

Committee(s):	Date(s):
Health and Wellbeing Board	18.09.2015
Subject: Health and Wellbeing Board update report	Public
Report of: Director of Community and Children's Services	For Information

Summary

This report is intended to give Health and Wellbeing Board Members an overview of local developments related to the work of the Board where a full report is not necessary. Details of where Members can find further information, or contact details for the relevant officer are set out within each section. Updates include:

- Key findings from the City of London Mental Health needs assessment
- Mental Health Strategy
- CCG Quality Premium 2015/16
- Dementia Friendly Community status
- Health Profile for the City of London
- Spice Time Credits Impact report

Recommendation

Members are asked to:

- Note the report.

Main Report

1. This report updates Members on key developments and policy issues that are related to the work of the Health and Wellbeing Board in the City of London. Details of where Members can find further information are also included.
2. **Key findings from the City of London Mental Health needs assessment**
Until December 2014 City of London mental health services were commissioned jointly with the London Borough of Hackney; however the need for services which are specific to the City of London resident population's needs has been recognised. The City Supplement of the mental health needs assessment has been written in order to shape the commissioning of new mental health services for those who live and work in the City of London. The needs assessment draws on epidemiological and comparative data for the City in conjunction with stakeholder views, captured through interviews and

workshops, to identify areas of unmet mental health need for the City of London, and includes a series of recommendations.

The key factors influencing mental health in City of London are:

- The ethnic make-up of City of London, which is similar to that for England with a high proportion of people from White ethnic backgrounds. The relationship between ethnicity and mental health is complex with well-documented inequalities at a national and local level.
- City of London has a diverse range of religious faiths. It is important to understand the beliefs of local residents to ensure health services are commensurate with beliefs and deliver best outcomes for all.
- Higher rates of psychiatric admissions and suicides are seen in areas of high deprivation and unemployment, regardless of age or gender. There are wide disparities between levels of deprivation in the City.
- There are strong associations between poor housing and mental health problems. The City has higher proportion of over-crowded households (lacking at least 1 bedroom) than its London Cosmopolitan peers (Southwark, Brent, Hackney Haringey, Lambeth, Lewisham and Newham).
- The City of London has a very high number of rough sleepers. Approximately 1 in 8 of the rough sleepers in the City of London have mental health needs.
- For many City workers the high pressure, competitive nature and long working hours of City roles may also trigger stress and mental health issues and trigger risk taking behaviours. Previously, periods of high unemployment or severe economic problems have had an adverse effect on the mental health of the population. Data on the health of City workers is very limited. There is only one comprehensive report, 'Insight to City Drinkers which can be found here: <https://www.cityoflondon.gov.uk/services/health-and-wellbeing/drugs-and-alcohol/substance-misuse-partnership/Documents/insight-into-city-drinkers-report-2012.pdf>.

Key findings for children and young people's mental health

The City has a relatively low number of children and young people, living in dense pockets of residential population with some areas of high levels of deprivation and a prevalence of additional risk factors that are associated with increased incidence of mental ill-health. Living in a low income family, having special education needs, being in Local Authority Care, being in the Youth Justice System and having poor physical health or a physical disability can increase a child or young person's risk of having a mental health issue. Based on MINI2K-adjusted estimates in 2014 there were 52 children (age from 5-15) in the City of London with a mental health disorder. These estimates include 19 children with emotional disorders, 18 with anxiety disorders, 4 with depression, 3 with conduct disorders and 8 with hyper kinetic disorders.

Key findings for adults' mental health

Based on MINI2K-adjusted estimates in 2014 there were 190 adults (aged 18-65) in the City suffering from depression (130 from mild depression, 45 from moderate and 15 from severe). Approximately 32 adults were suffering from psychosis, 41 from schizophrenia and 83 from bipolar disorder. 1,294 are estimated to be suffering from a common mental health problem in this time. Mixed anxiety and depression, general anxiety and depression, and depressive episodes are the most common mental health problems affecting adults. High levels of depression are currently seen in the wards of Cripplegate and Portsoken in the City. By 2026 there is expected to be a 17% increase in the number of people with depression in City.

Periods of high unemployment or severe economic problems have had an adverse effect on the mental health of the population, and have been associated with higher rates of poor mental health in the City.

Key findings for older people's mental health

The number of older people aged 65 years or over in City is predicted to increase from around 1,050 in 2011 to 1,435 in 2021. Social isolation is a known risk factor for depression in older people and is likely to be more common amongst people who live alone. The number of older people living alone in City is currently around 381 and is expected to increase to 480 by 2020. People with long-term conditions are 2-3 times more likely to experience mental health problems than the general population. In the City of London, the number of older people with a limiting long-term illness is expected to increase by 28% from around 415 to 530 by 2020. The 2011 Census showed that the numbers of people providing unpaid care in the community is increasing, particularly amongst carers aged 65 years, of whom there are around 138 in City. Carers are particularly vulnerable to mental health problems. In 2012, there were estimated to be around 26 people aged 65 years or over in City suffering from depression; by 2020, the number is expected to increase to almost 118. The total number of City residents predicted to have dementia in 2014 was 68 and this is predicted to increase to 104 by 2030. Around 17 older people are predicted to suffer from serious mental illness in City. Co-morbidity (or dual diagnosis) of substance misuse and mental health disorders among older adults is a growing public health problem.

The full Mental Health Needs Assessment City Supplement is available from Poppy Middlemiss (poppy.middlemiss@cityoflondon.gov.uk, 020 7332 3002).

3. **Mental Health Strategy**

A Mental Health Strategy for the City of London is currently being developed in partnership with City and Hackney CCG. It will set out the City's ambitions for better mental health and wellbeing, highlighting the key challenges, areas of focus and next steps. It will draw on the recently completed Mental Health Needs Assessment as its primary evidence base and will cover the mental health needs of all the populations within the City, including children and young people, residents of working age, older people, City workers and rough

sleepers. A workshop with Healthwatch has also been planned to understand the views of residents and local service users.

The contact officer is Sarah Thomas: 020 7332 3223.

4. **CCG Quality Premium 2015/16**

The 'Quality Premium' is set by NHS England and is intended to reward CCGs for improvements in the quality of the services that they commission and for associated improvements in health outcomes and reductions in inequalities in access and in health outcomes. More information is available at: <http://www.england.nhs.uk/wp-content/uploads/2015/04/qual-prem-guid-1516.pdf>.

Where choice was available (see below for which measures have been nationally mandated and which had some element of choice), the CCG Programme Boards have chosen indicators to support their commissioning plans for the coming year and to align with areas of priority for the CCG. The below table shows the six quality premium measures for 2015/16, along with the target and the money attached if the CCG achieve the target, including:

- Two mandatory measures (indicator details set solely by NHS England);
- Two areas where the CCG had a menu of choices to choose from and the appropriate CCG Programme Board have chosen which to focus on;
- Two measures where the CCG could choose any of the CCG Outcome Indicator Set where they wanted a focus on improvement

	Measure	Target	Relative value	Absolute value
Mandatory	Reducing potential years of lives lost through causes considered amenable to healthcare	Average 1.2% reduction each year from 2012 – 2015	10%	£140,000
Mandatory	Improving antibiotic prescribing in primary and secondary care	1% reduction in all antibiotic prescribing and a 10% reduction in the proportion which are certain antibiotics	10%	£140,000
Menu of choices	Urgent Care	Maintain emergency admissions (composite measure) at below 1,000 per 100,000 population in 2015/16	30%	£420,000

Menu of choices	Mental Health	Reduction in the number of MH patients attending A&E who wait more than 4hrs to be treated and discharged/admitted (MH patients who wait more than 4hrs no greater than the average for all patients or less than 5%)	30%	£420,000
Local choice	Patient experience of CHUHSE – measured via GP patient survey	Improvement on 60% patients responding with 'very good or fairly good experience'	10%	£140,000
Local choice	People who have had a stroke who: receive a follow up assessment 6 months after initial admission	Improvement on 5% of eligible patients who have assessment currently (2014 data)	10%	£140,000

The contact officer is Anna Garner, NHS City and Hackney CCG: 020 7683 4659

5. **Dementia Friendly Community status**

The Alzheimer's Society has awarded the City of London Corporation with 'Dementia Friendly Community' status. This demonstrates our continuing commitment to building dementia-friendly communities and is the culmination of several years' work, including the development of the City's Dementia Strategy.

The contact officer is Marion Willicome Lang: 020 7332 1216

6. **Health Profile for the City of London**

Health Profiles provide a useful snapshot overview of factors influencing health and health outcomes for each local authority area in England. At the 19th June meeting of the HWB, Members discussed the absence of a Health Profile for the City of London. The Chairman was requested to write to Public Health England, expressing concern that a profile has not been produced for the City of London and requesting that one be published in 2016.

The London Knowledge and Intelligence Service at Public Health England has since confirmed that they will develop a bespoke health report for City of London, in the absence of a Health Profile. This report will describe the key health outcomes for the area drawing on indicators from the Public Health Outcomes Framework (PHOF) and Local Health tools and other sources where appropriate. Where possible it will include indicators that are used in the health profiles for London local authority areas. This is currently being developed and will be shared with the HWB once available. A similar report will also be developed to coincide with the release of the 2016 Health Profiles.

The contact officer is Poppy Middlemiss: 020 7332 3002

7. **Spice Time Credits Impact report**

Spice run the Time Credits scheme for the City of London (both within the City and across our estates), with the aim of encouraging volunteering and fostering community engagement, which in turn can help to reduce social isolation and improve mental health and wellbeing. Their latest impact report shows the positive results of working in partnership with communities and public services. Those involved in the scheme report a positive impact on their quality of life, say they feel healthier and increased their level of social contact.

The report is available online: <http://www.justaddspice.org/wp-content/uploads/2015/07/Apteligen-Spice-Report-2015-Screen-Read.pdf>

Sarah Thomas

Health and Wellbeing Executive Support Officer

T: 020 7332 3223

E: sarah.thomas@cityoflondon.gov.uk