Committee: Health and Social Care Scrutiny Committee – For Information	Date: 27 February 2019
Subject: City of London Health Profile 2018	Public
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Summary

The City of London Health Profile 2018 was published in July (see Appendix 1). Public Health England produces Health Profiles for local authorities that contain summary information on the health of the people in each local authority area and factors that may influence their health.

Recommendation

Members are asked to:

- Note the City of London Health Profile 2018 and consider how they might use it to shape their forward-planning process.

Main Report

Background

1. Public Health England (PHE) produces Health Profiles for local authorities that contain summary information on the health of the people in each local authority area and factors that may influence their health. Health Profiles are Official Statistics, published by PHE according to the Statistics Release Calendar.

2. The Health Profiles provide a snapshot overview of health for each local authority in England. They are conversation starters, highlighting issues that can affect health in each locality.

3. Health Profiles aim to:
   - provide a consistent, concise, comparable and balanced overview of the population's health
   - inform local needs assessments, policy, planning, performance management, surveillance and practice
   - be primarily of use to joint efforts between local government and the health service, to improve health and reduce health inequalities
   - empower the wider community

4. Traditionally, the Health Profiles have been a four-page PDF report. These reports have been produced annually since 2006 for most local authorities, but not the City of London.

5. In 2016, we requested that PHE produce an annual Health Profile for the City of London's population. It was mutually agreed that the City of London's report is never published on the national website, as the data contained within it cannot be compared with other areas, for reasons explained below.

Current Position

6. The most recent Health Profiles PDF reports were published in July 2018 and contained 29 indicators. Indicators are reviewed regularly by PHE to ensure that they reflect important public health topics.

7. Many of the indicators used in the 2017 and 2018 Profiles are different, which makes it difficult to compare overall trends in the health and wellbeing of the City's residents.

8. The 2018 Profile shows some improvements when compared with the 2017 profile; the rate of new cases of tuberculosis in the City of London has decreased, although these are usually based on an extremely small number. The infant mortality rate has declined, though this is a combined value for the City and Hackney; infant mortality in the City of London is very low.

9. While the 2018 Profile shows that there has been an increase in smoking prevalence among adults in the City of London (from 8.4 in 2015/16 to 11.9 in 2016/17), this remains at a similar level to the England average, and as this figure is based on a sample of 117 patients registered at the Neaman Practice, it is not representative of the City residential population as a whole, and is unlikely to be statistically different from last year.

10. According to the 2018 Profile, the City of London performs at, or better than, the national average for the following indicators:
    - Life expectancy
    - Preventable mortality
    - Under-75 mortality from CVD and cancer
    - Emergency admissions for self-harm
    - Hip fractures in the over 65s
    - Admissions for alcohol-related conditions
    - Smoking prevalence in adults
    - Physically active adults
    - Excess weight in adults
    - Under-18 conceptions
    - Low birth weight of term babies
    - Smoking status of mothers at time of delivery
    - Breastfeeding initiation
    - Infant mortality

- Children in low-income families
- GCSE attainment
- Excess winter deaths
- New cases of tuberculosis.

11. The overall number of residents in the City of London has decreased by 1,747 in 2017, compared with 2016, according to ONS mid-year data. The City still has a higher proportion of its population in older age groups compared to London. Compared with 2016 figures there has been an increase in those aged below 20 and over 65.

12. Life expectancy among City residents has risen, from 86.1 years for men and 89 years for women in 2010-14, to 88 years for men and 90.5 years for women in 2011-15. As above, life expectancy in the City of London remains considerably higher than the London and England averages.

13. As above, the mortality rate in the City of London is still significantly lower than England for all causes, including all cancers, circulatory and respiratory diseases and stroke. During the five-year period 2011-2015, there were 160 deaths among City residents, compared with 2010-14 where there were 170. In 2011-115 there were fewer deaths from cancer and circulatory disease, compared with 2010-14. The proportion of deaths from respiratory disease remained roughly the same (one in ten) across these two time periods.

14. The 2018 Health Profile highlights several red indicators, as follows:

15. **Indicator 6: Killed and seriously injured on roads**
Rate of people reported killed or seriously injured on the roads, all ages, per 100,000 resident population (2014-16).

This indicator has issues, because it uses the City's resident population as a denominator, rather than the City's workday population. Public Health England states that "care is needed for interpretation, due to the small population in the City of London". It also states that "areas with low resident populations, but have high inflows of people or traffic may have artificially high rates, because the at-risk resident population is not an accurate measure of exposure to transport. This is likely to affect the results for employment centres, e.g. City of London."

16. **Indicator 10: Diabetes diagnoses**
% proportion of the City's population (estimated diagnosis rate for people with diabetes aged 17 and over) in 2017.

This is an estimate of the number of people diagnosed with diabetes, expressed as a percentage of those expected to have diabetes.

The City of London has a single GP practice – the Neaman Practice. Patients registered at the Neaman have one of the lowest rates of diabetes within the City and Hackney practices. However, the higher rates of diabetes in neighbouring Hackney may skew local estimates of diabetes.

The higher-than-average estimated diagnoses rate may be explained by the fact that the estimates for Local Authorities are created by aggregating GP-level data, which means that data from the Neaman Practice as well as other Hackney GP practices, may be used to create the City of London estimate.

17. **Indicator 11: Dementia diagnoses**
    % proportion of those aged 65+ (2017).

    As with the diabetes indicator (above), this data is likely to overestimate the number of people living with dementia in the City of London, and hence the diagnosis rate seems to be lower than it should be.

18. **Indicator 21: Obese children**
    Combined figures for City of London and Hackney for children aged 10 to 11 years, given as a % proportion (2016/17).

    Data is taken from the National Child Measurement Programme, which collects information from state maintained primary schools – only one of which exists in the City of London (Sir John Cass). City-specific data has been combined with data from London Borough of Hackney to prevent potential disclosure of individuals.

19. **Indicator 25: Statutory homelessness**
    Crude rate per 1,000 households (2016/17).

    This indicator demonstrates the number of households that have presented themselves to their LA but under homelessness legislation have been deemed to be not in priority need. The majority of the people that fall under this cohort are single homeless people.

    Looking at the figures in isolation, we had 16 households in temporary accommodation on 31 March 2017. Their connection with the City was as follows:

    > Work = 5
    > Residence = 6
    > Family = 1
    > Other/none = 4

    31% of the City's caseload had a connection to the local area through work. This information is not recorded by DCLG so a direct comparison cannot be made, but anecdote suggests other councils have approximately 10% local connection rate through work. The unique imbalance in the City for working versus resident population distorts our figures in comparison to any other local authority in England.

    If we only had 10% of our caseload having a connection through work, this would only be 2 (rounded up from 1.6) households, giving total number in temporary accommodation as 13. This would result in 1.7 households per thousand in temporary accommodation, much closer to the national average.

20. **Indicator 26: Violent crime**
    Violent offences as a crude rate per 1,000 population (2016/17).

    This indicator has issues, because it uses the City's resident population as a denominator, rather than the City's workday population. This rate is calculated using the number of violence against the person offences is divided by the population of the area and multiplied by 1,000. According to PHE, "caution needs to be taken when considering crime rates in London and other city centre areas, due to the very small populations in these areas. The high reported crime rates in city centres are partly due to the use of small resident population figures as the denominator of the crime rate. The 'transient population' that migrates into these areas on a daily basis, either for work or leisure, will not be reflected in the resident population figures."

21. **Indicator 28: New STI diagnoses (exc. Chlamydia in <25s)**
    All new sexually transmitted infections diagnoses (excluding Chlamydia in under 25 year olds) per 100,000 population aged 15 to 64 (2017).

    New STI diagnoses in the City of London are significantly higher than the national value due to workers in the City of London accessing sexual health services using their work postcode. Additionally, attendees at 80 Leadenhall who refuse to give a postcode or who are from overseas may also be allocated to the City of London.

Corporate & Strategic Implications

22. This information informs the City and Hackney Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy of the City Corporation's Health and Wellbeing Board.

Conclusion

23. While the City of London's Health Profile 2018 provides a useful starting point for looking at performance, the small numbers must be treated with caution, as they can paint an inaccurate picture of health and factors influencing health locally.

24. Members are asked to note the Health Profile and consider how they might use it to shape their forward-planning process.

Appendices

- Appendix 1 – City of London Health Profile 2018

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