

Meeting of the

# HEALTH SCRUTINY PANEL

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Tuesday, 19 November 2013 at 6.30 p.m.

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## SUPPLEMENTAL AGENDA

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	PAGE NUMBER	WARD(S) AFFECTED
6 .1 CCG - Middle Age Life Course - Low Level Mental Health	1 - 24	

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Alan Ingram, Democratic Services

Tel: 020 7364 0842, E-mail: [alan.ingram@towerhamlets.gov.uk](mailto:alan.ingram@towerhamlets.gov.uk)

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# Agenda Item 6.1

<b>Committee</b>	<b>Date</b>	<b>Classification</b>	<b>Report No.</b>	<b>Agenda Item No.</b>
<b>Health Scrutiny Panel</b>	<b>19/11/13</b>			
<b>Reports of:</b>  CCG PP Presentation on Mental Health – Middle Age  <b>Presenting Officers:</b>  <b>Martin Bould</b>		<b>Title:</b>  <b>Mental Health – Middle Age</b>  <b>Ward(s) affected:</b>  All		

## 1. Summary

This brief presentation from the Clinical Commissioning Group as summary of some of the key issues and priorities that is prevalent in the borough amongst middle age people in relation to Mental Health.

## 2. Recommendations

Comments and Questions on Service Delivery

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## Mental health in middle age

Health Scrutiny Panel

19 November 2013

'A Man's body and his mind, with the utmost reverence to both I speak it, are exactly like a jerkin, and a jerkin's lining; – rumple the one – you rumple the other.'

(Laurence Steme, from *The Life and Opinions of Tristram Shandy, Gentleman*, 1761)

World Health Organisation definition of mental health: "a state of well-being in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community".

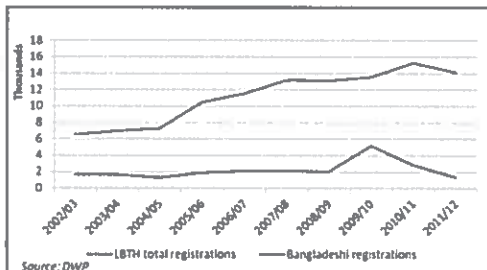
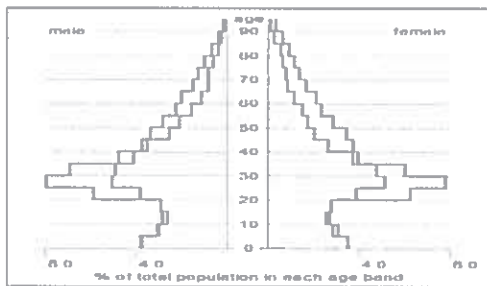


## Facts and figures...



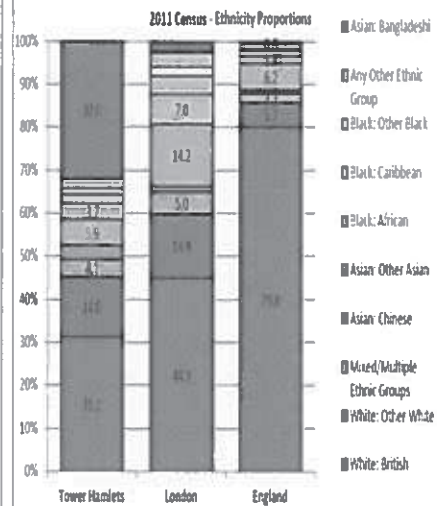
- One in four people will experience a mental health problem at some point in their lifetime and one in six adults have a mental health problem at any one time.
- Taking together all ages up to 65, mental illness accounts for nearly as much morbidity as all physical illnesses put together. Across all ages, including older people, mental illness accounts for 40% of morbidity. Diabetes, for example, accounts for 2% of morbidity, cancer 3%, cardiovascular disease 3%.
- Mental illness has a profound impact on health, relationship, housing, educational and employment outcomes. The LSE found that mental health accounts for more suffering than physical health problems, or income deprivation.
- Mental illness has the same effect on life-expectancy as smoking, and more than obesity. People with a serious mental illness die on average 20 years earlier than the general population.
- Amongst people in work, mental illness accounts for nearly half of all absenteeism. And amongst people out of work, almost half are on incapacity benefit on account of a mental health problem.
- A third of people with a long term condition have a mental health problem. Half of all patients referred for first consultant assessment have a medically unexplained symptom such as back pain chest pain and headache. Many should be treated by MH services.
- However whilst the burden of disease attributed to mental health is 23%, the share of NHS spend on mental health is 13%.

# Population: current



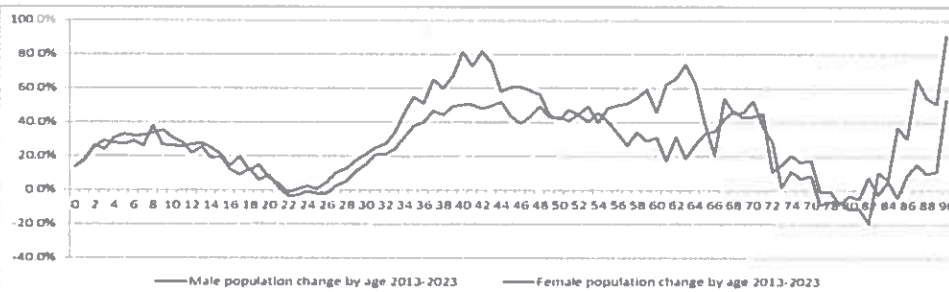
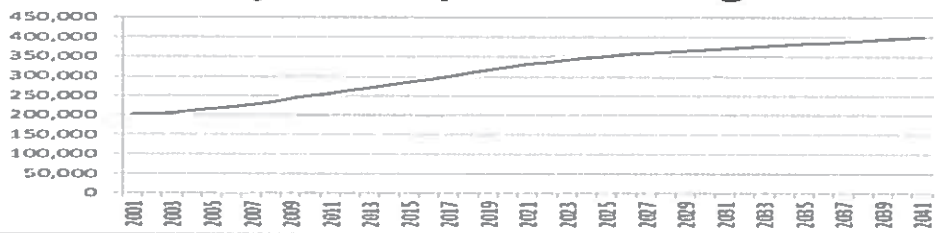
Source: DWP — LBTH total registrations — Bangladeshi registrations

Figure 3: Ethnic breakdown of Tower Hamlets population (all ages)



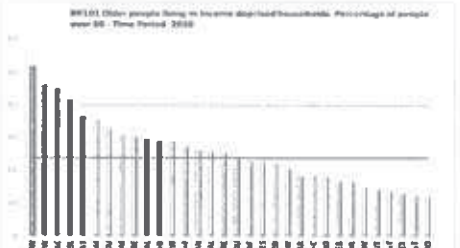
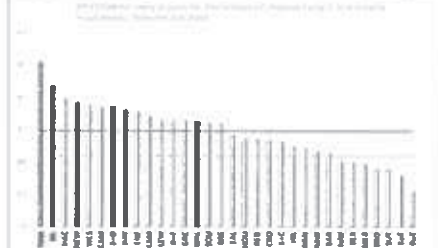
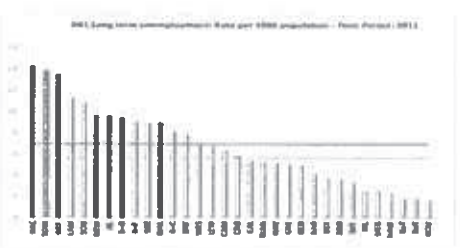
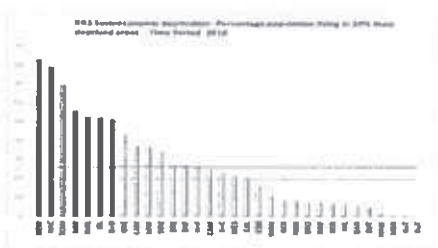
# Population: future

## Projected Population Change



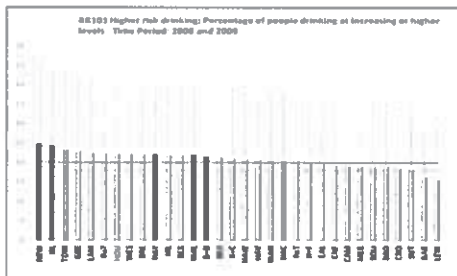
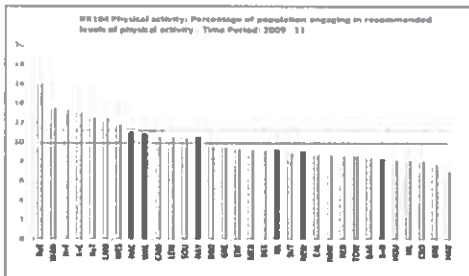
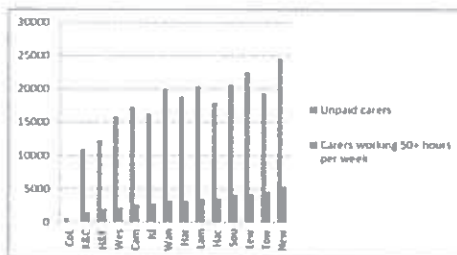


# Risk factors: demographic



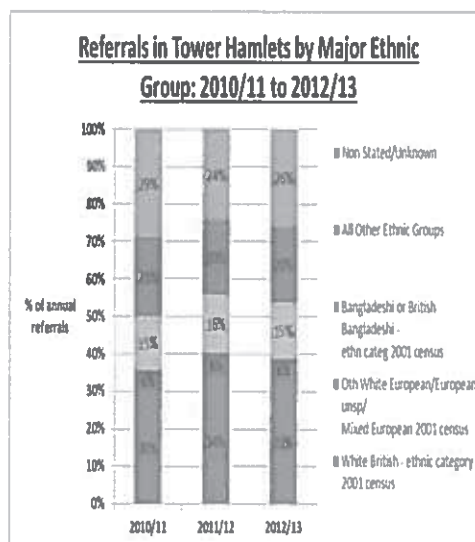
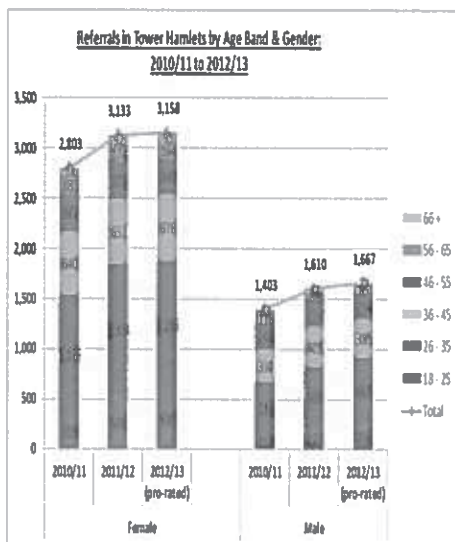
# Risk factors: health related

2011 Census: Table KS106EW	Tower Hamlets	London	England
All Households	101,257		
Households with at least one resident who has a long term health problem or disability	20,840	20.6%	22.4%
Households with at least one resident who has a long term health problem or disability: With dependent children	5,742	5.7%	4.6%
Households with at least one resident who has a long term health problem or disability: No dependent children	15,098	14.9%	21.0%

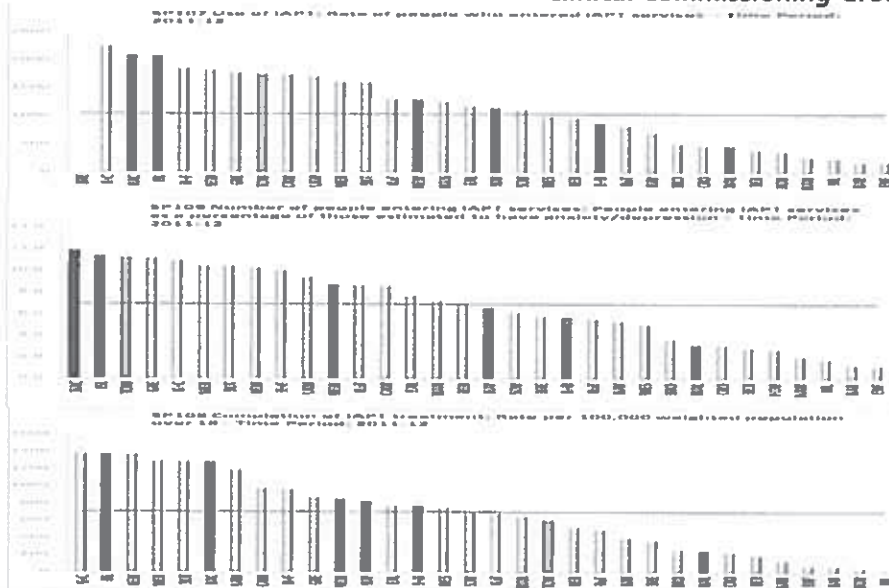




# Common mental health problems: access



# Common mental health problems: IAPT access

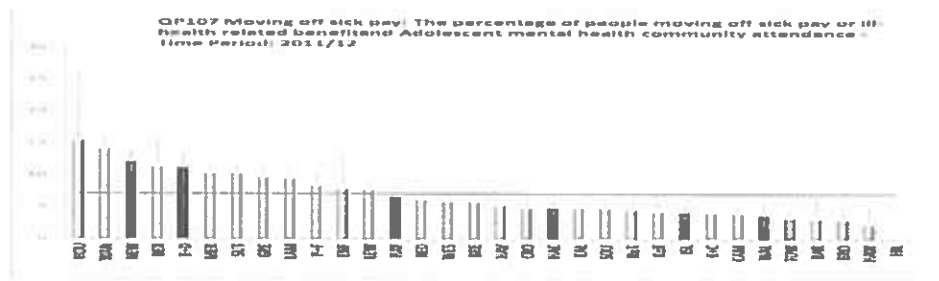
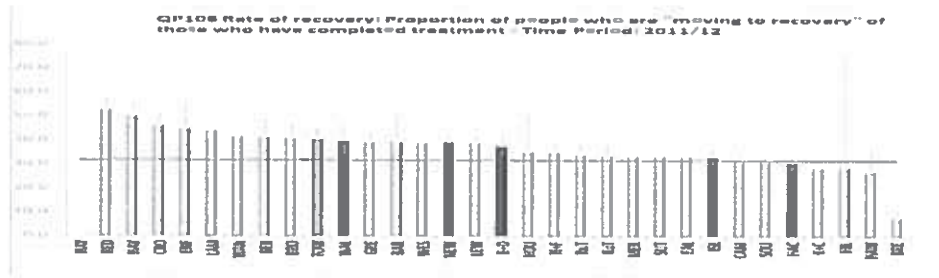


# Common mental health problems: IAPT recovery



Tower Hamlets

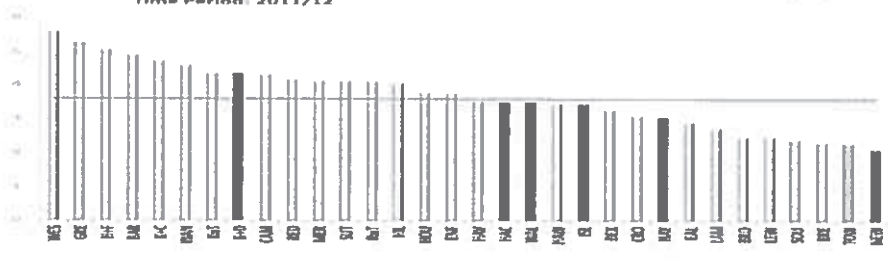
Clinical Commissioning Group





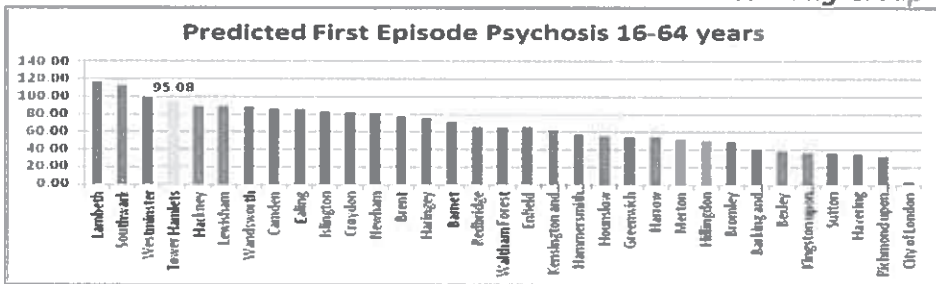
# Hypnotic prescribing

**SPI10 Hypnotics prescribing: Average daily quantities (ADQs) per STAR PU**  
Time Period: 2011/12





# Serious mental illness: prevalence



CEG SMI prevalence (2012)	
City & Hackney	0.90%
Newham	0.78%
<b>Tower Hamlets</b>	<b>1.03%</b>
<b>Number of TH patients with SMI</b>	<b>2422</b>

# SMI: Prevalence by practice and network

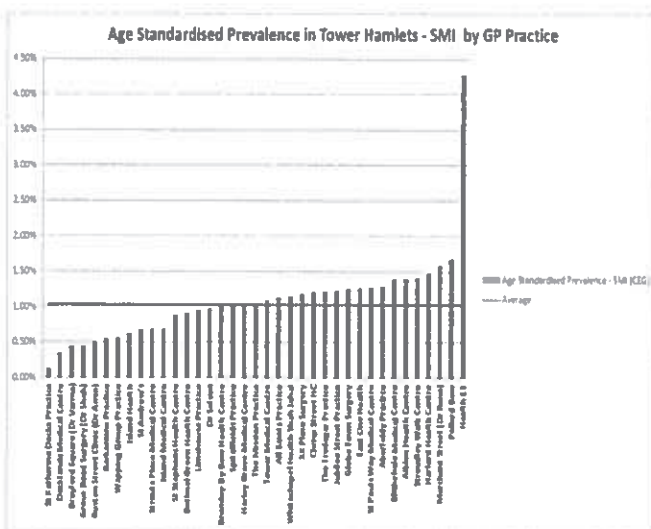


Table 7: Age standardised prevalence of SMI in tower hamlets by locality

Locality	SMI register average	Age Standardised Prevalence
North East locality	43.3	1.82%
North West locality	45.3	1.49%
South East locality	44.0	1.87%
South West locality	45.4	1.82%

Source: Clinical Psychology Cross 2017

## SMI: physical health

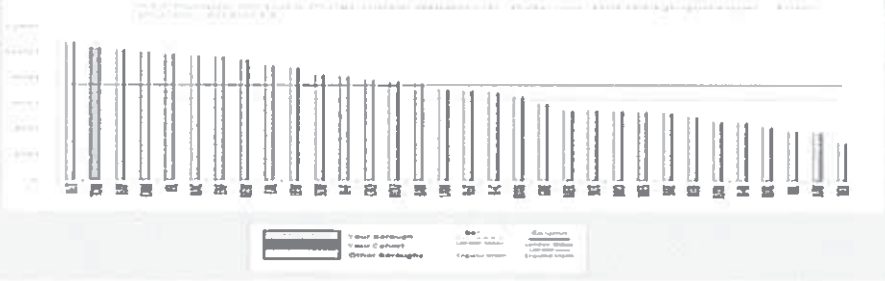


Table 10: Crude disease prevalence per 1,000 population by care group in Tower Hamlets

Disease	All	Learning Disability	Serious Mental Illness	Deaf Affected	Profoundly Deaf	Registered Blind	Housebound
Asthma	44.4	80.5	67.7	118.8	134.2	72.3	101.4
Cancer	11.2	28.8	30.1	59.4	-	96.4	101.4
Chronic Obstructive Pulmonary Disease	10.4	-	30.2	66.8	-	72.3	180.0
Coronary Heart Disease	17.0	-	23.8	99.0	+	188.0	216.6
Diabetes	44.4	80.5	153.3	148.5	119.4	325.3	354.3
Hypertension	75.9	76.4	151.9	358.9	194.0	512.0	879.5
Learning Disabilities	2.8	n/a	28.3	76.7	-	-	10.7
Obesity (BMI>30)	104.0	238.7	307.1	232.7	209.0	215.9	275.3
Morbid Obesity (BMI>40)	12.1	55.9	42.6	27.2	-	-	52.3
Serious Mental Illness	8.3	79.1	n/a	17.3	-	+	39.5
Smoking	201.4	189.2	421.4	151.0	194.0	162.7	172.9
Stroke	5.3	12.3	13.7	34.7	-	94.1	195.3

Source: Health Equity in Primary Care in East London and the City, 2012

# SMI: Demand





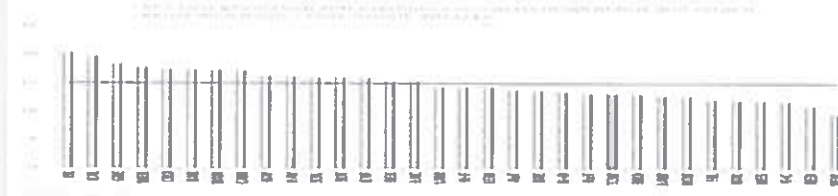
# SMI: Prescribing



**NHS**  
Tower Hamlets  
Clinical Commissioning Group



Your Borough: Tower Hamlets  
 Your Choice: Tower Hamlets  
 Other Boroughs: Tower Hamlets



Your Borough: Tower Hamlets  
 Your Choice: Tower Hamlets  
 Other Boroughs: Tower Hamlets







## Stakeholder priorities



- Tackling stigma and discrimination
- A focus on early intervention
- Improved information and better communication
- Service integration and connectedness across a wider range of services
- Community focussed services
- Involving service users across all aspects of the system
- Improved support for carers and families
- Improved experience at points of transition
- Recovery and Whole Person Care

# Next steps



## Taking a life course approach to mental health and wellbeing

Building resilience: mental health and wellbeing for all	High quality treatment and support	Living well with a mental health problem
Fewer people experiencing stigma and discrimination	Mental health awareness in health and social care and education workforce	A recovery culture
More accessible and accurate information	Specialist support for general settings like schools and hospitals	Peer support
Improved mental health awareness across our communities, schools and employers	Primary care and community based mental health services for people with common mental health problems	Self-directed support
Streamlined preventative support	Early intervention	Connections and relationships
Support for families and carers	Integrated approaches to mental and physical health and social care	Support into employment
Good transitions	Timely access to high quality specialist services	Improving accommodation options
Support for at risk communities	Timely crisis resolution, close to home	
Shared values: a whole person approach		
Mental health is everybody's business		
Focus on quality		
Commissioning with consent		

Improved outcomes