REPORT TO:	CROYDON HEALTH AND WELLBEING BOARD
	April 2013
AGENDA ITEM:	13
SUBJECT:	JSNA Key Dataset 2012/13– key messages
BOARD SPONSOR:	Dr Mike Robinson, Director of Public Health, Croydon Council

CORPORATE PRIORITY/POLICY CONTEXT:

Joint Strategic Needs Assessment is a statutory requirement of local authorities and CCGs. The findings of the Key Dataset (one part of the 2012/13 Croydon JSNA) will be of interest to a range of stakeholders and should inform strategic decision making and priority setting. In particularly, the report should be useful in the refresh of the Health and Wellbeing Strategy.

FINANCIAL IMPACT:

This report does not include a request for resources.

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1. RECOMMENDATIONS

1.1 That the board provide approval for the 2012/13 JSNA Key Dataset (attached), allowing this to be disseminated to stakeholders in a timely fashion.

1.2 That the board note the findings of the summary report (below) accompanying the JSNA Key Dataset (attached) and consider the report, alongside the broader information contained in the Key Dataset, in the refresh of the Health and Wellbeing Strategy.

1.3 That the board comment upon and highlight any changes it may wish to see implemented in the refresh of the Dataset, or in future summary reports.

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2. EXECUTIVE SUMMARY

2.1   This paper provides a high level summary of some of the information in the 2012/13 Croydon JSNA Key Dataset, highlighting and discussing both the key good news stories and the major challenges emerging from this comparative analysis. The paper also highlights some of the emerging challenges facing Croydon.

2.2   It must be borne in mind that whilst the Dataset was produced in 2012/13, the data used in the analysis is older than this. At the time of production, latest available

comparative data was used. However, there is an inevitable timelag inherent in any analysis of this kind and the results should be viewed alongside other data sources.

2.3   *Good news stories* to emerge from the analysis include school attainment and absence, smoking in pregnancy, the rate of new cases of many cancers, deaths from stroke, the rate of people killed or seriously injured on the road, the proportion of people using social care who are receiving self-directed support, chlamydia screening coverage, and adults with mental illness living independently.

2.4   *Key challenges* include housing and homelessness, violent and alcohol related crime, childhood obesity, unemployment, female life expectancy, immunisations, emergency admissions for diabetes and asthma, and flu vaccination.

2.5   *Emerging issues* for Croydon include looked after children with stable placements, working age population qualified to 2 'A' Levels or equivalent, overall employment rate, female life expectancy at birth, excess winter deaths, incidence of oesophageal cancer, deaths from colorectal cancer, early deaths from cardiovascular disease, and alcohol attributable mortality.

2.6   Some of the above will be well known to the board. However, by providing this systematic analysis of Croydon's comparative performance at one point in time, along with data on the direction of travel over the previous one and three years, it is hoped that the Health and Wellbeing Board will utilise the evidence from this report and the wider Dataset in the refresh of the Health and Wellbeing Strategy.

3.   DETAIL

3.1   Background

The 2012/13 JSNA Key Dataset (Appendix 1) contains information regarding Croydon's position in relation to more than 200 indicators of health and wellbeing at one point in time. As well as allowing comparison of Croydon's performance in specific topic areas of interest, the Dataset can be used as a key strategic tool to guide prioritization and commissioning decisions and help inform the 'Croydon Story'. The Dataset enables us to answer questions such as: in which areas for which data is available is Croydon *doing well* compared to the rest of the country and / or region? In which areas for which data is available is Croydon *doing less well* than England / London? In which areas has Croydon's comparative performance been improving / slipping?

There are more than 200 data indicators included in the Dataset. Each contains numerical information for the latest time period which was available at the time analysis began (October 2012) for Croydon, London and England. Data are RAG rated in relation to England averages, and shown in relation to London. Trends in relative performance have been added for one and three year time periods. For the purposes of this report, the focus is on comparative performance with England as a whole, and trend data.

The following sections will focus on:

- the key *'good news' stories* that emerge from comparison of Croydon data with national data (section 3.2)
- some of the current *key challenges* facing Croydon in relation to the rest of the country (section 3.3)
- The *emerging challenges* for Croydon (section 3.4).

3.2 What are they 'good news' stories for Croydon?

This section summarises those indicators which are flagged in the Dataset as *green* (i.e. where Croydon's performance is statistically significantly[1] better than nationally) and which have been seen to be '*getting greener'* over both the one and three year time periods examined. The key positive messages for Croydon are as follows:

3.2.1 School attainment and absence
Several indicators relating to attainment show that for the time periods concerned, Croydon performed well nationally. Attainment at key stage 4 (indicator 53) was 61% in Croydon compared to 58.9% nationally[2]; the gap in attainment at key stage 2 between those receiving free school meals and the rest (indicator 52) was 15% compared to 20% nationally[3]; and the gap in good levels of development at age 5 between those receiving free school meals and the rest (indicator 50) was lower in Croydon, at 14%, compared to national averages of 19%.[4] In addition, Croydon's *absence from school* rate (indicator 55) was statistically significantly better than nationally, although the difference was slight at 5.5% compared to 5.8%.[5]

3.2.2 Smoking in pregnancy
Smoking in pregnancy (indicator 62) was also lower in Croydon than nationally, at 8% compared to 13.2% nationally.[6] The Croydon figures were 2% higher than the London average.

3.2.3 Cancer
The Dataset suggests that there are a number of good news stories relating to cancer in Croydon. Firstly, for *deaths* from both *lung and cervical cancer* (indicators 137 and 143) Croydon compares well, not only with England but with London. For lung cancer, Croydon's death rate was 29 per 100,000 compared to 37.7 nationally (36 regionally), and for cervical, it was 1.1 per 100,000 compared to 2.2 nationally (2.1 regionally). [7]

Secondly, the *incidence* (new cases) *of cancers* (indicator 126) was lower in Croydon than nationally, at 363 per 100,000 compared to 380 per 100,000[8]. In addition, the incidence of both *breast* (indicator 140) and *cervical cancer* (indicator 142) compared

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[1] It is important to note that whilst a difference may be flagged as statistically significant (ie we can be very confident that the figures are different not by chance) this does not imply that the difference is necessarily large.
[2] 2010/11 data
[3] 2010/11 data
[4] 2011/12 data
[5] 2010/11 data
[6] 2011/12 data
[7] Both 2008-10 data
[8] 2007 – 9 data

well, at 107 compared to 123 per 100,000 nationally for breast and 5.6 compared to 8.7 per 100,000 nationally for cervical[9]. Both were also lower than for London. A lower incidence does not always reflect 'good news' – it may reflect that new cases are not being picked up (i.e. either because people are not presenting to GPs early enough, or their illnesses are not being picked up). However, as mortality rates for cervical (and breast) cancer were also statistically significantly lower than for England this would suggest that the low incidence rates reflect a lower rate of cases in Croydon.

3.2.4 Other causes of injury and death
Other areas where Croydon performs particularly well compared to nationally are deaths from stroke (indicator 173), where the Croydon rate was 36.1 compared to 42.7 per 100,000 nationally, and the rate of people killed or seriously injured casualties on road (indicator 19), where the Croydon rate was 29.2 compared to 42.2 per 100,000 nationally.

3.2.5 Other 'good news' stories

The above has focused on those indicators where Croydon's performance was both flagged as green (statistically significantly better than the England average) **and** where both the one and three year trends showed improvement. The list of positive news stories could be expanded by including those areas where data was not available for both one and three year trends, which is clearly the case for new indicators, but where those data that were available indicated improvement. This would include the following additional indicators:

- Percentage of households in *fuel poverty* (indicator 7) (11.3% in Croydon compared to 16.4% nationally, similar to London average, one year trend shows improvement);

- Percentage of people using social care receiving *self-directed support* (indicator 22) (47.4% in Croydon compared to 43% nationally, similar to London average, one year trend shows improvement)

- *Chlamydia screening coverage* (indicator 71) (34.2% compared to 28.5% nationally, similar to London, one year trend shows improvement)

- *Adults with mental illness living independently* (indicator 96) (71.4% compared to 57.8% nationally, similar to London, one year trend shows improvement)

The list could be further expanded by including those for which no trend data is available across either one or three years, but where Croydon's performance was flagged as statistically significantly better than the England average. This would include:

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[9] Both 2007-9 data

- *Deaths from causes considered preventable* (indicator 118) (130 compared to 146 per 100,000, better than London, no trend data available)

- *Early deaths from cancer considered preventable* (indicator 128) (53.2 compared to 61.9 per 100,000 population under 75), better than London, no trend data available)

- *Estimated healthy eating prevalence* in adults (indicator 205) (34.4% compared to 28.7% nationally, lower than London, no trend data available)

- Percentage of eligible people offered an *NHS health check* (indicator 210) 18.5% compared to 13.9% nationally, similar to London, no trend data available)

3.3 Key challenges facing Croydon

This section summarises those indicators which are flagged in the Dataset as *red* (where Croydon's performance is statistically significantly 'worse' than nationally) and which have been seen to be '*getting redder'* over **both** the one and three year time periods examined.

3.3.1 Housing

Each of the housing indicators included in the Dataset are flagged as key challenges for Croydon, namely *statutory homelessness* (indicator 4), *households in temporary accommodation* (indicator 5) and *households in bed and breakfast* (indicator 6). For indicators 4 and 5, both the one and three year trends have been for the performance to worsen. In Croydon, the statutory homelessness rate was 5.8 per 1,000 households, more than twice the national average of 2.3, and the rate living in temporary accommodation was 12 per 1,000, more than five times the national average.[10]

Housing is an issue affecting much of London. However, for indicators 4 and 6, Croydon's figures were also higher than the London average. For example, the rate in bed and breakfast was two and a half times higher in Croydon than the London average.

Croydon is aware of the difficult housing situation it faces. The interplay between the current economic climate, rising homelessness demand, difficulties in securing private rented sector accommodation due to high rents, Housing Benefit changes and acute housing supply is causing large numbers of families to be accommodated in emergency bed & breakfast hotel accommodation in Croydon for long periods of time. The forecast trend is for further increases in the short term before improvements begin to be seen.

The priority actions in the housing strategy included encouraging new housing and regeneration, continuing the council's new build programme, developing a new tenancy strategy and housing allocations scheme to take advantage of the

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[10] 2011/12 data

flexibilities offered to local authorities in the Localism Act 2011. It also included a range of actions to provide new sources of housing supply. However, the increasing pressures have made it necessary to go further and develop a further range of initiatives to increase the housing supply, including:

- A dedicated *housing supply taskforce* working to increase housing supply
- A *marketing campaign* advertising the council's various products to property owners and landlords
- Continuing the council's *new build programme* that has produced 102 new units in the last 4 years. A further 40 units are in the pipeline
- Converting surplus/redundant council buildings, including former children's homes parks and school keepers houses into temporary accommodation.
- Bringing *empty properties* back into use with financial assistance provided by the council, as affordable residential accommodation
- Developing a *lodging scheme* for young homeless pregnant women and mothers with very young children.

3.3.2 Crime

Two of the crime indicators included in the Dataset were flagged as key challenges for Croydon, namely *rates of violent crime* (indicator 8) and *rates of alcohol related crime* (indicator 195). For both of these indicators, rates were very similar for Croydon and London. Rates of violent crime were around 19 – 20 per 100,000 in both Croydon and London and rates of alcohol related recorded crime were around 11 per 100,000 in both London and Croydon. [11]

The Healthy Behaviour Change Alliance is working to form partnerships with the police, the DAAT and the Safer Croydon Partnerships in order to address alcohol related crime. Public health is now contributing to licensing decisions, including sale of alcohol, and has mapped alcohol related assaults data to inform decisions around new 'cumulative impact zones' to restrict excessive alcohol availability in the borough.

3.3.3 Immunisations

Almost all of the immunisation indicators included in the Dataset were flagged as significantly lower in Croydon than England. These were: *Hib/Men C booster vaccination* (indicator 38), *PCV booster* (indicator 39), *MMR coverage for one dose* (indicator 40), *DtAP/IPV vaccination coverage* (indicator 41), and *MMR coverage* for two doses (indicator 42). For most of the indicators in this section, Croydon's performance was also lower than for London. For example, MMR vaccination coverage for two doses (at 5 years old) was 73.1% in Croydon compared to 86% nationally in 2010/11, and this was worse than the London figure of 80.2%.

An additional set of immunisation indicators that weren't flagged as they had not consistently shown deterioration over one and three years should also be included as none had shown signs of improvement, most had remained static, and some had missing data. These were : *DTap/IPV/Hib vaccination coverage* (indicator 37) and *HPV vaccination coverage* (indicator 43)

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[11] 2011/12 data

Latest data from quarters two and three 2012/13) suggest that there has been an improvement in uptake across all age groups. For quarter three 2012/13, coverage for primary immunisations at age one year was 92.4 per cent; 87.8 per cent for MMR1 at two years of age and 75.8 per cent for MMR 2 at five years of age.

There has been co-ordinated work to improve the data flow from GP practices to the child health records system. In addition, an NHS funded birthday card scheme has been launched in Croydon general practices – in order to remind parents to make an appointment for their child's routine vaccinations.

From April 1st, responsibiling for immunisations goes to Public Health England with Public Health departments providing an assurance role.

3.3.4 Childhood Obesity

One of the two indicators on childhood obesity was flagged as a key challenge for Croydon, namely *excess weight in 10-11 year olds* (year 6 pupils) (indicator 47). In Croydon, more than 38% of year 6 pupils were overweight or obese[12], higher than but not dissimilar to the London figure of 37%.

The Change4Life programme is the national and local communication tool to promote healthy eating and active lifestyles to children and families. Locally, Croydon is taking a community wide approach to childhood obesity and working to promote active lifestyles and healthy eating in various settings including:

- Maternity and Health Visiting – promotion of breastfeeding and Healthy Start nutritional advice
- Early Years – Children Centre settings
- Primary and Secondary Schools through Croydon's Healthy Schools programme & School Sports Partnership
- Feedback to parents of children's weight status through the National Child Measurement Programme
- Workplaces – promoting healthy eating and active lifestyles though the Government's Responsibility Deal
- Providing healthy lifestyle information at the Local hub (library)

In addition, Croydon Public Health team is commissioning a new service to promote a child's healthy weight and provide treatment for children who are overweight to start in Autumn 2013. Preventative interventions to tackle childhood obesity do not generate immediate outcomes: action needs to be sustained and embedded, and the impact depends on cultural change at all levels.

3.3.5 Unemployment

Several indicators relating to unemployment were flagged as key challenges for Croydon, namely *rate of unemployment* (indicator 90), *Job Seekers Allowance claimants aged 18-24* (indicator 92), *working age people on key out of work benefits* (indicator 93). Although the overall employment and self employment rates in

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[12] 2010/11 data

Croydon were similar to nationally, the unemployment rates and rates of JSA and benefit claimants were statistically significantly higher in Croydon than nationally. For example for people aged 16-64, the unemployment rate was 12.1% in Croydon compared to 8.2% nationally.[13] This was nearly 3% higher than the London average.

The number of people claiming out of work benefits has been increasing over the past five years, since the start of the recession in 2008. In February 2008 the number of key out of work benefit claimants in Croydon was 25,090, 11.1% of the working age population. At this point the rate was below London (11.7%) and in line with Great Britain (11.1%). Latest data for February 2012 shows that the local claimant rate has risen to 13.3%, 30,330 working age residents, and is now above London (12.5%) and national (12.6%) levels.

In tackling this, the starting point is the borough's Skills and Employment Plan, 2013-18. The Plan has been developed by a partnership with between public, private and voluntary sector and aims to directly address worklessness and skills gaps through a co-ordinated borough-wide approach. It considers how to address the 22.7% of working age residents who are economically inactive [totalling 52,000 people], recognising that this is an increase of 12.6% since 2008 and a similar increase in percentage terms has occurred in those claiming Job Seekers Allowance over the same period. It also highlights that skill levels are a significant issue. The proportion of working age population with no skills has fallen to 8.9% [December 2011] and is below the London average. However, those with NVQ 4 level [37.0%] remain below the equivalent figure for the rest of London. The demand for high level skills in London and the south east is high and growing because of the nature of the prominent sectors in the Capital. Therefore supporting residents to achieve higher level qualifications is an ongoing challenge.

As a result, four objectives were identified in the strategy:
- Supporting Croydon's residents to develop the right skills at the appropriate level to be competitive in the labour market and secure employment;
- Working with Croydon employers and those in the wider sub region to increase the number of jobs and ensure that local residents are considered as a priority for filling these vacancies;
- Supporting young people to be employment ready;
- Developing a co-ordinated borough wide approach to delivering the skills and employment agenda.

3.3.6 Flu vaccination

The *flu vaccination coverage of at risk individuals* (indicator 100) was also flagged as a priority for Croydon. Coverage in Croydon, at 48.1%[14], was around 2% lower than London and England and there has been little change in this position recently. Possible reasons were felt to include lack of awareness of the availability of flu vaccination, lack of willingness to engage with a GP to access flu vaccination, problems accessing GPs, or people are choosing to have vaccinations privately.

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[13] 2011/12 data
[14] 2011 data

Leaflets, information cards and posters have been habitually distributed to a large number of GPs, pharmacists, CHS and other key stakeholders in Croydon. In 2012, the decision was taken that no other resources would be put into increasing the flu vaccination uptake and that this would be left to individual GPs. There has also been little national publicity about who should be receiving the vaccination. Going forward seasonal flu vaccination will move into the NHS Commissioning Board. Locally, information will be provided on the current Croydon position but it is anticipated that they will then manage the uptake levels for vaccination from next year.

3.3.7   Female life expectancy

Female life expectancy at 75 (indicator 115) was also flagged as a key challenge. Although flagged as statistically significantly different from England, the actual difference in years here is less than a year: life expectancy for Croydon females at 75 was 87.8[15], compared to 88.1 in England and 88.8 in London. A bigger issue for Croydon is the inequality in life expectancy **within** the borough of Croydon: latest figures show nearly a six year gap in female life expectancy between the most and least deprived areas in Croydon.[16]

3.3.8   Emergency admissions

Emergency admissions were flagged as key challenges in relation to two areas: *diabetes* (indicator 162) and *children with asthma* (indicator 182). Emergency admissions are important as they can suggest that health problems are not being well managed.

For diabetes, emergency admissions were 38.7 compared to 27.4 per 100,000 nationally[17], and much higher than for London as a whole. More recent Secondary Uses Service data for the following year 2011/12 shows a significant improvement for this indicator at 31.13 admissions per 100,000 population. Croydon has pursued a policy of tight glycaemic control in recent years, significantly increasing the percentage of patients with HbA1c within target levels. However, tight control results in an increased incidence of hypoglycaemia including hypoglycaemic coma which may be a contributory factor to Croydon's poor performance for this indicator.

Recent evidence[18] argues that glycaemic targets should become more patient centred / individualised with tight control not necessarily being the optimal strategy for older patients, those that have had a longer duration of the disease, and those with CVD and it has highlighted to commissioners that Croydon's clinical guidance for this area needs to be examined.

Diabetic Ketoacidosis is a short term complication mainly affecting people with Type 1 diabetes, a group of patients that should be under the care of a consultant. As a result of the sharing of the Key Dataset findings, an analysis of diabetes emergency admissions has now been carried out and a cohort of patients identified, often with

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[15] 2008-10 data

[16] 2012 data

[17] 2010/11 data

[18] Position Statement of the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD) on 'Management of Hyperglycemia in Type 2 Diabetes: A Patient-Centered Approach

multiple admissions, who were not known to intermediate tier services. Engagement with this group of patients has been prioritised.

For childhood asthma, admissions were 274 compared to 233 per 100,000 nationally[19], and much higher than for London. Work is due to start on the asthma pathway within the next few months. This will give commissioners the opportunity to look in more detail at the causative factors and needs of children with asthma. There is some correlation between deprivation and emergency attendances generally which would correlate with the high numbers of children living in poverty in Croydon. Also, increased exacerbations are associated with damp and otherwise poor living conditions which may be associated with high numbers in terms of temporary accommodation. Possibly also increased prevalence of presenting risk behaviour (e.g. smoking) in lower socioeconomic groups may be factor.

3.4 Emerging issues

Any consideration of local priorities should ideally look beyond current challenges and incorporate those where the direction of travel suggests they may become future priorities. This final section of the executive summary collates those indicators which are not currently significantly different from national averages (i.e currently rated yellow) but where the trends over one and three years are both red (i.e deteriorating in relation to others). For reasons of space, these are listed rather than considered in depth.

- ❖ *Looked after children with stable placements* (indicator 58)

- ❖ *Working age population qualified to 2 A Levels or equivalent* (indicator 82)

- ❖ *Overall employment rate* (male and female) (indicators 87 and 88)

- ❖ *Female life expectancy at birth* (indicator 111)

- ❖ *Excess winter deaths* (indicator 122)

- ❖ *Incidence of oesophageal cancer* (indicator 130)

- ❖ *Deaths from colorectal cancer* (indicator 135)

- ❖ *Early deaths from cardiovascular disease* (indicator 165)

- ❖ *Alcohol attributable mortality (males and females)* (indicators 197 and 198)

3.5 Conclusions

3.5.1 Caveats
Although some of the key messages from this document (such as the key challenge of housing and homelessness in Croydon) are well known, it is hoped that this

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[19] 2010/11 data

systematic analysis of the main health and wellbeing issues facing Croydon in relation to London and England, which also shows one and three year performance trends has provided some new and additional information regarding Croydon's relative performance that will be considered useful by the Health and Wellbeing Board going forward.

There are of course several caveats in the data to consider, the first being the inevitable timelag that exists. Only routinely available data that has been published for the whole of the country has been used in this Dataset, which, on top of the time taken to produce the Dataset and subsequent report, produces an inevitable time lag. Data periods for each indicator are shown to enable users to consider in line with more up to date data.

It is also important to remember than the indicators in this Dataset are a selection, and only part of the story. Although the indicators in the Dataset are constantly updated in consultation with service leads, and have been updated this year to include data in the Outcomes Frameworks, there are many areas where data is simply not available (such as the number of problem drinkers), or of low quality (such as data on diet), or where data is available but where indicators have not been prioritized by stakeholders for inclusion in the Dataset. For this reason, the Dataset should be used in conjunction with other methods of local intelligence to inform commissioning decisions.

3.5.2 Deprivation and migration

It is important to note that the Dataset contains a small number of indicators that are more accurately seen as measures of *need* rather than performance. For example, indicator 57 compares the rate of unaccompanied asylum seeking children, and shows Croydon's to be the highest in the country. This is due to the location of the Border Agency in Croydon and is a reflection of need. Thus although this has been RAG rated to quantify the difference, this should not be included in a consideration of good and challenging news stories.

Indicators 1 and 2 on deprivation and migration are also indicators of need. Croydon has levels of deprivation and migration that are statistically significantly higher than nationally (though lower than London). The key facts relating to the social and demographic make-up of Croydon, which are changing fast (and considered in Chapter 1 of the 2012/13 JSNA) should obviously be considered as an important back drop to the challenges that have emerged.

3.5.3 Changes being considered

The Key Dataset is constantly evolving in Croydon in consultation with the JSNA Steering Group and other stakeholders. Currently, consideration is being given to the possibility of developing an 'app' for the indicators in the key dataset, if there is evidence that this will be used, and of other more interactive and geographically varied ways of analysing and presenting this data to different audiences.

3.5.4 Feedback needed from HWB

The board is invited to comment upon both the Key Dataset as a whole and this high level summary of some of the key messages. Questions that the board might consider are: is this snapshot approach useful? Is any clarification required in terms of its interpretation? Are any changes necessary? Is the key messages document useful?

Input would be welcome for the refresh of the Dataset, since the JSNA Governance group has decided to bring the deadline for the JSNA Key Dataset forward from this year, to ensure this is in line with commissioning cycles.

4.   CONSULTATION

The indicators included in the dataset have been updated in recent years following discussion with service heads, who have also been invited to add their comments to the findings of the Dataset. The 2012/13 Key Dataset has been discussed at the multi-agency JSNA Steering Group which includes members from HealthWatch and CVA. The Dataset and an early draft of this report has been discussed at the JSNA Governance Group, membership of which includes the Directors of Public Health, Children's Services and Adult Social Care as well as the Managing Director of the CCG and a GP Board member.

5.   SERVICE INTEGRATION
Not relevant – information only.

6   FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS
Not relevant – information only.

7.   LEGAL CONSIDERATIONS
Not relevant – information only.

8.   HUMAN RESOURCES IMPACT
Not relevant – information only.

9.   EQUALITIES IMPACT

This document forms part of the 2012/13 JSNA. Equalities issues are considered at length within the opening chapter of the 2012/13 JSNA.

10.   ENVIRONMENTAL IMPACT

Dataset contains indicators of relevance to the environment.

11.   CRIME AND DISORDER REDUCTION IMPACT

Dataset contains indicators of relevance to crime and disorder (see section 3.3.2)

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BACKGROUND DOCUMENTS

Croydon JSNA Key Dataset 2012/13