

Integrated Neighbourhood Team Population Profile

Carshalton

How to use this document

The Carshalton INT Population Profile forms part of [Sutton's Strategic Needs Assessment](#), building on the [Borough Profile](#) to provide a place-based overview of the community living in this part of the borough.

It's a tool for anyone working in the area to help guide decision-making and focus interventions to reduce inequalities. Some practical applications for how the data and insights in the profile can be used are below:

Understanding the population

- Including who lives in this part of the borough, and the characteristics and wider circumstances that influence their health and wellbeing. This can help tailor business plans to the specific needs of the communities in Carshalton.

Identifying vulnerabilities in specific communities

- Highlighting where additional interventions may be needed to reduce inequalities and improve health and wellbeing. This can help substantiate grant applications, demonstrating a clear understanding of the target population's strengths and challenges.

Planning joined-up and resilient services

- That are fit for the future, considering population projections and changing demographics.
- Incorporating the identified strengths and assets/ resources of the area.
- Highlighting good practice and learning across the borough,

Key highlights for Carshalton



Population

- The population of Carshalton INT is younger than the Sutton average, with a higher percentage of children and young people, and adults aged 30-39, and a lower percentage of adults aged 65+.
- The population is projected to decline over the next decade.
- This part of the borough is less diverse than the borough on the whole, but there are pockets of very high levels of diversity, particularly around Hackbridge, Rosehill, St Helier and Beddington Corner.



Place

- This part of the borough has the highest concentration of residents across all age groups living on a low income (whether employed or not).
- Large areas are estimated to be at risk of digital exclusion and loneliness.
- Around 1 in 5 households in the INT rent from social landlords.



Health and care

- Focus on children's health should be a priority in this part of the borough, with highest levels of overweight and obesity at 10-11 years, and among the highest rates of children seen by CAMHS.
- Around 1 in 5 patients smoke in Carshalton PCN, making it a high impact area for targeted campaigns to reduce smoking prevalence ahead of the Smokefree 2030 target.
- Preventable mortality in Carshalton is 10% higher than elsewhere in Sutton on average, with inequality across the INT. Rates around St Helier are particularly high.

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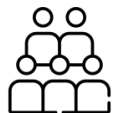
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Carshalton

Overview of Carshalton INT



Carshalton INT covers the north of the borough of Sutton, and is made up of five wards: St Helier West, St Helier East, Hackbridge, The Wrythe and Carshalton Central.



Nearly [51,000 residents](#) live in Carshalton INT, 24% of whom are under the age of 18, and 13% over 65, making it a younger population than elsewhere in the borough, and therefore the other INT areas.

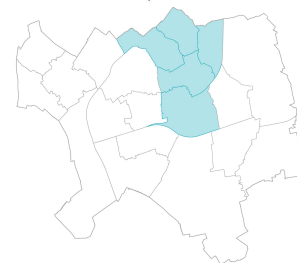


There are 19 parks within the INT area, including Poulter Park, Middleton Road Open Space, Thomas Wall Park, St Helier Open Space, Grove Park and Carshalton Park.



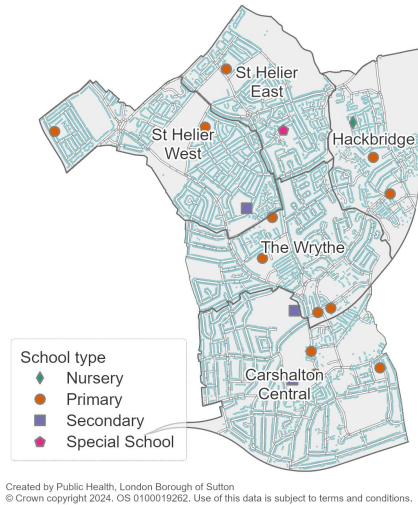
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▲ Fig. 1.
A map of
Carshalton
INT (inset,
Carshalton
INT in the
borough of
Sutton)

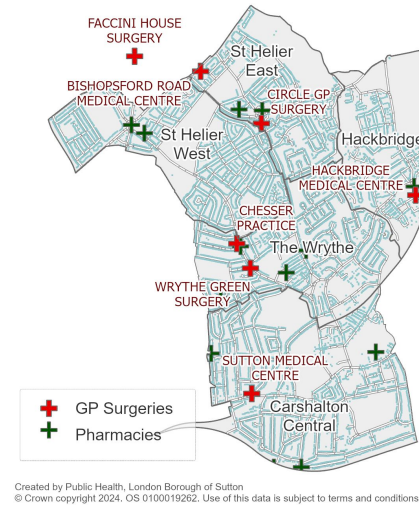


Assets in Carshalton INT

► Fig. 2.
A map of education settings within Carshalton INT



► Fig. 3.
A map of GPs and pharmacies within Carshalton INT



Note: Faccini House Surgery, although falling within the boundaries of Merton, is part of Carshalton PCN.

PCN patient population by ward

Patients do not map neatly to specific ward, PCN or INT areas. GP practices are spread across the borough and registered patients are not limited by ward boundaries or catchment areas. An exercise was carried out to plot all registered patients who are resident within the borough to determine where the patients of each PCN live.

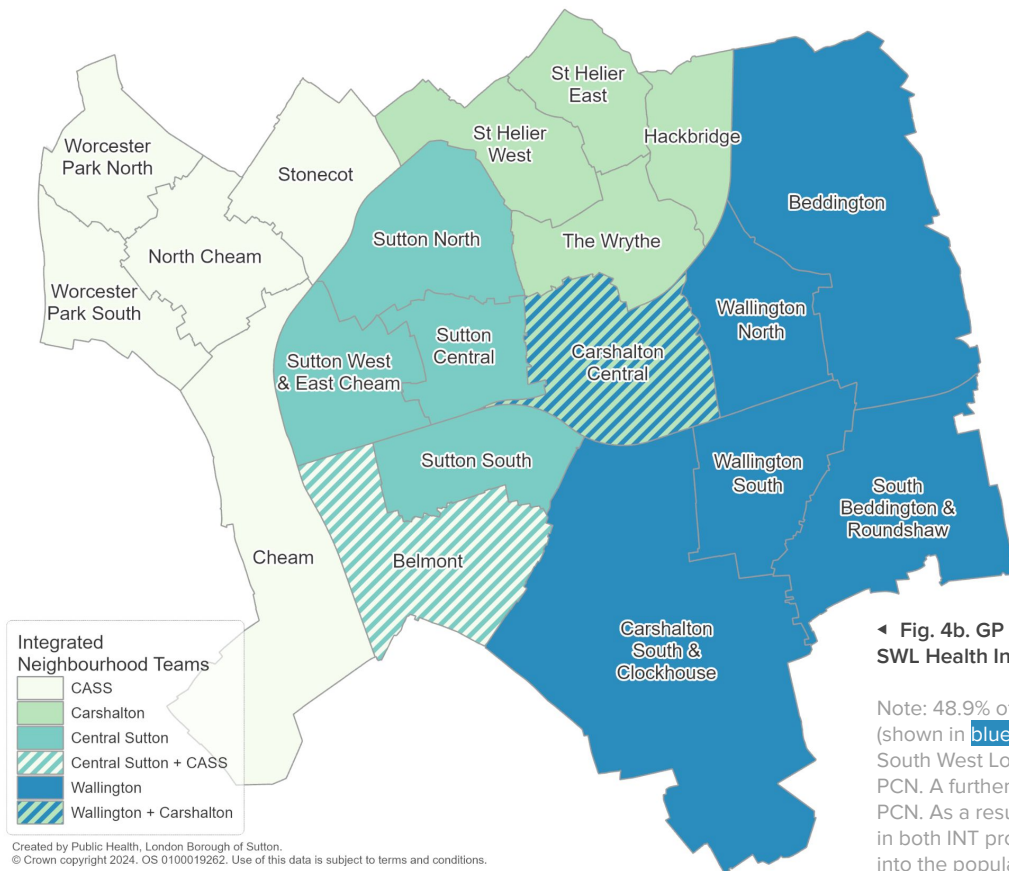
The tables below (Fig.4) show the patients for each PCN by their ward of residence within Sutton. This excludes all patients registered at a postcode outside of the borough. The red and orange coloured circles highlight the dominant PCN population within a ward. These dominant populations have been used to define which wards sit within an INT area (a map is on page 8). For Carshalton INT, these wards are Carshalton Central, Hackbridge, St Helier East, St Helier West and The Wrythe.

Ward (2022)	PCN			
	CARSHALTON PCN	CENTRAL SUTTON PCN	CHEAM AND SOUTH SUTTON PCN	WALLINGTON PCN
Beddington	366 (3.2%)	40 (0.3%)	24 (0.2%)	11,094 (96.3%)
Belmont	334 (2.5%)	6,737 (50.3%)	5,214 (38.9%)	1,119 (8.3%)
Carshalton Central	6,087 (37.9%)	1,614 (10.1%)	508 (3.2%)	7,842 (48.9%)
Carshalton South & Clockhouse	627 (6.2%)	901 (8.9%)	537 (5.3%)	8,057 (79.6%)
Cheam	132 (1.4%)	2,544 (26.7%)	6,771 (71.1%)	70 (0.7%)
Hackbridge	8,055 (89.1%)	92 (1.0%)	42 (0.5%)	855 (9.5%)
North Cheam	139 (0.9%)	1,092 (7.0%)	14,402 (92.0%)	23 (0.1%)
South Beddington & Roundshaw	229 (2.2%)	37 (0.4%)	31 (0.3%)	10,003 (97.1%)
St Helier East	12,355 (93.5%)	206 (1.6%)	183 (1.4%)	469 (3.5%)
St Helier West	12,124 (81.9%)	1,435 (9.7%)	793 (5.4%)	449 (3.0%)

Ward (2022)	PCN			
	CARSHALTON PCN	CENTRAL SUTTON PCN	CHEAM AND SOUTH SUTTON PCN	WALLINGTON PCN
Stonecot	280 (4.4%)	874 (13.8%)	5,177 (81.5%)	25 (0.4%)
Sutton Central	3,570 (19.4%)	10,685 (58.0%)	3,610 (19.6%)	544 (3.0%)
Sutton North	3,010 (22.2%)	6,754 (49.8%)	3,603 (26.6%)	191 (1.4%)
Sutton South	624 (4.4%)	10,773 (76.4%)	1,524 (10.8%)	1,182 (8.4%)
Sutton West & East Cheam	409 (2.6%)	11,968 (74.7%)	3,527 (22.0%)	128 (0.8%)
The Wrythe	11,748 (87.7%)	468 (3.5%)	260 (1.9%)	923 (6.9%)
Wallington North	2,252 (17.4%)	101 (0.8%)	70 (0.5%)	10,539 (81.3%)
Wallington South	386 (3.0%)	121 (0.9%)	39 (0.3%)	12,331 (95.8%)
Worcester Park North	58 (1.4%)	63 (1.6%)	3,885 (96.6%)	15 (0.4%)
Worcester Park South	40 (0.7%)	292 (4.8%)	5,760 (94.4%)	10 (0.2%)

▲ Fig. 4a. GP Registered Patients by Ward. Source: SWL Health Insights team

PCN patient population by ward



◀ Fig. 4b. GP Registered Patients by Ward. Source: SWL Health Insights team

Note: 48.9% of the population of Carshalton Central (shown in blue and green hatching) registered with a South West London GP attend a practice in Wallington PCN. A further 37.9% attend a practice in Carshalton PCN. As a result, Carshalton Central has been included in both INT profiles to give the most reflective insight into the population.

People

Carshalton

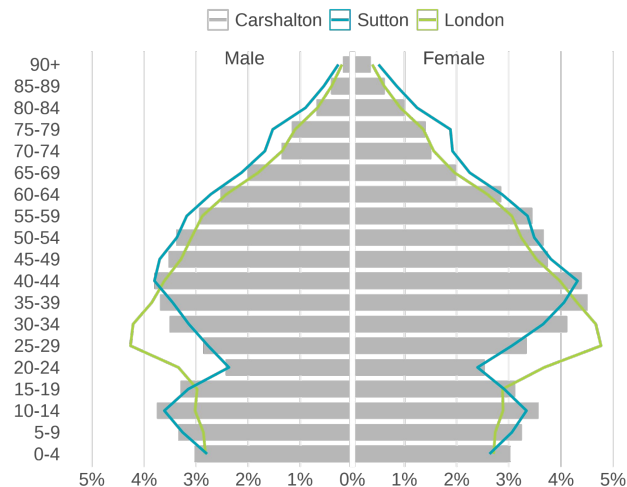
Population of Carshalton INT

Resident population and projected growth

	2024	2029	2034
Sutton	214,862	215,795 (□ 0.4%)	217,617 (□ 1.3%)
Carshalton INT	50,756	50,629 (□ 0.3%)	50,316 (□ 0.9%)

Resident population of children and young people aged 0-17 and projected growth

	2024	2029	2034
Sutton	48,819 (22.9%)	45,465 (□ 6.9%)	42,773 (□ 12.4%)
Carshalton INT	12,225 (24.1%)	11,281 (□ 7.7%)	10,495 (□ 14.1%)



◀ Fig. 5.
A population pyramid showing the percentage of the population by sex and five year age band in Carshalton, compared to Sutton and London in 2024
Source: [Identified Capacity Projections, GLA, 2023](#)

Current population

- Fig. 5. shows the population of Carshalton INT is younger than the Sutton average. A higher percentage of the population are under the age of 18, and aged 30-39. Fewer are aged 65+.
- Despite the population of Carshalton INT tending to be younger than elsewhere in the borough, there are still a lower percentage of the population aged 20-34 when compared to the London average in this part of the borough, as is seen elsewhere in Sutton.

Population change

- Between 2014 and 2024, Carshalton INT's population increased by 10.1%. The population grew at a faster rate compared to Sutton (8.2%) and London (6.9%) over the same period.
- The population of children and young people aged 0-17 has grown at a comparable rate (8.4%) to the average across the borough (8.1%). Growth in the population of children and young people has been driven by migration, not an increase in birth rate.

Population projections

- Over the next decade the INT's population is predicted to contract by 1% on average across all age groups. This is in contrast to a small increase across Sutton (1.3%) and slightly larger increase elsewhere in London (4.6%).
- The INT's population of children is projected to decline (-14.1%), in line with the rest of the borough (-12.4%). This is as a result of a continuing decline in the predicted birth rate, and forecast slowing of migration into the borough.

Ethnicity

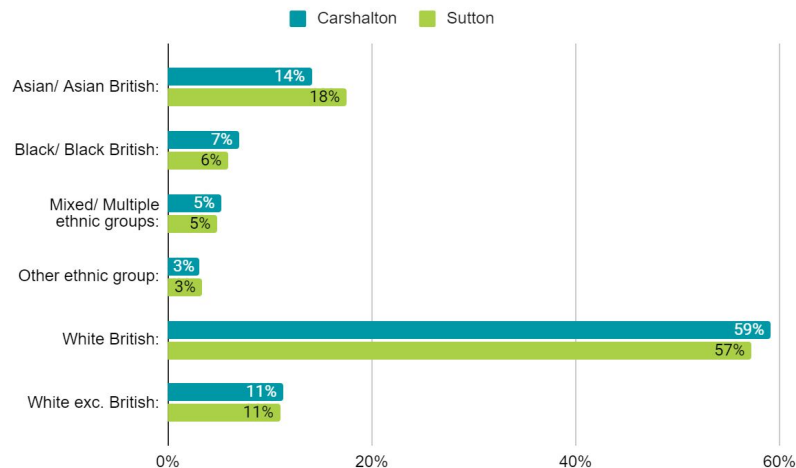
Sutton's population has become more ethnically diverse in the past decade. This change in the ethnic makeup of the borough has happened faster than previous estimates had predicted. As of the Census in 2021, 43% of the borough's population were from Asian, Black, Mixed/Multiple and White non-British ethnic backgrounds, compared to 2011 when the proportion was 27%.

Across the five wards in Carshalton INT, the population as of March 2021 was slightly less ethnically diverse than the borough average. 59% were White British, compared to 57% across Sutton. Figure 6 provides more detailed information by broad ethnic group.

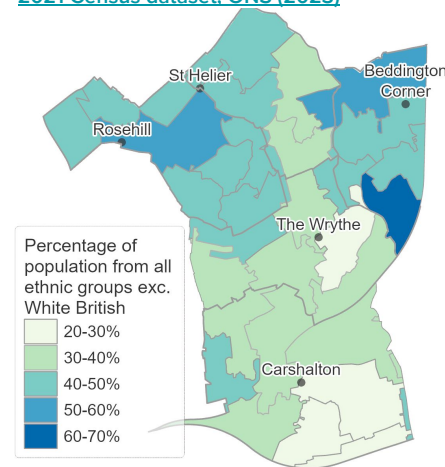
Carshalton INT has a lower percentage of residents from Asian/ Asian British ethnic groups and a slightly higher percentage from Black British ethnic groups (largely driven by more people of Black/ Black British African ethnicity). The level of ethnic diversity varies by neighbourhood, as shown in Figure 7, with more diversity in the north of the borough, and less in the south, particularly in Carshalton Central.

More detail, by ethnic group and neighbourhood, is in Appendix 2.

▼ Fig. 6. Percentage of population by broad ethnic group. Source: [Ethnic Group Census dataset, ONS \(2023\)](#)



▼ Fig. 7. A map of Carshalton INT, showing the percentage of residents from all ethnic groups excluding White British. Source: [Ethnic Group 2021 Census dataset, ONS \(2023\)](#)



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Migration and English as a Second Language

Migrant Population

As of the 2021 Census, 263 people living in Carshalton INT had migrated to the area from another country in the previous year, of 1,672 people in the whole of Sutton. Carshalton has a comparatively smaller migrant population (0.53%) than Sutton (0.80%). Fig. 8 shows that whilst England and Sutton have a comparable migrant population proportionally, London's is significantly higher.

Roma, Gypsy & Traveller Population

In Carshalton INT, 61 residents are Roma (0.12% of the population, compared to 0.15% on average in Sutton). 48 are Gypsy or Irish Traveller (0.10%, compared to 0.06% across Sutton).

English as an Additional Language

Over 80 languages are spoken in the borough. The percentage of people who speak English as a second language is lower in Sutton than elsewhere in London, but higher than across England (Fig. 9). The top five languages (excluding English) spoken in Sutton are Tamil, Polish, Urdu, Bulgarian and Romanian.

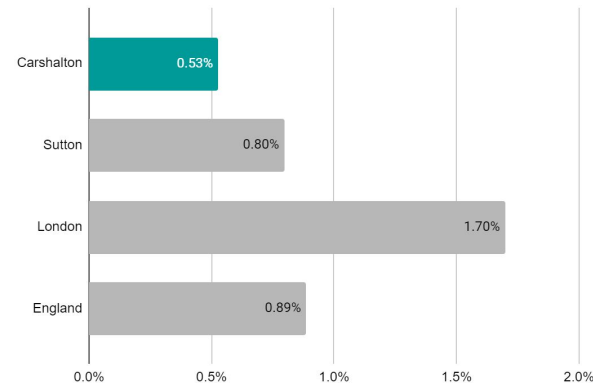
13.8% of Carshalton INT's population didn't speak English as their first language, the same as the percentage across Sutton on average (13.8%). The top three languages are 'other European languages*', Tamil and Polish.

Residents with low or no English proficiency

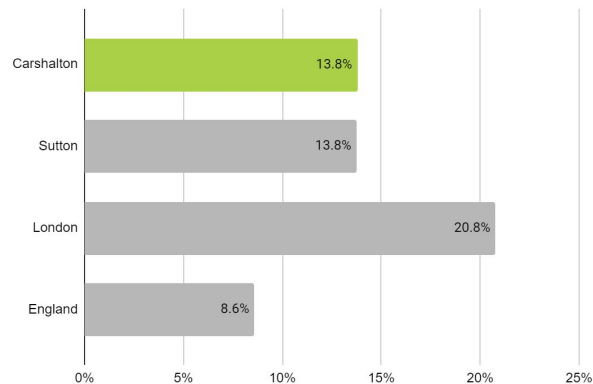
There are 904 residents in Carshalton who do not speak English or do not speak English well (1.9% of residents, in line with the borough average). These residents are at increased risk of exclusion, and may need additional support to access services. Public data does not tell us what language these residents speak as their first language.

* Data note: Languages of EU member states (excluding French, Polish, Portuguese and Spanish which are counted separately).

▼ Fig. 8. Migrant population in Carshalton, compared to Sutton, London and England averages. Source: [Migrant Indicator 2021 Census dataset, ONS \(2023\)](#)



▼ Fig. 9. Population for whom English is a second language in Carshalton compared to Sutton, London and England averages. Source: [Household Language 2021 Census dataset, ONS \(2023\)](#)



Place

Carshalton

Deprivation and poverty

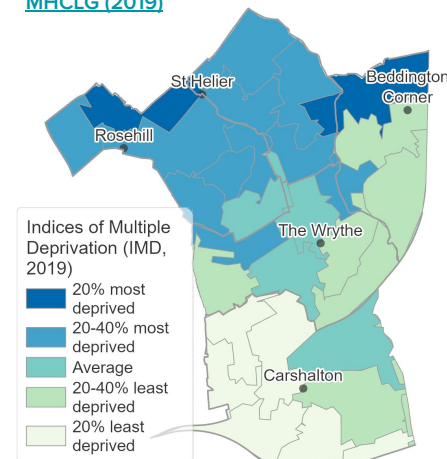
Evidence shows that those living in the most deprived areas of England face the worst healthcare inequalities in relation to healthcare access, experience and outcomes.

The [Index of Multiple Deprivation](#) (IMD) is the official measure of relative deprivation for small areas in England. The indices are based on 39 separate indicators, organised across seven distinct domains of deprivation.

Sutton is a relatively less deprived borough and based on the IMD (2019) is ranked 226th overall out of 317 local authorities in England (the 1st being most deprived). However, there are pockets of significant deprivation in Sutton, including in Carshalton.

The map on the right (Fig. 10) shows these areas of deprivation in more detail (**the darker areas on the map**). Two small areas* in Carshalton INT are in the 20% most deprived of all areas in England. There is a split between the north and south of the INT area, with higher levels of deprivation in the north (St Helier West, St Helier East, and parts of Hackbridge), compared to the south, which has areas that are in the 20% least deprived in England (Carshalton Central).

▼ Fig. 10. A map of Carshalton INT, showing the most deprived 20% of all neighbourhoods in England (Core20 areas). [Source: IMD 2019, MHCLG \(2019\)](#)



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Poverty causes ill physical and mental health, drives inequality in health outcomes, and, as seen in Sutton, increases use of health services. The effects of deprivation can be seen from early in childhood (e.g. poorer mental health), through to old age (e.g. lower life expectancy).

* Lower layer super output areas or LSOAs

Low income and unemployment

Individuals living on a low income may face food and fuel poverty, debt, and limited social opportunities. These stresses can negatively impact relationships, and physical and mental well-being, and can contribute to feelings of stigma, isolation, and exclusion. The benefits system assists those with low incomes, however, it can be complicated to understand and navigate, meaning individuals may not receive all support they are entitled to.

Children and young people

- Fig. 11 shows the prevalence of children living in income deprived households. Rates are comparatively higher than seen elsewhere in the borough. Pockets of above average levels of deprivation are seen across the INT area, but particularly in the north.

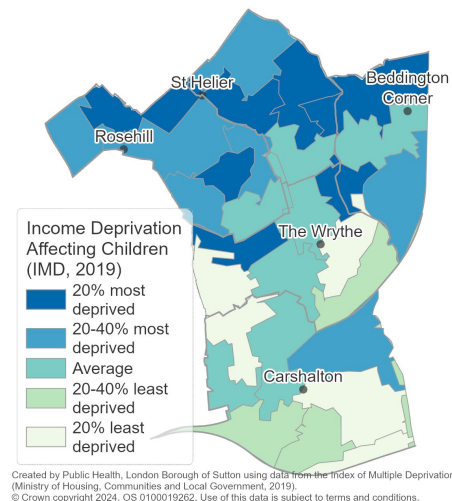
Working age adults

- In February 2024, [17.4% of residents aged 16-65 in Carshalton INT were in receipt of Universal Credit](#), and therefore living on a low income, above both the Sutton (13.6%) and England (15.7%) averages. Residents of St Helier East ward are the highest claimants of Universal Credit in the borough with 25.8% of residents in receipt.
- During the pandemic, uptake of Universal Credit increased significantly across the country because of the impact Covid-19 had on the economy. Although the number of people receiving Universal Credit decreased through 2021, uptake in Carshalton INT remains 63% higher than pre-pandemic (62% across Sutton), and has been relatively stable since April 2022. In Carshalton, there has been a larger increase in uptake amongst employed people than unemployed people. This highlights a potential change in working patterns since the Covid pandemic. It is estimated that 17.5% of Sutton residents' [jobs are low paid](#) (compared to 16.4% across London on average).
- [Research](#) shows that 17% of working adults in London are in poverty. Additionally, nationally, 49% of people in families in receipt of Universal Credit are in poverty, highlighting that both work, and the level of benefits available are not always sufficient to meet people's day to day needs.
- In February 2023, [4.0% of all working age adults](#) in Carshalton were in receipt of Out of Work benefits noticeably above than the Sutton (3.1%) average, but comparable to elsewhere in England (3.9%).

Older adults

- As of August 2023, 783 residents within Carshalton INT received [Pension Credit](#) (12.3% of over 65s, compared to 9.4% across Sutton). It is estimated that 30% of people eligible for Pension Credit do not claim it.

▼ Fig. 11. A map of Carshalton INT, showing areas of income deprivation affecting children. [Source: IMD 2019, MHCLG \(2019\)](#)



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Digital exclusion

Local picture on digital exclusion

In Carshalton INT, approximately 21,700 residents (43% of the resident population) live in twelve neighbourhoods (six in St Helier West, four in St Helier East, one which straddles the St Helier East and Hackbridge ward boundary, and one in The Wrythe) are estimated to be in the 20% of most at risk of digital exclusion in Sutton (Fig. 12).

Digital exclusion disproportionately affects certain demographic groups, but there is limited local data to show who is most at risk. **This data has been created locally to fill a gap in publicly available data. It takes demographic characteristics identified by the NHS that can increase a person's risk of being digitally excluded, and highlights the places in the borough with the highest percentages of people who fall into these categories.** It is intended to give an indication of where in the borough may be more vulnerable to digital exclusion to help services target support to residents, rather than be a definitive indicator. More detail is in Appendix 3.

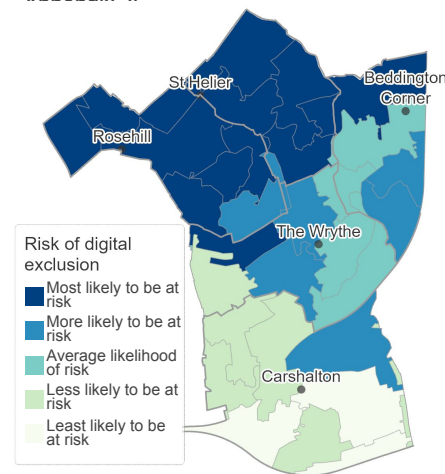
Not having the necessary digital skills and access to technology, often referred to as 'digital exclusion', can significantly affect a person's life.

Digitally excluded residents may:

- Have limited access to connect to the internet and go online
- Have limited skills to use the internet and online services
- Have low confidence to use the internet, fearing online crime or unsure where to start
- Not have the motivation to use the internet to access services

This can impact their ability to apply for jobs, access training opportunities, engage with public services and buy items for the best price in today's online world. It can therefore increase the risk of health inequalities.

▼ Fig. 12. A map of Carshalton INT, the neighbourhoods most at risk from digital exclusion. Source: Internally calculated, see Appendix 3.



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Housing

Carshalton INT



There are **19,187 households** in Carshalton INT with at least one usual resident

4,927 people live on their own (20% of the population, below the Sutton (27%), and England averages (30%))

Source: [Household composition 2021 Census dataset, ONS \(2022\)](#)



11,526 households own their home either outright or with a mortgage (60%, compared to 64% in Sutton and 61% in England)

4,235 households rent from social landlords (22%, compared to 14% in Sutton, and 17% in England)

Source: [Household tenure 2021 Census dataset, ONS \(2023\)](#)



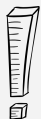
1,888 people over 65 live on their own (8% of households, below the average of 12% elsewhere in Sutton)



2,825 households include lone parents (11% of households, below the 12% average in Sutton)

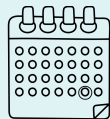
Source: [Household composition 2021 Census dataset, ONS \(2022\)](#)

London Borough of Sutton



Across the borough*, **200 households were homeless or threatened with homelessness** between July and September 2023 (down 9.5% compared to the same period in 2022). Black African & Black Caribbean groups are disproportionately likely to be homeless (16% of the homeless population in Sutton, compared to just 6% of the borough's population)

Source: [Tables on homelessness, DLUHC \(2024\)](#)



1,054 households in Sutton* were in emergency and temporary accommodation (EA and TA) placements as of February 2024, with 2,427 people (an increase of 22.4% since February 2023.).

70% of households include children, with 1,365 children living in EA and TA (up 19.5% on 2023)

Source: Data from Encompass



Between October and December 2023, there were **9 rough sleepers** in Sutton*

4 of these people were new rough sleepers (with no second night out), 4 were intermittent rough sleepers and 1 was sleeping rough for an unknown length

Source: [Rough sleeping in London, GLA \(2024\)](#)

* Data is not available for smaller areas

Health and Care

Carshalton

Health inequalities

The health and wellbeing of residents of Carshalton INT at different stages across the life course is shown below. These indicators have been chosen to align with the NHS' Core20PLUS5 programmes for [adults](#) (and South West London's 'Vital 5' - the five leading causes of poor health in the area) and [children](#) to **identify residents in Carshalton at greater risk of poor health.**



[6.4% of children aged 6+ have an asthma diagnosis in Carshalton PCN.](#) This is comparable to the national average (6.5%), but above the borough (6.0%) and SWL (4.9%) averages



It is estimated that [12,689 residents](#) in Carshalton INT will experience a [mental health problem](#) each year



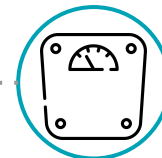
[12.4% of patients aged 18 plus, registered with Carshalton PCN GPs are obese,](#) increasing over the past 3 years and above the England average (11.4%)



[More adults are physically inactive in the INT than the England average.](#) 10,365 adults do not meet recommended activity levels: 26.9% of adults, 4.6% higher than nationally



[66% of residents](#) in Carshalton INT are included in South West London ICS' Core 20 + 5 population for reducing health inequalities (compared to 50% across Sutton)



[The percentage of children aged 10-11 years who are overweight/ obese,](#) ranges from 39.4% in the old St Helier ward (the highest in Sutton) to 31.9%, in Carshalton Central



Emergency hospital admissions for [intentional self harm are 17% lower](#) than the national average for residents of Carshalton INT



[Hospital admissions for alcohol related conditions](#) are 14% lower in Carshalton INT than the national average. Although still below the national average, prevalence is highest in the north of the INT



[19.9% of patients over the age of 16 smoke in Carshalton PCN,](#) above the Sutton (12.6%), SWL (13.1%) and England (13.6%) averages



3,342 residents registered with a GP have an electronic frailty index (eFI) score indicating [moderate or severe frailty', 6% of the population](#) (non-aged standardised), slightly below the Sutton average of 7%



[Preventable mortality among under 75s in Carshalton is 10% higher than the Sutton average](#) (7% lower than the England average). There is variation: rates in the old St Helier ward are 30% higher than the national average.

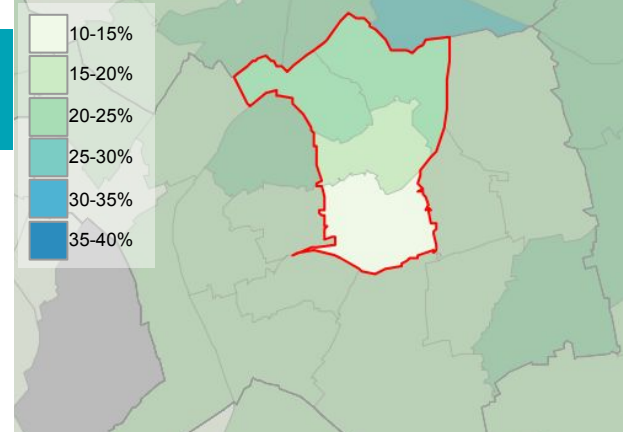
Childhood obesity

As of 2022/23 [a lower percentage of children are overweight or obese](#) in Sutton compared to the national and regional averages. 16.9% of Reception-aged children are overweight or obese (compared to 20.0% across England), increasing with age to 31.1% at Year 6 (compared to 36.6% across England).

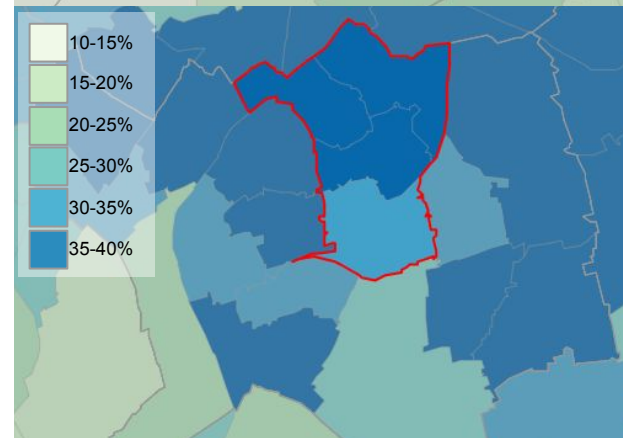
Among Reception-aged children in Carshalton INT (Fig. 13), the percentage of children who are overweight or obese varies from 14.8% of 4 to 5 year olds in Carshalton Central, to a high of 21.7% in the old Wandle Valley ward (now St Helier East and Hackbridge wards).

By Year 6, there has been an acceleration in the percentage of children who are overweight or obese, with 39.4% of children aged 10 or 11 falling into this category in the old St Helier ward (now St Helier West), above the national average, and highest of all wards in Sutton. At least a third of children in all wards within the INT are obese by 10 or 11 years old, (Fig. 14). The wards in this INT have amongst the highest percentages of children with overweight or obesity in Sutton.

Nationally, nearly a third of children aged 2 to 15 are overweight or obese. Children are becoming obese at younger ages. Evidence suggests that children who are obese continue to struggle with obesity as an adult. This puts them at a higher risk of developing serious long-term health conditions like type 2 diabetes, hypertension, and cardiovascular disease as well as living with conditions such as depression. These conditions not only reduce life expectancy but also impact quality of life. The risk of obesity is often passed down to future generations, with children of obese parents more likely to face obesity themselves. The rates of overweight and obesity among children are highest in the most deprived areas, both locally and nationally.



▲ Fig. 13. Prevalence of overweight and obesity at 4-5 years 3 years combined 19/20-21/22).
Source: [Local Health, OHID \(2023\)](#)



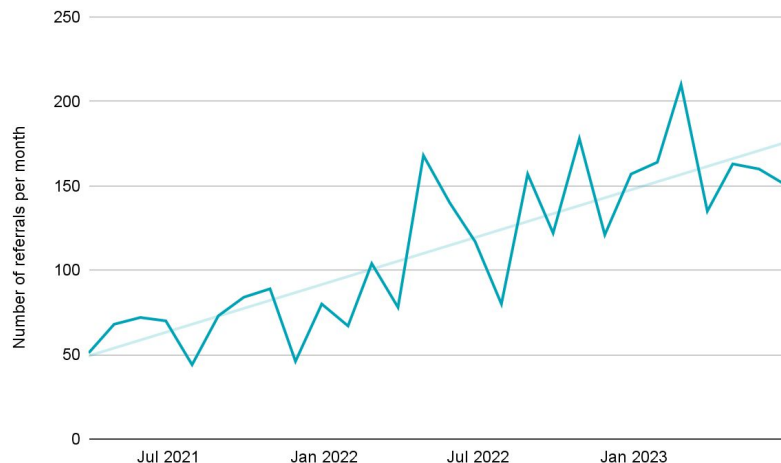
▲ Fig. 14. Prevalence of overweight and obesity at 10-11 years 3 years combined (19/20-21/22).
Source: [Local Health, OHID \(2023\)](#)

Children and young people's mental health

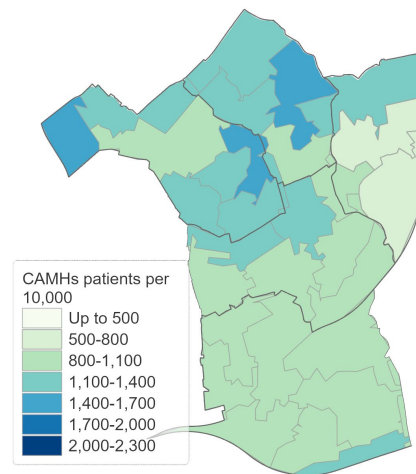
The rate of referrals to Children and Adolescent Mental Health Services (CAMHS) for children and young people living in Carshalton was 3,150 per 10,000 between April 2021 and July 2023. This is above both the Sutton average (2,628 per 10,000), and the South West London average (2,030 per 10,000) over the same period.

The number of monthly referrals to CAMHS for children and young people in the INT more than tripled between April 2021 and July 2023 (Fig. 15.).

Fig. 15. Number of referrals each month for CAMHS for children and young people living in Carshalton INT (April 2021 - July 2023). Source: South West London ICS (2024)



▼ Fig. 16. CAMHS patients (per 10,000) living in Carshalton INT between April 2021 and March 2024. Source: South West London ICS (2024)



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The highest rate of CAMHS patients in Carshalton INT are in three areas the north of the INT (Fig. 16). These areas have the third, fourth and fifth highest rate of young people seeing CAMHS in Sutton. Young people were more likely for the following demographic groups (following a similar pattern to elsewhere in Sutton and SWL):

- White British children and young people, accounting for 72.7% of referrals
- Young people aged 12-18, accounting for 75.6% of referrals, with a particular peak at 15 and 16
- Girls, accounting for 56.7% of referrals

This suggests areas of focus could be on; understanding why children from Asian, Black, Mixed/ Multiple and Other ethnic groups and boys are less likely to access services, and increased prevention activities for younger children.

Green spaces and physical activity

People who exercise regularly have a lower risk of developing illnesses such as coronary heart disease, stroke, type 2 diabetes and some forms of cancer. Physical activity can also improve self-esteem, mood, sleep quality and energy levels as well as reducing the risk of stress, clinical depression, and dementia.

[17.1% of adults in Sutton were physically inactive in 2022/23](#). This is significantly better than England (22.6%) and London (23.7%). Assuming a similar proportion of Carshalton INT's population are physically inactive, 6,481 adults are estimated to fall into this group.

[Recent analysis from the ONS](#) has shown there is a correlation between the number of sports facilities (particularly when excluding grass pitches) in an area, and the proportion of adults who do more physical activity than recommended by the [Chief Medical Officers'](#) guidelines. Across Sutton, there are on average 8.7 sports facilities (excluding grass pitches) per 10,000 people (above the London average of 7.7), but there is variation by area*. In Carshalton INT, there are 5.7 facilities per 10,000 people.

94% of households in Carshalton INT are within a 5 minute walk of a park (higher than the borough average of 79%), as shown by Fig. 17. The majority of the households more than a 5 minute walk are to the west of Carshalton.

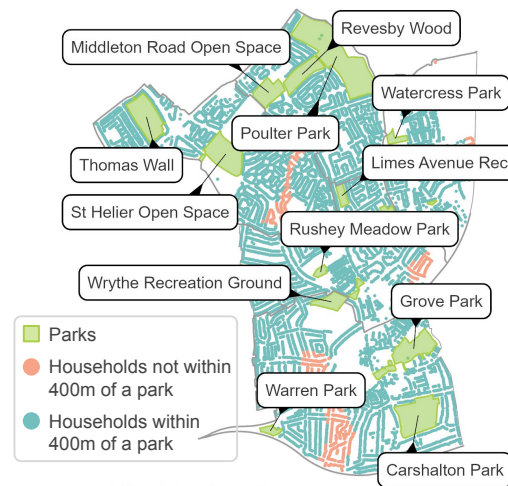
The profile for physical inactivity (2022/23) indicates that nationally:

- Females were more likely to be inactive than males (39%, compared to 34% of males)
- The percentage of population that are physically inactive increases with age: among 16-34 year olds, 30% are physically inactive, rising to 57% in people aged 75+
- Among people with a disability, physical inactivity rose to 52%
- People in lower socio-economic groups are less likely to be active (47% among people in routine occupations or long-term unemployment, compared to 27% among people in managerial, administrative and professional occupations)

More information is in the [Annual Public Health Report 2023/24](#), which focused on physical activity.

In Carshalton PCN, [12.4% of patients in Carshalton PCN practices aged 18 and over have a BMI greater than or equal to 30](#) (as of 2022/23). Obesity and poor diet are linked with type 2 diabetes, high blood pressure, high cholesterol and increased risk of respiratory, musculoskeletal and liver diseases. Obese people are also at increased risk of certain cancers.

▼ Fig. 17. A map of parks and green spaces within Carshalton INT, showing households within a 5 minute (400m) walking radius



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Tobacco and e-cigarette use

Tobacco (adults)

Smoking prevalence is higher than elsewhere in the borough, with 1 in 5 adults registered with a Carshalton GP a current smoker, according to the responses received as part of the GP Patient Survey. Most recent data puts smoking prevalence back up to the same level seen around ten years ago.

In Sutton, [12.8% of adults were current smokers](#) as of 2021/22. This is below the England (13.6%) and London averages (14.9%). The percentage of smokers is declining, having fallen from 17.7% in 2013/2014. Applying this figure to Carshalton INT, there are an estimated 4,794 current smokers within the area.

Vaping (adults)

Vaping prevalence in England in 2021 was between 6.9% and 7.1%, depending on the survey, which equates to between 3.1 and 3.2 million adults who vape. Applying this figure to Carshalton INT, there are an estimated 2,622 adults using a vape in the area.

Tobacco (young people):

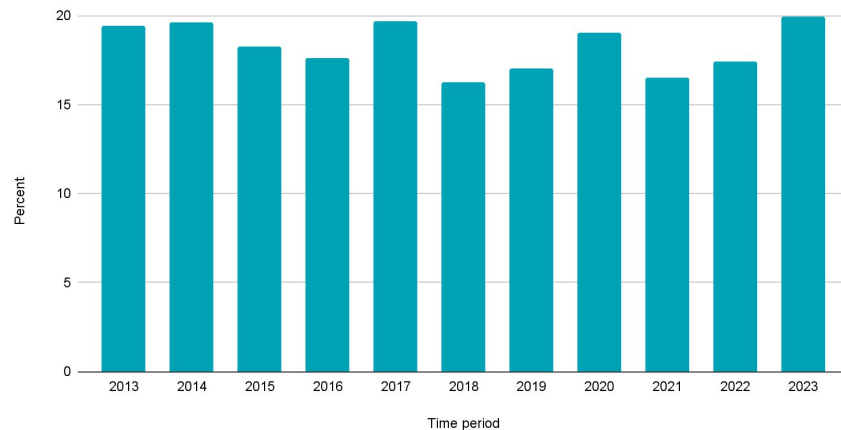
[In England](#) in 2021, 12% of pupils between the age of 11-15 have ever smoked, 3% are current smokers, and 1% are regular smokers. There has been a steady decline since 1996, when 49% of pupils had smoked at least once. Applying this 12% to Carshalton INT, 370 young people have tried smoking.

Vaping (young people):

[In England](#) in 2021, in children aged 11-15 e-cigarette use (vaping) has increased to 9%, up from 6% in 2018 and around 1 in 5 (21%) 15-year old girls were classified as current e-cigarette users. Applying this to Carshalton INT would mean 277 young people vape.

▼ Fig. 18. Percentage of adults who were current smokers, 2013-2023. Source: [Local Tobacco Control Profiles, OHID \(2023\)](#)

Active Smokers in Carshalton INT per year (Percentage of responses to GP Patient Survey)



Data note: The General Practice Patient Survey has been used as the prevalence indicator to allow INT specific profiles of current smokers to be viewed. Other smoking prevalence indicators such as the Annual Population Survey do not show prevalence at the same level of granularity.

Loneliness

National and local picture on loneliness

Since the Covid pandemic, the ONS has tracked the percentage of [adults reporting feeling lonely](#) always, often or some of the time. Over the last four years, across Great Britain, it has been on an upward trend. Although there is limited local data to help us understand the picture in Sutton, the map on the right (Fig. 19) highlights neighbourhoods in the INT where the risk of loneliness may be higher, based on the demographics of residents living there. The areas in **dark blue** in St Helier West, St Helier East, Hackbridge and The Wrythe, are estimated to be the 20% most at risk in Sutton. Therefore, residents may benefit from opportunities to increase their social connections.

This data has been created to fill a gap in publicly available data. Ten indicators have been identified which can increase a person's risk of loneliness, using the [Campaign to End Loneliness](#)' summary of risk factors. **It is intended to give an indication of where in the borough may be more vulnerable to loneliness, rather than be a definitive indicator, to help services target support to residents.** More information on how risk has been calculated is in Appendix 4.

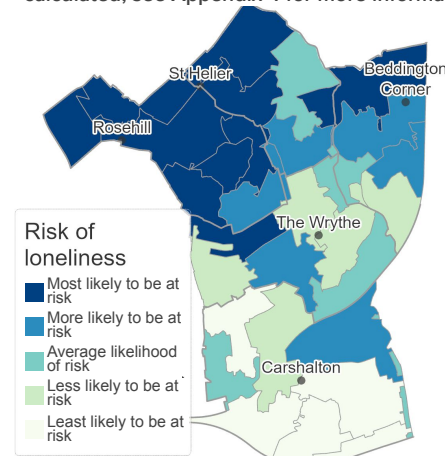
Loneliness occurs when people [lack the social connections they need](#). It can make them feel isolated and disconnected.

Although everyone can feel lonely, prolonged or intense loneliness [can harm people's health and wellbeing](#). This may result in:

- Reduced self-confidence
- Poor sleep quality, and
- Increased risk of a range of conditions including; depression and/or anxiety, high blood pressure and stress levels (and an increased risk of stroke and cardiovascular disease), dementia and early mortality.

Loneliness can also affect someone's education and employment, with loneliness in children linked to lower educational attainment, and less motivation at work for adults. It has been estimated that severe loneliness costs someone around £10,000 per year due to its combined impact on their health, wellbeing and work.

▼ Fig. 19. A map of Carshalton INT, showing the neighbourhoods most at risk of residents experiencing loneliness. Source: Internally calculated, see Appendix 4 for more information



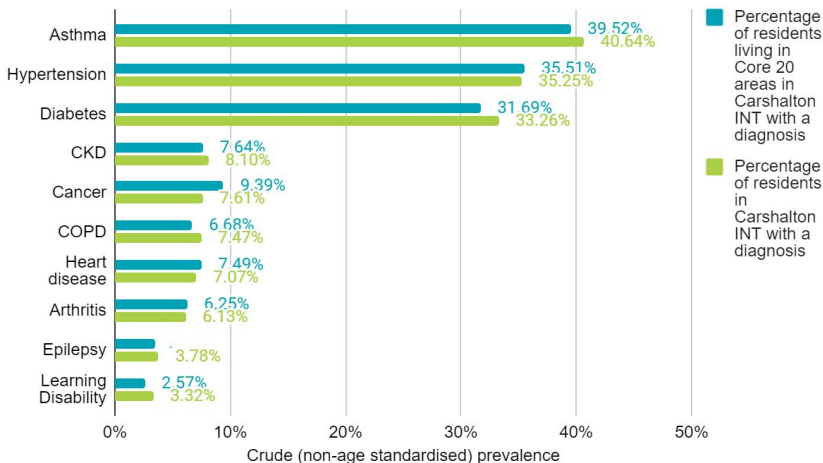
Created by Public Health, London Borough of Sutton using data from the 2021 Census (ONS, 2023) and StatXplore (DWP, 2024). © Crown copyright 2024. OS 0100019262. Use of this data is subject to terms and conditions.

Health inequalities and long term conditions (LTCs)

In Carshalton INT, 35,221 residents are at greater risk of health inequalities and have been included in a Core 20+5 group identified by SWL ICB (see Fig.20). This is equivalent to 66.1% of INT residents, compared to 49.7% across Sutton. People in this cohort are at risk of poorer health because:

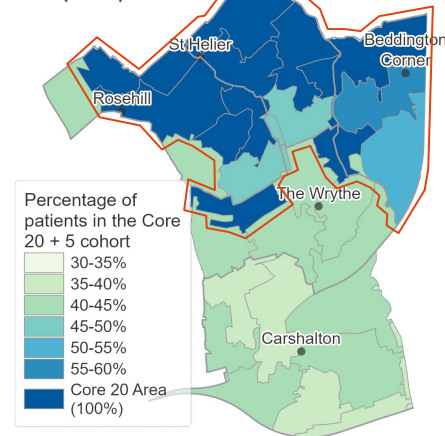
- They live in an area ranked in the 20% most deprived nationally (a 'Core 20 area').
- Behavioural/ lifestyle factors (i.e. are heavy drinkers, obese or a smoker),
- A pre-existing condition (high blood pressure or a mental health condition)

▼ Fig. 21. Long-term conditions with the highest prevalence amongst patients in Carshalton INT, comparing patients living within Core 20 areas, and the average across all other areas in the INT. Source: South West London ICS - Core 20 + 5 Dashboard, Patient Health (2024)



Data note: this data source uses a wider definition for conditions (e.g. not just patients on the QOF register). Numbers therefore may be higher than reported elsewhere in the pack. This data was included to show the health inequalities in the INT.

▼ Fig. 20. A map of Carshalton INT, showing the percentage of patients who are in South West London's target cohort to reduce health inequalities, as of January 2024. Source: SWL ICS (2024)



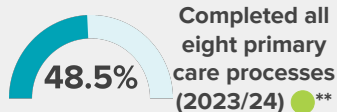
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Although not an indicator of absolute poor health, Fig. 20 can help to prioritise services and initiatives to reduce health inequalities, for example focusing on the neighbourhoods in the St Helier wards in the north of the INT and in Hackbridge which have the highest percentage of individuals in the Core 20+5 cohort.

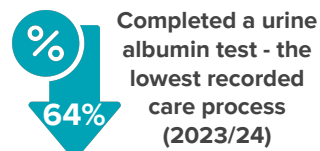
Fig. 21 shows the ten long term conditions with the highest prevalence (non-age standardised) in Carshalton INT, comparing prevalence across all residents, to those living in the 20% most deprived areas, highlighting the health inequalities that exist in the INT.

Health inequalities and LTCs: diabetes care processes

3,125 Sutton residents living in Carshalton INT have a diabetes diagnosis* as of March 2024 (a crude prevalence of 582.5 per 10,000, compared to 574.7 per 10,000 in Sutton). Prevalence is increasing over time. Complications of diabetes are not inevitable. The NHS has identified [interventions](#) which have a high impact in preventing or delaying complication, including '[care processes](#)'.



- Carshalton has the highest care process completion of all Sutton INTs, but remains below the South West London average. Recording has improved in the past three financial years. Completion ranges from 41.2% to 57.3% (for all Sutton residents) among Carshalton PCN surgeries. This suggests there could be potential for practices to explore what works well elsewhere, and that there are opportunities across the board in Sutton to improve completion rates.



- It is unclear why this care process has such low completion rates, but the issue is not unique to the INT and is reflected across SWL and [nationally](#). Better understanding of barriers to completion may be beneficial. Non-completion increases the risk of [early kidney disease being missed](#), highlighting the need for improvement in this area.

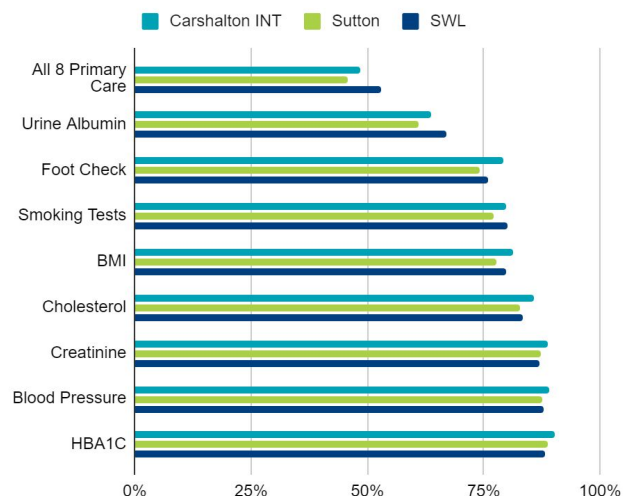


- These people may need additional support navigate their diagnosis, and manage their condition well. This should include a referral to a diabetes education programme.

A population health approach to improving outcomes

- To improve uptake, and help reduce ethnic, age and socio-economic inequalities, targeted initiatives to increase completion could focus on:
 - People aged 19-49, who were least likely to have all care processes recorded (38.4%) (in contrast to those aged 60-79 (52.1%), who were most likely to receive all care processes);
 - People from Mixed/Multiple ethnic groups, who were least likely to have all care processes recorded in 2023/24 (41.9%) (in contrast to 49.3% of people from White ethnic groups);
 - Residents in Core20 areas (46.0% have all care processes completed, versus 50.2% elsewhere).
- This suggests practices could benefit from systematically identifying patients who fall into these demographic groups to take a population health approach to improving diabetes care process completion, with the view of improving outcomes locally.

▼ Fig. 22. Carshalton INT residents completing care processes, compared to Sutton and London in 2023/24

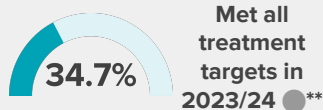


Source: South West London ICS - Long Term Conditions Monitoring Dashboard, Diabetes Care Processes (2024) * Type 1 and 2, and on the [QOF register](#)

** ● = above Sutton average. Unless specified, data on this page looks at the resident population of the INT (pg. 7), not registered patient population of the PCN.

Health inequalities and LTCs: diabetes treatment targets

3,125 Sutton residents living in Carshalton INT have a diabetes diagnosis* as of March 2024. Prevalence is increasing over time. Complications of diabetes are not inevitable. Keeping blood sugar, blood pressure and cholesterol under control reduces the risk of complications developing. These make the three diabetes treatment targets, and are a high impact [intervention](#) identified by the NHS. [Evidence](#) shows that people who achieve all treatment targets over the long term have a longer life expectancy. Achievement of all targets also reduces costs to primary care by around £1,000 per year, per patient. An exploration of treatment target achievement in Carshalton INT is below, and shown compared to Sutton and South West London in Fig. 23.



- The percentage of residents meeting their treatment targets in Carshalton is slightly below the Sutton and South West London averages. Target achievement in 2023/24 was 2.4% higher compared to 2022/23. There is variation in the percentage of patients achieving treatment targets by surgery in Carshalton PCN, ranging from 27.5% to 45.6% (for all Sutton residents). Further analysis may be beneficial to identify causes of this disparity, and help identify strategies to address it.



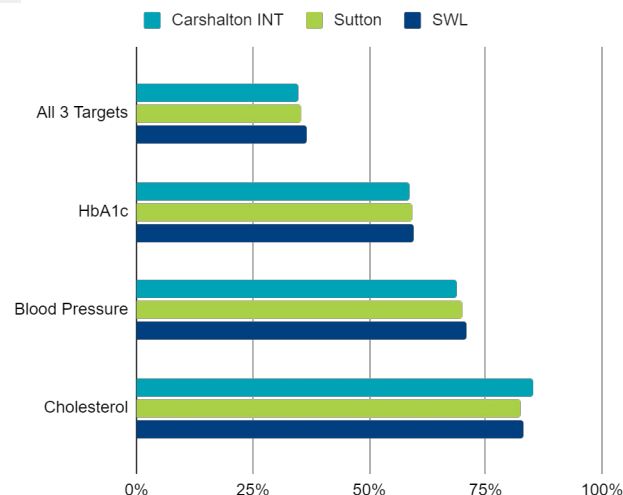
HbA1c was the target most missed in 2023/24

- Within the INT, HbA1c was the target most missed [increasing the risk of foot/ eye damage, heart attack and stroke](#), this finding is consistent with elsewhere in Sutton and SWL. Whilst the percentage of people meeting their HbA1c target has increased over the last financial year, the finding suggests people with diabetes may need additional support to manage their care.

A population health approach to improving outcomes

- Supporting the groups identified on the previous page to complete care processes may have a knock-on positive effect on treatment target achievement.
- Additionally, targeted programmes taking a **population health** approach to support people with diabetes to meet their treatment targets could focus on:
 - People aged 19-49 are least likely to achieve their treatment targets (22.0%). In contrast, those aged 60-79 were most likely to meet their treatment targets (35.0%)
 - People from Mixed / Multiple (27.9% in 2023/24) and Black (31.9%) ethnic groups, who were least likely to achieve their treatment targets (in contrast, people from White ethnic groups were most likely to meet the targets (35.4%))
 - Residents in Core20 areas (33.1% achieve all targets, compared to 35.8% in all other areas). This is comparable to elsewhere in Sutton (32.6% in Core20 areas, 36.0% elsewhere)

▼ Fig. 23. Carshalton INT residents achieving treatment targets, compared to Sutton and London in 2023/24



Source: South West London ICS - Long Term Conditions Monitoring Dashboard, Diabetes Care Processes (2024) * Type 1 and 2, and on the [QOF register](#)

** ● = comparable to the Sutton average. Unless specified, data on this page looks at the resident population of the INT (pg. 7), not registered patient population of the PCN.

Health inequalities and long term conditions: respiratory and hypertension



Respiratory - a Carshalton view

7,268 residents have a diagnosed respiratory condition*. 6,762 of these people have asthma (849, or 12.6%, are under 18). 859 people have Chronic Obstructive Pulmonary Disease (COPD) (342, or 39.8%, are over 75). 353 have both.

Asthma

- 16.8% of patients are current smokers. Although lower than the average across the INT, it is high impact group to target quitting campaigns to reduce future health risks.
- Asthma diagnoses have declined since 2020. A further c.1600 patients may have undiagnosed asthma. Under 15s and adults aged 40-44 are most at risk. Undiagnosed asthma can lead to [issues with sleep/ tiredness, with knock on impacts on people's school, work and social lives](#), and often [mental health](#).

COPD

- 39.1% of COPD patients are recorded as current smokers, c. 2x higher than the INT average, further increasing their risk of poor health.
- It is estimated c.300 patients have undiagnosed COPD. Those aged 40-59 are at most risk. Late diagnosis increases the risk of [poor health** as individuals are less likely to exercise due to breathlessness caused by COPD](#).



Hypertension - a Carshalton view

6,060 residents have hypertension (high blood pressure)*, of whom, 61% have met their blood pressure targets (below the 64% in Sutton and SWL).

- People from Mixed ethnic groups, and people under the age of 40 are least likely to hit their blood pressure target. People from White ethnic groups are at the highest risk of hospital admission. These groups may benefit from additional support.
- Conversely, those aged 65 to 79 are most likely to meet their blood pressure target, as well as those from Asian ethnic groups. There may be opportunities to learn from what is working with these groups.

Source: South West London ICS (2024)

* And are on the [Quality & Outcomes Framework \(QOF\) register](#)

** Data from March 2023, up to and including February 2024

*** High blood pressure, heart disease, obesity and diabetes

Health inequalities and long term conditions: mental health



Mental health - a Carshalton view

6,556 residents have a depression diagnosis (and are on the QOF register). This equates to 1,248 people per 10,000, comparable to the average rate across Sutton (1,124 per 10,000). Prevalence is disproportionately high among people from White ethnic groups, females, those aged 45-74, and those living in less deprived parts of the INT.

3,351 residents have anxiety. This equates to 638 people per 10,000. Prevalence in Carshalton INT is higher than elsewhere in Sutton (538 per 10,000 people). Anxiety is disproportionately high among people from White ethnic groups, females, those aged 15-44 and slightly high amongst those in more deprived parts of the INT.

People from Asian and Black ethnic groups and males are underrepresented in the data, suggesting we may be missing individuals suffering from mental health challenges.

Health checks for people with severe mental illness - a Carshalton view

- 511 patients of Carshalton PCN GP surgeries (and resident in Sutton) have a severe mental health condition (i.e. people with schizophrenia, bipolar disorder, psychosis or people being treated with lithium) and are on the mental health register. These patients should receive health checks every twelve months.
- Between March 2023 and 2024, 59% have received all six checks (compared to 53% across Sutton). 9% have received none (compared to 11% in Sutton). Within specific GP surgeries, there is variation from 44%, to 77%.
- The test least likely to be recorded is an alcohol test.

Preventable mortality among people under the age of 75

A [preventable death](#) is one which could have been mainly avoided through effective public health and primary prevention interventions, before the onset of diseases or injuries. [Examples of preventable mortality](#) include cardiovascular disease and some types of cancer.

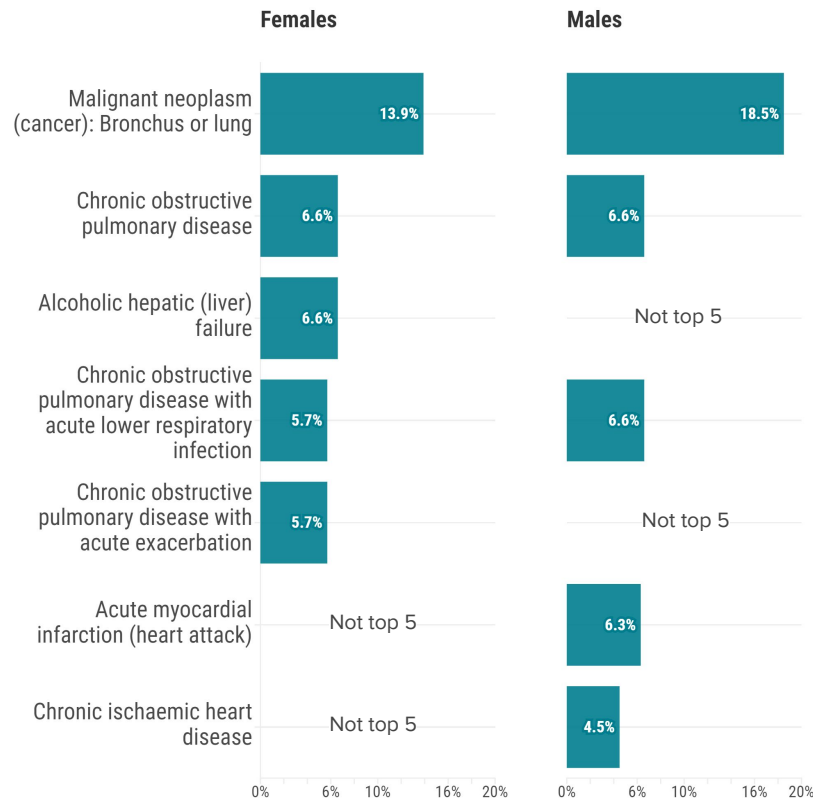
The five causes of preventable death with the highest prevalence (as a proportion of all preventable deaths) in Carshalton are shown by Fig. 22.

As in other parts of the borough, males account for a bigger proportion of preventable deaths than females. This difference is likely attributed to a combination of biological, behavioral, and societal factors. Men tend to engage in riskier behaviors such as higher rates of smoking and alcohol consumption, and are more likely to encounter occupational hazards. At the same time, they may be less inclined to engage with preventive measures, or seek support for mental and physical health concerns. This highlights the necessity of ensuring timely access to services for men to reduce health complications and to facilitate earlier detection and treatment.

The conditions listed in Fig. 22 are all, at least partially, related to behaviours such as smoking, low levels of physical activity and obesity. [Nationally, people living in the most deprived areas are more at risk of dying from an avoidable cause than those in the least deprived areas.](#) This reinforces the importance of effective programmes to reduce smoking prevalence, increase physical activity and reduce obesity to help reduce health inequalities in Carshalton INT.

Data note: This data is locally calculated and cannot be compared to national figures. Covid-19 remained the highest preventable death in this timeframe, but due to the vaccination not being widely available for part of the time period covered by the data, it has been removed.

▼ Fig. 24. Top 5 causes of preventable mortality amongst under 75s living in the INT, as a proportion of all preventable deaths in this cohort. Source: Primary Care Mortality Data 2020-2022 (2024), internally calculated rates.



Appendices

Carshalton

Appendix 1 - Public Health Resources

[Pharmaceutical Needs Assessment \(PNA\)](#)

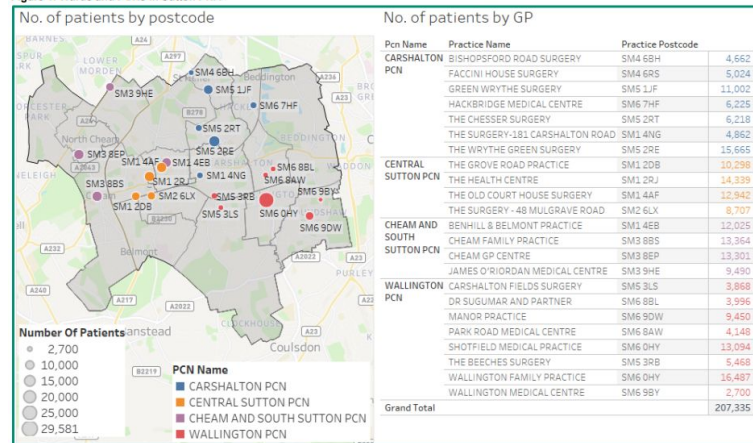
In 2022 Sutton refreshed its PNA. The PNA is a report on the pharmaceutical service needs of a local population. It is used to identify any gaps in current services or improvements that could be made in future pharmaceutical service provision.

For further information on Pharmacies or topics covered in this report please click on the title link to be sent to the document

[Sutton's Strategic Needs Assessment – Borough Profile 2023 \(SSNA\)](#)

This Strategic Needs Assessment summarises the latest key data about Sutton to provide a high-level update on local needs. The report includes insights into the demographics of residents, their health and wellbeing, and Sutton as a place

Figure 1: Wards and PCNs in Sutton PNA



There is variation in household composition across the borough, which may affect demand for services

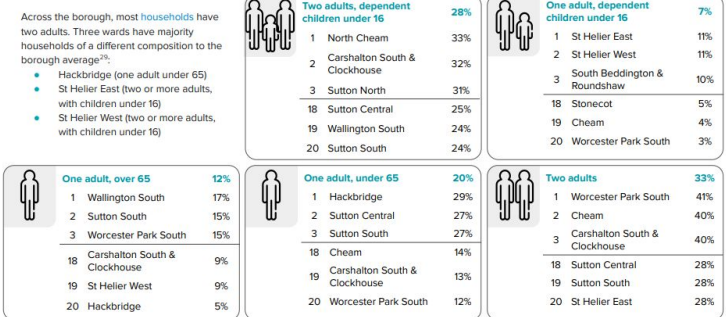


Figure 16: Household composition by ward. Source: ONS, 2022

Appendix 1 - Public Health Resources

Annual Public Health Report 2022/23 (APHR)

The Annual Public Health report looks at how we can meet the needs of our communities and tackle the barriers preventing them from being active.

Physical activity remains a key priority for Sutton, particularly in the context of an increasingly overburdened health and care system, a growing cost of living crisis and in the wake of the COVID-19 pandemic.

Priority 2: Active Places

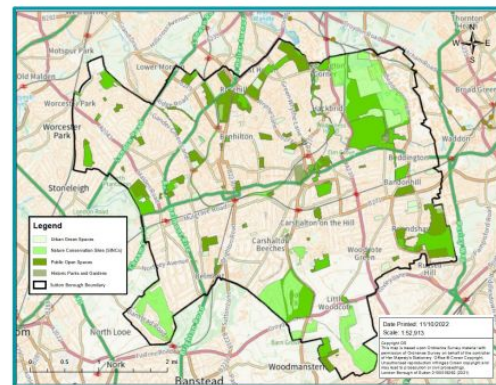
Sutton has a wealth of places where people can be active and incorporate physical activity into their daily lives. These include parks, green spaces, allotments, sports facilities and the natural and built environment.

Residents living in the borough can enjoy more than 464 hectares of parks and open space, (including formal parks, wildlife areas, lakes and waterways) and many do, with almost 90% of Sutton residents saying that they visit parks each year, and 51% of families saying they go to local playgrounds with their children²⁵.

24 hour gyms have entered the leisure market in Sutton and the use of green spaces has been revolutionised by events like parkrun. Health apps, digital fitness programmes and gamification (e.g. [Geocaching](#)) have also helped to broaden the appeal of outdoor activities.

However, with increasingly constrained resources there are challenges. This section explores these issues and showcases some of local assets that are encouraging more people to play sport and be physically active in Sutton.

Map to show parks and open spaces in Sutton



Appendix 2: Ethnicity

Fig. 23: Maps of Carshalton INT, showing the percentage of residents from a) Asian ethnic groups and b) Black ethnic groups (ONS, 2023)

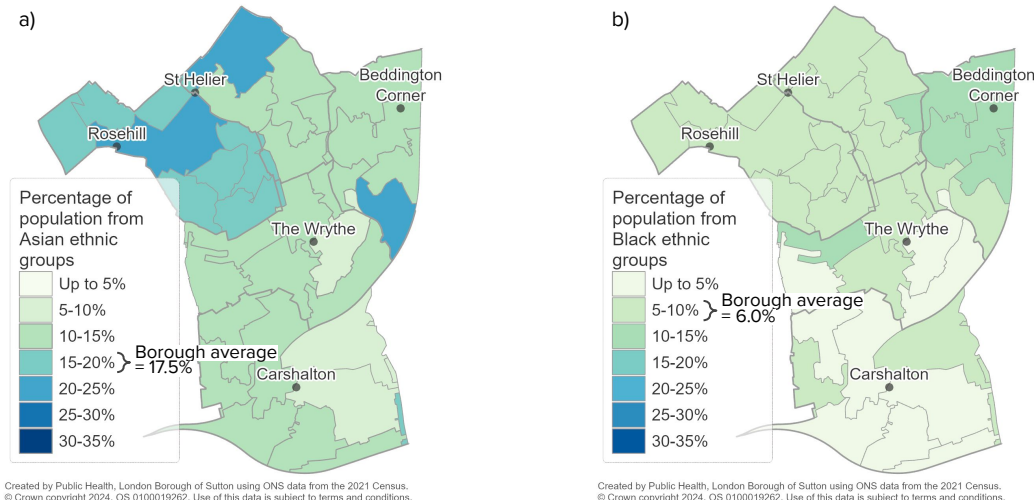
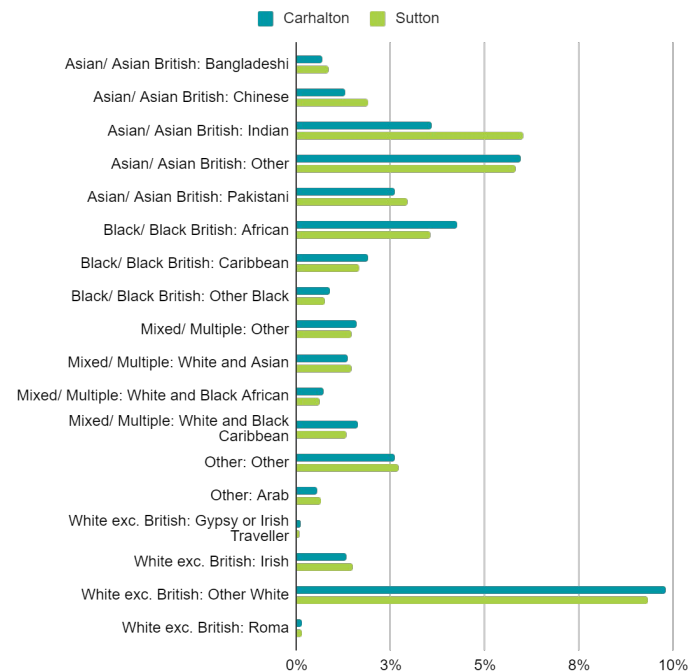


Fig. 24: The percentage of residents from all ethnic groups excluding White British (ONS, 2023)



Appendix 3: Digital Exclusion

Digital exclusion method

The [NHS highlights the following barriers](#) which can increase a person's risk of being digitally excluded:

Risk factor	Indicator	Source (date)
Older people	Percentage of people over 65 by LSOA	Census (March 2021)
People in lower income groups	Percentage of people employed receiving UC by LSOA	DWP (February 2023)
People without a job	Percentage unemployed by LSOA	Census (March 2021)
People in social housing	Percentage of households socially rented by LSOA	Census (March 2021)
People with disabilities	Percentage people whose day to day life is limited a little or a lot by LSOA	Census (March 2021)
People with fewer educational qualifications	Percentage of people with level 1 qualification, or no qualifications	Census (March 2021)
People living in rural areas	N/A	N/A
Homeless people	Data not available at small enough level	N/A
People whose first language is not English	Percentage first language not English	Census (March 2021)

Each LSOA in Sutton has been ranked according to each indicator. From this, an average rank for each LSOA was calculated from all indicators, and 'rank of ranks' created to show areas most at risk of digital exclusion.

Appendix 4: Loneliness

Loneliness method

Ten indicators have been identified which can increase a person's risk of loneliness, using the [Campaign to End Loneliness](#)' summary of risk factors.

Risk factor	Indicator	Source (date)
Age	Percentage of residents aged 16-24 Percentage of residents aged 65+	Census, ONS (March 2021)
Living with a mental health condition	Percentage of residents reporting their day to day activities are limited a little or a lot	Census, ONS (March 2021)
Are renting	Percentage of households renting from private or social landlords	Census, ONS (March 2021)
Carers	Percentage of residents reporting to provide unpaid care	Census, ONS (March 2021)
Single parents	Percentage of households composing a lone parent and child(ren)	Census, ONS (March 2021)
People from Asian, Black, Mixed/ Multiple and Other ethnic groups	Percentage of residents from Asian, Black, Mixed/ Multiple and Other ethnic groups	Census, ONS (March 2021)
Lower income households	Percentage of residents receiving Universal Credit	DWP (February 2024)
New parents	Percentage of residents aged 0-2 (in order to identify areas with a higher percentage of new parents)	Census, ONS (March 2021)
Migrants	Percentage of residents born outside of the UK	Census, ONS (March 2021)
Living alone	Percentage of households composing one person	Census, ONS (March 2021)

Each LSOA in Sutton has been ranked according to each indicator. From this, an average rank for each LSOA was calculated from all indicators, and 'rank of ranks' created to show areas most at risk of loneliness.

Appendix 5: Diabetes care processes and treatment targets

Care process	To examine
Blood pressure	Cardiovascular risk
Blood sugar (HbA1c)	Glucose control
Cholesterol level	Cardiovascular risk
Foot screening	Foot ulcer risk
Eye screening	For eye disease
Serum creatinine	Kidney function
Smoking status	Cardiovascular risk
Urinary albumin / creatinine ratio	Kidney disease risk
Weight and body mass index (BMI)	Cardiovascular risk

Treatment target	To examine
Blood sugar (HbA1c)	Risk of all diabetes related complications
Blood pressure	Cardiovascular complications, eye and kidney disease progress
Cholesterol	Cardiovascular complications