

Health in Mind

Annual Report of the Director of Public Health
for City and Hackney 2014/15





HACKNEY TOWN HALL

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Introduction from Dr Penny Bevan, Director of Public Health



A healthy community is one where all residents enjoy high standards of both mental and physical wellbeing. Good health means not merely the absence of disease, but also being physically active, healthy and happy.

In 2011, the government released its No Health Without Mental Health strategy¹ that sought to give equal weight to physical and mental health, to improve access to services that prevent mental health problems and effectively treat those that develop. I share the same vision for Hackney and the City of London. No one should feel like they are alone in their distress or that they don't have anywhere to go for help.

At least one in four of us will experience a mental health problem at some point in our lives, and the residents of

Hackney and the City of London are no exception. In fact the recent mental health needs assessment suggests that our rates may be even higher. A large proportion of people with mental health problems also have problems with drugs or alcohol, known as dual diagnosis. The public health team, together with our partners, are focused on improving responses to dual diagnosis in both mental health and substance misuse services.

Public health in the City of London and Hackney are commissioning prevention services to improve mental health and provide specialist drug and alcohol treatment services. These will work alongside services commissioned by partners such as City and Hackney Clinical Commissioning Group (CCG) and NHS England to create an integrated response to all levels of mental health need – from prevention and projects that tackle the root causes of mental ill health, to specialist treatment services for the most complex patients. Together we are working with residents in all age ranges, providing information, support and treatment to those who need it.

A number of flagship projects have been commissioned to cater for mental health needs. As this report goes to press, Hackney is launching the City and Hackney Wellbeing Network, which will bring voluntary organisations together to improve mental health and wellbeing. They will provide integrated support, signpost services and ensure that every person who needs help for a mental health problem is given a coordinated plan for their care.

Later in 2015, Hackney will launch an Integrated Substance Misuse Service to provide clinical treatment, psychosocial support and recovery options for adults with drug and alcohol problems. The current substance misuse service for children and young people is being expanded to ensure that there is no gap in the provision of services and that people of any age have somewhere appropriate and accessible to go for help.

The City of London Corporation is due to launch an Integrated Substance Misuse and Tobacco Control Service in October 2015, providing treatment and support to all City residents and workers.

Prevention is a key dimension of our work. A schools mental health project is being commissioned in Hackney to provide children and young people with the knowledge and skills they need to protect their mental health and recognise early warning signs of mental ill health in themselves and others.

Mental and physical health cannot be separated. Our work to tackle wider health issues like obesity and sedentary lifestyles, to cut the numbers of people smoking and to reduce the burden of long-term conditions, continues apace. I'm pleased to see innovative projects coming to fruition; such as the Hackney Health Hubs, which will put health coaches in four community centres on housing estates; Community Kitchens, that teach cooking skills whilst strengthening social cohesion and tackling isolation; and the launch of the Healthier Hackney Fund, which will provide £300,000 of funding to projects that aim to tackle our entrenched ill health issues in new ways.

The health of our residents is also benefitting from the work of other Hackney Council departments that tackle some of the wider determinants of health such as the Ways Into Work scheme, the Our Parks/Spaces free physical activity classes, the Run Hackney half marathon and much of the work around sustainable transport. We will continue to embed public health into the council to maximise the positive health impact of everything the local authority does.

The City of London has made great strides in improving not only the health of its almost 8,000 residents, but also working to improve the health of the 360,000 people who come to the Square Mile each day to work. Business Healthy Circle is a group of City leaders who want to improve the health and wellbeing of City workers. It brings together human resources, health and safety, occupational health and communications expertise from small and large companies to share best practice and turn the business case for workers' health into action. The City of London Corporation is setting a good example by showing commitment to the health of its own employees and has been awarded with a Royal Society of Public Health Award for its efforts to improve workplace health.

The achievements, innovations and ambitious plans outlined in this report are a testament to the hard work of the public health teams in Hackney Council and the City of London Corporation and all our dedicated partners. Together we have gone from strength to strength over the last year and, although we still have many challenges ahead, our efforts are making a real impact.

For their contribution to making Hackney and the City of London healthier, happier places to live and work, I'd like to thank the members of the Health and Wellbeing Boards for their continued support and particularly their Chairs, Councillor Jonathan McShane in Hackney and The Reverend Dr Martin Dudley in the City of London.

Ultimately, improving mental health needs a true partnership approach. We need to work with other departments in the local authority, the CCG and GPs, the voluntary sector, patients, staff in hospital and community services and local businesses – only then will we be able to tackle this problem together.

1. The Underlying Causes and Consequences of Poor Mental Health

Taking action on mental ill health is important for economic and social reasons. The economic impact of poor mental health is enormous; one estimate put the total cost of all mental illness in England in 2009/10 at £105billionⁱⁱ. This includes the cost of health and social care, overall loss of productivity and human costs.

Much like physical health, the environment in which people live shapes their mental health. Deprivation and social inequality contribute to mental health problems and are associated with an increased risk of developing many common mental disorders, such as depression and anxiety, and problems with drugs and alcohol. Taking action to improve the conditions of daily life – including housing, employment and education – can improve outcomes.ⁱⁱⁱ

Hackney and the City of London both have a complex story to tell about the factors that influence the mental health of their population. Both are home to diverse demographic groups, various cultural and religious groups and people from both ends of the income scale. In both areas, people on high incomes are living in million pound houses only streets away from those facing severe deprivation and relying on temporary housing.

The Demographics of Mental Health



Part of Hackney's high burden of mental ill health can be linked to the fact that its residents are relatively young; 24 per cent of the population is under 20 years old and a further 20 per cent are aged between 20-29 years old. Many psychiatric illnesses such as psychosis, bipolar disorders and schizophrenia are disproportionately common in young adults, so this may be causing an unusually high number of new diagnoses for mental illness in Hackney. Similarly in the City of London, 21 per cent of the population is between 20-29 years old, although the under 20 population makes up only 11 per cent of all residents.

The prevalence of Severe Mental Illness (SMI)¹ in Hackney and the City of London recorded on GP registers is 1.31 per cent, which is higher than that in comparable local authorities and

¹ These statistics are taken from Quality and Outcomes Framework data, where SMI is defined as schizophrenia, bipolar disorder and psychosis only.

significantly higher than the England average of 0.84 per cent.^{iv} Incidence of SMI is highest among 25-50 year olds in the City of London and Hackney and the population of this age group is expected to grow by 9 per cent in the next 10 years.^v This will present new challenges for those caring for the mental health needs of the population.

There are high rates of international and national migration into both areas. In 2013, Hackney saw a population turnover of 147.6 per 1,000 due to internal migration and 29.9 per 1,000 due to long-term international migration, while the City saw 184.2 per 1,000 due to internal migration and 131.6 due to long-term international migration. This compares to the England average of 99.2 per 1,000 internal and 11.4 long-term international, taken over unitary and local authorities.^{vi} Research has shown that migrant groups and their children are at two to eight times greater risk of developing mental illness, including psychosis.^{vii} The profile of those moving to the area is varied, as is the level of support they can expect to receive from their family or community. Some migrants will benefit from an existing close-knit community and extended social support networks, but others may be isolated and at greater risk of loneliness and mental illness. The refugees, economic migrants and young people who come to Hackney in search of employment, stability and opportunity are a key focus group for those seeking to improve mental health in the borough.

Mental health is viewed very differently by different cultures. This is a key factor in understanding mental health needs in Hackney, where there are many diverse communities and cultures. Around 40 per cent of the population is from Black and minority ethnic (BME) groups. Sixteen per cent defined themselves as 'White Other' in the most recent census; this group includes a high percentage of Eastern European migrants. Hackney has one of the largest orthodox Jewish Charedi communities in Western Europe, representing 7 per cent of the borough's population, and 6 per cent of Hackney residents were born in Turkey.^{viii}

The diversity of these groups and their differing knowledge, attitudes and practices around mental ill health are important to consider when seeking to provide universal services or when targeting specific groups. The high BME population of Hackney may also play a role in being diagnosed with a mental illness; research has shown that people of Black-Caribbean or Pakistani origin are more likely to be diagnosed with severe mental illness than other ethnic groups, although the reason for this remains unclear.

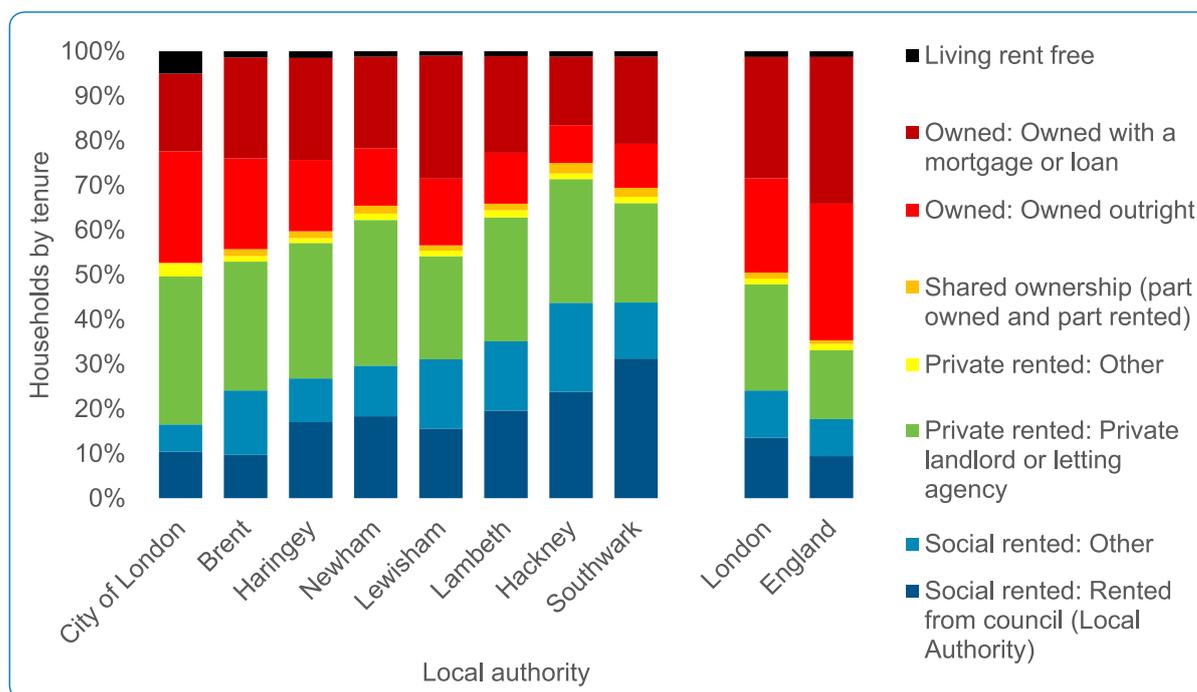
Substance Misuse

Substance misuse can be both a cause and consequence of mental health problems. Dual diagnosis is a common problem for both mental health services and drug and alcohol treatment services. It has been suggested that 30 to 50 per cent of people with mental health problems also have current drug or alcohol issues and half to two-thirds of people who come into contact with drug or alcohol treatment services may also have some kind of mental health problem^{ix}. Amongst Hackney residents who were currently in alcohol treatment during 2012/13, around 30 per cent were recorded as having dual diagnosis.

Housing and Homelessness

Poor housing, social deprivation and unemployment are all associated with mental illness. Hackney has a higher rate of families living in temporary accommodation than the England average, and a higher proportion of over-crowded households than other London boroughs. These living conditions have been shown to have an impact on mental health, while mental illness can impact on a person's ability to secure good housing.^x Individuals living in local authority housing have poorer mental health than those who live in privately owned homes^{xi}; 44 per cent of households in Hackney are rented as social housing, either from the local authority or elsewhere. In the City of London, this figure is 17 per cent.^{xii}

Fig 1: Percentage of households in each category of housing tenure for the London Cosmopolitan authorities, London and England, 2011



Source: 2011 Census: Tenure, local authorities in the United Kingdom. ONS, 2013.

Both Hackney and the City of London have responsibility for a number of rough sleepers, who are extremely vulnerable and suffer a high prevalence of mental ill health and substance misuse issues. There is strong evidence of the link between drug/alcohol misuse and mental health problems and rough sleeping. Homelessness can be both a cause and a consequence of significant physical and mental health issues, often creating stress and anxiety.^{xiii xiv} The latest data for Hackney suggests that there were 102 rough sleepers in 2012/13, which was an increase of 21 from the previous year. Of these, 35 required support for alcohol, 23 for drugs, 32 for mental health issues and 11 for all three. The latest figure for the City of London was 284 rough sleepers, of which 35 had support needs for alcohol, 17 for drugs, 38 for mental health, and 30 for all three.^{xv}

Rough Sleepers in the City

Due to the central location of the City of London and perceptions of the area as a safe place, it has a large number of rough sleepers as a proportion of residents. Around 45 per cent of rough sleepers in the City have, or have had, a mental health problem. This group is a significant focus for providing support for those with mental health needs.

The City of London Corporation has a dedicated homelessness team who aim to provide housing (both temporary and permanent) for rough sleepers, and has a psychiatric nurse who works closely with Broadway and St Mungo's, to engage with rough sleepers who have mental health needs.

Deprivation and Unemployment

Regardless of age or gender, there is a higher risk of mental illness for those living in poverty than the wealthy^{xvi} and higher rates of suicide and psychiatric admissions in areas of high deprivation. Hackney is the second most deprived local authority in England and there is also inequality within the borough on a ward-by-ward, or even street by street basis. The way residents experience mental health issues is varied. The same is true of the City of London

– some wards are among the most deprived 40 per cent of the country and others are among the least deprived 20 per cent.

Unemployment levels, although reducing, are still higher in Hackney than the London average. Unemployment figures are not published for the City of London's small resident population but the proportion of those of working age that claimed job seekers allowance for over 12 months is much lower than the UK average. Associations have been found between unemployment and mental health; unemployed people have been found to be the most likely to suffer from high levels of all psychiatric disorders.^{xviii} Hackney Council is placing a strong emphasis on getting people into work and offering support for those with mental illness, through schemes like Ways into Work.

Ways into Work

Ways into Work is an employment programme to support unemployed Hackney residents into jobs, apprenticeships and training. The programme provides intensive, holistic 1-2-1 support for residents and works closely with local businesses to help ring-fence local jobs for local people.

The programme works with a range of partners to deliver training programmes to ensure local people have the relevant skills and qualifications to take advantage of job opportunities in key growth sectors.

Between April-September 2014, the programme registered and assisted 878 clients, with 449 supported into a job, 132 entering an apprenticeship role and 99 attending accredited training.

Workplace Health

The working population is on the whole relatively affluent in the City of London, but may suffer from high levels of stress, anxiety and abuse of drugs and alcohol as a result of their working environment and culture.

Over one-fifth^{xvii} of City workers report suffering from depression, anxiety or other mental health conditions, with one-third reporting that their job causes them to be very stressed on a regular basis. The culture of long working hours and stress, coupled with peer pressure for heavy alcohol consumption and smoking can lead to future health problems. The working population also includes many lower paid support workers, such as cleaners, coffee shop and retail workers, who have very different health needs. There are several initiatives commissioned by the City of London that aim to support the health needs of workers on lower pay; 'TLC' provides health checks to lower paid workers and 'Fusion' provides exercise on referral for this target group.

Workplace health is vitally important for both Hackney and City. Hackney Council is delivering year-round communications and campaigns for its staff highlighting the importance of staying healthy at work to improve wellbeing and increase productivity. The City runs a Business Healthy programme which aims to engage with businesses in the Square Mile and encourage them to improve employee health and wellbeing in their workplace. There are two key elements – the Business Healthy Circle, a network of City business leaders with an interest in workplace health and wellbeing, and the resources and guidance which will be available on the Business Healthy website in April 2015. The City of London Corporation has recently won awards for its own workplace health programmes, including 'achievement' level in the London Healthy Workplace Charter.

Educational Achievement

Poor mental health is linked to low educational achievement; people with no or few qualifications are at a higher risk of developing common mental health problems, while mental health problems can negatively impact a person's ability to secure qualifications.^{xxix} Educational attainment is improving in Hackney. In 2014, more than 70 per cent of pupils achieved at least five GCSEs at grades A* – C, which is similar to the London average and slightly higher than the inner London average of 68.2, although rates including English and Maths are slightly below average^{xx}. Corresponding information for the City of London is not available as there are no maintained secondary schools in the area.

Adult learning is an important factor in promoting positive health and wellbeing through improving knowledge, skills, trust, dependency, positive self-image, assertiveness and confidence.^{xxi} In the City of London and Hackney, a greater percentage of adults have qualifications equivalent to or higher than A* – C grade GCSEs than is average for England. However Hackney's percentage is lower than the average for London.

Crime

Areas with high levels of violent crime are more likely to have higher levels of mental illness.^{xxii} Individuals with mental health issues have been linked to the criminal justice system in various ways, particularly through use of, or involvement with illicit drugs and excessive alcohol consumption. Victims of crime are more likely to suffer mental health problems and violent crimes committed by people with mental health issues are more frequently reported. Specific mental health disorders have also been linked to criminal actions. Antisocial personality disorder is associated with reckless, deceitful and criminal behaviour.^{xxiii}

Whilst Hackney has among the best crime reductions figures in London, it still has the sixth highest crime rate in the capital. Crime has reduced in Hackney by 11 per cent in the last five years, and by 30 per cent in the last ten years, with 12,000 fewer victims of crime than ten years ago. Crime rates differ between wards and are high in areas such as Haggerston, Dalston and Queensbridge, where much of the borough's nighttime economy is centred. As crime rates are based on resident population, it is not appropriate to compare the City of London to other areas.

The rate of violent crime is still high in Hackney, although it does not vary greatly from other similar London boroughs. Hackney also has a high prevalence of domestic violence and approximately one third of women with depressive or anxiety disorders will have experienced violence from a partner in the last year.

² Educational data for the City of London not published.

Lifestyle

Hackney has one of the highest proportions of people living with long-term health conditions in London, at 7 per cent.^{xxiv} Individuals who experience physical long-term health conditions are two to three times more likely to experience mental health problems than the general population, particularly anxiety and depression.^{xxv} This rate is expected to increase, as the number of people aged 65 years and over is predicted to rise by 48 per cent in the City of London and 25 per cent in Hackney in the next ten years.

There are strong associations between mental ill health, smoking and excess weight. Patients suffering with Severe Mental Illness (SMI) in Hackney and the City of London are nearly twice as likely to have a Body Mass Index (BMI) over 30 (obese). There are a number of reasons why obesity and mental ill health are often linked. Poor mental health can lead the person to make unhealthy lifestyle choices, while obesity is also a known side effect of antipsychotic medication.^{xxvi} Second, medical problems and restricted mobility associated with obesity could lead to isolation, depression and low self-esteem. Thirdly, sufferers of some mental illnesses may be more likely to suffer from metabolic syndrome and have risk factors for cardiovascular disease and type II diabetes.^{xxvii}

Tackling obesity, particularly childhood obesity, is one of Hackney's Health and Wellbeing priorities. City and Hackney have the 7th highest rate of overweight and obese children at year 6 in the country, at 40.4 per cent in 2013/14, and the 4th highest rate of overweight and obese children at Reception, at 27.2 per cent in 2012/13.^{xxviii}

Whilst Hackney's adults are less likely to be obese than average, the City of London has one of the highest rates of overweight adults among its comparable local authorities and a similar proportion to England as a whole.^{xxix}

Those with SMI are nearly twice as likely to smoke as the general population.^{xxx} Hackney's resident population has one of the highest rates of smoking in the country – 20.8 per cent of Hackney's population smoke, although this has fallen from 29 per cent in 2011.^{xxxi} A 2012 report found that 24.7 per cent of the City of London's working population smoked.^{xxxii}



2. Children and Young People

Children and young people's mental health is a major part of their overall wellbeing. Early childhood and adolescence are pivotal developmental phases in which young people are particularly vulnerable to developing mental illness. The most frequently identified conditions amongst teenagers are conduct disorders (serious anti-social behaviour); attention deficit and hyperactivity disorder (ADHD); emotional disorders, including anxiety and depression; eating disorders; and self-harm.^{xxxiii}



Half of all serious psychiatric disorders begin in adolescence and three-quarters of all serious mental illnesses will have shown symptoms by the age of 24 years.^{xxxiv} The repercussions of poor mental health for young people are both immediate and long lasting. They are felt on an individual, societal and economic level. Poor mental health can impact on important areas of a young person's life, such as their ability to engage with education and make their way in the world, having constructive relationships with friends and family and their ability to resist involvement in anti-social or criminal behaviour. The consequences later in life are felt in terms of reduced chances of employment, poor social interaction and relationships, increased risk of imprisonment and a shorter life span. The need for prevention and early intervention is essential.

Risk factors

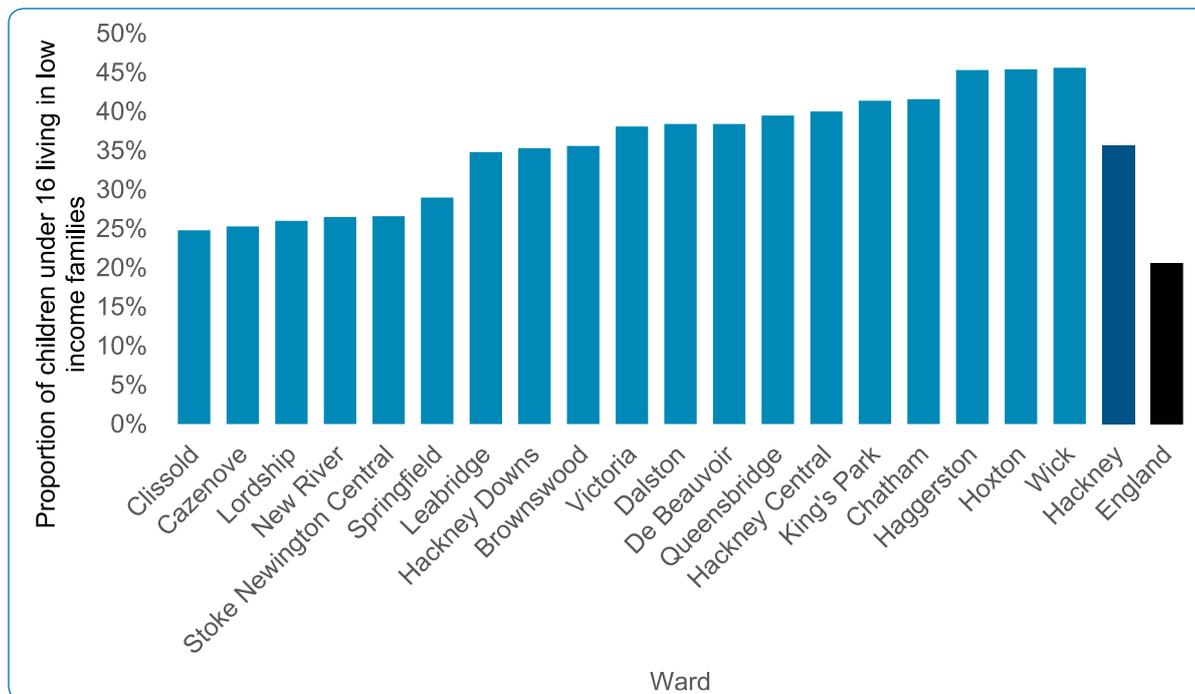
The risk factors that make young people particularly vulnerable to mental illness include having special educational needs, being looked after by the local authority, being in contact with the criminal justice system or associated with a gang, poor housing, being BME, or identifying as lesbian, gay, bisexual or transgender (LGBT). Poor parental education, being exposed to parental substance misuse or witnessing domestic violence can also increase the risk a young person will develop a mental health problem.

Child poverty is linked to mental illness. Approximately 36.8 per cent of children in Hackney are affected by poverty, almost double the rate for England of 20.1 per cent and significantly higher than the London average of 26.7 per cent.^{xxxv} Hackney has the third highest rate of child poverty in London, after Tower Hamlets (46.2 per cent) and Islington (38.8 per cent).^{xxxvi}

Despite the high starting rate, Hackney has seen one of the greatest reductions in children poverty compared to its statistical neighbours, dropping from 48.6 per cent in 2007 to 36.8 per cent in 2011.^{xxxvii}

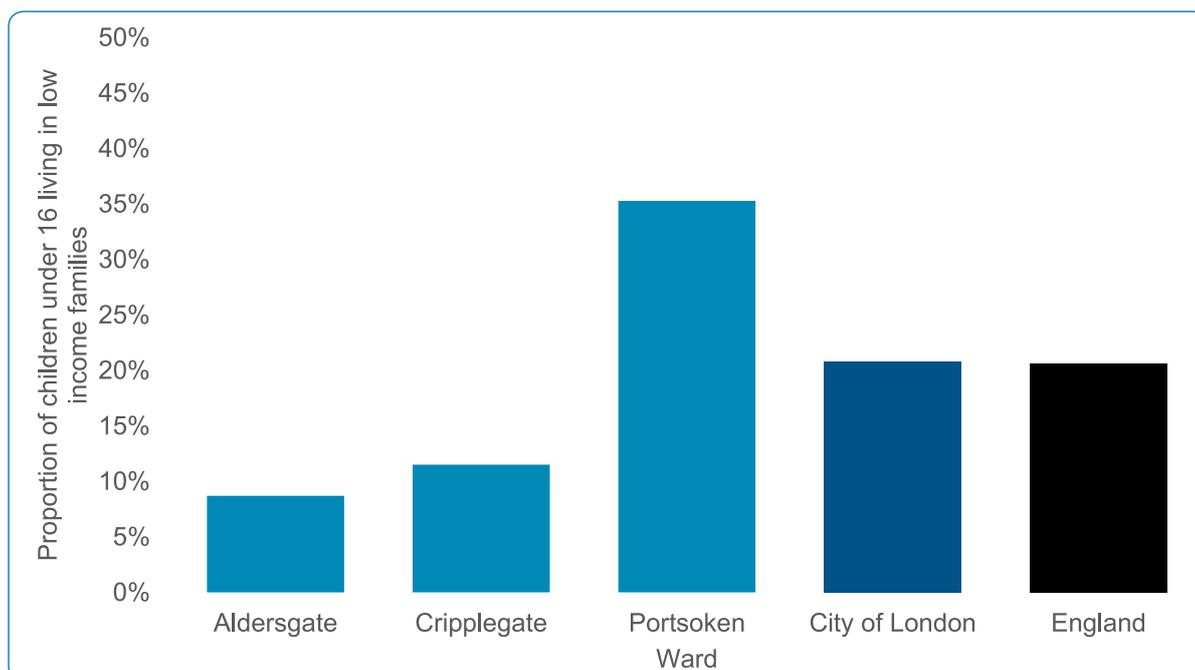
There are large differences in rates of child poverty between wards with Wick and Haggerston showing child poverty rates of around 44 per cent (significantly higher than the borough average of 36.8 per cent) and Clissold ward at the other end of the spectrum showing a significantly lower rate of 24 per cent.

Figure 2: Children living in poverty in Hackney by ward 2013



Source: Households below average income: 1994/95 to 2012/13. Department for Work and Pensions, 2014. NB due to the dates used these data are applied to Wards before the boundary changes introduced in 2014.

Figure 3: Children living in poverty in City of London by residential ward 2013



Source: Households below average income: 1994/95 to 2012/13. Department for Work and Pensions, 2014

Child poverty is a significant issue in the City of London with a high concentration in the ward of Portsoken at 35 per cent. In July 2013, the Resident Insight Project^{xxxviii} revealed that 960 children were living in the City of London, of whom 21 per cent (197 children) were in low-income households³. Of those 197 children, 39 per cent were in workless households, and 61 per cent were in working households. This reflects the national trend that the majority of children growing up in poverty have at least one parent or carer who is in work. This is an increase from 2000/01, when 51 per cent of poorer children nationally were from working households.

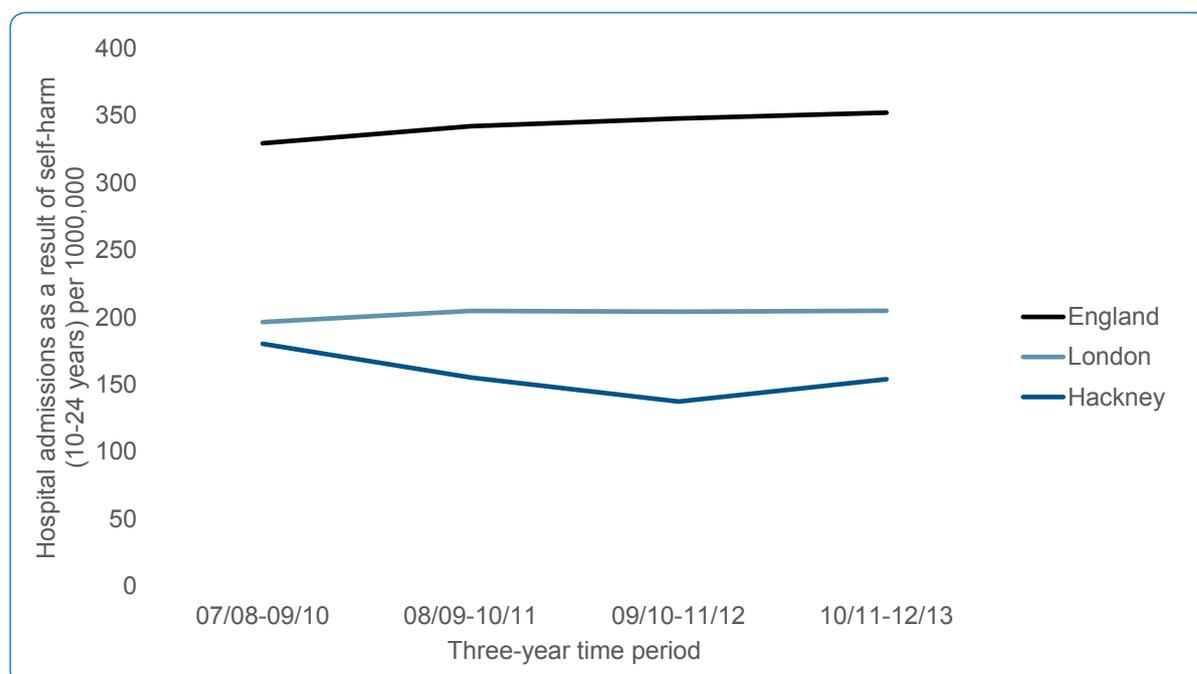
Suicide and Self-harm

The City and Hackney Child Death Overview Panel carries out an independent review of all deaths of children aged under 18 years old who are resident in Hackney or the City of London. Since 1 April 2008, eight deaths have been categorised as suicide or deliberate self-inflicted harm.⁴

National prevalence estimates of self-harm vary from 1.3 per cent of 5-15 year olds (reported by parents)^{xxxix} to 7 per cent of young people aged 15-16 years (reported by young people)^{xl}. A Samaritans study found that four times more adolescent girls self-harmed than adolescent boys.^{xli} Common characteristics of young people that self-harm are similar to the characteristics of those who commit suicide. The risk of suicide after deliberate self-harm varies between 0.24 per cent and 4.3 per cent. Young South Asian girls or women in the UK seem to have a raised risk of self-harm. Intercultural stresses and family conflicts may be relevant factors.^{xlii}

Hospital admissions for self-harm amongst young people aged 10-24 years in City and Hackney are lower than for England and have remained steady over recent years. In 2012/13 there were 87 hospital admissions for self-harm of children and young people aged 10-24 years – a rate of 184.4 per 100,000. This is much lower than the England average of 346.3 per 100,000.

Figure 4: Young people aged 10 to 24 years admitted to hospital as a result of self-harm (rate per 100,000 population aged 10 to 24 years)



Source: Hospital admissions following self-harm in young people (pooled years). National Child and Maternal Health Intelligence Network, 2014

³ Defined as households in receipt of low-income-based benefits.

⁴ This includes hanging, shooting, self-poisoning with paracetamol, death by self-asphyxia, from solvent inhalation, alcohol or drug abuse, or other form of self-harm.

However, self-harm is usually carried out in isolation from others and is a sensitive topic, which means that there is a shortage of reliable information about those young people who do not use accident and emergency or other services. Anecdotally, stakeholders report an increase in the number of cases of self-harm but these cases do not always lead to hospital admission.^{xliii} Further investigation is needed at a local level to fully understand and intervene effectively.

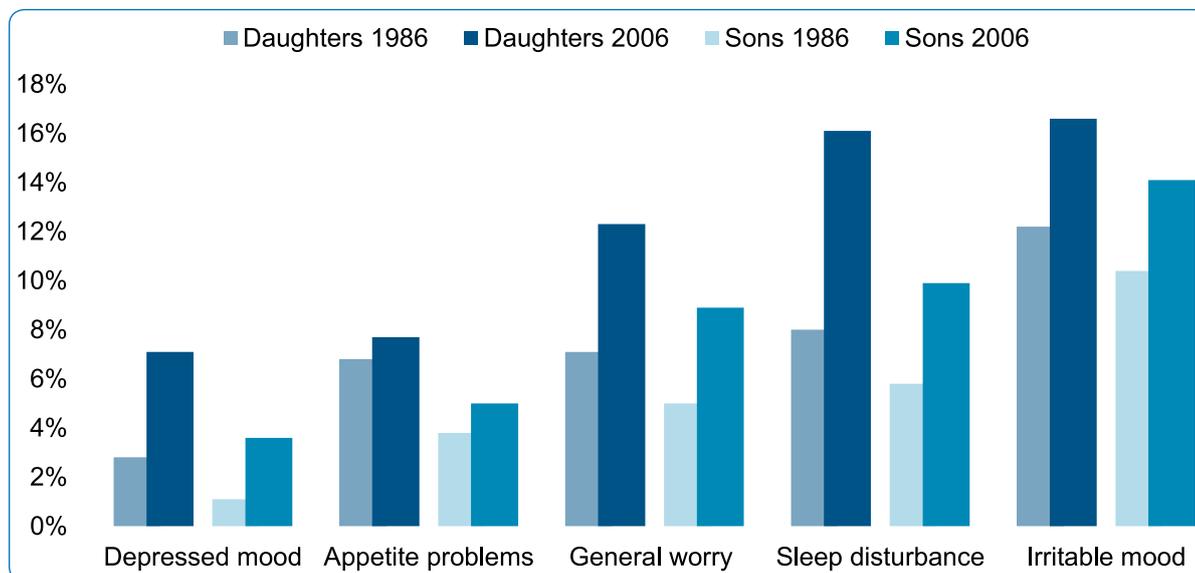
Emotional Disorders

According to national estimates, 3.5 per cent of 5-16 year olds have an emotional disorder, including depression and anxiety disorders such as phobias, obsessive compulsive disorder (OCD) and panic attacks.^{xliv} These young people experience sadness, sleep disturbance, irritability and loss of appetite, interest and attention. They may have feelings of guilt and worthlessness and contemplate suicide.

Children with emotional disorders were twice as likely to have a lone parent and more likely to come from low-income households with low parental educational attainment. Over a quarter of children with an emotional disorder also have another mental illness; most commonly conduct disorder (23 per cent). The same survey found 35 per cent of children with an emotional disorder had special educational needs; 43 per cent had more than five days away from school in the previous term and 17 per cent had more than 15 days' absence.^{xlvi}

A survey asking parents of 16-17 year olds showed that reports of depressed and irritable moods, sleep disturbances, appetite problems and general worry for both boys and girls had increased between 1986 and 2006.^{xlvii}

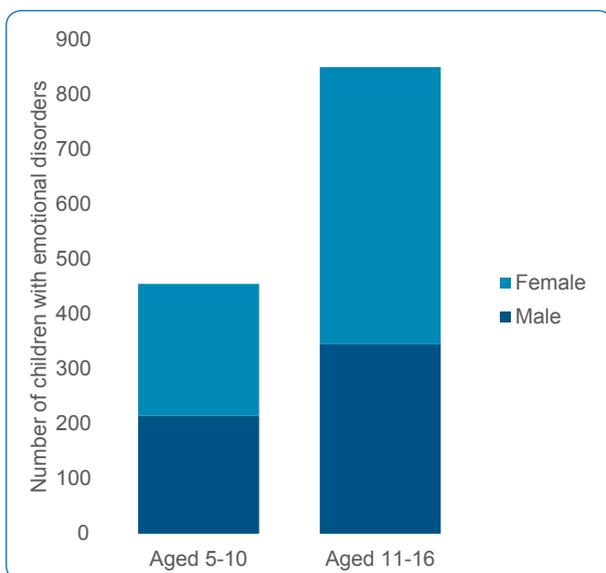
Figure 5: Parents' reports of children's symptoms of depression or anxiety in England by gender, 1986 and 2006^{xlviii}



Source: Collishaw et al (2010) Trends in emotional problems in England, *Journal of Child Psychology and Psychiatry*, 51, 885-894

Estimates based on national rates, suggest that there are 1,148 children aged 5-15 years in Hackney and 14 children in the City of London with an emotional disorder.^{xlix} As shown below, in the 5-10 year old age group the gender split is relatively even, but in the 11-16 year old group, more girls than boys suffered with emotional disorder. City data is not available due to small numbers.

Figure 6: Estimated prevalence of emotional disorder in children aged 15-16 for Hackney in 2012



Source: CHIMAT

City and Hackney Child and Adolescent Mental Health Services

Hackney Council and the City and Hackney Clinical Commissioning Group (CCG) jointly and individually commission a range of specialist and integrated Child and Adolescent Mental Health Services (CAMHS).

A jointly commissioned service sits within the Young Hackney Team, and provides universal, targeted and youth justice provision. CAMHS workers are based in multi-disciplinary 'units' that work with young people, up to the age of 19 years old, who have mental health needs. This includes those who are not in education, employment and training, young offenders, and those with emotional disorders, conduct disorders or who self-harm. It targets young people who are not engaged with services and need an assertive outreach approach.



Hackney has a team of specialist CAMHS Clinicians that is integrated into children's social care. The team includes clinical, counselling and forensic psychologists, family therapists, and an occupational therapist. Clinical assessments and therapeutic interventions are undertaken collaboratively alongside social work assessment and care planning, including casework. Clinical support is offered to address issues affecting parenting and family functioning, alongside interventions to address children's emotional wellbeing and behaviour. Clinicians also offer training and consultation to social work practitioners, foster carers and adopters.

The CCG commissions additional services for more complex cases including:

- Core Specialist Services for children or young people with a severe mental health disorder;
- An Adolescent Mental Health Team, which provides early intervention and appropriate treatment for psychosis;
- A Disability Team, that supports young people with a mental health need alongside a disability, including autism;
- First Steps, an early intervention service for young people under 18 years old who have mild to moderate mental health problems that would benefit from a brief psychological intervention.

Children and young people who need support for their mental health needs in a residential setting may be cared for by the Coborn Centre for Adolescent Mental Health. It is a service for young people aged between 12-18 years who have complex and severe mental illnesses and who reside in the City, Hackney and neighbouring boroughs. The Coborn Centre assesses, treats and supports adolescents in a hospital residential setting, normally for six to eight weeks.

City Enhanced CAMHS Scheme

The City of London Corporation public health and children's social care teams have commissioned an enhanced CAMHS scheme for the looked after children under the care of the Corporation. Under this service all looked after children and care leavers receive a CAMHS assessment. These are undertaken in the placement and include the mental state of the child or young person. All relationships with foster carers, siblings, areas of functioning at school and peer relationships are assessed. All assessments include diagnosis of common conditions such as ADHD, and Autistic Spectrum Conditions can be screened for and diagnosed if appropriate. Support is also given to foster parents and carers for crisis management on a case by case basis, as is teaching and training to foster parents and carers.

3. Adult Mental Health

Mental health needs can be conceived of as a continuum. At one end is the general population that can benefit from measures to prevent mental health problems developing. These include education, employment opportunities, decent homes and safe streets. Further along are those with mild to moderate mental health needs, whose daily activities may be affected by stress and anxiety. Community projects, volunteering opportunities, and even parks and libraries can help improve wellbeing at this level. In addition, cognitive behavioural therapy can reduce or prevent recurrence of mental illness. At the most severe end of the spectrum are people with severe and enduring mental illnesses who require specialist care to support their specific needs.

Hackney Council and its partners, such as the CCG, East London NHS Foundation Trust (ELFT) and voluntary organisations, provide support at every level of this spectrum. This chapter focuses on common mental health problems and more serious mental illnesses in adults and what is being done to address them. Tailored support is also provided for young people and older people and is outlined in relevant chapters.



Credit: Mark Hawkbridge City and Hackney Mind

Common Mental Health Problems

It is estimated that at any one time, 16.3 per cent of the combined adult resident population of Hackney and the City of London experience a common mental illness – a total of 52,661 residents in Hackney and 1,294 residents in the City of London.ⁱ This is higher than the estimated national prevalence of 15 per cent.ⁱⁱ Mixed anxiety and depression, general anxiety disorder and depression are the most prevalent mental health disorders.

Common mental health problems, such as depression, anxiety, post-traumatic stress disorder (PTSD), social anxiety disorder and obsessive-compulsive disorder (OCD), are conditions that cause marked emotional distress, interfere with daily function and can have lifelong negative impact on individuals.

Depression is a common mental illness, which can affect many aspects of life and covers a range of different symptoms such as low mood, low energy, loss of interest, low self-worth, sleep disturbance, change in appetite and poor concentration. The type of depression an individual may experience can be considered as mild, moderate or severe and will be assessed with the intensity of associated symptoms including self-harm and suicidal thoughts. The risk of suicide in people with depression is four times higher than for the general population, with the risk increasing to 20-times higher for those with severe depression.

The incidence of depression within the adult population is estimated between 3-6 per cent, with severe depression accounting for approximately 10 per cent of all cases, moderate depression making up for 20 per cent and mild depression at 70 per cent.^{liii}

The current estimates for prevalence of depression amongst adults in City and Hackney are; severe depression – 9,028, mixed anxiety and depression – 29,995, and depressive episode – 7,873.^{liv}

Figure 7: Proportion of recorded depression by gender and borough where registered, April 2013

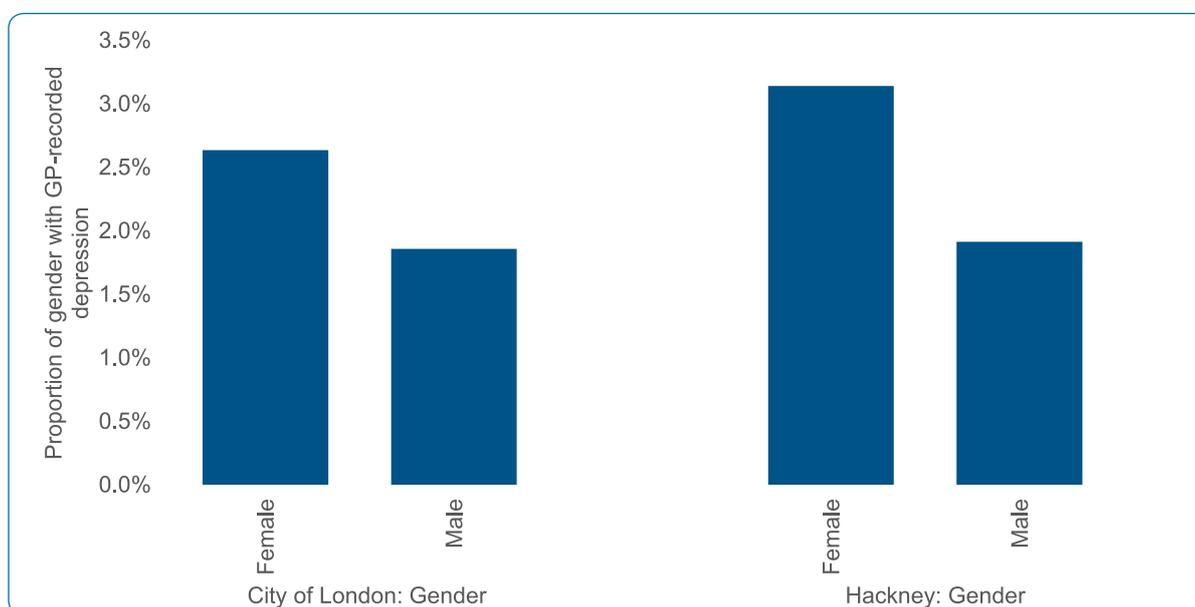
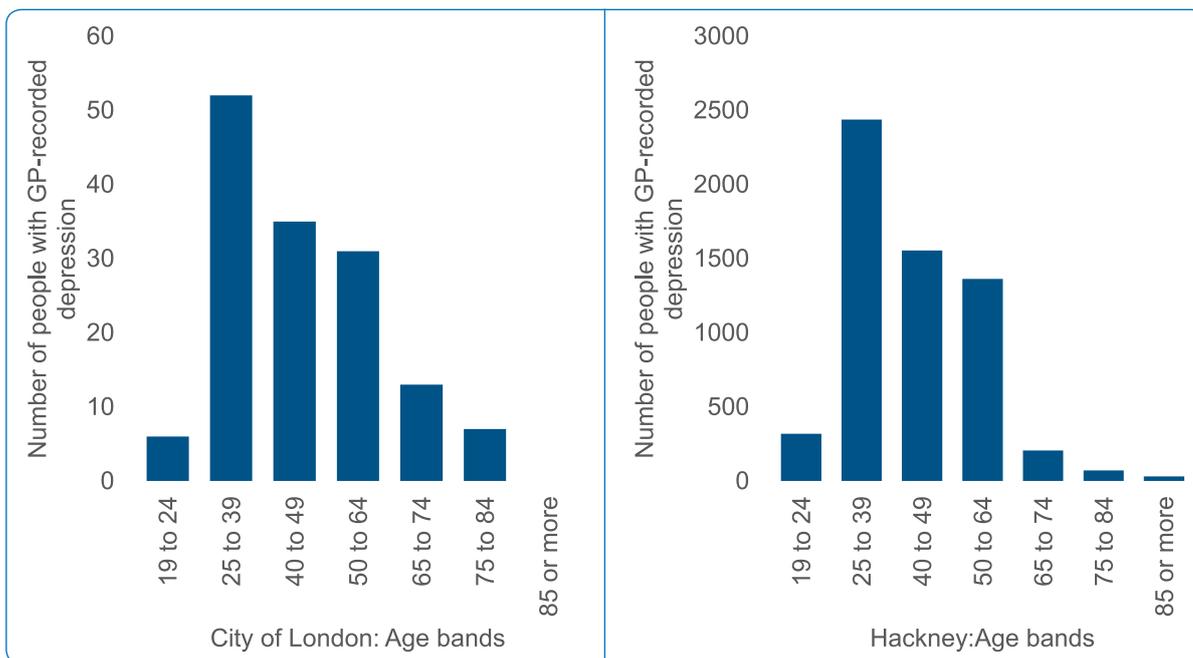


Figure 8: Proportion of recorded depression by age group and borough where registered, April 2013



Figure 9: Number of recorded depression by age and borough where registered, April 2013



Source: Clinical Effectiveness Group (CEG)

Nationally progress is being made on raising awareness around mental ill health, but many people who are affected by a common mental health illness still do not seek treatment because of stigma, avoidance or lack of knowledge of mental illness.^{lv} It is estimated that 60 per cent of residents with a common mental illness are not identified, or do not seek treatment.^{lvi} There are 8,050 18-64 year olds on the City and Hackney GP register for depression, which is almost 40 per cent less than the lowest figure predicted.



Of those who are diagnosed with depression or anxiety disorders, the majority receive treatment through GPs and other primary care services. These include talking therapies provided through the Improving Access to Psychological Therapies (IAPT) programme, guided self-help, one day courses and Cognitive Behavioural Therapy (CBT).

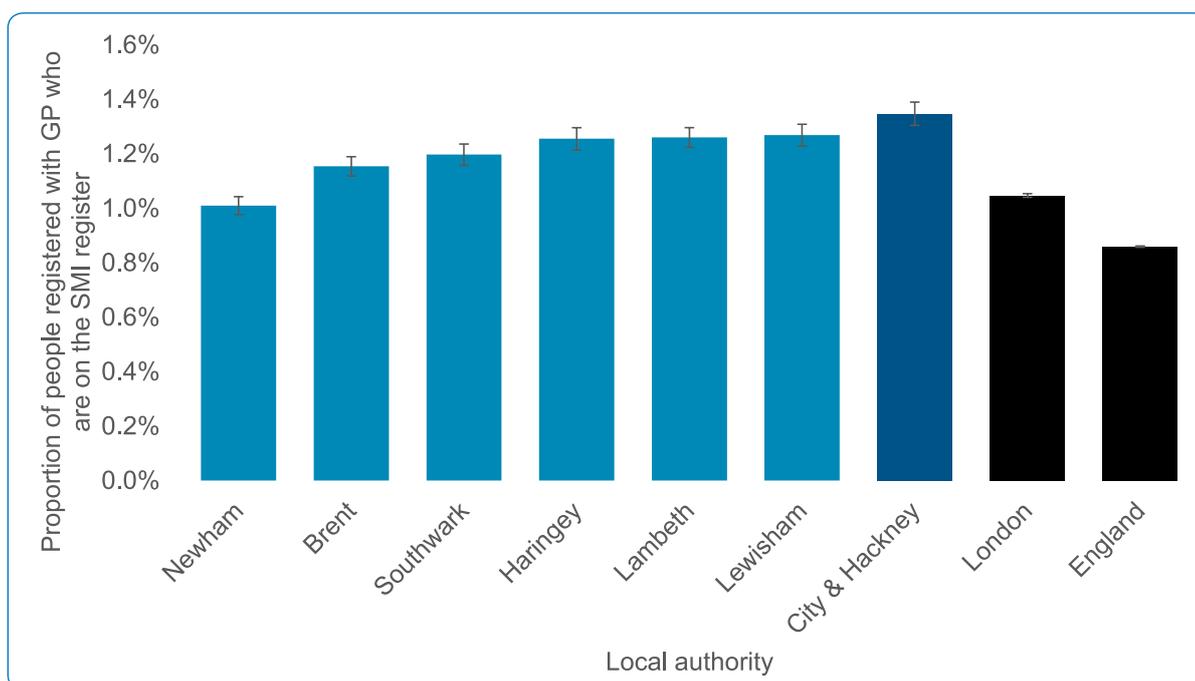
Hackney residents with mild to moderate depression, anxiety or stress can also be referred by a health professional to Healthwise, which is a local exercise referral scheme that uses tailored programmes to help individuals manage and improve a wide range of medical conditions. Hackney also has a primary care psychotherapy service to complement the IAPT service, which supports patients with complex needs by proactively engaging with them, their GPs and other health professionals where necessary. The East London Foundation Trust (ELFT) provides an enhanced primary care liaison service in GP practices, which works directly with GPs and provides assessment, diagnosis, treatment and signposting for patients who need additional care.

Women in Hackney and the City are more likely to be recorded on the GP register as having depression than men. This reflects national figures which show that depression is more common in women than men, however this may be due to under diagnosis of depression in men, who may present to their GP with different symptoms.^{lvii} In both Hackney and the City of London, 25-39 year olds have the highest number of recorded depression, however, proportionately in Hackney 50-64 year olds are more likely to have a recorded diagnosis of depression, followed by 40-49 year olds. In the City of London, 40-49 year olds are proportionately more likely to have a recorded diagnosis of depression, followed by 75-84 year olds.

Severe and Enduring Mental Illness

Serious Mental Illness (SMI) includes schizophrenia, bipolar disorder and psychosis. The estimated prevalence of psychotic disorder in City and Hackney of 1.3 per cent is one of the highest in London and is higher than the England average of 0.8 per cent. An estimated 9,028 adults (aged 18-64) in City and Hackney have severe depression, while 2,341 adults have a personality disorder. City and Hackney have the highest recorded percentage prevalence of SMI on GP registers when compared to similar London boroughs.

Figure 10: Percentage of people with SMI recorded on GP practice registers, England and London Cosmopolitan CCGs, 2012/13



Source: Quality and Outcomes Framework – 2012/13. HSCIC, 2013

This higher prevalence of SMI may be linked to the large population of Black African and Black Caribbean people within City and Hackney, with research indicating that Black Caribbean people are more likely to be diagnosed with a severe mental illness than other ethnic groups.^{lviii} In addition, migrant groups and their children are also at greater risk of psychosis.^{lix}

City and Hackney Wellbeing Network

Hackney has developed a new Wellbeing Network to improve services in the City and Hackney, with a focus on integration, prevention and recovery. It will be led by City and Hackney Mind which will manage a network of 11 community and voluntary sector providers.

The network will offer residents preventative mental health services, which will be integrated and flexible. It will work with clients to focus on their goals and support them to think in terms of recovery and how they will move on. The network will make the most effective use of existing resources and support the council's aims to make social care more personal and promote residents' independence.

The Wellbeing Network will operate two pathways, a Wellbeing Pathway for people with emerging and common mental health issues (such as depression, anxiety and stress) and a Recovery Pathway for people with more severe and enduring mental health conditions.

The network will mainly offer a range of group activities, from mindfulness to employment and money advice. The courses will be goal-oriented and person-centred and focused on helping people achieve positive outcomes in four main domains: mental wellbeing, physical health, social networks and daily living skills. The network will also provide talking therapies.

One named 'network navigator' will follow each client's progress throughout their journey across the pathway to ensure that people receive the right kind of support at the right time and that support is well-coordinated, while avoiding duplication of services by interfacing closely with statutory services within both primary and secondary care.



Domestic Violence and Abuse

The relationship between domestic violence, abuse and mental health is complicated. Domestic violence can be a factor in the development of depression, anxiety and other mental disorders, while at the same time those with mental health disorders are more likely to be involved in domestic violence. Domestic violence prevalence rates are higher for women.

A recent domestic violence study^{lx} found that 35.3 per cent of women with depressive disorders and 28.4 per cent of women with anxiety disorders had experienced violence from a partner in the last year. This prevalence is between two and seven times higher than for women without mental health problems, which indicates that a history of mental ill health can be a potential risk factor for victims of domestic violence.

As well as being a risk factor for domestic violence, mental ill health can be caused by a history of domestic violence and abuse. The impact of domestic violence includes sleep disturbances, self-harm, eating disorders, substance misuse and suicide. Research suggests that women who are victims of domestic violence and abuse are on average four times more likely to be depressed than women in general, with the severity or duration of violence linking with the prevalence or severity of depression.

It is estimated that in the past year 7.1 per cent of women and 4.4 per cent of men have experienced intimate violence.^{lxii} Applying these figures to local populations would suggest that 6,400 women and 3,900 men in Hackney and 200 women and 100 men in the City of London have experienced intimate violence in the past year. In Hackney, domestic violence and abuse accounts for one in five violent crimes, which is the second highest reported rate in London.

Identification and Referral to Improve Safety (IRIS) Programme

The Identification and Referral to Improve Safety (IRIS) programme was established in 2007 in response to evidence indicating a high prevalence of domestic violence among women attending GP surgeries. The programme trains primary health care professionals to identify domestic violence and abuse and creates a mechanism so women can be referred to specialist domestic violence services. An evaluation reported that all women felt safer and 88 per cent had a greater awareness of their options following referral to IRIS.

Since July 2014, all City and Hackney GPs have signed up to the service, which is delivered by Nia, a voluntary sector organisation. In 2013/14, GPs made 103 referrals. Fifteen of these cases were referred onto a Multi-Agency Risk Assessment Conference (MARAC), which involves local agencies sharing information about those at high risk of murder or serious harm, to implement a risk focused, coordinated safety plan to support victims.

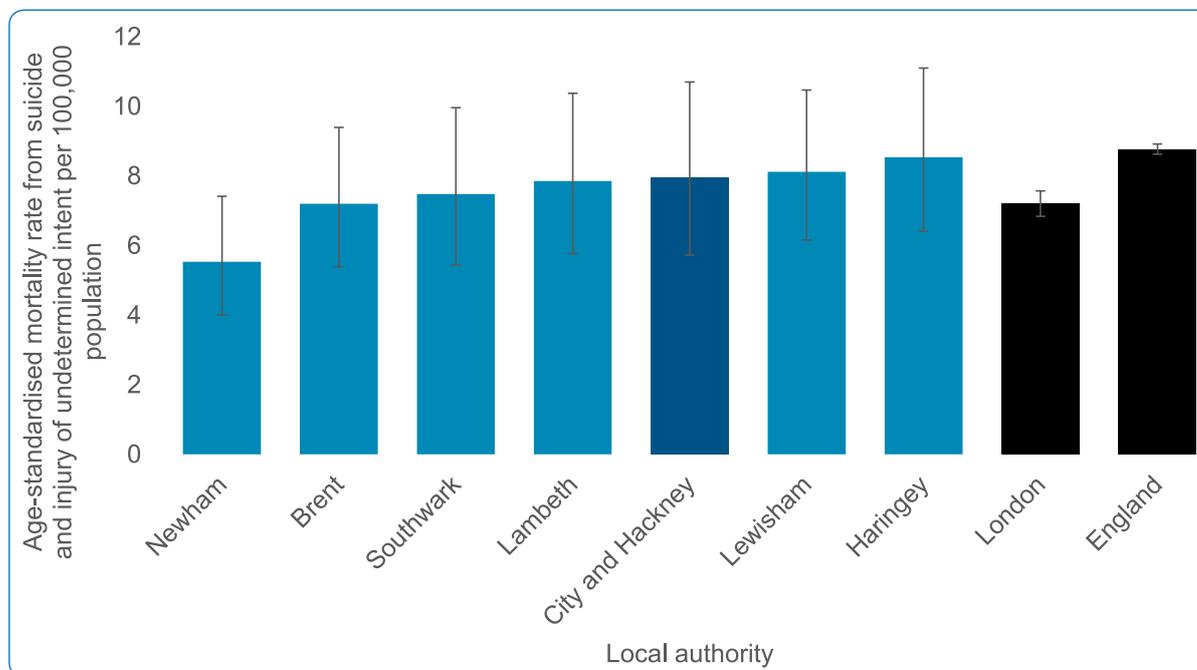
Behind Closed Doors

The City of London held a 'Behind Closed Doors' event to highlight employers' duty of care to their employees in relation to domestic abuse and stalking. Using inspirational speakers, first person testimony and theatre it showed employers how abuse can escalate and often takes place either within the work place or directly outside it. The event, which brought together 200 human resources professionals and senior managers from City businesses, gave an insight into the complexities of domestic abuse and how some victims don't speak out as they are scared or threatened.

Suicide

The rate of deaths from suicide and undetermined injury in Hackney is similar to the England and London rates. The rate in the City of London is higher than other boroughs, but the smaller residential population and the fact that suicides in the City are likely to be non-residents means that the rate is difficult to compare with other areas.

Figure 11: Suicide rate in City and Hackney and the ONS London Cosmopolitan peer group, 2011-13



Source: Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 people. Public Health England, 2014

The Public Health team conducted an audit to further understand the combined suicide figures for the City and Hackney. Between 2008 and 2010, there were 12.9 cases of suicide and injury undetermined per 100,000 people for City and Hackney. The rate fell to 8.1 per 100,000 for period between 2010 and 2012. However, the confidence intervals around these figures are too large to draw any conclusions about a decrease in the suicide rate.

Figure 12: Number of deaths from suicide or injury undetermined for residents of City and Hackney PCT aged 25 to 64 between 2004 and 2013

Age group (years)	2004-07	2006-08	2009-11	2011-13
25-34	17	15	17	12
35-44	28	22	16	19
45-54	13*	24*	25*	22
55-64				11
Total	58	61	58	64

Source: City and Hackney Suicide Audit 2014 * In order to suppress small numbers, data from the 45-54 and 55-64 age bands have been combined. Where this has been done, fewer than ten deaths were in the older age band.

Approximately three quarters of these deaths from suicide or injury undetermined were for males. The suicide audit focused on the suicide rates of City and Hackney residents and does not include data on City workers.

City Workers

The City of London has a particular challenge around its daytime working population, 21 per cent of which are reported to suffer from depression, anxiety or other mental health conditions. Around a third state that their stress is often caused by their job. There is a culture of long working hours and workers that are stressed for several months are more than twice as likely to label themselves as being in 'poor health'. However, the average number of sick days taken by City workers is less than the UK average, which may suggest that either they are generally healthier or that they will continue work when they are ill.^{lxiii}

The City of London Corporation is a member of the City Mental Health Alliance (CMHA), which is a coalition of organisation that work together to create a culture of good mental health for City workers, share best practice and increase mental health understanding.

Business Healthy Initiative

The City Health and Wellbeing Board set up the Business Healthy initiative to co-ordinate efforts to promote the health of City workers in March 2014.

The core focus of the initiative is the Business Healthy Circle, which is a network of leaders from 45 City businesses with an interest in workplace health and wellbeing. Human resources, health and safety, occupational therapy and communications are all represented in the network. It aims to promote the business case for worker health and wellbeing and to share best practice. A series of master classes was developed as a forum for learning and exchanging ideas. Business Healthy also has a website, which will host guidance materials from April 2015 and aims to reach a wider audience with messages about workplace health.



4. Older People and Mental Health

As people get older their mental wellbeing can be affected by many factors, including physical health, financial security, their attitude towards ageing, where they live and their access to support and services.

There is a relatively small but growing number of people aged over 65 years old in the City of London and Hackney. The proportion of residents aged 65 years and older is estimated to be 14.5 per cent and 7.1 per cent respectively. These proportions are lower than the averages for England and for London but are predicted to rise by 48 per cent in the City of London and 25 per cent in Hackney in the next ten years. The combined population of 19,600 has the potential for a significant increase in mental health problems which must be carefully considered when planning services.

Older people's mental health needs can be complex and can be unpreventable. Mental health can interact in complex ways with physical health and have a substantial impact on wellbeing and the ability to lead a normal life. Many mental health problems will have wider impacts on the older person's family and carers. The mental health problems experienced by people in later in life varies significantly from area to area and person to person, but common problems can include depression, anxiety, and drug and alcohol misuse, compounded by isolation and loneliness. Dementia, in all its forms and in varying degrees of severity is one of the biggest problems for older people.

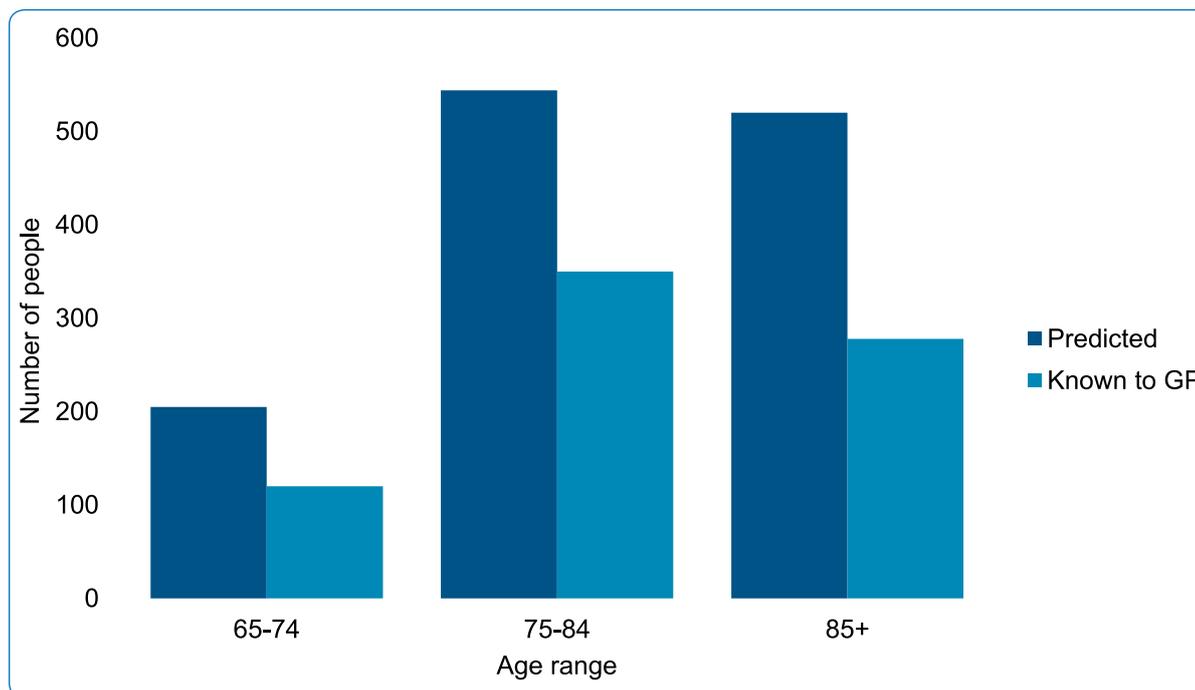
Dementia: Diagnosis and Prevalence

Dementia is a syndrome (or a group of related symptoms) associated with an ongoing decline in cognitive function which affects memory, reasoning, planning, and behaviour. It is caused by a variety of diseases and injuries which affect the brain, such as alzheimer's and stroke.

As is the case in the rest of the country, it is likely that there is a significant under diagnosis of dementia in the City of London and Hackney^{lxiv}. The total number of residents listed on GP dementia registers was 748 in 2013/14, which equates to a rate of 3.7 per cent of those over 65 years. National prevalence estimates suggests that the rate should be nearly twice this and that an additional 521 older people should be registered. If people with dementia are undiagnosed they may not be able to access the care and support that they are entitled to.



Figure 13: Percentage of older people in City and Hackney with dementia, predicted and known to GP, by age band



Source: Dementia estimates: POPPI, 2014; Dementia records: Clinical Effectiveness Group, 2014

Older people from BME groups may face additional barriers to timely dementia diagnoses that can result in delays in them presenting their condition to health professionals. A recent review of the literature found that older BME adults with dementia tended to have greater delays in diagnosis and higher levels of cognitive impairment and behavioural and psychological symptoms of dementia at initial evaluation compared with non-Hispanic White adults of a similar age.^{lxv} In addition, those for whom English is not their first language may face further delays in getting a diagnosis of dementia, especially if their English language skills have been affected and they may not have the capacity to complete neuropsychological testing in English.

The Dementia Advisor and Support Service, run by Hackney and the City Alzheimer’s Society, has identified the need for services to respond to ethnic and cultural diversity. They have been delivering dementia awareness training to the Charedi community this year and working with the Hackney Caribbean Elders Organisation to promote dementia awareness. Plans for the coming year include forming better links with the Turkish and Kurdish community.

Dementia Friendly City

The City of London Corporation is committed to creating a ‘Dementia Friendly City’, where residents and local retail outlets and services have a keen understanding and awareness of the disease and offer support in a respectful and meaningful way. Over the past year 482 people have attended ‘Dementia Friends’ information sessions, including City of London staff, front line police, fire brigade staff, local businesses and libraries staff.

The aims of the sessions are to remove the stigma of dementia, reduce people’s fear and misunderstanding, and to encourage people to remember that someone with dementia does not stop being an individual with unique life experiences. At the same time it helps people understand the benefits of early diagnosis and care and encourages prevention. The Dementia Friends campaign encourages people to become ‘Dementia Champions’ and share information with their colleagues, family and friends.

Depression in Older People

One in four of older people living in the community have symptoms of depression, with the risk of depression increasing with age^{lxvixvii}. Depression in older people can be triggered by bereavement or illness of a partner, divorce, deterioration in physical health, or retirement. Depression can also increase the risk of physical health problems, slow recovery from illness, increase the risk of readmission to hospital after discharge and increase the risk of premature death^{lxviii}. Depression is two to three times more common in people with chronic physical health problems such as cancer, heart disease, diabetes, or a musculoskeletal, respiratory or neurological disease^{lxix}. An estimated 70 per cent of new cases of depression in older people are related to poor physical health^{lxx}.

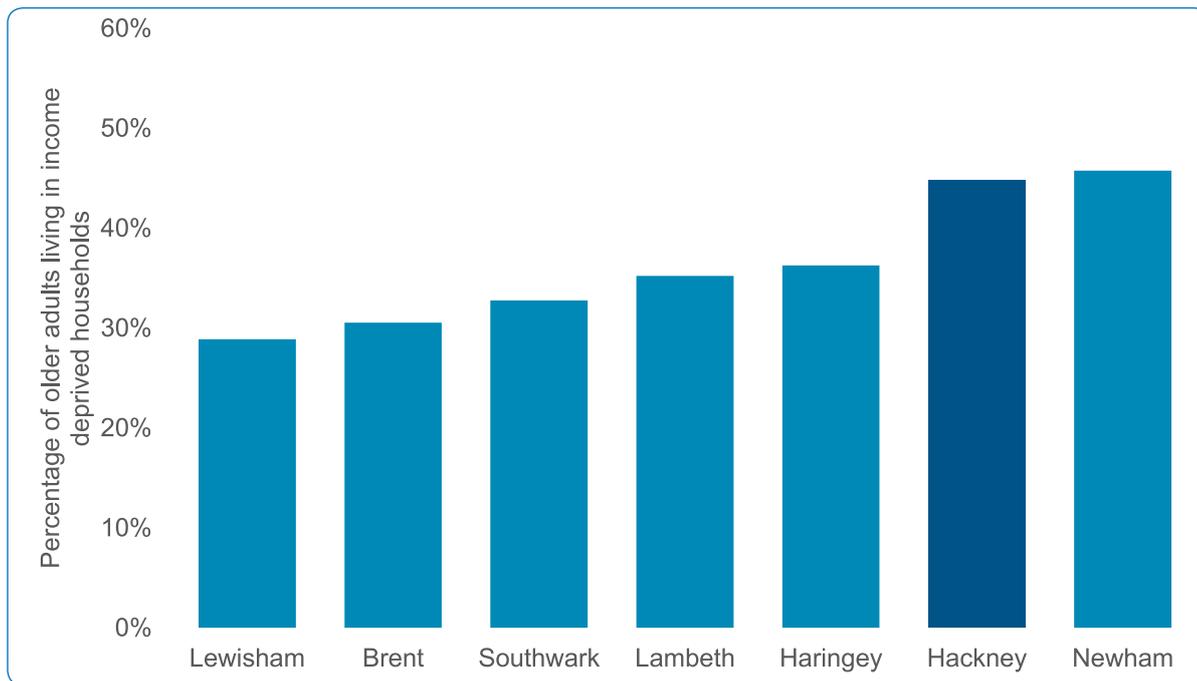


As with other age groups, depression in older people is linked closely with socio-economic status. Hackney has the second highest number of older residents living in income-deprived households in London; 43 per cent in Hackney versus 22.5 per cent nationally.^{lxxi}

Depression, much like dementia, is likely to be under-reported in the older population. Withdrawal from being active may be seen as a 'normal' part of the ageing process and older people may not be comfortable discussing their feelings with their family or GPs. In Hackney and the City the numbers of older people who are identified by their GPs as being depressed is lower than national prevalence figures would suggest.

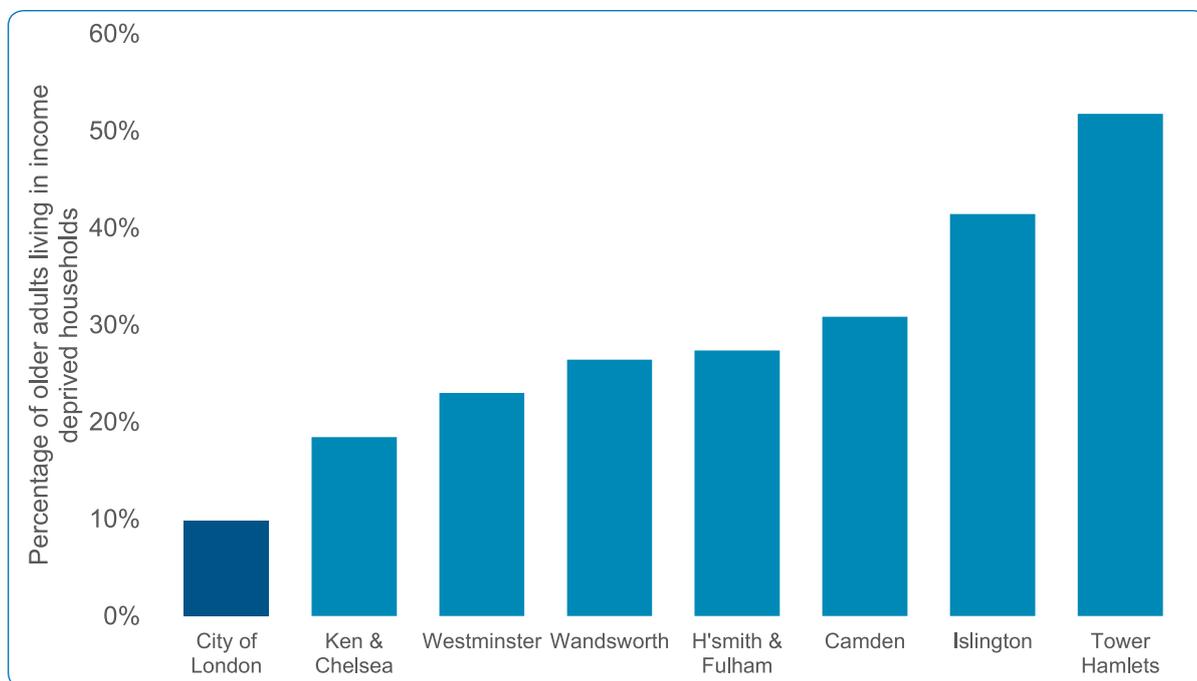
Despite there being good evidence for the effectiveness both of psychological interventions and antidepressants for the treatment of depression in older people, it still goes undetected, with significant impacts on quality of life, physical health, and mortality^{lxxii}.

Figure 14: Percentage of older people (aged 60 and over) living in income-deprived households in Hackney and the ONS London Cosmopolitan peer group, 2010



Source: English indices of deprivation 2010: Older people. Department for Communities and Local Government, 2011

Figure 15: Percentage of older people (aged 60 and over) living in income-deprived households in City of London and the ONS London Central peer group, 2010



At the same time, there is considerable under-representation of older people accessing IAPT services (Improving Access to Psychological Therapies). Of those older people who use psychological or talking therapies, only about half go on to complete their treatment. Ensuring that older people are able to access psychological services is essential and Hackney and the City of London Corporation will continue to work with their partners in promoting these services to older people and removing barriers to access.^{lxxiii,xv}

Social Isolation and Promoting Independence

Social isolation has a severe impact on older people's quality of life and is a known risk factor for depression. The number of people aged over 65 years living alone in the City of London and Hackney is currently around 7,000 and is expected to increase by a further 500 by the year 2020. The biggest growth is amongst people aged 75 years or over.

Lack of mobility, poor physical health, disability and mental health problems can prevent older people from fully participating in an active social life. People who are over 60 years old are statistically at the lowest risk of crime, but fear of crime can be a significant deterrent to leaving the home.^{lxxiv}

Loneliness and isolation are not the same thing. Loneliness is not just physical isolation and lack of companionship, but also the lack of a useful role in society and meaningful activities. Social inclusion goes beyond the physical isolation of loneliness; it is about ending stigma towards older people and seeing them as an asset. There are far reaching benefits of promoting social connectedness, not only minimising the cost of care in later years but also bringing benefits of improved quality of life to older residents and improving social cohesion.

Preventative services in the City and Hackney include a befriending and volunteering service, which supports older people in the community, either by telephone befriending, visiting or supporting people to attend appointments or activities. In addition, Hackney was successful in gaining a Big Lottery Fund grant for just under £6m to support social inclusion of isolated older people. The programme, known as Connect Hackney and to run for five years, will introduce more services from summer 2015.

Hackney's Public Health team has commissioned projects aimed at older people, including exercise classes, dances, cooking and lunch clubs. These initiatives are aimed at combating loneliness and enabling older people to maintain independence and stay active for longer. The Library Service runs a telephone book club for older people.

Hackney Circle

Hackney residents aged 60 years or older have been invited to join a new membership scheme called the Hackney Circle, that provides free events, activities and special offers that have been tailored following feedback from the area's older residents. The scheme hopes to build friendships by providing social spaces. All Hackney Circle members will receive a booklet of special offer vouchers to introduce residents to new places. Participating restaurants and cafés will also introduce Hackney Circle branded chairs that are upholstered to make visiting and socialising a more comfortable, enjoyable and inclusive experience.

Tackling Social Isolation in the City of London

Public Health and Adult Social Care have commissioned services offering social activities and one to one support for older people living in the City to tackle social isolation.

The City 50+ service assesses clients' needs and works with partner agencies to get older people the support they need from statutory and voluntary services.

The City Memory Group provides weekly support groups to allow people living with dementia and their carers to socialise within a relaxed environment. It provides activities, including expert speakers, exercise, trips and tours and memory games, which aim to build confidence, and provide information and advice and access to training.

The Sharp End

The Sharp End: 'Seniors Health & Active Retirement project' is a Healthy Living Centre for people aged 50 years and over living in Hackney. It offers a wide range of services and activities to promote the health and wellbeing of older people.

Sharp End says that 'Our interpretation of health is broad and holistic, encompassing all aspects of physical, mental and social wellbeing'. The Sharp End aims to prevent and reduce disease, reduce stress and promote good mental health. It combats isolation and loneliness by providing a resource to enable people to have fun.

Older People as Carers

In the City of London and Hackney, there are around 2,000 carers aged 65 years and over who are providing unpaid care in the community for partners or older parents. Nationally in this age group, 58 per cent of carers aged 65 years and over care for a partner and 28 per cent for another relative, such as a parent (7 per cent) or child (9 per cent).^{lxxv} The number of older carers is growing three times faster than any other group of carers – the number increased 35 per cent in the last 10 years, compared with 11 per cent overall. This increased use of carers may be masking a 'hidden need' as older people are able to maintain their independence at home for longer.

Many carers have complex health needs of their own and can be particularly vulnerable to mental health problems. It is estimated that a third of people who care for an older person with dementia have depression^{lxxvi} and that carers are twice as likely to suffer mental health problems as non-carers^{lxxvii}. The number of older carers is likely to continue to rise, which could lead to a higher prevalence of mental health problems^{lxxviii}. Both the City of London (2011) and Hackney (2012-14) have carers strategies to set priorities for older carers to be better identified and supported and to be reviewed yearly.^{lxxix, lxxx}

All carers in the City and Hackney are encouraged to register on the Carers' Register to improve the support and communication they receive. Carers are encouraged to have an assessment to identify what practical and psychological support they require and there is a Carers Helpline to provide telephone advice. Both the City of London and Hackney provide specialist support to carers to be able to have time off, continue to work or participate in other activities essential in supporting their mental wellbeing. There are varied options of respite care and support services for carers including peer support, telephone support, training courses and short-breaks.

Homeshare Day Care Scheme

The Homeshare Day Care Scheme works with volunteers who open their homes to provide regular support to the carers of adults in Hackney. It gives carers a break from their caring role while the cared-for person is looked after in the volunteer's home, in small groups or as individuals. The service may be used on a regular basis between the hours of 10.30am-3pm, or in emergencies.

5. Substance Misuse

Substance misuse services across the country are experiencing a number of changes related to both the complexity of clients and the context that they work in.

Substance misuse and mental ill health are closely linked – both can be a cause and consequence of the other. People who have a dual diagnosis make up a significant proportion of the treatment population of both mental health and substance misuse services. This highlights a growing need for services to be integrated and to work together to provide the best treatment for the individual. These clients can be among the most complex and often face further challenges such as poor physical health, deprivation, unemployment and homelessness or insecure housing.

The pattern of illicit drug use and abuse in England is changing and has become dramatically more diverse. The misuse of opiates and crack cocaine has been the top priority in substance misuse for decades. But in recent years new drugs and different patterns of use are creating a variety of new clinical challenges for frontline substance misuse workers. The Public Health teams are also working alongside other local partners, such as the police and trading standards, to tackle these new challenges.

While the number of opiate and crack cocaine users remains high, it is falling and the profile of clients in treatment is diversifying. New drugs and ‘legal highs’ are appearing on the streets and in venues in the area creating new risks for those who misuse drugs and new challenge for both public health and law enforcement agencies.

In recent years, the source of funding for drug treatment has changed. Before April 2013, the Home Office and the Department for Health gave money to local authorities in the form of a pooled treatment budget – now drug and alcohol funding is part of the Local Authorities’ Public Health grant. It is expected that the Public Health grant will reduce in the coming years.

At the same time, the approach to managing drug and alcohol misuse is changing. There is a renewed focus on prevention, particularly in reference to alcohol, alongside a continued drive to move away from the medical model of treatment towards one that focuses on prevention and recovery. Placing substance misuse within the remit of public health could be seen as a shift away from the criminal justice agenda, but teams will continue to work closely with partners in community safety, the police and probation to strike an effective balance between prevention, treatment and enforcement.

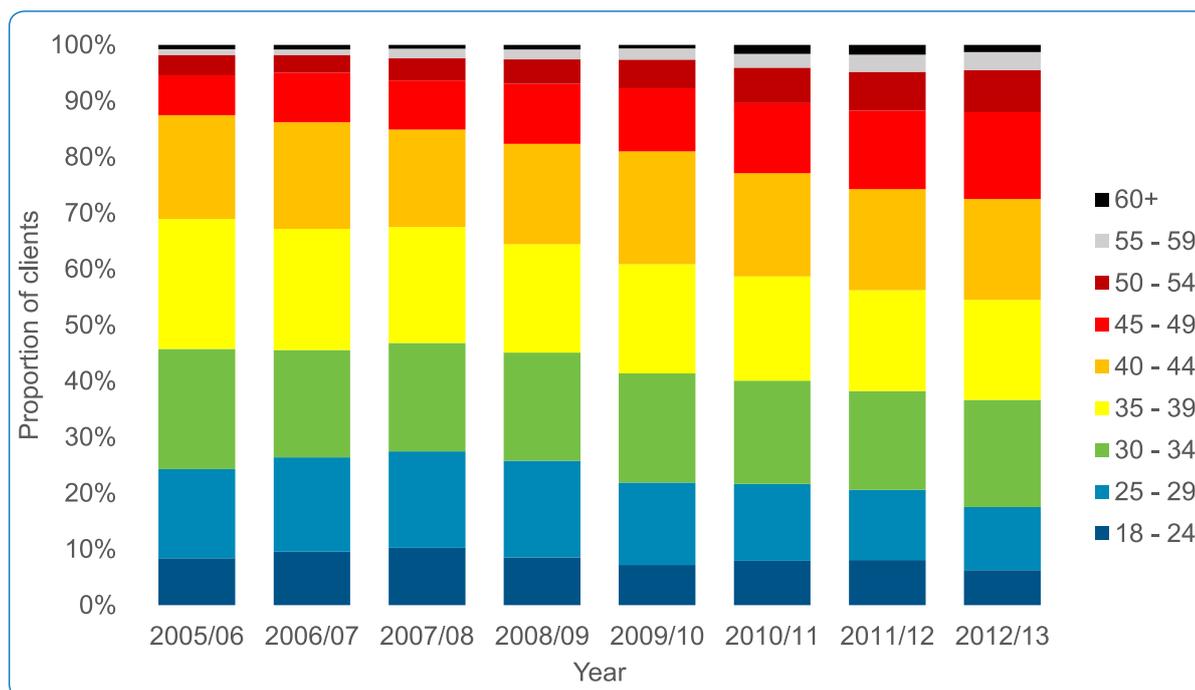
Substance Misuse in the City and Hackney

These changes are all having an impact in Hackney and the City of London and, coupled with the diversity of the area, lead to a complex range of substance misuse needs that need to be addressed. In response to these changes, Hackney is re-designing substance misuse services for both adults and young people, which are also open to residents of the City of London. The new services will be better integrated, more effective and create opportunities for innovation. The young people’s service will be expanded up to the age of 25 years to ensure that young people do not fall through gaps during transition from young people’s to adults’ services. The City is also re-designing substance misuse services for residents and workers in the City, and will be tendering a combined substance misuse and tobacco control service in 2015. Within the service City residents will have access to drug and alcohol treatment as well as smoking cessation services, and there will be a high focus on prevention. City workers will also be targeted by prevention and harm reduction programmes, and will continue to have access to smoking cessation programmes.

The small number of residents in the City of London’s makes it hard to generalise about drug use and to review trends, however the drugs used are diverse. The daytime working population has a distinct pattern of problematic substance misuse and the range of drugs used is far less diverse than resident use.

Accurate data on the prevalence of drug taking is not available, but it is estimated that there are approximately 2,600 residents in Hackney and the City who use opiates (e.g. heroin) or crack – about half of them use both.^{lxxxix} Heroin use is decreasing and the treatment population is aging, reflecting the national picture.

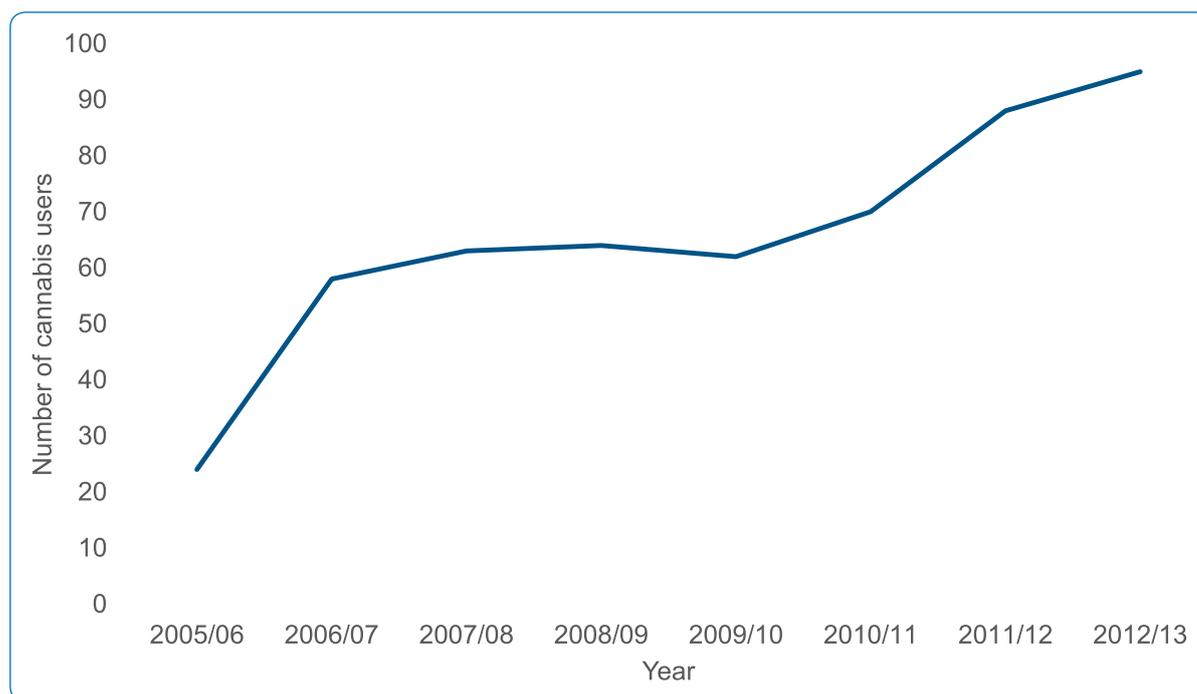
Figure 16: Age profile for adults in drug treatment for substance misuse in Hackney, 2005/06 to 2012/13



Source: NDTMS Adult Drug Profiles

Cannabis is the most commonly used illegal drug in the UK.^{lxxxii} The Crime Survey for England and Wales (CSEW) reports that 6.3 per cent of people aged 16-59 years had used cannabis in 2012/13. This provides a conservative estimate for cannabis use in City and Hackney of over 11,000 people.^{lxxxiii} A small but growing number of people are getting treatment for cannabis use as their primary drug of choice, with 95 clients in 2012/13 up from 58 in 2006/07.^{lxxxiv}

Figure 17: Number of clients receiving treatment for cannabis as primary drug of choice in City & Hackney over the last eight years



Source: NDTMS Adult Drug Profiles

Approximately 50 per cent of projected opiate users (including opiate and crack users) are receiving treatment, and approximately 25 per cent of projected crack users (who don't use opiates) are receiving treatment. In Hackney, an Integrated Substance Misuse Service (ISMS) is currently being commissioned and will replace the current system in October 2015. The service will be managed by a lead provider and will be made up of a treatment hub, a clinical hub and a recovery hub. One of the key aims of the new service will be to reach more people who need treatment and to make the service more flexible to meet demand from different groups.

Changing Patterns of Drug Use

While overall drug use is declining, Hackney and the City of London, like many other areas of the UK, is seeing a change in the patterns of drug taking. There are growing public health concerns over the use of so-called 'legal highs' or new psychoactive substances (NPS), the widespread use of club drugs and addiction to prescription medication.

Many young people in the area are experimenting with NPS, which are designed to mimic illegal drugs and evade drug control laws, but which often contain banned chemicals. These substances are easily available and can be bought online.

The content of these drugs is often unknown and they can result in life-threatening symptoms of high body temperatures, convulsions and seizures, sometimes leading to death. The 2013 Crime Survey^{lxv} found that in the last year 2 per cent of adults (aged 16-59 years old) had taken nitrous oxide, commonly known as laughing gas, and 0.3 per cent had taken salvia, a plant with leaves that contain psychoactive chemicals that produce hallucinations when chewed or smoked. The rate was higher amongst young adults (16 to 24) with 6.1 per cent taking nitrous oxide and 1.1 per cent taking salvia in the last year. In July 2014, the police and council seized around 1,200 canisters of nitrous oxide, worth £6,500 from unauthorised street sellers.

'Club drugs' include drugs like ecstasy, GBL, methamphetamine, crystal meth and ketamine.

They are used by young people in bars, nightclubs, concerts and parties and there has been a recent emergence of 'chemsex', the sexualised use of club drugs by gay, bisexual, and other men who have sex with men.^{lxxxvi} These drugs can be harmful, and heavy use can develop into a dependency and can seriously harm the physical and mental health of users.^{lxxxvii} Despite the widespread use of these drugs relatively few people are seeking treatment. However it is not known whether this is because they do not deem their drug use problematic or that they do not feel comfortable accessing regular treatment services.

The issue of addiction to prescription drugs has increased dramatically in the past few decades. It is estimated that around 9 per cent of Hackney's treatment population (141 people) cite problems with prescription only or over the counter medication. Of these, 10 per cent have no illicit drug use. The equivalent numbers in the City of London are too small to report.

Physical health problems and the long-term prescription of medication contribute to the development of substance misuse in older people.^{lxxxviii} However, prescription drugs are now more widely available, through diversion of prescriptions and unregulated sales via the internet. It is difficult to obtain a clear picture of the scale of addiction to prescription medicines but the public health team in Hackney and the City will be working with the CCG to tackle this problem.^{lxxxix}

Alcohol

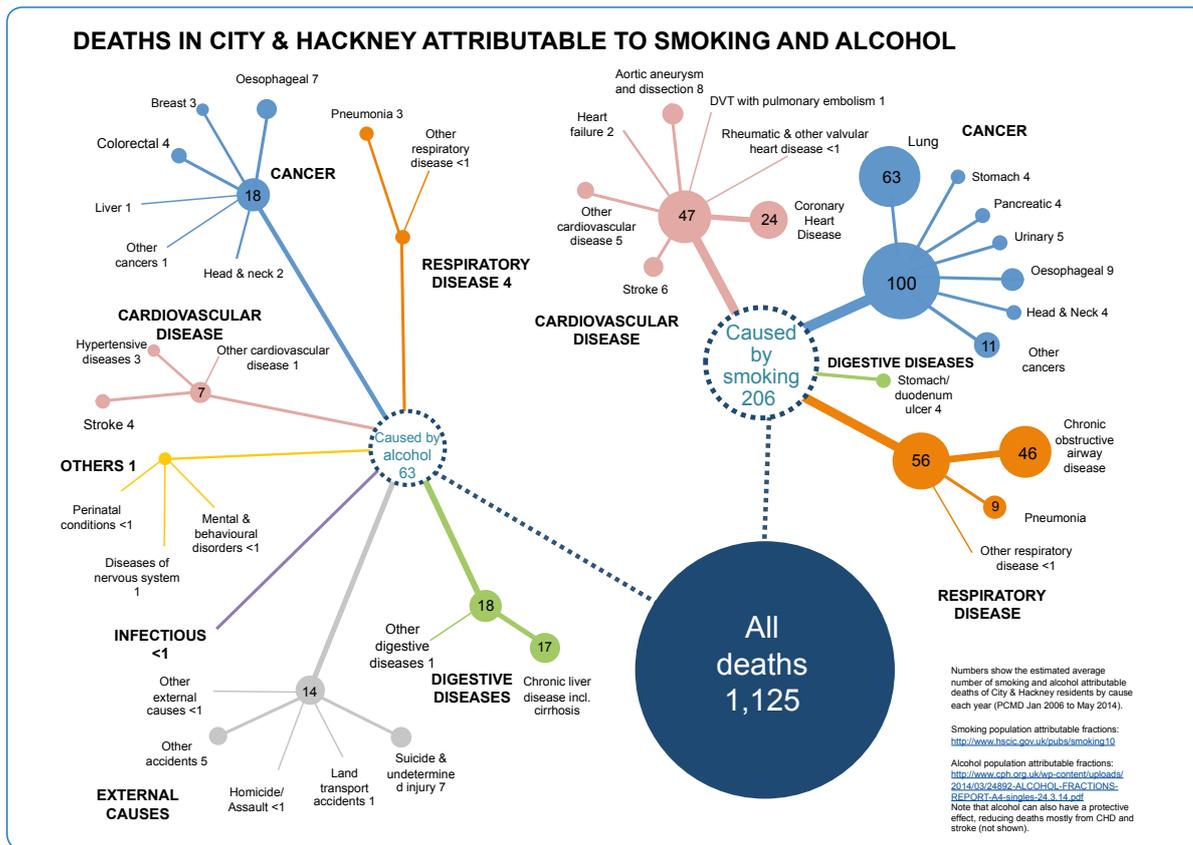
Alcohol is the leading risk factor for preventable death in 15-49 year olds^{xc}. From 2001-2012, the number of people who died from liver disease in England rose 40 per cent, whereas other major causes of disease declined during the same period.

Within the resident population of Hackney and the City of London there are an estimated 12,200 adults who drink at a high-risk or harmful level and around 28,300 who have an increasing or hazardous level and 28,500 people who binge drink. Alcohol misuse amongst both male (56.2 per cent) and female (34.1 per cent) City drinkers is considerably higher than national averages (33.2 per cent men and 15.7 per cent women).^{xcii}

Hackney has a significantly higher rate of alcohol-specific hospital admissions for men than the national or London average. As well as posing a serious risk to their own health, alcohol harm costs society £21billion a year and costs the NHS at £3.5billion.^{xciii}

There are massive inequalities in where the impact of alcohol is felt. People with mental illness are more likely to misuse alcohol and the most deprived fifth of the population of the country are two to three times more likely to suffer alcohol-related death.

Fig 18: Average number of deaths of City & Hackney residents by cause each year



Source: ONS Jan 2006 to May 2014.

Smoking population attributable fractions:

<http://www.hscic.gov.uk/pubs/smoking10>

Alcohol population attributable fractions:

<http://www.cph.org.uk/wp-content/uploads/2014/03/24892-ALCOHOL-FRACTIONS-REPORT-A4-singles-24.3.14.pdf>

Safety Thirst Scheme

There are 750 licensed premises in the Square Mile. The City of London provides the Safety Thirst award scheme which is open to all licensed premises in the City and aims to reduce crime and anti-social behaviour while also ensuring there is a safe and pleasant environment for people to socialise and work. It is a collaborative approach between those working in the trade and the City of London Corporation, City of London Police and London Fire Brigade. To receive the award premises must meet a set of core standards drawn from the Code of Good Practice.



The vast majority of harmful drinkers are not known to their GP and may be unaware of the risks they are exposed to. Only one in 50 people who are estimated to be high-risk drinkers have their alcohol consumption on their GP's records. A total of 585 adults attended alcohol treatment services in 2013/14,^{xciv} an increase of around 16 per cent on the previous two years.

Substance Misuse by Children and Young People

Fewer young people are drinking regularly, with one in 10 reporting drinking in the last week in a 2013 pupil survey, compared to one in four in 2003.^{xcv} Illicit Drug use is at its lowest since

2001. But there are still areas of concern and the dangers of NPS and 'legal highs' are more likely to impact young people.

Compared to the rest of the country, young people in London are less likely to have ever smoked or to have ever drunk alcohol. They are more likely to have ever tried drugs, but the number who have used drugs in the last year or month is the same as the UK average.

All the available estimates are based on national data and so are likely to underestimate the number of young people who misuse substances. Hackney's high levels of deprivation, unemployment and gang-related activity would all suggest higher than average levels of substance misuse. Young people in some communities will benefit from protective factors stemming from religious beliefs or cultural attitudes to substance misuse.^{xcvi}

It is estimated that 1,600 children aged 11-15 years old (12 per cent) in City and Hackney had taken drugs in the last year and of those 800 (6 per cent) in the last month.^{xcvii} One in ten children in this age group, a total of 1,400, are estimated to have drunk alcohol in the last week.^{xcviii}

More than 5,000 young people aged 16-24 years old (16.3 per cent) in City and Hackney are estimated to have taken drugs in the last year and 1,600 of them (5.1 per cent) are classified as frequent users. The most common drugs used by young people were cannabis, cocaine and amyl nitrate.^{xcix} The numbers of young people estimated to be frequent drinkers – drinking on five or more days in the week – are 737 males (5 per cent) and 332 females (2 per cent).^c

Young People's Substance Misuse Services

Young Hackney provides specialist treatment for young people affected by substance misuse – either directly or because a family member is using drugs. The service also has a dedicated officer who provides support and interventions for young people in contact with youth justice. In 2013/14, 158 young people aged 13-19 years old were referred for drug treatment, of which 36 were for dealing offences.^{ci} In both groups the majority of clients were male.

Hackney is currently re-designing its young people's substance misuse service to respond to higher demand and the rapidly changing nature of the drug scene. The new service will be flexible and have a greater capacity to offer a range of treatment. Emphasis will be on Hackney's young people's drugs of choice – cannabis and alcohol – but flexible to respond to emerging trends, including NPS.

The new service will also have more of a focus on prevention, education and outreach. It will invest more time and resource in working with schools on prevention, providing information and support further upstream before problems develop. We are increasing the upper age limit of the service to 25 years, which will fill the current gap in services created by the fact that many young people do not feel comfortable using adult services, which tend to focus on opiate and crack clients. It will provide strong support for young people that transition to adult services.

The youth service will maintain strong links with other teams in Young Hackney, including Youth Justice and Children's Social Care, with key partners in the community including schools and other services such as Child and Adolescent Mental Health Services and CHYPS+ adolescent health service with which they have developed referral mechanisms between services. There will be no wrong door to access the service and we will ensure that every young person in Hackney and the City of London receives the treatment they need.

6. Public Health Achievements and Priorities

In addition to this year's focus on mental health, work continues on a number of different workstreams, and public health continues to deliver on the priorities outlined by the Health and Wellbeing Board strategy and the key areas of the Public Health Grant.

Our projects are becoming established in the community and are having a positive impact on the health of the residents of Hackney and the City of London. This chapter highlights a selection of these projects.

Health Inequalities

This is the first year of the **Healthier Hackney Fund**, a community grants scheme that aims to address some of the most entrenched issues in our communities. Building on the significant impact of the council's existing grants programme, the fund enables the council to try new approaches to working with non-profit organisations. It offers financial and non-financial support to successful bidders, such as a council officer's skills (for example helping with evaluations, communications and project management), and a named Councillor to champion their activities.

The three funding streams are:

1. Healthy Activities: up to £30,000 to run practical activities aimed at preventing people from starting smoking, or improving mental health.
2. Healthy Ideas: up to £8,000 to develop and pilot new approaches to tackling the entrenched problems related to substance misuse or sexual health.
3. Healthy Neighbourhoods: a £1,000 kickstart grant for neighbourhood projects to get residents helping each other to be healthier.

Hackney's social housing estates have the highest levels of poor health. Working with housing providers, we have designed an estate based health service, the **Hackney Health Hubs**, co-locating community Health Coaches with interventions to prevent and manage obesity, advice on sexual health, alcohol support, NHS health checks and smoking cessation. This approach brings health services right to the doorstep of some of Hackney's most disadvantaged communities.



Hackney's public health team has been working with local residents to make community centres valuable assets for the community. One resident, Tai La, was referred to the council via social prescribing, for issues around social isolation. With the support of the council and Hackney Homes, she established a ballroom dancing class and table tennis sessions at the New Kingshold community centre, which attract up to 20 older residents per session. The work has completely changed her outlook on life and she hopes to set up Qi Gong and Tai Chi classes in the future. She says; "It's really important that older people stay active. I see many people who used to go to the doctor very often, say they feel better since coming to the classes".



The **PAUSE Project** is a pilot initiative which involves working with a cohort of women who have had multiple babies removed from their care, encouraging them to take a 'pause' in their lives to reflect on the past and focus on their needs for the future, to improve their life experiences and reduce the incidence of children born into disadvantaged circumstances. The project is a preventative approach that is currently engaging with 20 women. The pilot requires all women taking part to use the Long Acting Reversible Contraceptive (LARC) for its duration and since the launch in September 2013 date there have been no pregnancies.

The City commissions a **Community Health Engagement Programme** for the Portsoken Ward to engage with residents living within the two housing estates on the ward to encourage healthy lifestyles. This includes coordinating exercise classes, healthy eating classes and other services and events such as Health Open Days, where local residents can take part in health checks, find out more about local services, enjoy cooking demonstrations and family activities. In addition, the programme supports community groups to generate and provide activity for the ward through the Community Development Fund. The project has been very popular with local residents and has evidenced some successes.

Tobacco Control and Stop Smoking Services

Last year, Hackney **recommissioned stop smoking services** to provide flexible and tailored provision to reduce smoking prevalence and prevent young people from starting. The Shoreditch Trust delivers specialist stop smoking services targeting community groups with high rates of smoking and, from 2015 will also deliver in the new Hackney Health Hubs. The Shoreditch Trust also subcontracts Homerton University Hospital to run clinics in maternity and in/out patient wards. Specialist stop smoking clinics are also running in eight GP surgeries across the borough, some of which are available in the evening and at the weekend. Whittington Health NHS provides training for all providers, communication and marketing support, a central point of contact and triage. Community pharmacies also provide stop smoking services and medication on prescription or referral.

In the City, current smoking cessation services include provision from all City pharmacies, as well as a specialist service delivered by Queen Mary University London. Both services are currently piloting **harm reduction programmes**, which include “cut down to quit” and the use of electronic cigarettes as a tool to assist in quitting or cutting down smoking. The City is also piloting a Fixed Penalty Notice initiative, issuing fines for dropping smoking-related litter and up to £50 in Boots vouchers if they attend and quit with a stop smoking service and can be verified smokefree after four weeks.

Hackney and the City support national campaigns such as Stoptober and No Smoking Day, and will support the Smokefree homes and cars campaign following the introduction of legislative changes in the Children and Families Act 2014. At its meeting in March 2014, Hackney Council endorsed the Local Government Declaration on Tobacco Control and has rolled out a Smokefree policy across the council. Playgrounds in Green Flag parks all have a voluntary smoke free ban and this will soon be piloted in a number of play areas in the City. To prevent young people from starting to smoke, Hackney continues to support Cut Films, the national youth anti-tobacco short film competition, and offer youth workers to run smoking prevention sessions for primary and secondary schools. The 2014 Cut Films project was the most successful so far, with a total of 47 films created by young people across Hackney. Hackney Community College student Ethan Chinyere scooped one of the top prizes, while Clissold Park School Pupil Referral Unit won a special prize.

In the coming year there is scope for more activity on tobacco control and prevention of smoking. A further set of activities aimed at prevention will begin from April 2015 following the award of the Hackney Health Fund grants to local projects submitted on this theme.

Sexual Health

The City and Hackney commissions a range of sexual health services including Genito-Urinary Medicine (GUM) clinics, a community sexual health liaison nurse at the Homerton Hospital, a sexual health screening service in GP practices and a sexual health pharmacy service. More specialist services are delivered in the form of clinical psychology treatment for patients identified as being at high risk of transmitting STIs and an HIV/ mental health liaison nurse.

Both the City and Hackney offer a number of options for contraception including Long Acting Reversible Contraceptive (LARC) through GP practices and a dedicated young people’s health service, CHYPS Plus. Come Correct, a universal condom distribution scheme that enables young people to access to free condoms in a wide range of settings, has been offered in Hackney and the City to young people aged up to 24 years since 2011. It has successfully signed up approximately 32 per cent of the 15-24 year age group.

For those at risk of contracting HIV there are community HIV Health Checks and support delivered by Positive East and a holistic range of services including information, advice, advocacy, casework, emotional and practical support, support groups and training/workshops for families affected by HIV, provided by Body and Soul.

The Free Condom Project was launched as a pilot project in 2014 and is based on the success of Come Correct. It offers a similar service to Come Correct, though is also offered to those most at risk of contracting HIV over the age of 25 years. Addressing sexually transmitted infections such as HIV is a priority in Hackney due to relatively high prevalence rates within the local population. In 2013, there was a rate of 10.86 and 8.11 per 1000 people aged 15-59 years who were diagnosed with HIV in the City of London and Hackney respectively. This compares to the lower rates for London, at 5.69, and for England, at 2.14. Both schemes are delivered by Brook, a leading national sexual health charity, who work in partnership with local youth and community organisations such as Laburnum Boat Club and the African Forum.

Healthy Lifestyles

Hackney is currently reviewing its **child and adult obesity pathways**, with a view to recommissioning services and implementing new pathways by the end of 2015.

Hackney's **Get Hackney Healthy** programme was set up by the Health and Wellbeing Board in 2013 to ensure a sustained focus on tackling child obesity. A number of projects have been delivered as part of the programme, including delivering comprehensive training to early years practitioners to enable them to recognise children at risk of obesity early and supporting parents to make lifestyle changes. Hackney rolled out a borough-wide communications campaign in 2014 to support parents and children to increase physical activity, with a series of events and the new Hackney Active Kids and 'Wild Walks' guides.

Hackney recently expanded its **'Cook and Eat'** community kitchen programme to nine of the borough's estates. Based in community centres, residents are invited to learn how to cook familiar and new dishes in a healthy, nutritious and tasty way while keeping to a budget. The courses are aimed at local families with children as well as adult courses. The programme delivers multiple benefits; reducing social isolation, encouraging healthy eating, tackling obesity, improving mental health and supporting low income households to cook on a budget.



Early Years Transition

From October 2015, responsibility for commissioning of Public Health services for early years (0-5 years) will transfer from NHS England to local authorities. This includes an allocation currently used for the commissioning of Health Visiting and the Family Nurse Partnership Service. The Health Visiting service leads the delivery of the Healthy Child Programme, which provides an invaluable opportunity to identify families that are in need of additional support and children who are at risk of poor outcomes. The service will include the provision of some universal elements of the national Healthy Child Programme:

- antenatal health promotion review
- new baby review, which is the first check after birth
- 6-8 week assessment
- 1 year assessment
- 2 to 2 and a half year review

The transition of 0-5 Early Years commissioning will be delivered by Public Health, in partnership with Hackney Learning Trust. Progress on the transition will be overseen by the Children's Health and Wellbeing Partnership (on behalf of the Health and Wellbeing Board), and by the Children and Families Executive. The transfer of 0-5 years commissioning will enable coordinated commissioning with other local authority services for children aged 0-19 years old, improving continuity. Hackney Council is keen to maximise the opportunity this presents to design a new Early Years Health Service to improve the transition to parenthood and the early weeks, promoting healthy lifestyles and improve health outcomes for young children and their families.

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