise awareness of the needs of carers and improve access to support and training for carers.
<ul style="list-style-type: none">• For children with developmental concerns and disabilities commission and implement joint care planning across disciplines and multi-disciplinary leadership arrangements across all services for children aged 0-18 with both complex and less complex needs
<ul style="list-style-type: none">• Promote good oral health and prevent oral disease through evidence based oral health programmes and interventions.



6.0 What are residents saying about health and wellbeing

To get a better understanding of the health and wellbeing priorities of Camden’s residents, a programme of community research was undertaken. The aim of the work was to capture residents’ views and experiences of health and wellbeing within the borough and to understand what is most important to them. This innovative method of engaging with residents to collect their views involved recruiting and training local residents as community researchers. 15 residents were trained in participatory appraisal research methods were employed by Voluntary Action Camden and paid the London Living Wage.

Participatory appraisal is a process which combines community research, learning and collective action. The approach uses a series of interactive tools which largely rely on visual methods and encourage involvement and participation in the research process. In total 521 residents participated in various locations across the borough including libraries, sports centres and community centres.

Even though most participants rated their current state of health and wellbeing very positively, participant responses indicated a number of negative issues that have an impact on their health and wellbeing. While long-term conditions like arthritis, diabetes and cancer continue to have a negative impact, the focus of the vast majority of participants was on issues that perhaps have an indirect but significant impact on residents’ health and wellbeing. These issues revolved around the environment, with pollution being a major concern for a large majority of the participants, be it from poor air quality due to traffic or high noise levels from vehicles, trains and aircrafts.

The focus on the environment was amplified when participants indicated the positive influence of green spaces on their health and wellbeing and the negative influence of the lack of street cleanliness in their neighbourhoods. They suggested creation of even more green spaces, parks and recreation centres to make further improvements on their current health. While a large majority of the participants spoke of the need for active lifestyles and exercise and called for more investment in leisure centres, a majority of the participants also indicated that they continue to struggle with their weight, be it because of unhealthy eating habits or the inability to take up exercise due to workloads, financial stresses or lack of support.

When speaking of the support they receive to stay healthy, participants mostly suggested that they receive the majority of support from their peers, which included family, friends and community resources, like community and advice centres. While participants were impressed with the quality and close proximity of health services, they also described difficulties getting appointments and the lack of empathy of some health professionals. They called for more appointments or longer opening times, but also suggested there should be a greater focus on supporting migrants, young mothers and children.

Alongside the community researcher work, both HealthWatch Camden and Camden CCG have also been engaging with residents across the borough to gather views on health and wellbeing priorities, which have identified some shared themes, namely: healthy lifestyles, mental health and wellbeing, supportive communities, help for the most excluded and reliable, easy to use GP services.

Where can I find the full JSNA?

The updated version of the JSNA
can be accessed at:

www.camden.gov.uk/jsna

