

Annex 2 - Like Minded – The North West London Mental Health and Wellbeing Strategy – the Hillingdon context and population

In developing the Like Minded Case for Change across NWL we have drawn on data, experience of our population, examples of best practice and the views of our health, social care and voluntary sector colleagues.

We work across North West London because there are services where it makes sense to deliver change across a larger population. A good practical example is the recent work on Children's services:

- Hillingdon had already undertaken lots of local work defining current issues and how these could be addressed
- Not surprisingly there were similar issues across North West London and it was agreed that a combined plan recognising shared challenges provided a powerful message on collaboration and learning from across the patch
- The combined plan described how each borough would address the shared priorities differently dependent on local needs
- In some areas we must work together – best practice dictates that the new Eating Disorder service is only viable for populations of 500,000 or greater. In many areas a local focus with local integration is needed.

The key question we have been asked is 'what does this mean for Hillingdon and our people'. We can answer this in 3 ways:

- 1) How we ensure local needs inform any North West London plans
- 2) How local people – Service Users and carers, professionals, voluntary sector - can input to developing North West London plans
- 3) How these North West London plans will be implemented to join up with existing local services and developments.

We are not yet at the stage where we are planning for implementation and so, above a commitment to ensure we localise implementation, we cannot as yet provide a detailed answer to point 3. This paper therefore aims to address the questions 1 & 2.

The needs of the Hillingdon population - a public health perspective

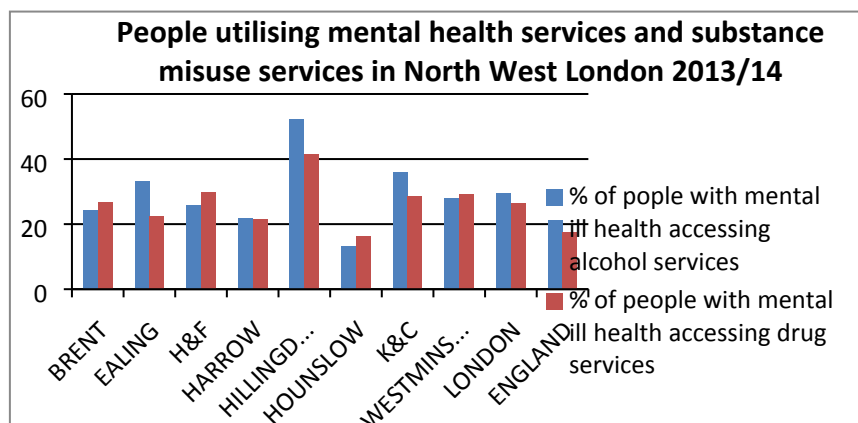
Through research and engagement we have built a picture of the current needs of the population of Hillingdon. Please see below some of the key statistics that define Hillingdon and have helped to shape the Like Minded Case for Change. Please also see Appendix 1 for the full data information we have utilised.

- Hillingdon is outer London borough with app. 300, 000 people registered with GPs. There is a high proportion of children under 18 years of age registered with GPs (23%), the highest in North West London. ¹
- GP registration data from 2013/14 in North West London suggests that there were 23,692 people with severe and long-term mental health needs on their registers and prevalence varied from 0.3% to 15.59%. In Hillingdon, there were 2,154 people registered with GPs with serious & long term mental health needs; a prevalence of 0.74%.

¹ PHE GP Profiles

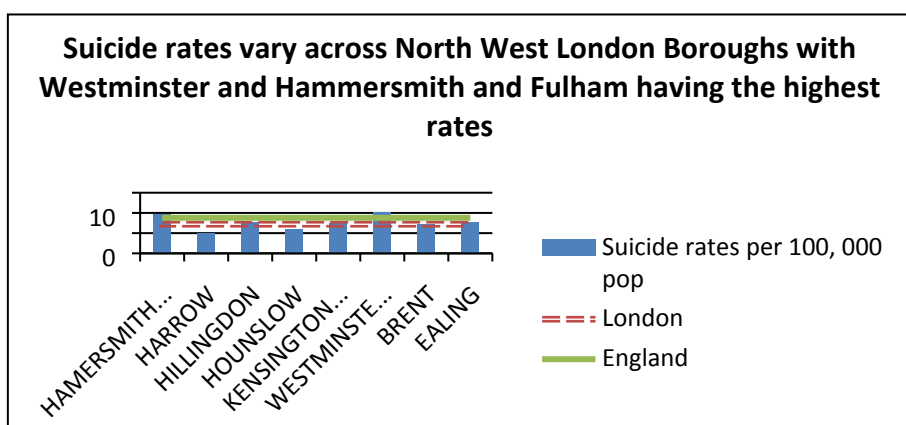


- Studies suggest that dual diagnosis may affect between 30 and 70 per cent of those presenting to health and social care settings². In North West London, there is a great variation across the borough in people accessing both, mental health services and substance misuse services and in Hillingdon is as high as 52 % (Chart below). This could be due to the actual high population needs or effectiveness of local services in detecting and treating people with dual diagnoses.



Source: PHE National Treatment Agency, 2013/14

- North West London data on the estimated prevalence of common mental health problems compared to current detection rates in general practice (QoF) suggest that approximately, only one third of people living with mental ill health are known to health services. This is possibly due to the stigma and discrimination surrounding mental illness coupled with a lack of trust and understanding of how statutory health services work. In Hillingdon, 11,805 people with common mental health problems were registered with GPs versus estimated 31,860 people potentially living with common mental problems. This is 5.15 recorded prevalence versus 10.53 estimated prevalence.
- Un-diagnosed depression is one of the main risk factors for suicide. Suicide age standardized rates per 100,000 population in NWL boroughs vary greatly with the rates in Hillingdon been higher than London average.



- Number of looked after children in NWL ranges from 30 to 73 per 10,000 under 18 years of age; of those, it is estimated that 45% will have mental health problems. That is approximately 2,100 children across NWL with the highest numbers in Ealing, Brent and Hillingdon.
- Most common conditions in children are conduct disorders (behavioural and emotional problems also named 'antisocial behaviour') and estimated prevalence across NWL boroughs varied from 5.4% in Harrow and 5.6% in Hillingdon to 8.3% in Brent (Green et al, 2005).

² Reference: Crome, I, Chambers, P. (2009) The relationship between dual diagnosis: substance misuse and dealing with mental health issues. SCIE Research briefing 30. Available from: <http://www.scie.org.uk/publications/briefings/briefing30/>

Good examples of current care – and where we have heard we can improve

In developing our Like Minded work we heard of areas where we can do more work – but also great examples across North West London



5 to thrive



We worked with local teams to map current services – wellbeing, prevention, care, support and treatment – for example:

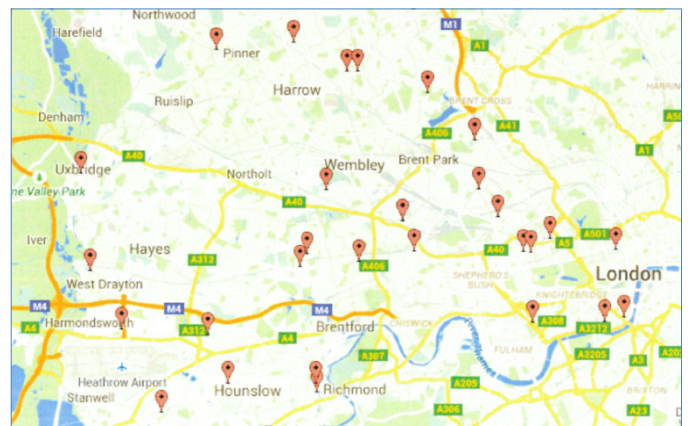
Service type	Service provider	Service type	Service provider
JSA Long Term Employment Service	WCC	Hillingdon Interfaith Network	Hillingdon Interfaith Network
Individual Placement and Support	CNWL	H Kurdish Association	H Kurdish Association
Age Concern Hillingdon Interactive Older Peoples Club	Age Concern Hillingdon Interactive Older Peoples Club	League of jEWISH woMEN	League of Jewish women
Northwood Live at Home	Northwood Live at Home	Healthy Schools	Healthy Schools
Hayes anf Harlington Social Club for the Blind	Hayes anf Harlington Social Club for the Blind	Support Group - LGBT	LGBT YP groups Fountains Mill
As One Club	As One Club	Parenting Support	Parenting – bell farm centre
Children Centres	Children Centres		
Hillingdon NCT	Hillingdon NCT		
Hillingdon LGBT Christian Group	Hillingdon LGBT Christian Group		
Hayes Thamil Kalvi Koodam	Hayes Thamil Kalvi Koodam		
Sahan Society Centre (Somali Women)	Sahan Society Centre (Somali Women)		
Asian Womens Group	Asian Womens Group		
Refugees in Effective and Active Partnership - REAP	REAP		

Service type	Service provider	Service type	Service provider
Psychology	CNWL	Crown Centre for the Deaf & Hard of Hearing	Crown Centre for the Deaf & Hard of Hearing
Arts Therapy Team	CNWL	Hillingdon Action Group for Addiction Management	Hillingdon Action Group for Addiction Management
Personality Disorder Service	Personality Disorder Service, Cassel Hospital	Support group	Miscarriage support group
Autistic Care and Support	Autistic Care and Support	East African Community Support	East African Community Support
P3 - Single Homeless in Hillingdon	P3 - Single Homeless in Hillingdon	Iranians Womens Group	Iranians Womens Group
Hillingdon Aids Response Trust	Hillingdon Aids Response Trust		

Building on Local consultation

Like Minded has coproduction embedded in our way of working. This means building on local Hillingdon work (for example from HealthWatch - with Raj Grewal as a member of our Transformation board) and also developing a cohort of Service User leaders supported by the National Survivors and Users Network (NSUN).

The leadership development course has had 3 Hillingdon participants and we are working with local commissioners and communications team to now ensure these individuals are connected into local development work as well as into Like Minded.



We have had good representation and input from Hillingdon at our Innovation and Design workshops which were focused on understanding the local experiences and needs for people with mental ill health (including Director of Hillingdon Mind Christopher Geake, and the Healthy Schools Lead for Hillingdon, Tessa Pike). We have also been fortunate to have heard first hand from St Mungo's Broadway on the work the organisation had been doing in providing a Mental Health Advocacy Service in Hillingdon.

Next steps

As we further develop the North West London model it's ever more important that we talk to local groups – to hear how models that work across North West London can be improved and also how we can collaboratively support Hillingdon's local work on Mental health and improving outcomes.

We will link through your local Hillingdon Mental Health Transformation Group which includes clinical engagement via the GP Mental Health lead (Dr Stephen Vaughan-Smith), and service user engagement via Health-watch (Raj Grewal). We will strengthen local Service User engagement in Hillingdon for the next phase of Like Minded and plans are underway to address this. Hillingdon will engage through the NWL Mental Health Strategy and Implementation Board with attendance from Hillingdon SRO, CRO, and London Borough of Hillingdon Mental Health Transformation Board including with Stephen Vaughan-Smith and Raj Grewal as members. There are also opportunities to link in directly via LikeMinded@nw.london.nhs.uk

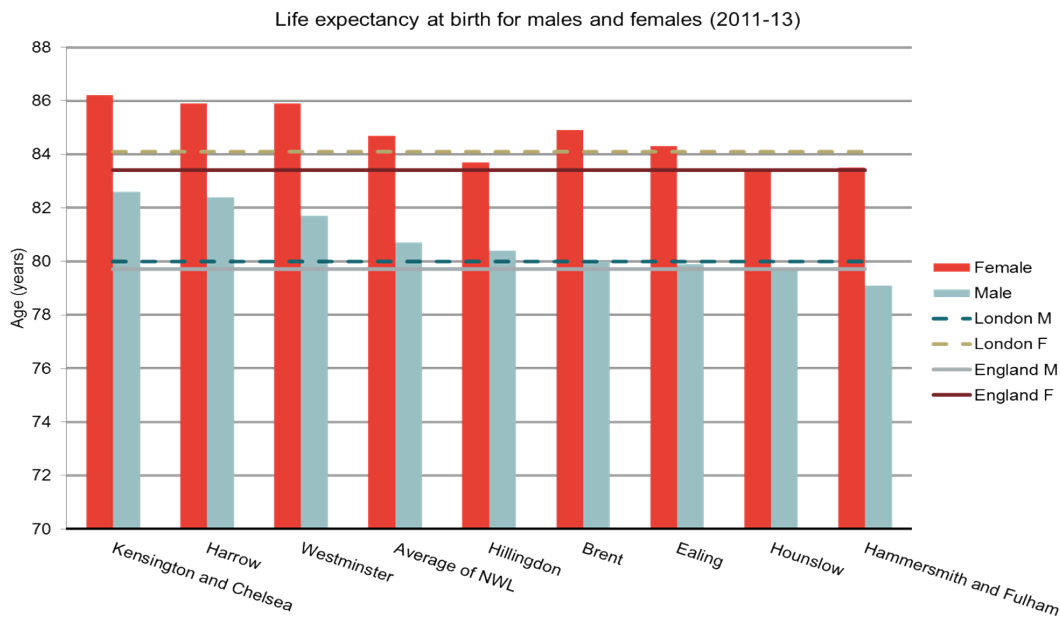
In the NWL Case for Change we identified a number of shared issues – which build on the data we have about our population:

Issue one: awareness and attitudes to the scale and significance of mental health needs in North West London

North West London has a diverse and fast growing population of approximately 2.2 million. Of those, over 900, 000 are from Black and Minority ethnic origin (42%)³. This proportion ranges from to 65% in Brent to less than 30% in Kensington and Chelsea.

There is a high proportion of inward and outward migration in each borough in NWL with an average of 4,000 net loss per borough reported by the Office of National Statistics in 2013 locally. Hillingdon had lowest migration loss of ~ 500 people while Westminster had the highest net loss of ~ 6,000 people. There are approximately 400,000 children under 18 years of age across North West London and the proportion ranges from 17% of the total GP registered population in West London CCG to 23% in Hillingdon CCG highest proportion in North West London).⁴

The overall life expectancy (LE) and healthy life expectancy (HLE - how long people live in a good health) for each of the boroughs in NWL is generally similar or higher than England’s average, apart from male healthy life expectancy in Hammersmith and Fulham that is significantly lower than England’s average (60 years vs. 63.3 for H&F and England respectively).



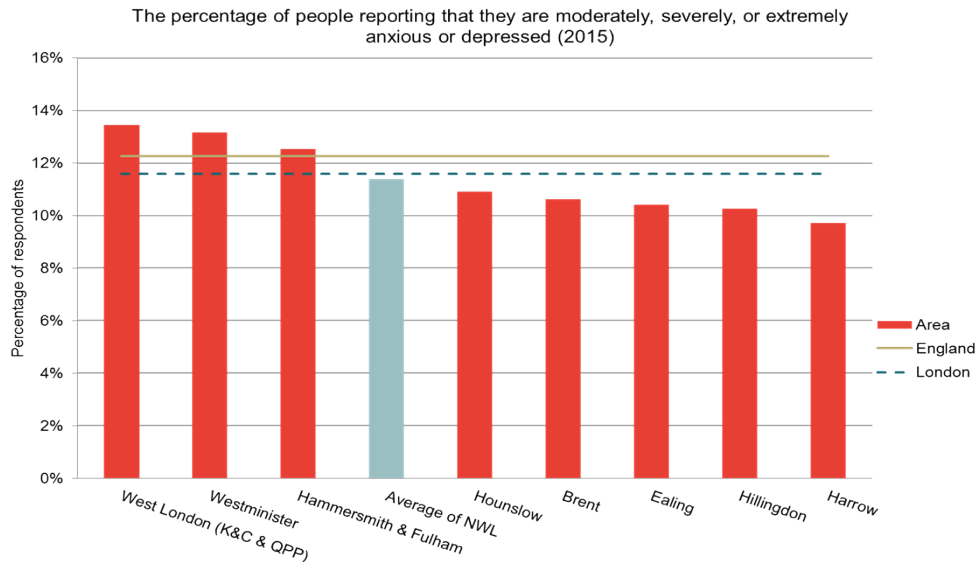
Described healthy inequalities, migration, deprivation and a high proportion of BME communities are factors that have a significant impact on mental health service demand, the way people seek appropriate care and the overall levels of mental health literacy and awareness.

Issue two: promotion of wellbeing, resilience and prevention of mental health needs for people in North West London

³ ONS Census, 2011

⁴ PHE GP Profiles

One of the main personal drivers impacting on the overall wellbeing is mental ill health. Our mental health has a great impact on our ability to live happy and fulfilling lives, to achieve our goals, have good social relationships and to contribute positively to society. However 1 in 4 people nationally and locally will experience some form of mental health problems during their lives ranging from mild anxiety and depression to severe mental illness. In North West London, reported prevalence of anxiety and depression⁵ in 2014 was above the national average in Westminster, West London and Hammersmith and Fulham.



Source: GP Patient Survey, NHS England 2015

Issue three: the quality of care, coverage and outcomes for people with serious, long-term mental health needs

People with serious, long-term mental health needs (SLTMHN) have complex care needs and are often requiring a number of different services at some point on their care pathway. They are at higher risk of dying earlier and are affected by lifestyle risk factors that often cause long term physical conditions.

GP registration data from 2013/14 in North West London suggests that there were 23, 692 people with severe mental ill health (SMI) on their registers. Proportion of people registered with SMI varied greatly across the practices from 0.3% to 15. 59%. In Hillingdon, there were 2, 154 people registered with GPs with SLTMHN, a prevalence of 0.74%.

In terms of understanding how people known to mental health services live in the community, it is important to note that, in all North West London boroughs apart from Harrow, proportion of people with Care Programme Approaches (CPA) in settled accommodation was higher than England’s average of 58.5% and London’s average of 79.4%. Proportion of people on CPA in settled accommodation ranged from 77.8% in Harrow to 87.5% in Hammersmith and Fulham.

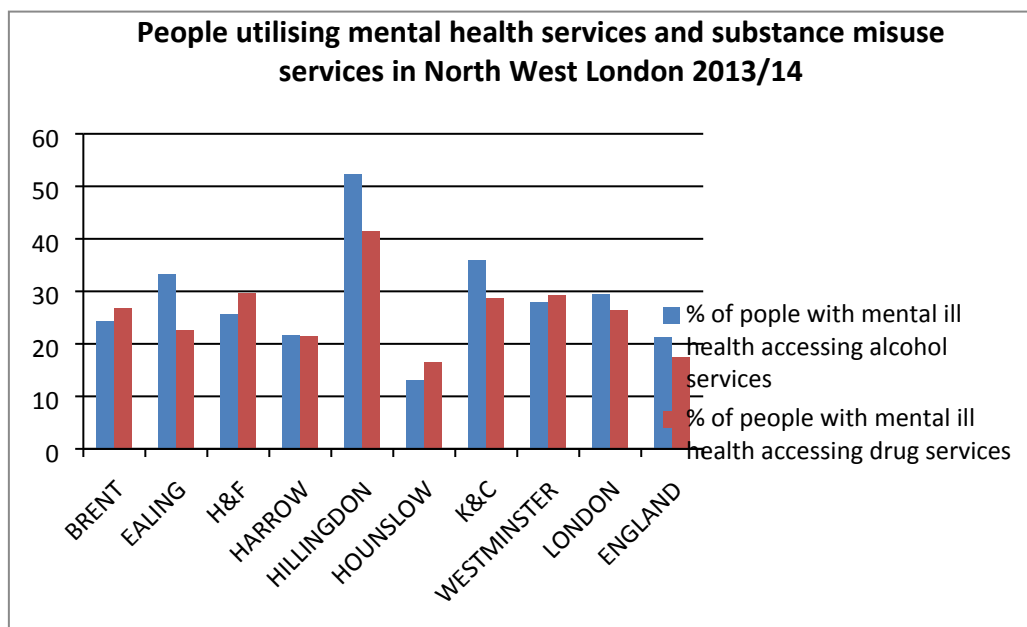
Similarly, proportion of people on CPA in employment ranged from 5.8% in Westminster to 7% in Harrow and Kensington and Chelsea to 10.5% in Hounslow and 10.2% in Hillingdon. England’s average in 2012/13 was 8.8% and London’s average was 6.9%.

Mental health and substance misuse problems are major public health and social issues. Studies suggest that dual diagnosis may affect between 30 and 70 per cent of those presenting to health and social care

⁵ GP Patient Survey, NHS England 2015



settings⁶. In North West London, there is a great variation across the borough in people accessing both, mental health services and substance misuse services and it ranges from 13.1% of people in Hounslow accessing mental health services and alcohol treatment services to as high as 52% in Hillingdon (Chart below). This could be due to the actual high population needs or effectiveness of local services in detecting and treating people with dual diagnoses.



Source: PHE National Treatment Agency, 2013/14

Issue four: identification of common mental health needs and access to good quality care

The risks to mental ill health in adults and older people vary by age, sex and ethnicity. Some parts of North West London have higher levels of factors impacting on mental ill health such as large proportion of ethnic minorities, deprivation, low levels of education, unemployment, substance misuse, violence and crime, social isolation and homelessness.

Statutory homelessness households rate across NWL boroughs varied from 1 in Hillingdon to 8 in Kensington and Chelsea compared to London (5) and England (2) (2012/13) and households in temporary accommodation rate across NWL boroughs varied from 3 in Harrow to 32 in Brent compared to London (11.9) and England (2.3).⁷

Unemployment rate across NWL boroughs varied from 6.7% in Westminster to 11.3% in Brent compared to London's average of 8.7%.⁸

A number of carers who reported feeling lonely across NWL boroughs is particularly high in some boroughs and varies from 24% in Brent, 34% in Hillingdon to 49% in Harrow compared to London (36.5%) and England (41.3%).⁹

⁶ Reference: Crome, I, Chambers, P. (2009) The relationship between dual diagnosis: substance misuse and dealing with mental health issues. SCIE Research briefing 30. Available from: <http://www.scie.org.uk/publications/briefings/briefing30/>

⁷ DCLG 2013

⁸ ONS 2014

⁹ Public Health Outcomes Framework 2012/13



LikeMinded

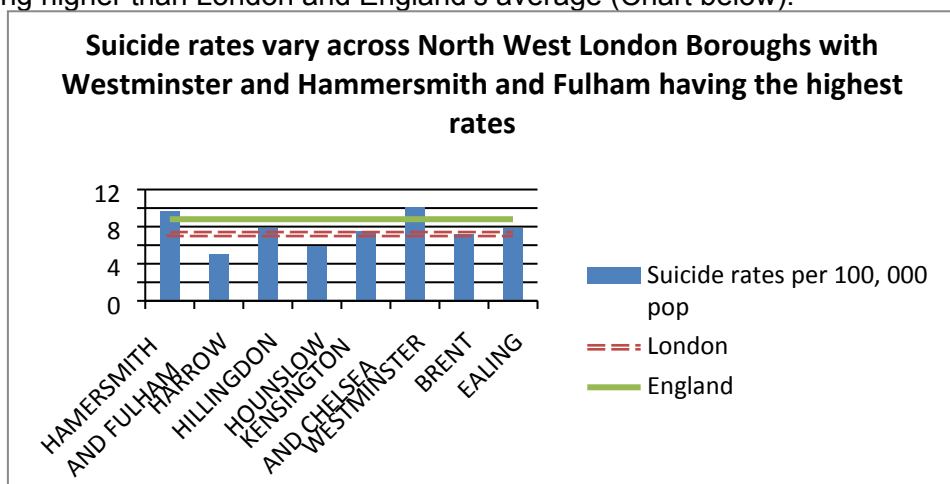
WORKING TOGETHER FOR MENTAL

HEALTH AND WELLBEING IN NW LONDON

It is estimated that common mental health problems (mainly anxiety and depression) will be increasing over the next ten years by 25-30%. This is probably due to people living longer and in a more challenging economic climate.

North West London data on the estimated prevalence of common mental health problems compared to current detection rates in general practice (QoF) suggest that approximately, only one third of people living with mental ill health are known to health services. This is possibly due to the stigma and discrimination surrounding mental illness coupled with a lack of trust and understanding of how statutory health services work. In Hillingdon, 11, 805 people with common mental health problems were registered with GPs versus estimated 31, 860 people potentially living with common mental problems. This is 5.15 recorded prevalence versus 10.53% estimated prevalence.

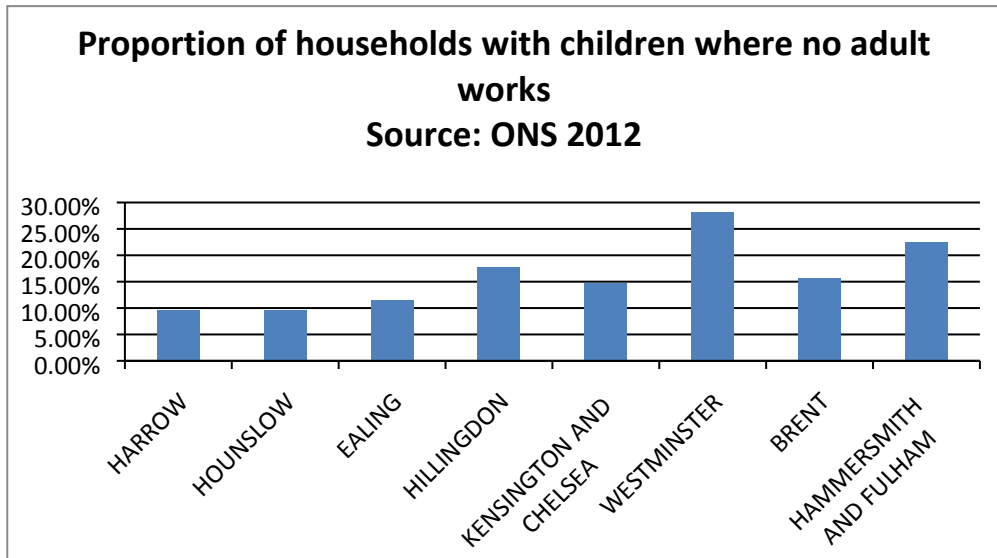
Un-diagnosed depression is one of the main risk factors for suicide. Suicide age standardized rates per 100, 000 population in NWL boroughs vary greatly with the rates in Hammersmith and Fulham and Westminster being higher than London and England's average (Chart below).



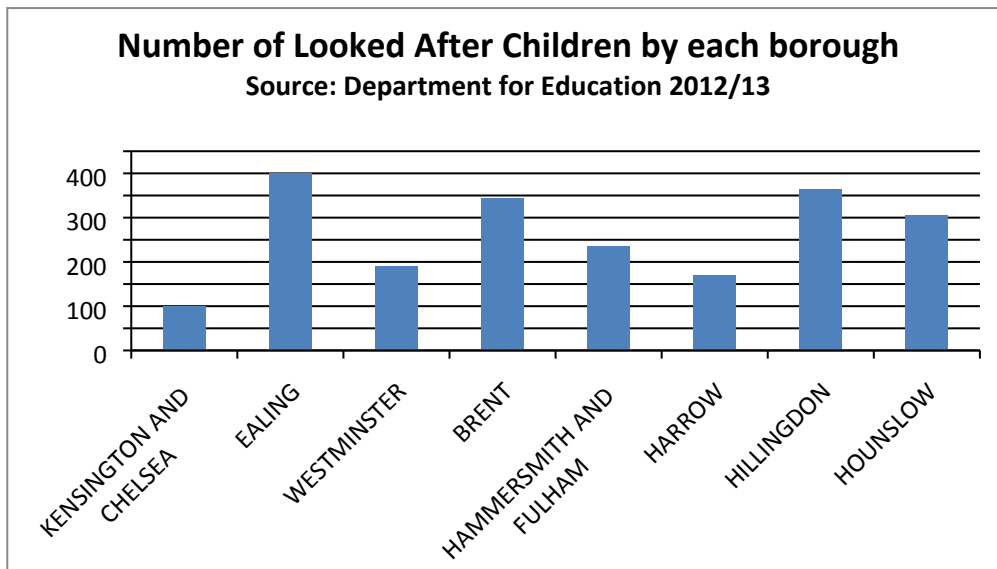
Issue five: mental health needs of Children and Young people are often neglected

Some children and young people in North West London may be at greater risk of developing mental health problems than those living elsewhere in London and nationally. This is attributed to the number of socio-economic factors impacting on mental health such as high deprivation levels in particular wards, low educational attainment, parental mental health problems or substance misuse, parents or carers unemployment rates or exposure to emotional abuse or severe neglect. Furthermore, some particular groups of children and young people may be more likely to develop mental ill health such as looked after children, young offenders, those in need of social care or those with special educational needs. Parental unemployment is associated with several fold increased risk of mental ill health in their children.

Proportion of children living in households with no adults in employment ranges across NWL from 9.6% in Hounslow to 28% in the Westminster borough; a total of 57, 480 households across North West London (Chart below).



Number of looked after children in NWL ranges from 30 to 73 per 10,000 under 18 years of age; of those, it is estimated that 45% will have mental health problems. That is approximately 2,100 children across NWL with the highest numbers in Ealing, Brent and Hillingdon.

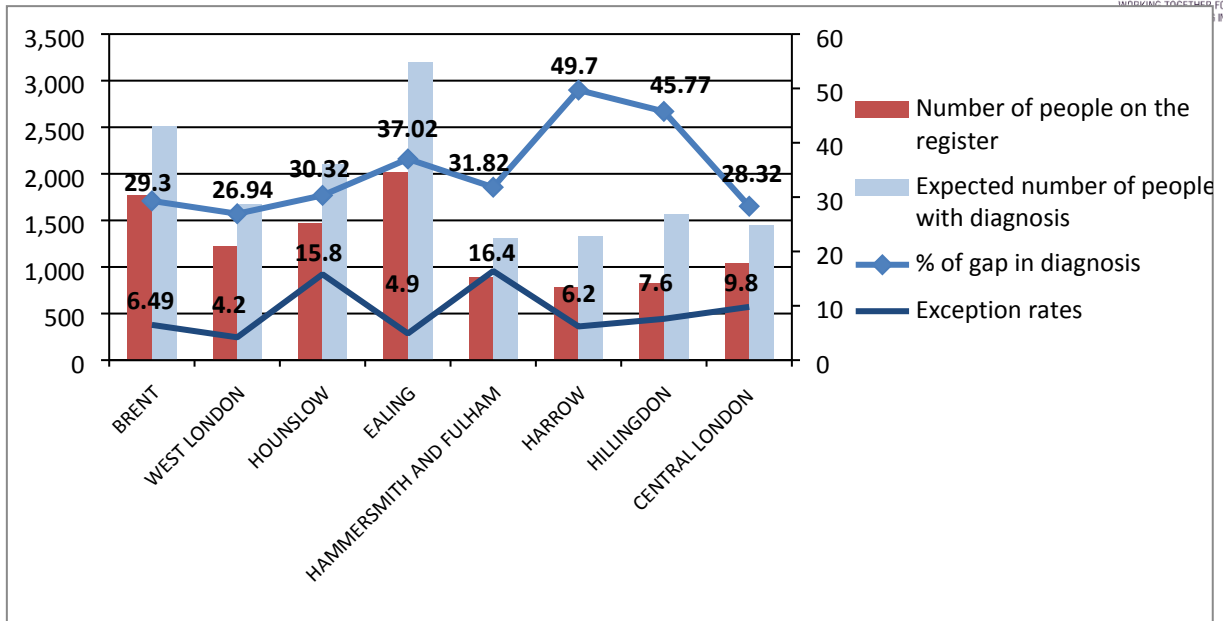


Most common conditions in children are conduct disorders (behavioural and emotional problems also named 'antisocial behaviour') and estimated prevalence across NWL boroughs varied from 5.4% in Harrow and 5.6% in Hillingdon to 8.3% in Brent (Green et al, 2005).

Issue six: the quality of care for other population groups with specific needs

Chart below describes variation across CCGs in the North West London. Overall diagnosis rates varied from 70% in Hounslow to 51% in Harrow against the national average of 67% and London's average of 65.8%.

GP diagnosis of dementia against estimated number of cases, diagnosis gap and exception rates



Source: NHS England Dementia Prevalence Calculator, March 2015