| Committee  | Dated:          |
|--|-----------------|
| Health and Social Care Scrutiny Committee                | 30/10/2017      |
| Subject: City of London Health Profile                   | Public          |
| Report of: Director of Community and Children's Services | For Information |
| Report Auther: Farrah Hart, Consultant in Public Health  |                 |

## **Summary**

The City of London Health Profile 2017 has been published. Public Health England produces Health Profiles for local authorities which contain summary information on the health of the people in each local authority area and factors that may influence their health.

The City of London performs at or better than the national average for the following indicators: Life Expectancy, Children in Poverty, Preventable Mortality, NEETs, Fuel Poverty, Excess Weights in Adults, Smoking Prevalence and Alcohol Admissions.

There are several red indicators in the health profile. The majority of these are caused by statistical artifice due to small numbers, or where City of London figures have been merged with the London Borough of Hackney's figures.

One red indicator is directly related to underperformance in breast cancer screening.

#### Recommendation

Members are asked to:

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

#### **Main Report**

## **Background**

- 1. Health Profiles are Official Statistics, published by Public Health England (PHE) according to 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 assessment, 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 4 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 Public Health England (PHE) produced a Health Profile for the City of London's population. PHE produced one, but 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 2017 and contained 30 indicators. Indicators are reviewed regularly to ensure that they reflect important public health topics.
- 7. The City of London performs at, or better than, the national average for the following indicators:
  - Life Expectancy,
  - Children in Poverty,
  - Preventable Mortality,
  - Young people not in employment, education or training (NEETs),
  - Fuel Poverty,
  - Excess Weights in Adults,
  - Smoking Prevalence and
  - Alcohol Admissions.
- 8. The Health Profile highlights several red indicators, as follows:

### Indicator 8. Violent crime

Violent crime (including sexual violence) – hospital admissions for violence, directly standardised rate – per 100,000 2013/14 – 15/16

9. This value is for the City and Hackney combined so does not reflect the figure in the City

## Indicator 9. Statutory homelessness

Households in temporary accommodation per 1,000 households, 2015/16

10. Looking at the figures in isolation, we had 24 households in temporary accommodation on 31 March 2016. Their connection with the City was as follows:

Work = 10 Residence = 5 Family = 0 Other/none = 9

- 11.42% of our caseload had a connection to the City 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.
- 12. If we only had 10% of our caseload having a connection through work, this would only be 2 households, giving total number in temporary accommodation as 16. This would result in 3.3 households per thousand in temporary accommodation, much closer to the national average

## Indicator 20. Breast cancer screening

% eligible women screened adequately within previous three years on 31<sup>st</sup> March 2015

13. This indicator is likely to relate to underperformance within this service, as breast cancer screening is provided to a whole population group within the City. NHS England provides this service.

## **Indicator 22. Health checks (offered)**

Cumulative % eligible population aged 40-74 offered NHS health check in the five year period 2013/14 – 2017/18

- 14. The City of London only has one GP surgery, the Neaman Practice. Health check data is only collected for residents who are registered at the Neaman Practice. Many of our residents are registered at GPs in Tower Hamlets or Islington so may be offered health checks but aren't included in the figure provided.
- 15. The City of London has recently commissioned Reed Momenta to deliver a new Integrated NHS Health Checks, Lifestyle Weight Management and Physical Activity Service (HWMPA), which was mobilised in October 2016. This included a community Health Check service available for residents and workers so will increase offers and uptake in the City of London. Data will take a while to reflect this change

## **Indicator 23. Air pollution mortality**

Fraction of all-cause adult mortality attributable to anthropogenic particulate air pollution (measured as fine particulate matter PM2.5), 2013

16. Public Health England states that this indicator may not be accurate data for the City due to its small population. Air pollution is likely to contribute a small amount to the deaths of a large number of people rather than being solely responsible for the 8.4% - which complicates the relationship between pollution and mortality even more.

## Indicator 24. New STI diagnoses (exc. Chlamydia in <25's)

# All new sexually transmitted infections diagnoses (excluding Chlamydia in under 25 year olds) per 100,000 population aged 15-64.

17. 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 St Bartholomew's Hospital who refuse to give a postcode or who are from overseas may also be allocated to the City of London.

### **Indicator 26. TB incidence:**

Rate of reported new cases of TB per year per 100,000 population, 2013-15

18. This equates to 2 new cases of TB in the City of London. This is marked as red but given our small resident population is not comparable to England/other local authorities. A small change in numbers can give a very big change in rate.

### **Indicator 27. Infant mortality:**

Rate of deaths in infants aged <1 year per 1,000 live births, 2012-14

19. This value is for the City and Hackney combined. Infant mortality in the City is 0.0 and therefore the value does not reflect infant mortality in the City.

#### Conclusion

- 20. Whilst the Health Profile for the City of London provides a useful starting point for looking at performance, the small numbers must be treated with caution, as they can cause statistical artefacts.
- 21. The Health Profile highlights some underperformance with regards to NHS cancer screening, as this is a whole population intervention.
- 22. 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 2017

Farrah Hart Consultant in Public Health

T: 020 7332 1907

E: farrah.hart@citvoflondon.gov.uk