



**Camden's Joint Strategic Needs
Assessment (JSNA) 2015/16:
Executive Summary**
October 2016





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Introduction

This executive summary of Camden’s Joint Strategic Needs Assessment (JSNA) 2016 provides an overview of the wide range of information about the current and future health and wellbeing needs of Camden residents available through our full, online JSNA.

The intelligence that is gathered through the strategic needs assessment process is invaluable in informing the priorities of the Health and Wellbeing Board and those of its constituent partners. This year the Board has refreshed its health and wellbeing strategy, using the intelligence outlined in the JSNA to identify the most important priorities for the health and wellbeing partnership to focus on in order to improve health for all and tackle long standing health inequalities. These five priorities for the

next 3 years are: healthy weight, healthy lives, reducing alcohol related harm, ensuring good mental health for all, the first 1001 days and a focus on a whole system approach to build family and community resilience in Camden.

The JSNA not only considers the current and future needs of Camden residents in relation to health and care services, but also presents information on the risk factors and underlying determinants of those health and wellbeing needs, outcomes and inequalities. As such, the JSNA is designed to support both the strategic commissioning of health and care services, but also maintains a strategic focus on tackling those important determinants and complex, longstanding challenges that are the focus of the Camden Plan and the Equality Taskforce.

The assessment of health and wellbeing need in Camden is a continuous process, drawing together quantitative and qualitative information and evidence, as it becomes available, to build up a picture of health and wellbeing needs in Camden.



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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.

Camden's JSNA is produced through a continuous process of strategic needs assessment and planning. The JSNA is updated with new information, evidence and intelligence as it becomes available and as new issues and gaps are identified.

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.

This JSNA executive summary represents an update of the previous version with new additional information that has been collated over the past year, including needs analysis on perinatal mental health; an in depth look at needs related to employment and health; healthy weight healthy lives; and children with special educational needs. The full online JSNA will be updated by the end of March 2017. The areas of the JSNA that will be reviewed and updated by the end of March 2017 in detail can be found in appendix 1.

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Camden's population

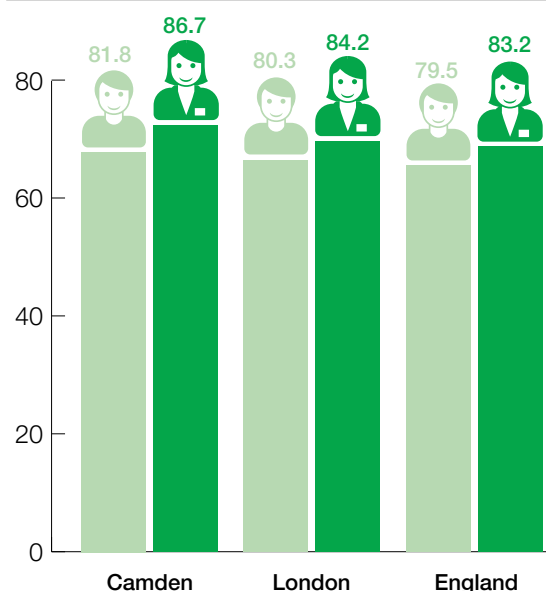


The population of Camden is living longer, growing, and constantly changing, and marked by significant differences in health experience and outcomes between its richest and poorest communities.

Life expectancy at birth (2012-14) for men in Camden is now 81.8 years, an increase of approximately 7 years from 10 years ago and is significantly better than that of London (80.3 years) and England (79.5 years). For women in Camden life expectancy is 86.7 years and significantly higher than London (84.2 years) and England (83.2 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 a 12.0 year gap in life expectancy between the poorest and most affluent within the borough (2010-12). For women there is a life expectancy gap of 10 years.

Life expectancy 2012-14



The main drivers of the “within Camden” gap in life expectancy are:

-  Coronary heart disease
-  Lung cancer
-  Respiratory disease
-  Liver disease
-  Mental health disorders

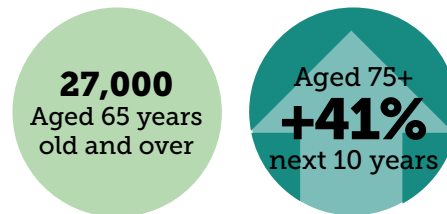
Whilst overall, people in Camden are living longer, on average the last 20 years of their life is spent in poor health. The healthy life expectancy for men in Camden is 63.6 years and for women 65.9 years which is similar to London and England.

According to the latest estimates from the Greater London Authority, there are an estimated 241,100 people living in Camden, a figure which is predicted to rise to around 261,500 (+9%) over 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 but 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 (27,700 people are

aged 65 years old and over (11.5%), 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 41%, translating into approximately 5,100 additional people. 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, Asian, and Minority Ethnic (BAME) 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 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 of the population in Camden over the next 10 years will lead to a growing number of people living with long-term conditions, indicating an increasing need for health and care services to identify and manage these long term conditions earlier and more effectively. It can also be expected that there will be an increase in the number of people living with multiple long term conditions.



The increase in the older adult population will mean an increasing number of people with dementia, and with the increase in the over 80s, an increasing number of whom will also be physically frail.

As the population ages and health needs increase, a growing number of residents will become carers. It will become increasingly important to raise awareness of the needs of carers and improve access to support and training for them.

The increasing diversity of Camden requires commissioners and providers to ensure provision of services are culturally sensitive and provide equity of access responsive to a changing population with differing health.



4 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, particularly mental health.

The number of homeless households in Camden placed in temporary accommodation (fewer than 500 households) has been reducing 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 but even the changes to encourage people to move to smaller homes has not had a significant impact on freeing up larger homes, so in Camden we are working on building resilience and alternatives ways of coping with the impacts of overcrowding. 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.

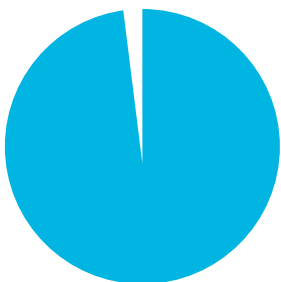


4.2 Education

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. Following improvements across all key stages in 2014, test and examination standards in Camden were a more mixed picture in 2015. Early Years saw a good improvement. Key Stage 1 results remained broadly in line with the previous year and Camden's 2014 best ever Key Stage 2 results were equalled in 2015. Key Stages 4 and 5, however, saw reductions on some measures. 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 number of young people aged 16-18 in Camden in education, employment and training (EET) has increased over the past years. As of June 2016, 92.4% of young people were in employment, education or training compared to 89.1% in central London. There were 4.6% young people resident in Camden aged 16-18 who were not in education, employment and training (NEET). Camden has the highest percentage of NEETs in central London, but this may be due to the record low numbers of young people in Camden with an unknown destination (3.0%) compared to the London average (8.5%). Low numbers of unknowns and high numbers of EETs suggests that early intervention work, alongside accurate tracking and support is ensuring fewer Camden young people are facing unemployment compared to our London neighbours.



92.4%
of Camden
16-18 year olds
are in EET



4.3 Employment

Being in good and secure employment has a positive impact on wellbeing whilst low quality and insecure jobs have a negative impact

on both physical and mental health. Overall unemployment levels in Camden are similar to London, with 6% of the economically active population unemployed (7,100 people). Groups with disproportionately high levels of unemployment in Camden include Black, Asian and Minority Ethnic communities, those with learning disabilities and lone parents.

There is a strong correlation between unemployment and poor health and a significant proportion of people who are out of work in Camden have a long-term illness or other health conditions. Mental ill health and behavioural disorders account for the largest proportion of claims for incapacity benefits reflecting the high prevalence of mental ill health in the borough.

Camden has the 4th highest rate of claims for Employment and Support Allowance (ESA) or Incapacity Benefit (IB) amongst all London boroughs (6.2% of the working age population, compared to 5.1% across London). The total number of ESA/IB claimants in Camden has remained consistently high for at least 15 years. According to the latest figures, 10,440 Camden residents are in receipt of ESA or IB. More than half of the local ESA/IB cohort is claiming out of work benefits primarily due to a 'mental or behavioural disorder'.

The gap in the employment rate for those people in contact with secondary mental health services and the overall employment rate in Camden (62%) is similar to London and England (66%).

The gap in the employment rate for those with self-reported long term conditions and the overall employment rate in Camden (17%) is higher than London (10%) and England (9%).

In Camden 6.5% of adults (18-64 years) with learning disabilities who are in receipt of services from the council were in paid employment as of May 2016. This was slightly lower than the London average and was the 16th highest employment rate amongst 32 London boroughs.



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 had the second highest crime rate of any London local authority in 2015/16. However the borough has seen a 44% reduction in overall crime between 2003-2016. Despite the overall fall in recorded offences, some types have grown; this includes violence against the person, sexual offences and criminal damage.

Domestic violence

Measuring the extent and nature of domestic abuse is difficult. Victims of domestic abuse are less likely than victims of other forms of violence to report their experiences to the authorities because of beliefs that their abuse is not a matter for police involvement or from fear of reprisal. Consequently, there is significant under-reporting of domestic abuse by victims, and it is acknowledged that data on reported incidents and cases prosecuted, represents the tip of the iceberg. Domestic violence can affect anyone, but women, gay and transgender people, and people from BAME groups are at higher risk than the general population.

Rate of domestic abuse incidents recorded by the police in Camden is 20 per 1,000 population which is the same as the London rate but above the England average. The estimated cost of domestic violence is almost £31 million in Camden, with a significant cost being borne by physical and mental health services (£9.3 million).



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 69th 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 2013, 27.6% of children (under the age of 16) in Camden were living in poverty in real terms (this equates to approximately 9,000 children), compared to 19% nationally. Camden has the eighth highest proportion of children living in poverty in London. The proportion of children under the age of 16 living in poverty has decreased by 33% since 2006. 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.

Poverty is also a key driver of poor health in older people. According to the older people's deprivation index (IDAOP, 2015), one in four (25%) of older people aged 60 years and over in Camden are income deprived compared to 16% across England.

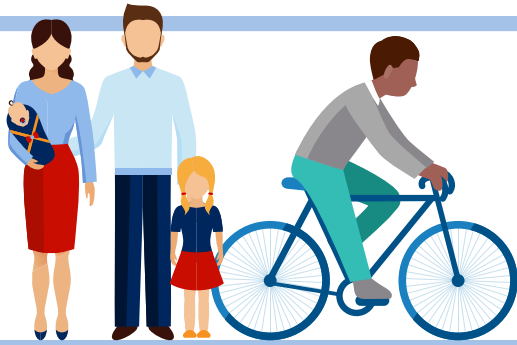


4.6 Air Pollution

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). Approximately 8% of mortality in residents aged 30 years and over is attributed to air pollution, compared to 7% in London and 5% in England. Levels of air pollution (Particulate Matter) in Camden are mostly within EU Limit Values, but exceeded intermittently at a small number of sites, such as by large junctions on the busiest roads. As this pollutant is potentially harmful at any level, this is still a key area of concern in Camden. In central London, including Camden, nitrogen dioxide limits are consistently breached at both urban background and kerbside sites.

Pollution is 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?

Continue to focus and deliver the ambitions set out in the Camden Plan which highlights actions to improve the addresses the wider socio-economic and environmental determinants and on individuals, families and communities.

Strengthen links between employment and support services and local health provision to support people out of work due to ill health and those with a learning disability back into work.

The affordability of housing will become even more challenging with welfare changes such as the total benefit cap. This has the potential to have a negative impact on the mental wellbeing of residents.

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.

Partners and communities to be supported to develop an integrated holistic multi-agency approach to tackling domestic abuse that puts victims and their safety at the heart of strategy and service delivery.

Use local powers and regulation to improve air quality and raise awareness amongst residents, particularly, young people, older people and those with long term conditions when air pollution levels are high, to help them to reduce exposure.



5

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.

5.1 Smoking



Between 16%-18% of the adult population in Camden are estimated to smoke, which is similar to the London and England averages.

Smoking remains more prevalent in key population groups including those from lower socio-economic groups (27%) and people with long term conditions (particularly those with mental health conditions - almost half of this population group smoke). 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, greater effort is required to support people from these groups to stop smoking.

Tackling smoking through Stop Smoking Services is instrumental in decreasing the impact of smoking, and smoking prevalence. In 2014/15, there were over 2,000 attempts to stop smoking made through Camden's stop smoking service (SSS). Since 2010/11, there has been a decrease in the volume of people who smoke accessing stop smoking services in Camden. However a higher proportion of those using the service successfully quit - 64% of service users successfully quit in 2014/15 compared to 28% in 2010/11.

5.2 Alcohol



Three quarters of the adult population in Camden drink alcohol and, of those who drink, an estimated 42,000 (34%) drink at levels that cause risk

of harm to their physical and mental health. Local estimates suggest that 4,110 people in Camden are alcohol dependent. Harmful drinking levels are associated with an increased risk of a range of health conditions. Camden experiences a higher rate of alcohol-specific hospital admissions than England and London and alcohol misuse is a sizeable contributor to health inequalities. The alcohol-specific hospital admissions rate in Camden was 441 per 100,000 population in 2014/15, significantly higher than the London rate of 324 per 100,000. Hypertensive disease and mental and behavioural disorders due to alcohol make up the largest proportion of these admissions. 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. Alcohol affects families in a more hidden way and alcohol abuse is implicated in domestic violence and abuse including domestic homicide. Alcohol misuse was cited as a secondary factor in 19% of new child protection plans in 2012/13 in Camden.



5.3 Physical activity

The Active People Survey indicated that about 64% of adults in Camden achieve at least 150 minutes of physical activity

per week – in accordance with best practice guidelines (2015 data). This is significantly better than the London and England levels (58% and 57%, respectively).

Conversely, over a quarter (27%) of Camden adults are inactive and not meeting the recommended physical activity guidelines. This is similar to London (28%) and England (29%).

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.



5.4 Overweight and obesity

Results from the 2014/15 national child measurement programme (NCMP) suggests 20% of Camden children aged

4-5 years old are overweight or obese, similar to the London average (22%). For children aged 10-11 years, one-in-three children are overweight or obese, which is again similar to the London average (37%). The prevalence of children with excess weight has not changed significantly in recent years. There are significant inequalities in the borough regarding childhood obesity. Obesity remains disproportionately high among children from the most deprived parts of the community and among black and South Asian children. In the areas of the borough with the highest levels of deprivation the percentage of overweight children is significantly higher; notably St. Pancras and Somers Town and Kilburn wards, at 30% and 29% respectively.

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. 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

- ▶ Reducing second hand exposure to tobacco smoke.
- ▶ Regulating 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

- ▶ 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

- ▶ To continue to better understand and then test out how policies and services designed, commissioned and delivered across the borough, can be more effectively translated into behaviour change for residents and improved health outcomes at a that local level.



6

What ill health are people most affected by?

Cardiovascular disease, respiratory disease and cancer remain the leading causes of early 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; similarly, mental health conditions significantly increase the risk of early death in a number of conditions. The increasing burden of liver disease associated with excessive alcohol consumption is also of particular concern.

Promoting healthy lifestyle behaviours will help to prevent or delay many deaths caused by long term conditions. As well as prevention, earlier diagnosis of these conditions, facilitating lifestyle advice and behaviour change and earlier medical management help to reduce the longer term ill health and disability associated with these conditions, as well as preventable deaths.

The long term conditions described below disproportionately affect people living in deprived communities. Older people and people 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 COPD.



6.1 Cardiovascular disease

Early deaths (before the age of 75) 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.



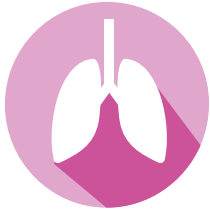
6.2 High blood pressure

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 high blood pressure is similar to London.



6.3 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.

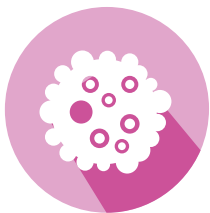


6.4 Respiratory disease

The main burden associated with COPD in Camden is its impact on the quality of life of people with COPD and their carer's and frequent hospital emergency admissions as opposed to its impact on death rates in Camden.

The proportion of undiagnosed COPD in Camden is estimated to be significantly higher compared to England but lower than London.

The gap between the number of children and young diagnosed with asthma in Camden and the number expected to have the disease suggest a significant number of undiagnosed cases in Camden. Based on estimated national prevalence rates, it is estimated that there are 3,780 children and young people in Camden who suffer from this condition. However according to GP disease registers there are only 1,561 children and young people diagnosed with the condition. Evidence locally and nationally indicates that children not on the register are more likely to use unscheduled care services. Prompt diagnosis and proactive care can prevent disruptions from daily activities such as sleep, play, sports and school. It also minimises the impact on families, and may also prevent a dangerous or life-threatening asthma attack.



6.5 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

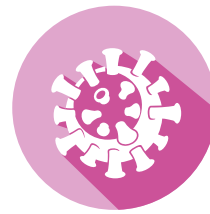
of prostate, breast, lung and colorectal cancer at 1 year and 5 years in Camden is generally similar to London and England. The leading causes of premature cancer death in Camden are lung and breast cancer. There is scope to further improve cancer survival by earlier detection and treatment.



6.6 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).



6.7 HIV

With advances in treatment HIV can now also be considered a long term condition. In 2014 Camden's diagnosed HIV prevalence rate was 8.4 cases per 1000 population aged 15-59. This is the 8th 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. Most HIV-infected residents in Camden were infected through sex between men. Earlier diagnosis of HIV leads to better outcomes, but 29% of adults newly diagnosed with HIV in Camden were diagnosed late (CD4 count less than 350 cells/mm³) in 2012-14. This proportion is significantly lower than the England average and 6th lowest in London. The proportion of people with HIV diagnosed late in Camden has been decreasing over the past 5 years.



6.8 Mental health

Mental health conditions affect all groups in the borough, although the types and prevalence vary according to gender, ethnicity and age, and are influenced by a wide range of factors including family, early life experiences, social, economic and environmental determinants. It has been estimated that mental health conditions are the single largest cause of ill health and disability in the population aged under 65, and they continue to be an important cause among people aged 65 and over. Mental health conditions can intensify the effects of a physical illness and are associated with increased needs and use of physical health care. Rates of hospitalisation and early death due to physical health conditions for those with mental health problems are much higher than for the population as a whole. There are substantially higher levels of physical illness including cardiovascular, respiratory conditions and diabetes particularly people with serious mental ill health. Lifestyle factors such as smoking, weight and, in depression, alcohol intake, increase the risk of developing physical health conditions. The long-term impact is a major reduction in life expectancy. People in contact with specialist mental health services have a mortality rate 3.6 times that of the general population.

One-in-seven adults in Camden (about 30,600) have been diagnosed in primary care with one or more mental health conditions, including common mental health disorders such as anxiety and depression (28,397), serious mental illness (3,668 people) such as schizophrenia, bi-polar disorder and dementia (1,071). Camden has the 3rd highest diagnosed prevalence of serious mental illness in the country and the 8th highest diagnosed prevalence of depression in London.

In addition to the numbers already diagnosed, it is estimated that a significant proportion of mental health conditions go undiagnosed: among adults, there are an estimated 21,400 undiagnosed mental health conditions, and 1,600 among children and young people.

Child mental health

Low self-esteem is among a number of individual attributes that can be a risk factor for poor mental health. In 2015 of primary aged children in Camden in Year 6, only 43% of boys and 37% of girls report having high self-esteem. For secondary age pupil, 51% of boys and 40% of girls had high self-esteem scores (Health Related Behaviour Questionnaire). Recent research undertaken by Dartington Social Research Unit into the mental health of young adults (16-24) in Camden, found that 25% of young people in the survey sample were identified as having poor mental health². The research examined prevalence of numerous risk factors for poor mental health in Camden and found that four risk factors in particular were strongly associated with poor mental health when everything else was taken into account and controlled for:

- ▶ A history of abuse and neglect in childhood;
- ▶ Being socially isolated;
- ▶ Living in a poor physical environment; and
- ▶ Being of a younger age

It is estimated that 69% of people with dementia in Camden receive a diagnosis, the 10th highest rate in London. Timely diagnosis ensures access to services which support people to live well with dementia.

Suicide in Camden has fallen significantly over the last 10 years to a rate of just under 10 per 100,000 population. Rates are now similar to London and England.

Perinatal mental health

Women are particularly vulnerable during the perinatal period and 15-20% are affected by mental health difficulties. Public Health England estimates that adjustment difficulties in the perinatal period can affect up to half of all women in the perinatal period. This would mean that up to 1,200 new mothers and mothers could be affected in Camden every year. This can impact on personal relationships and is associated with poor long-term outcomes for their children.

² Poor mental health was defined as a young person who had three or more of the following problems: An inability to concentrate; Lost sleep due to worries; Feelings of not playing a useful part in things; Low confidence in ability to make decisions; Feeling constantly under strain and pressure; Feeling an inability to overcome challenges; An inability to enjoy daily life and activities; Feeling unhappy and depressed; Lost confidence in themselves and their abilities; Thoughts of themselves as useless; and/or Feeling a lack of general happiness.

The emphasis on low-level mental health difficulties for mothers is important due to the possibility of either preventing them from occurring, or minimising duration / severity of symptoms. Preserving and protecting good perinatal mental health is important for ensuring best outcomes for children by promoting healthy parent-child relationships.

The stigma still attached to mental health disorders and the discrimination that accompanies this, make mental health a complex and challenging public health problem

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.
- ▶ Reducing stigma around mental health difficulties for families in the perinatal period is key. Building resilience in the community is vital and involves encouraging protective relationships and supporting parenthood, as well as early identification of difficulties.
- ▶ 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.
- ▶ Programmes raising awareness of signs and symptoms of long term conditions including cancers should be targeted at deprived communities to encourage early presentation
- ▶ Implement strategies and programmes that encourage people with long term conditions to self-manage and stay independent



- ▶ Improve lifestyle and medical management of long term conditions, of those at significant risk of long term conditions, to improve quality of life.
- ▶ Encourage earlier access to help and support for people experiencing mental health conditions.
- ▶ Improve emotional wellbeing and mental health outcomes for children, young people and their parents through programmes in their schools and wider communities that change attitudes towards and improve understanding of mental health.

Programmes to strengthen early intervention around parental mental health, including up-skilling key frontline staff to effectively assess, support and/or refer families into support services.

Implement evidence based and needs led preparation for parenthood intervention that aims to improve parents' resilience when they have a new baby.



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.



7.1 Maternal, infant and child 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 2014 Camden had the 8th lowest teenage conception rate in London at 17 conceptions per 1,000 15-17 year olds compared to 22.8 per 1,000 in England and 21.5 in London. Whilst teenage conceptions are relatively the percentage of these leading to abortion is high in Camden. In 2014 57% of under 18 teenage conceptions led to abortion compared to 51% in England and 64% in London.

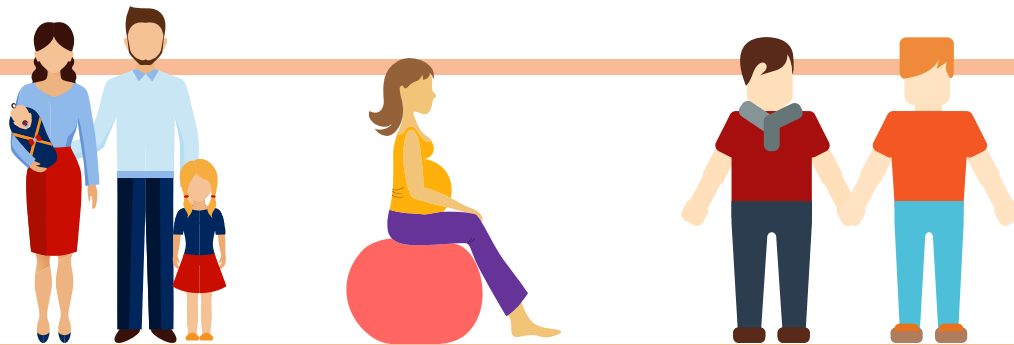
- ▶ Oral health amongst children in Camden has improved over the past 5 years. In 2012 over one-in-three of 5 year olds in Camden experienced tooth decay. This figure has since dropped significantly; now less than one-in-four 5 year olds have experienced tooth decay, and this is lower than London and England.
- ▶ Nevertheless, there is ongoing need and persistent inequalities in oral health; the severity of tooth decay is high among the children who experience it, with an average of 3.6 affected teeth in the children who experience tooth decay.
- ▶ Despite recent improvements, immunisation uptake for all age groups remains below the World Health Organisation target of 95%. Older children are particularly less likely to be immunised, which is likely to be a result of

less contact with health services, particularly after the first year of life. Coverage in older children is also affected by population mobility and some parents may not be aware that booster vaccinations are needed and that these are as important as primary vaccinations in ensuring long-term protection for their children.



7.2 Sexually 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.

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.

Continue to promote good oral health and prevent oral disease through evidence based oral health programmes and interventions.

Clear pathways for antenatal referrals to Children Centres 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, accessible and integrated sexual health promotion, testing and treatment services are an essential component of improving sexual health outcomes.

Continue to work to improve reporting of immunisations and data quality, addressing variation in immunisations rates between practices and increasing delivery through improved support to GPs, training, and scrutiny. Plus continue to ensure stakeholders and communities are aware of immunisations schedules and promote immunisations.



8

Specific population groups who have additional needs

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:



8.1 People with learning disabilities

The events at Winterbourne and the subsequent report by the Confidential Inquiry into premature deaths of people with learning disabilities highlighted the responsibilities that public services have to ensure that people with learning disabilities receive equitable and accessible care and support. 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.



8.2 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.



8.3 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.



8.4 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 1,079 (1.4%) of children and young people aged 0-25 years old who live in Camden who have a statement of Special Education Needs (SEND) or Education, Health and Care Plans (EHC). This matches the 1.4% both nationally in London.

The number of children living in Camden with SEN statements or EHC plans has increased in the last year, largely due to some of the SEND reforms in the Children and Families Act (2014) by introducing a system of support which extends from birth to 25, and has therefore seen a specific rise in the 16-25 age group.

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.

The number of children in Camden schools with some form of SEND is 3,582 (15.9%). This compares to 15.4% nationally and 15.6% in London. Trends in the numbers of children with SEN statements or EHC plans in Camden schools is declining, following a national trend, due to more accurate identification of those with SEN following implementation of the SEND reforms and an offer of SEN support.

What does this mean for Camden?

Ensure services are accessible and able to meet the needs of people with learning disabilities.

Work with local communities/specific population groups to improve understanding about how to improve the accessibility and reach of services.

Raise awareness of the needs of carers and improve access to support and training for carers.

For children with developmental concerns and disabilities, continue to improve joint care plan across disciplines and improve the offer and support to young people aged 16-25.



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