TOWER HAMLETS

NHS
Tower Hamlets
Clinical Commissioning Group

Mental Health
Joint Strategic Needs Assessment for Tower Hamlets

Part Two: Facts and Figures

August 2013

Tower Hamlets
Health and Wellbeing Board

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7. Investment in mental health services

Summary of key points

Total spend

- In summary, although the PCT spent between 11.4% and 14.3% of total commissioning spend on mental health, DH Programme Budgeting suggests that Tower Hamlets spends significantly less on mental health per capita than other boroughs with comparable demography and comparable mental health need.

PCT spend

- In 2011/12, approximately 11.4% of Tower Hamlets PCT spend was on mental health. This includes the East London NHS Foundation Trust contract, third sector mental health contracts, and specialist commissioning (but not the spend on mental health services embedded in Barts Health CHS, Barts Health acute, and primary care contracts.)
- The proportion of PCT total spend committed to mental health reduced marginally over the last three years, from 11.72% in 2010/11 to a projected 10.85% in 2012/13, in the context of a 5.05% increase in total spend over the period.
- The 2011/12 Programme Budgeting report notes that Tower Hamlets PCT spent £76,530,406 on mental health, out of a total £541,795,000, or 14.3%. (It is important to note that programme budgeting includes spend not accounted for in the data above, including primary care prescribing costs, London Ambulance Service, acute hospital treatment attributable to mental illness etc.)

Comparative spend

- In comparison with seven London Centre ONS comparator boroughs (i.e. other boroughs with comparable demography and comparable mental health need), Tower Hamlets spent the lowest proportion on mental health in 2011/12, and also spent the lowest per 100k population (according to NHS programme budgeting).
- In 2011/12, Tower Hamlets spent a total of £54,402k on mental health services for adults of working age (on secondary NHS services and local authority mental health services, based on the annual finance mapping conducted on behalf of the Department of Health). This approximately £60 per head less than the ONS group average on mental health services for adults of working age, and in 2010/12 less than both City & Hackney and Newham.

Specific budgets

- In cash terms and as a proportion of its expenditure Tower Hamlets spent more on non-statutory services than City & Hackney and Newham in 2011/12.
- Out of a total commissioning spend of £69,932k, the Council spent £10,217k, or 14.61% on mental health services for adults of working age during 2011/12. (This

represents commissioning spend only, and excludes £3,506,628 (2010/11 spend) on directly provided services, such as social work and in-house day care.)

- Tower Hamlets now appears to spend in line with ONS comparators on older people (on secondary NHS services and local authority mental health services, based on the annual finance mapping conducted on behalf of the Department of Health).
- In 2010/11, Tower Hamlets spent below average in London on primary care prescribing for depressive disorders per 100,000 population (which contrasts with the volume of prescribing reported in the chapter on service utilisation), but well above average on primary care prescribing for psychotic disorders per 100,000 population.
- More detailed analysis of spend by service line is not sufficiently robust to contribute to strategic planning.

1. Introduction

This chapter gives details of current and historic investment into mental health services in Tower Hamlets, both by the NHS and the Council.

There are several sources of information that can help to build a picture of how the NHS and Council spend their money on mental health services, as detailed below:

- **Programme Budgeting[1]:** PCT's have historically completed annual programme budgeting returns to the Department of Health which detail spend by programme of activity, of which mental health is one. The information available is high level, but it enables comparison of spend by programme across PCT's, standardised by weighted population. The programme budgeting data should be viewed with some caution because different PCT's may ascribe spend to programmes differently, and spend on health services which are general in nature, but may include mental health specific activity, for example primary care, is not disaggregated into programme spend
- **Local Implementation Team Finance Mapping[2]:** The PCT and Council have historically completed Local Implementation Team (LIT) Finance Mapping for mental health services for adults of working age, and mental health services for older people. The LIT Finance Mapping allows for some drill down into spend against specific service lines, and some comparison across boroughs. The LIT Finance Mapping data should be viewed with some caution, because different borough partnerships may complete the mapping differently dependent on information that is available, for example some partnerships disaggregate social care spend on older people with mental health problems from general social care commissioning for older people, whilst other partnerships are not able to do this.

[1] http://www.networks.nhs.uk/nhs-networks/health-investment-network/news/2011-12-programme-budgeting-data-now-available

[2] https://www.gov.uk/government/publications/investment-in-mental-health-in-2011-to-2012-working-age-adults-and-older-adults

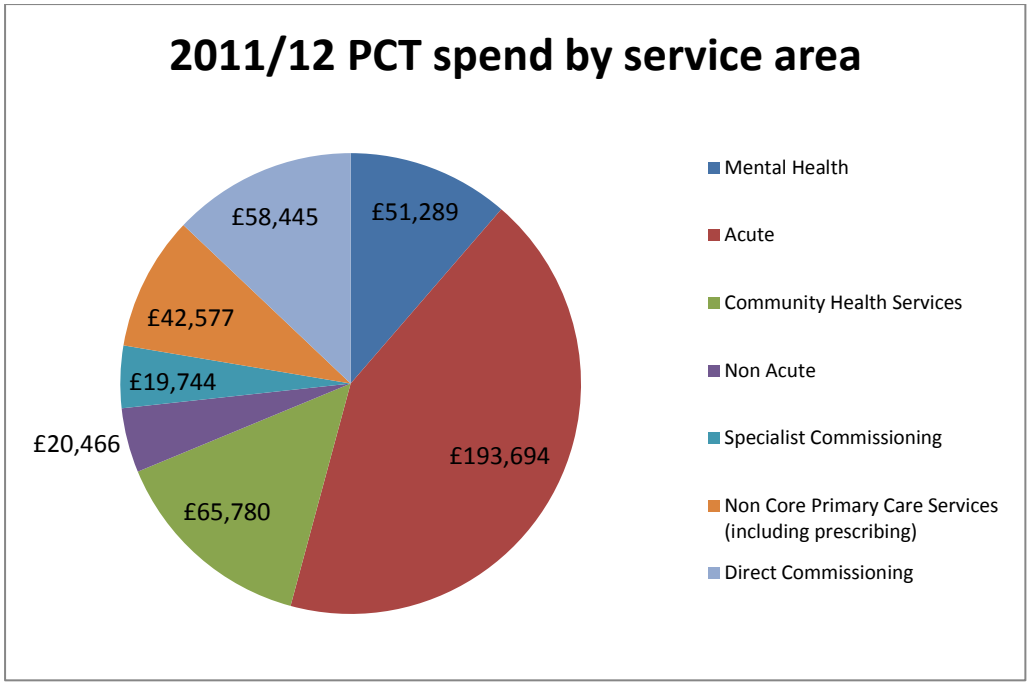
- **Local commissioning financial information:** Spend is available from local PCT and Council accounts and financial management processes, however this does not allow for comparison across boroughs
- **Prescribing data via E-PACT:** high level spend is available on prescribing, but detail is very limited.
- As the information collected through each of the reports identified above is collected and presented differently, they do not always clearly align. Whilst collectively they can help to build a picture of how NHS and Council resources are deployed, it is important, as a consequence, to consider this chapter as a guide, rather than as a definitive statement on actual distribution of spend. However, more detailed analysis of spend by service line is not yet sufficiently robust to contribute to strategic planning.

Over the coming year, the NHS will be preparing for the introduction of a tariff based system of reimbursement into mental health. Payment by Results in mental health is not the same as payment by results for acute hospital activity, it will reimburse mental health trusts for periods of care and treatment similar to the year of care tariffs being developed for long term conditions, rather than for discrete episodes of treatment.

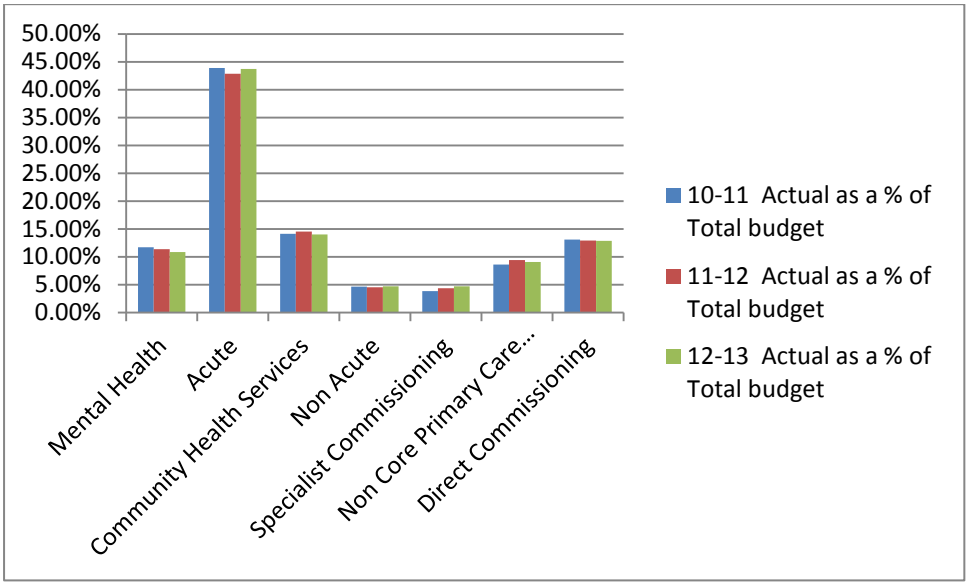
As a consequence of the introduction of PBR in mental health, how NHS resources are deployed in mental health will become much clearer in the future.

2. Total spend

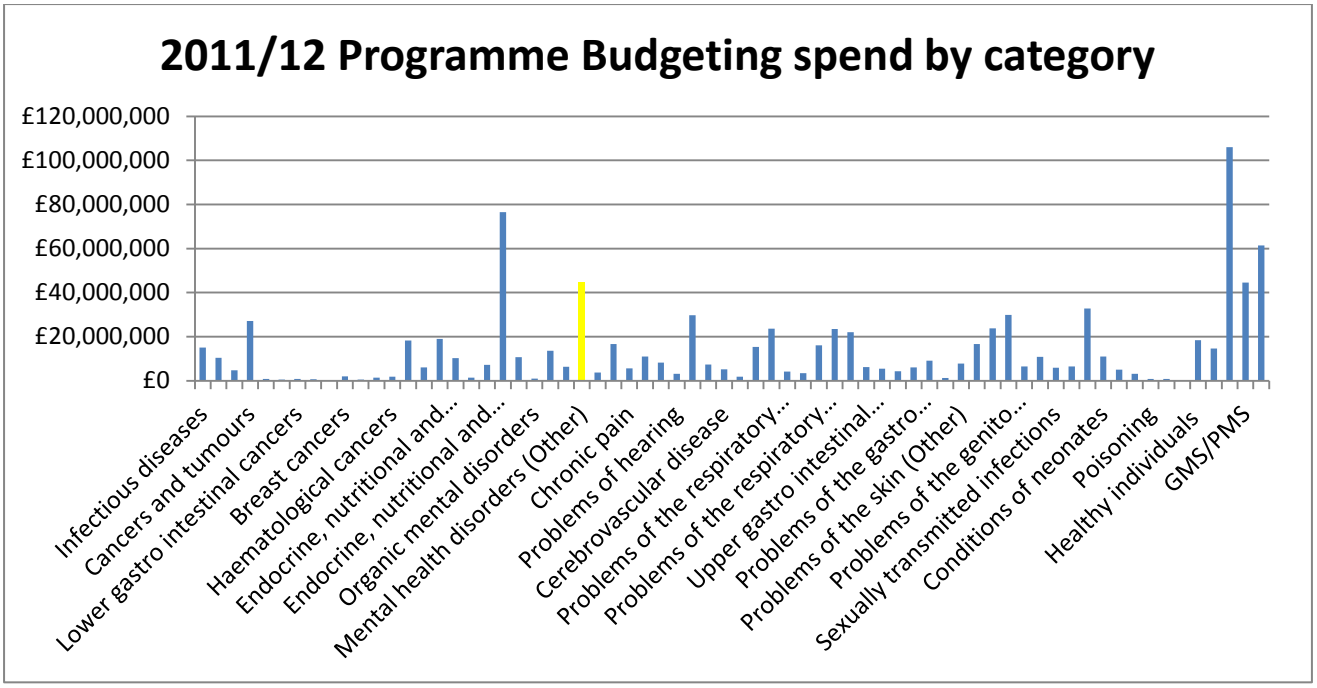
In 2011/12, approximately 11.4% of Tower Hamlets PCT spend was on mental health. This includes the East London NHS Foundation Trust contract, third sector mental health contracts, and specialist commissioning. It does not include primary care psychology (Community Health Services), or some mental health and health psychology services at the Royal London Hospital (acute) or mental health assessment and treatment provided primary care (direct commissioning), since spend on these services is embedded in Barts Health CHS, Barts Health acute, and primary care contracts.



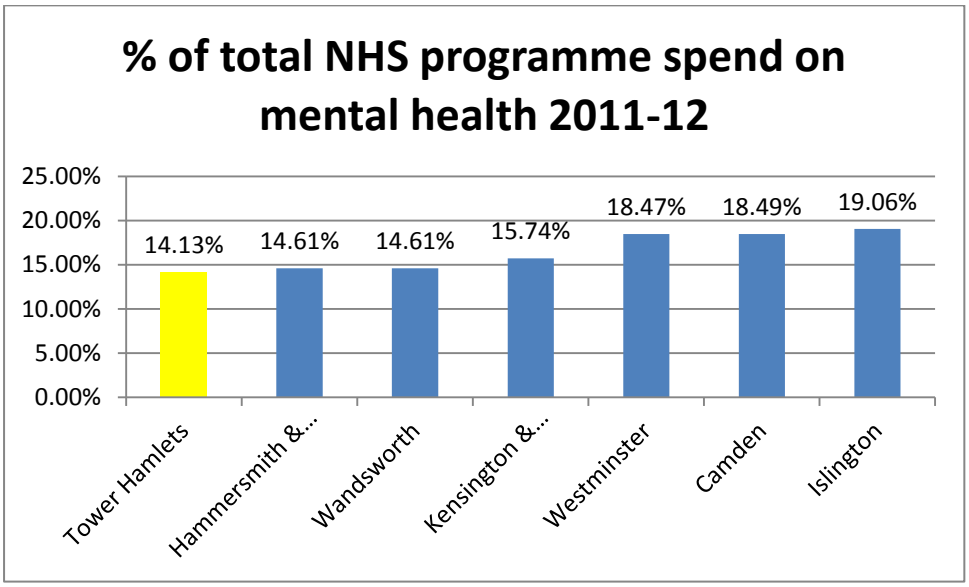
The proportion of PCT total spend committed to mental health has reduced marginally over the last three years, from 11.72% in 2010/11 to a projected 10.85% in 2012/13, in the context of a 5.05% increase in total spend over the period:



The 2011/12 Programme Budgeting report notes that Tower Hamlets PCT spent £76,530,406 on mental health, out of a total £541,795,000, or 14.3%. It is important to note that programme budgeting includes spend not accounted for in the data above, including primary care prescribing costs, London Ambulance Service, acute hospital treatment attributable to mental illness etc.

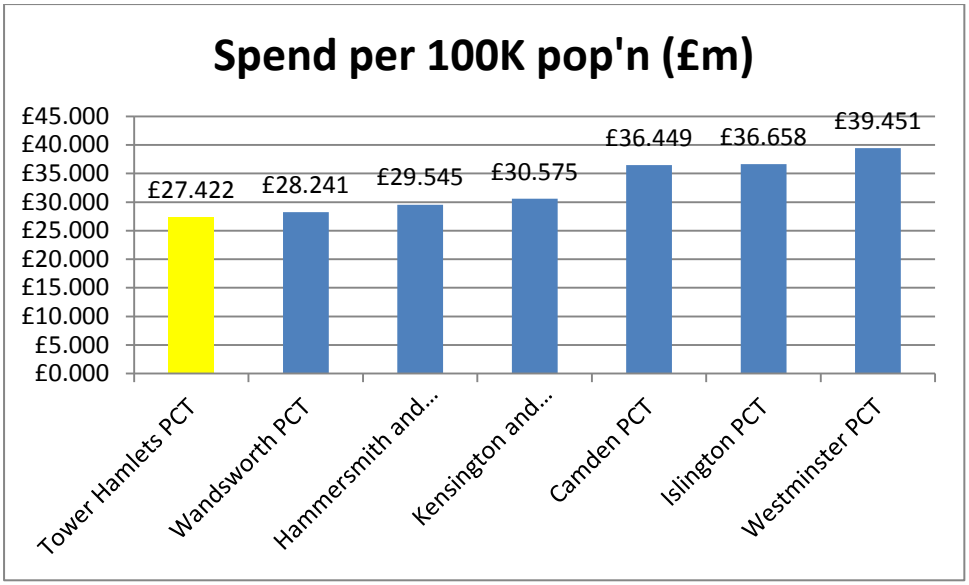


In comparison with the 7 London Centre ONS comparator boroughs[3], Tower Hamlets spent the lowest proportion on mental health in 2011/12:

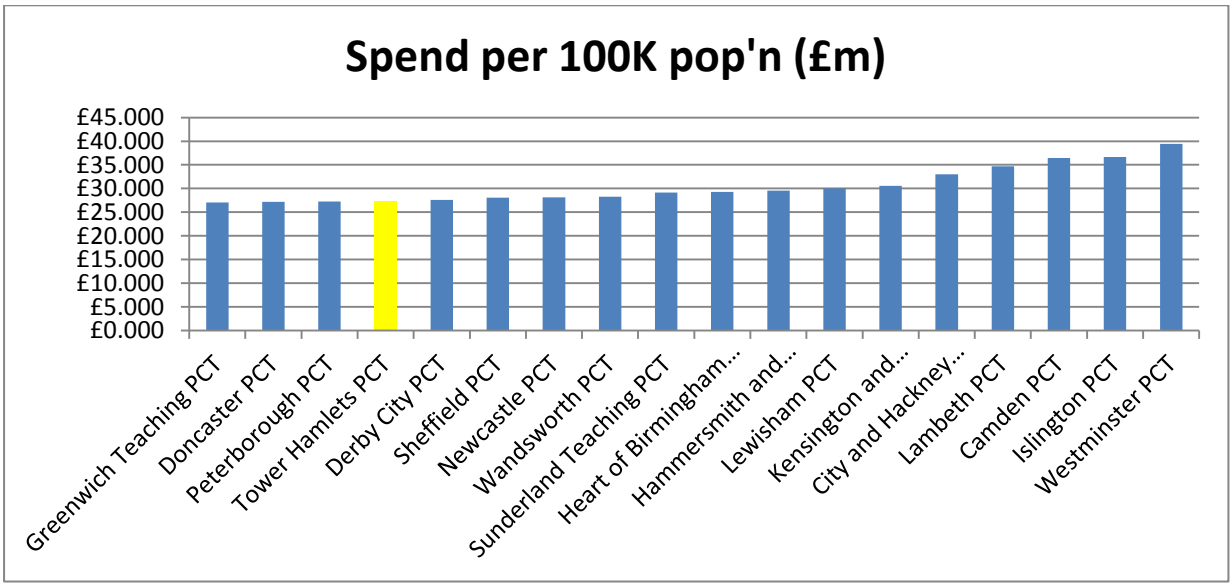


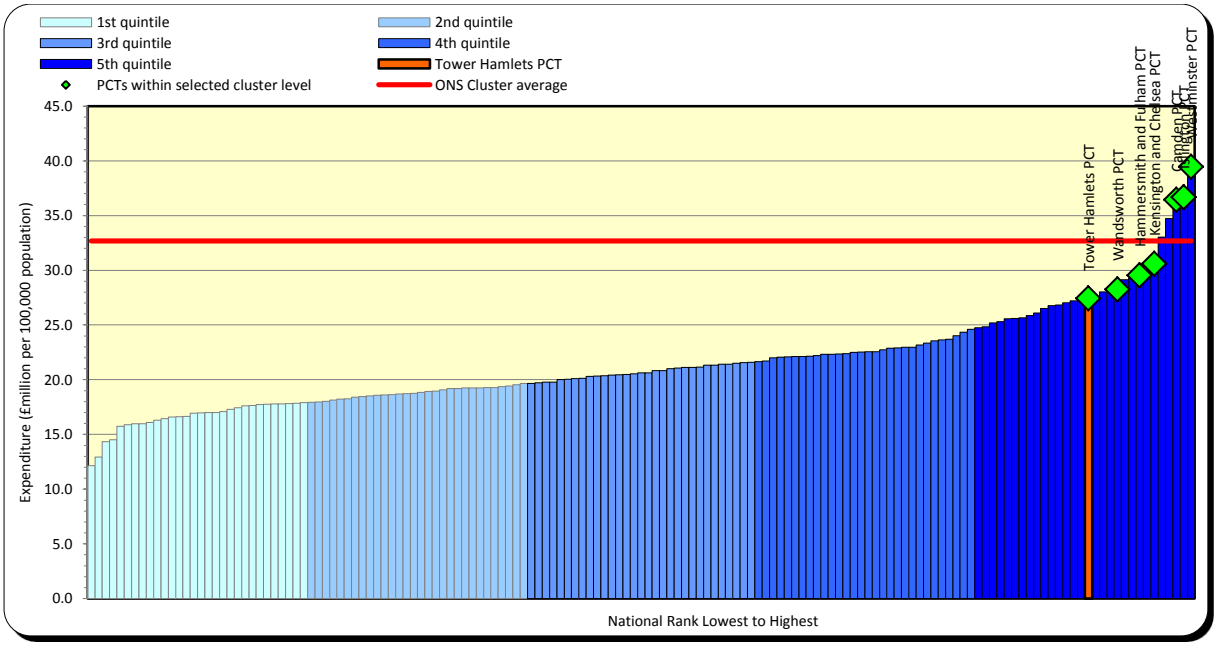
Tower Hamlets also spent the lowest per 100k population:

[3] Tower Hamlets is grouped in programme budgeting with "London Centre" boroughs, as having comparable populations and therefore health need, including Westminster, Camden, Islington, Kensington & Chelsea, Wandsworth and Hammersmith and Fulham. Whilst some of the London Centre boroughs are known to have comparatively high levels of mental health need, for example Camden and Islington, there are other London boroughs, such as Hackney and Lambeth, where need may be more in line with Tower Hamlets than other London Centre boroughs. It should also be noted that the demographic profile, particularly around age and ethnicity, varies significantly across the London Centre boroughs, with Tower Hamlets having a particularly high BME population.

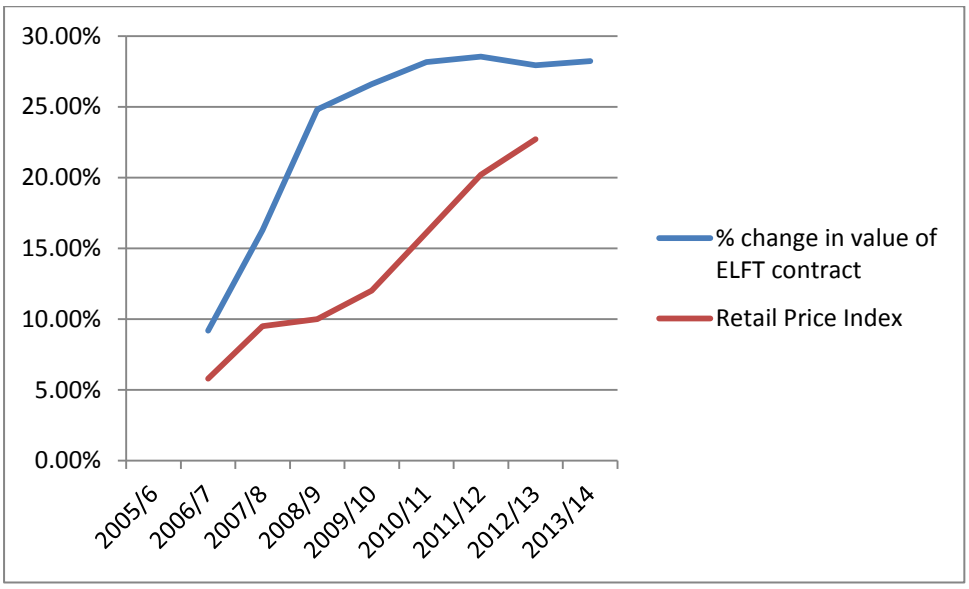


Tower Hamlets was 15th nationally for spend on mental health per 100k population in 2011/12:





Despite being lowest for per capita investment of ONS comparator PCT's, over the lifetime of the National Service Framework for Mental Health, Tower Hamlets PCT has invested significantly into mental health services, with year on year increases in the value of the contract significantly in excess of inflation[4]. There was a 0.61% reduction between 2011/12 and 2012/13, which was a common picture nationally[5]:

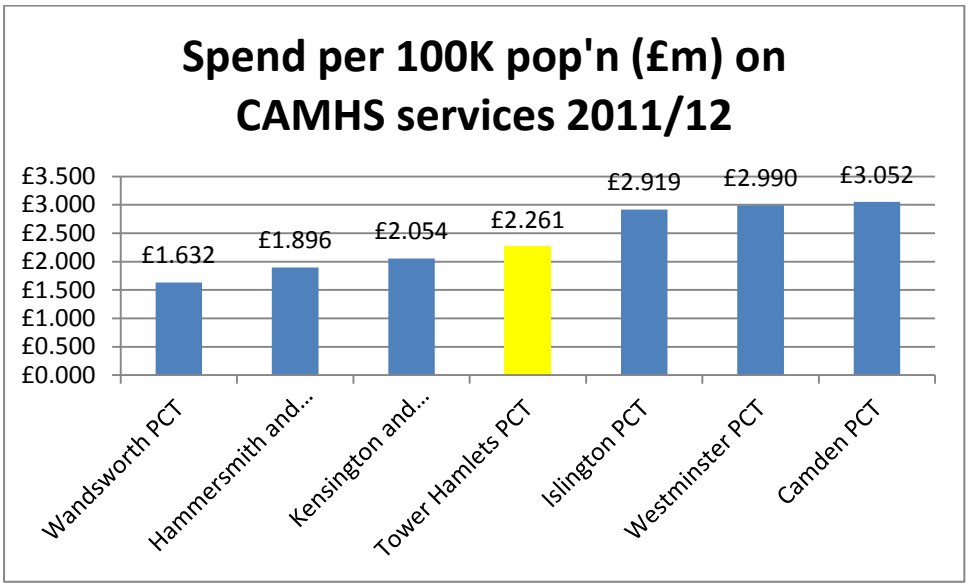


[4] It is not possible at this point in time to disaggregate spend within the mental health contract to CAMHS, adults of working age or older people, since the costs of these service lines are all included in the general contract baseline. It is anticipated that during 2013/14, ELFT will work with commissioners to identify clear service line costs.

[5] http://www.guardian.co.uk/society/2012/aug/07/mental-health-spending-falls

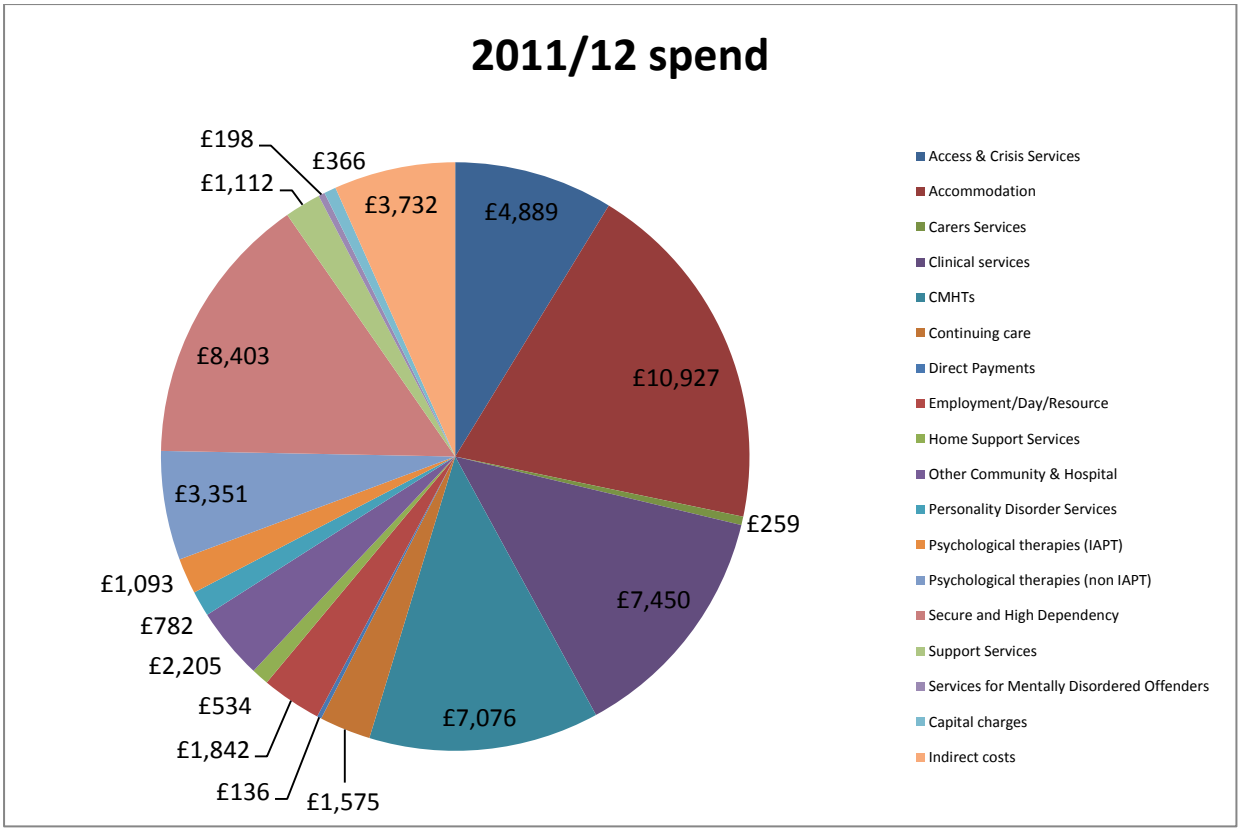
3. Children and young people

There are no national sources of data available to benchmark spend on children and young people's services, other than NHS spend through programme budgeting. In 2011/12, Tower Hamlets reported £2.261m spend on CAMHS services, however this is not disaggregated in the baseline of the main ELFT contract. It should be noted that the Council invests in ELFT CAMHS services, outside of the main contract, and that there was a reduction in Council spend due to a reduction in area based grant in 2011/12.

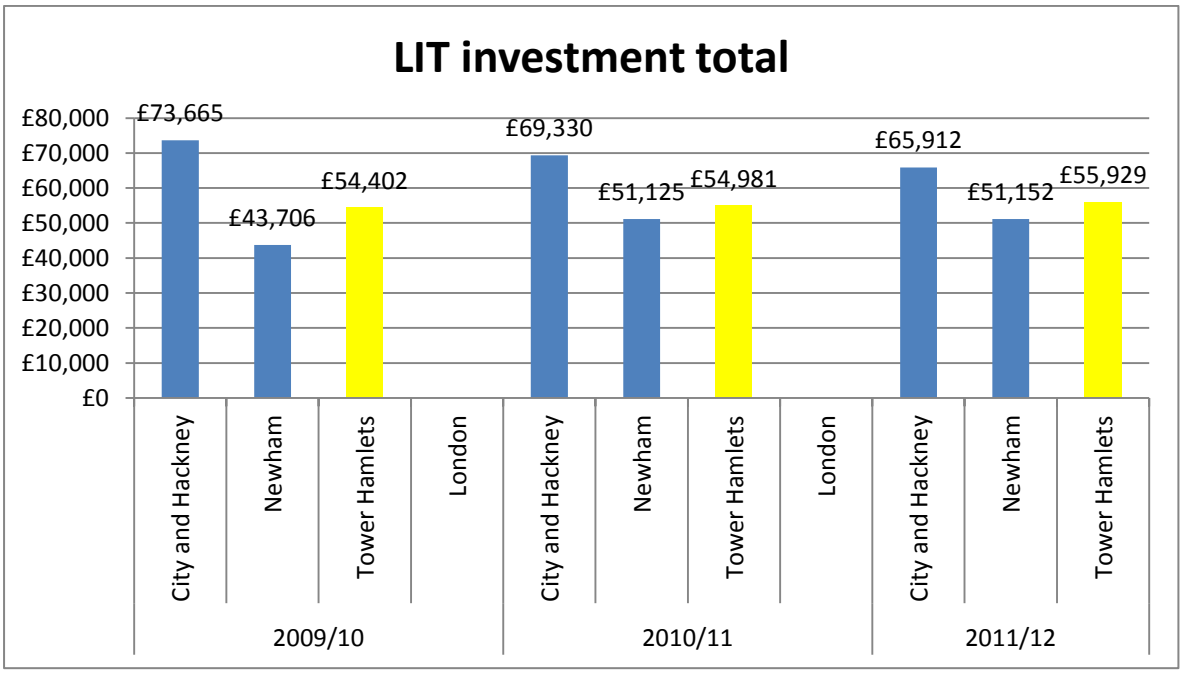


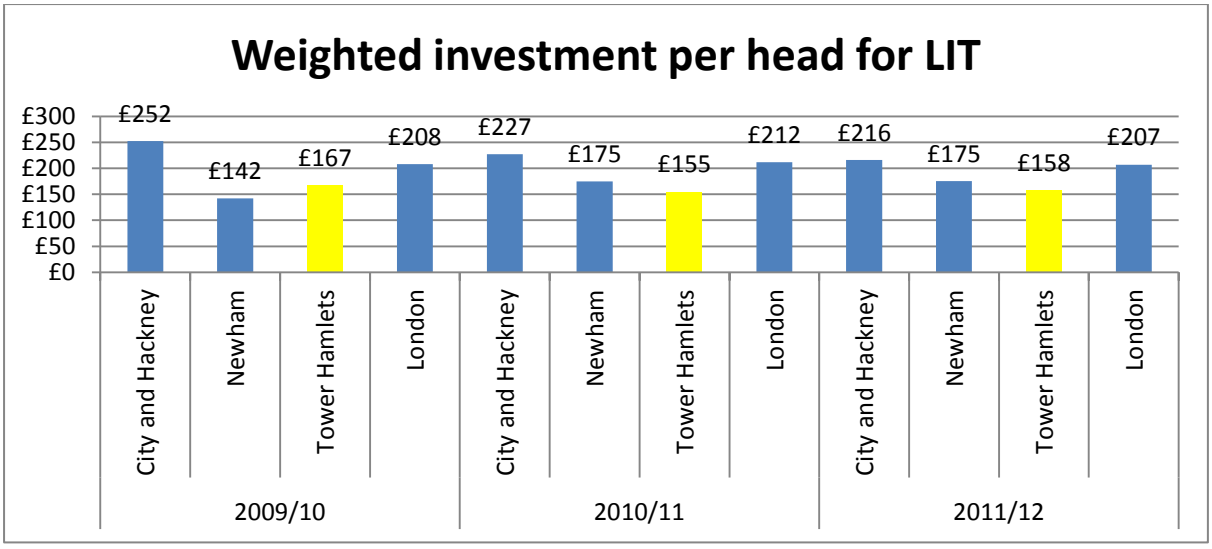
4. Adults of working age

The LIT Finance Mapping returns, for which local information is available across City & Hackney, Newham, and Tower Hamlets, and provides a breakdown of health and social care spend on mental health services for adults of working age. In 2011/12, Tower Hamlets LIT spent a total of £54,402k, under the following categories of spend:

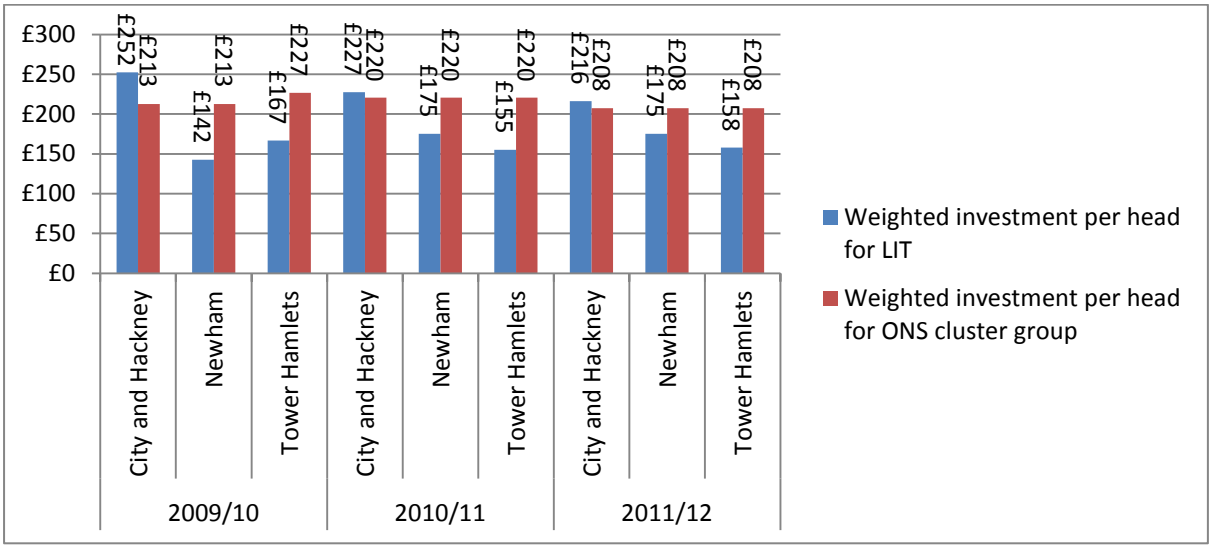


Compared to City & Hackney and Newham, total spend, and spend per capita against weighted population are as detailed below:

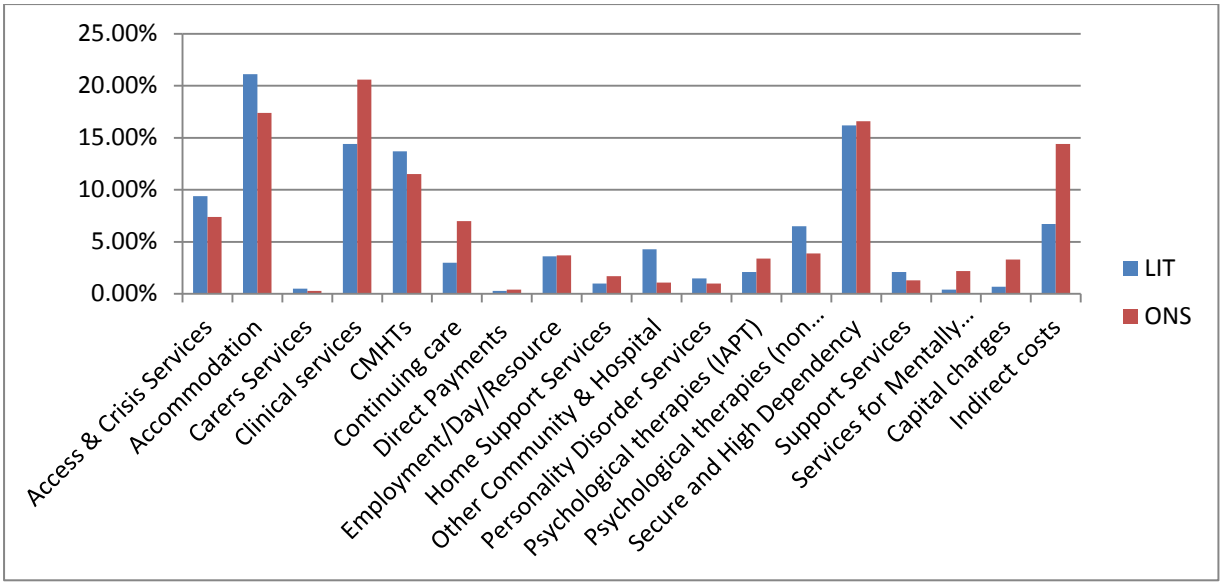


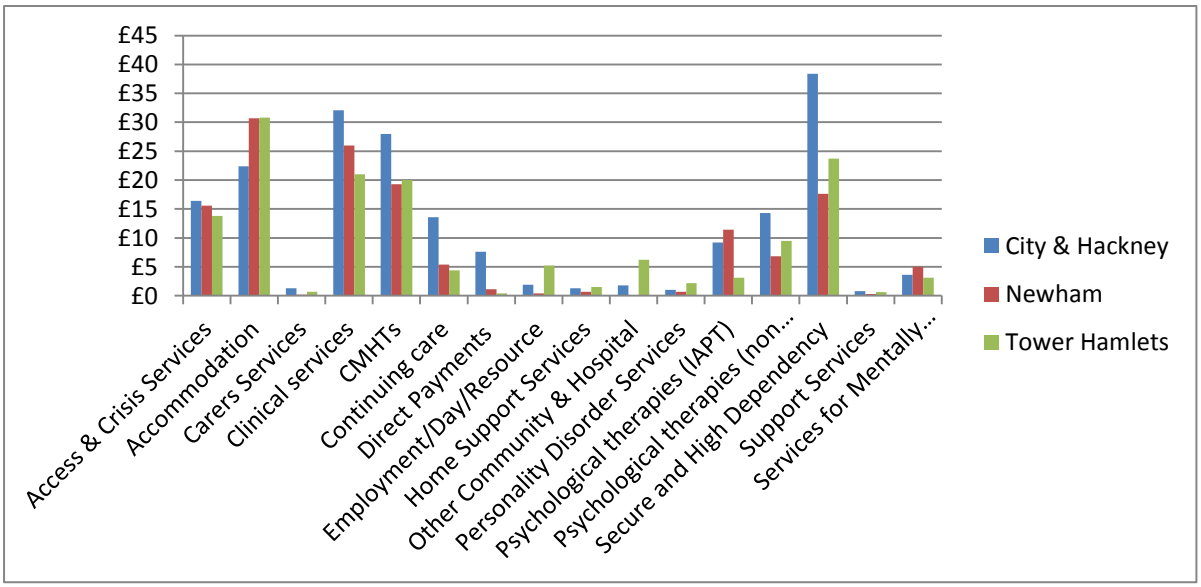


Compared to ONS comparator groups, Tower Hamlets spends roughly £60 per head less than the ONS group average on mental health services for adults of working age.

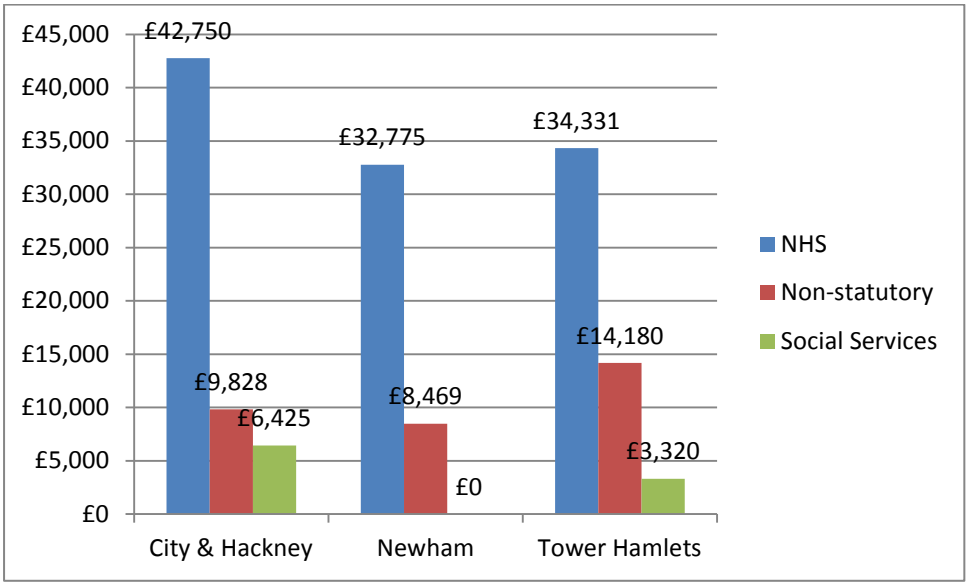


In 2011/12, against specific categories of spend, Tower Hamlets spends less per head than ONS comparators (with the exception of accommodation, which includes residential care), City & Hackney and Newham (although it should be noted that there is significant variability in how LIT's record spend against categories, so this should in no way be taken as anything other than a very broad guide):

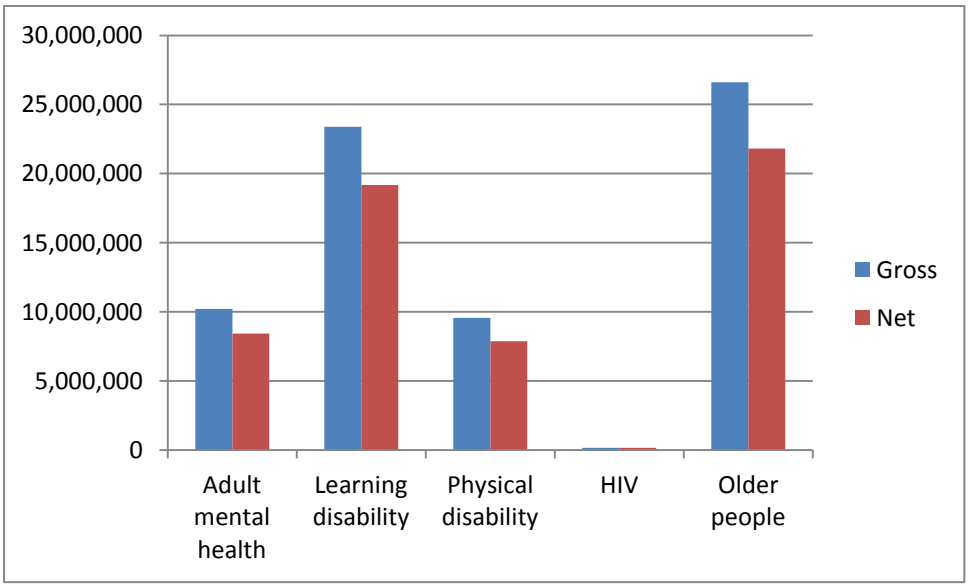

25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
Access & Crisis Services
Accommodation
Carers Services
Clinical services
CMHTs
Continuing care
Direct Payments
Employment/Day/Resource
Home Support Services
Other Community & Hospital
Personality Disorder Services
Psychological therapies (IAPT)
Psychological therapies (non...
Secure and High Dependency
Support Services
Services for Mentally...
Capital charges
Indirect costs
LIT
ONS


£45
£40
£35
£30
£25
£20
£15
£10
£5
£0
Access & Crisis Services
Accommodation
Carers Services
Clinical services
CMHTs
Continuing care
Direct Payments
Employment/Day/Resource
Home Support Services
Other Community & Hospital
Personality Disorder Services
Psychological therapies (IAPT)
Psychological therapies (non...
Secure and High Dependency
Support Services
Services for Mentally...
City & Hackney
Newham
Tower Hamlets

Finance mapping suggests that spend by provider type is distributed as below:



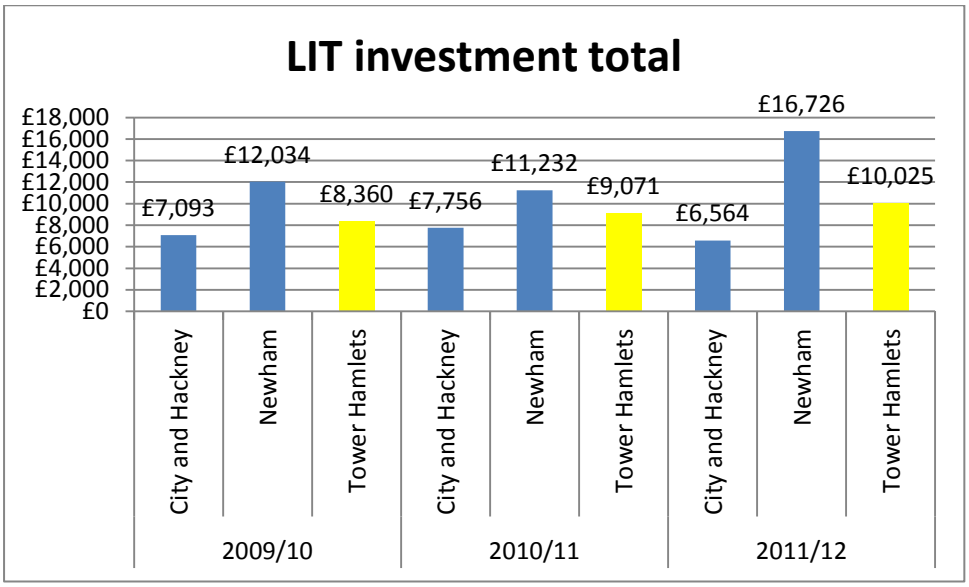
Out of a total commissioning spend of £69,932k, the Council spent £10,217k, or 14.61% on mental health services for adults of working age during 2011/12. This represents commissioning spend only, and excludes £3,506,628 (2010/11 spend) on directly provided services, such as social work and in-house day care.



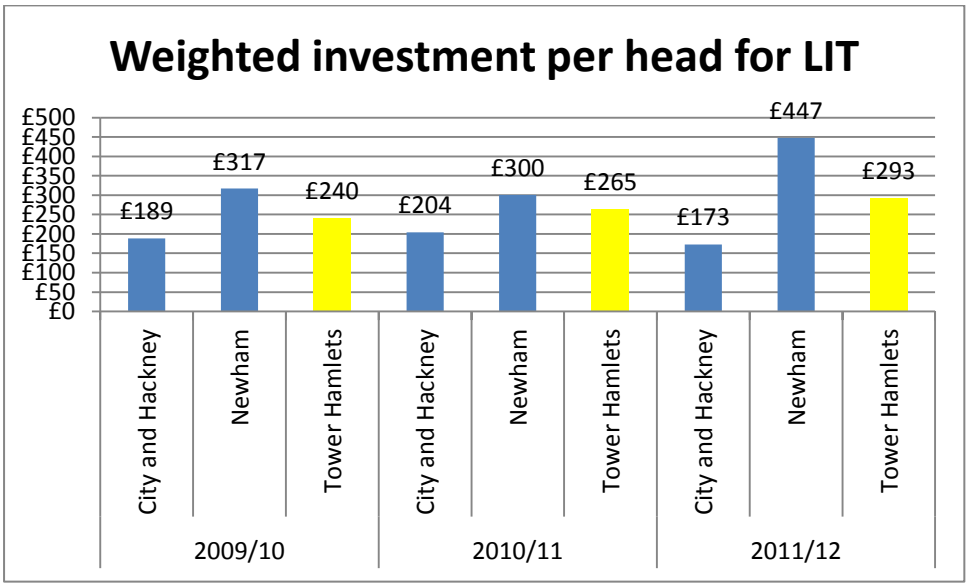
5. Older people

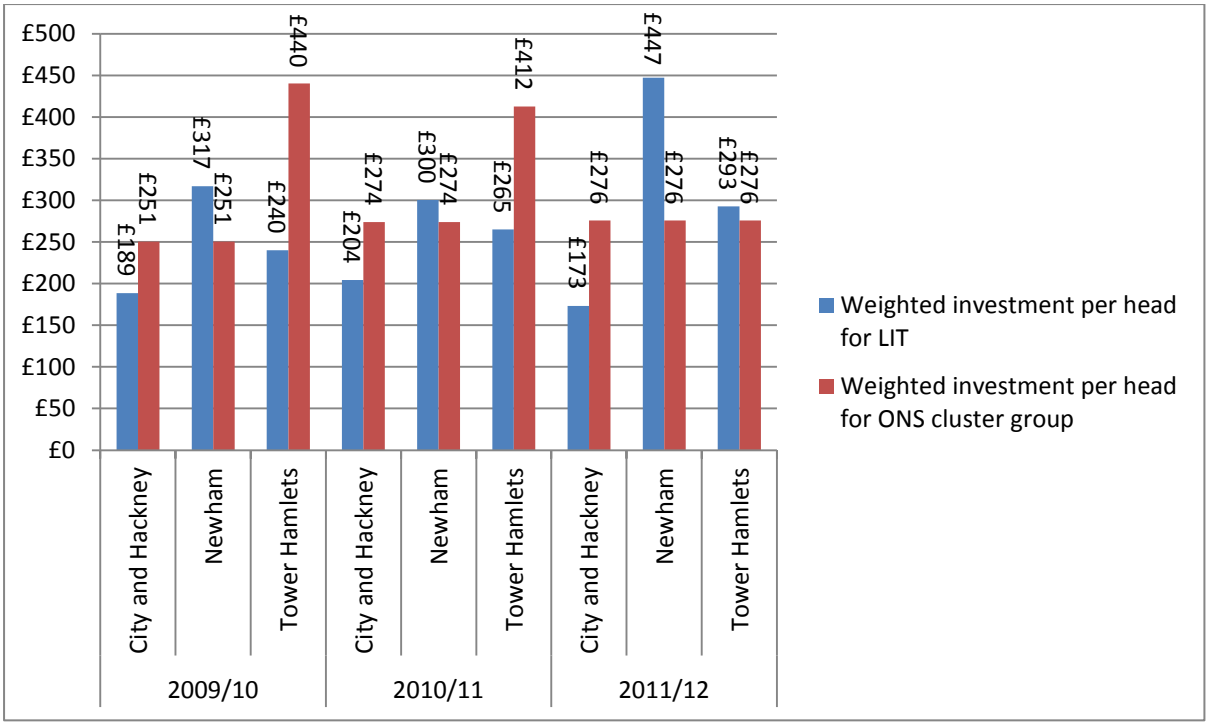
The LIT Finance Mapping returns, for which local information is available across City & Hackney, Newham, and Tower Hamlets, provides a breakdown of health and social care spend on mental health services for older people. However spend on older people should be considered with extreme caution, since different local authorities in particular account for

spend on older people with mental health problems differently. For example, some authorities disaggregate their spend on older people with mental health problems from general older peoples commissioning spend, whilst others do not, and therefore do not include it in LIT returns (for example spend on residential care). In 2011/12, Tower Hamlets LIT spent a total of £10,025k, a significant increase from 2009/10:



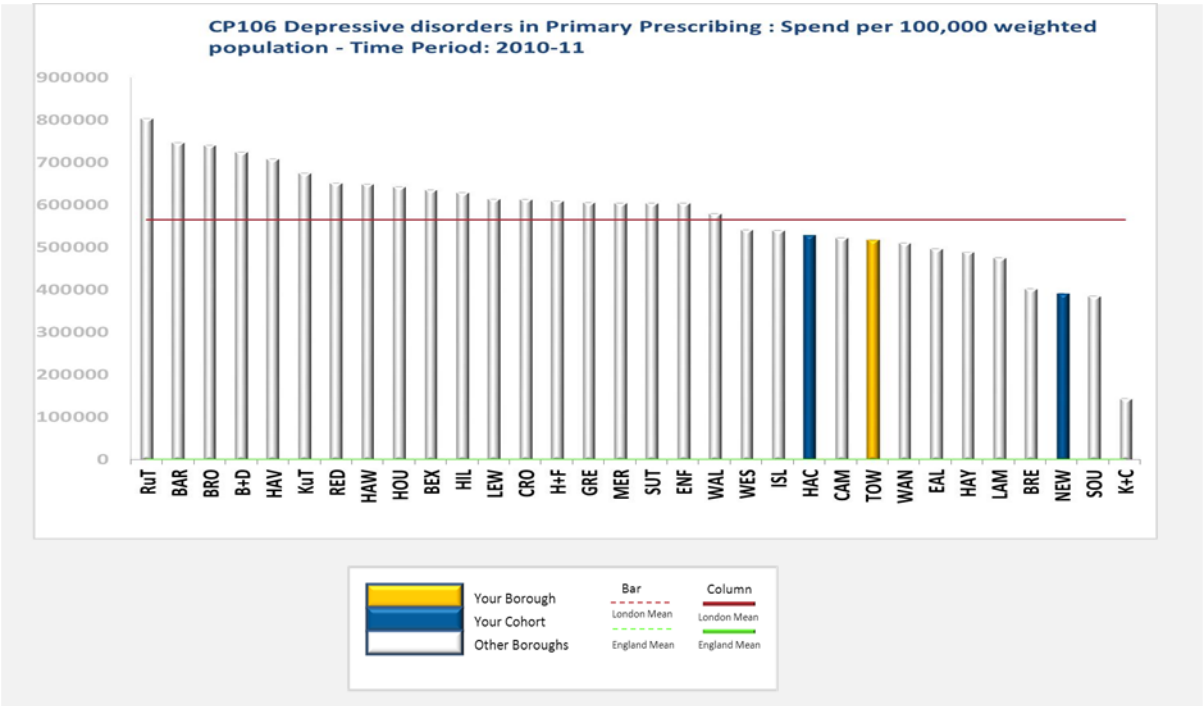
Compared to City & Hackney and Newham, and ONS comparators, spend per head against weighted population are as detailed below. Tower Hamlets now appears to spend in line with ONS comparators on older people (although the ONS per capita spend appears to drop significantly for the Tower Hamlets ONS cluster group between 2010/11 to 2011/12, which may be due to a change in the ONS cluster grouping.



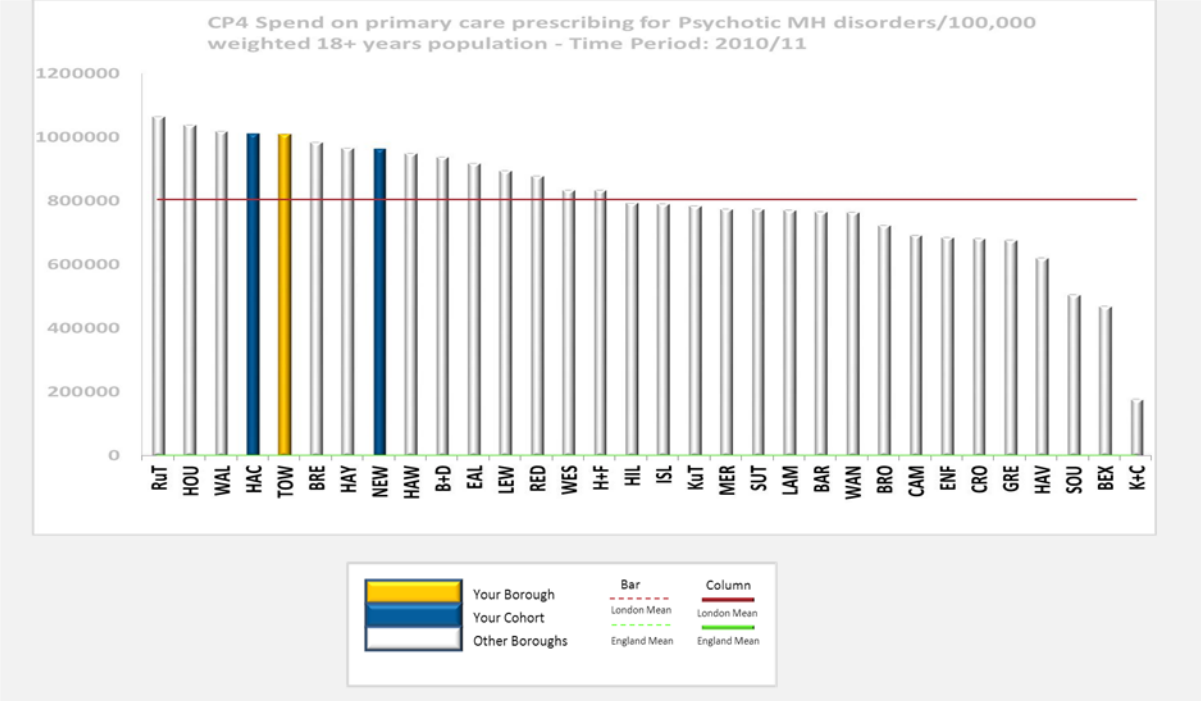


6. Prescribing

In 2010/11, Tower Hamlets spent below average in London on primary care prescribing for depressive disorders per 100,000 population:



But well above average on primary care prescribing for psychotic disorders per 100,000 population:



7. Summary

In summary, although the PCT spent between 11.4% and 14.3% of total commissioning spend on mental health, DH Programme Budgeting suggests that Tower Hamlets spends significantly less on mental health per capita than other boroughs with comparable demography and comparable mental health need.

Chapter 8: Service provision and utilisation

This chapter is arranged as follows:

1. Service provision and utilisation overview

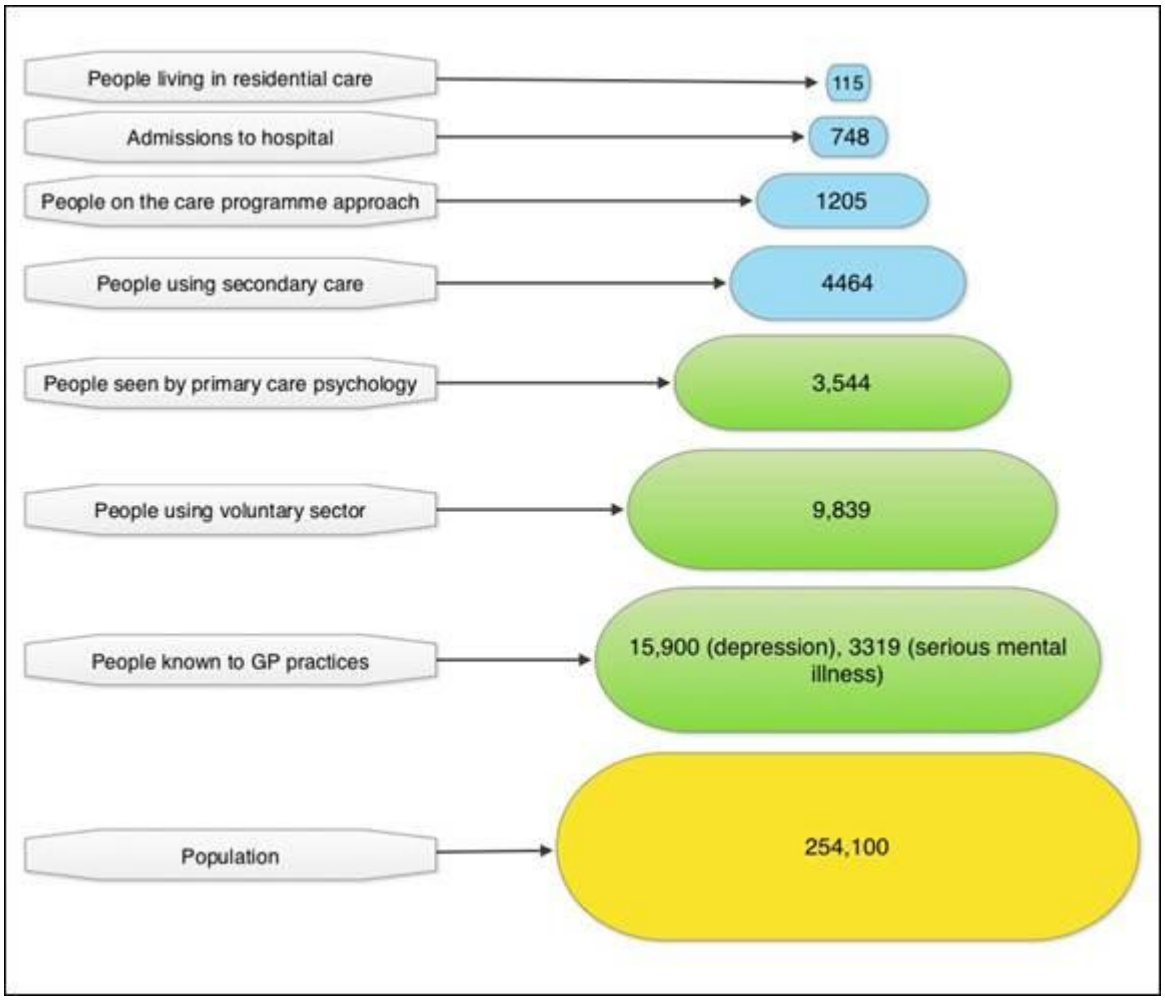
Commissioners of services need to have accurate data about the number of people using mental health services in order to plan effectively for future provision. This chapter:

- Describes at the service provision across the life course and the mental health system in Tower Hamlets
- Looks at how Tower Hamlets compares to other places with regards to key mental health indicators/outcome measures for adult services (similar comparisons are not available for other age groups)
- Sets out what is known about local primary, community and inpatient care services from local information available.

The structure of the chapter broadly follows the life course approach, i.e. services for children and young people, adults and older adults, in that order.

The following diagram illustrates the volume of activity (per year) in primary care (green) and secondary care (blue).

Figure 1: Illustration of Tower Hamlets mental health service system with annual activity



The local data used in this section is taken from a series of bespoke datasets provided to the joint CCG/LB TH mental health strategy team from ELFT via a formal data request. The data covers two to four full years (according to service) and part of the most recent year 2012/13.

2. Children and Young People

This section provides a service overview and reports activity by the Educational Psychology Service and the utilisation of community child and adolescent mental health services (CAMHS) and CAMHS inpatient services in Tower Hamlets, analysed by age, referral source, length of time in contact with the service, and ethnicity. There is limited data available about other services.

2.1 Description of CAMHS service provision

In common with all areas, Tower Hamlets has a range of services, delivered by partners across the statutory and voluntary sectors, to support the emotional and mental health of children and young people in Tower Hamlets. Together they are intended to form a comprehensive spectrum of support, usually described as four tiers:

- Universal CAMHS (Tier 1) coverage includes services whose primary function is not mental health care e.g. primary care, schools and social services.
- Targeted CAMHS (Tier 2) is intended for children and/or families with needs that are more intensive and/or more complex than those that can be accommodated within universal services. These needs require additional specific support to prevent them from escalating or to prevent external factors having a serious negative impact on children's abilities. Targeted support for families can include interventions which vary in their level of intensity and complexity.
- Specialist CAMHS (Tier 3) services are for children and/or families whose difficulties have caused significant adverse effects or poor outcomes and need specialist multi-disciplinary support to address their needs.
- A further enhanced and highly specialised tier of health services, (Tier 4) is provided to children and adolescents with severe and/or complex mental health problems and risk behaviours through in-patient, day patient or outpatient.

Specialist CAMHS input to Tier 2 is provided by East London Foundation Trust (ELFT) in a number of ways, summarised as follows:

- Weekly input into three schools, and once or twice termly in five schools, with input actively being planned into two others and the Pupil Referral Unit
- Weekly or fortnightly sessions in nine children's centres
- Consultation, teaching, training, group work and supervision in a number of settings for Looked After Children, multidisciplinary teams and other programmes.

Other Tier 2 services are the Educational Psychology Service (described below) and a disability outreach service funded by the council. It is likely that some schools also make their own arrangements for Tier 2 input.

In Tower Hamlets a specialist (Tier 3) CAMHS service is provided by ELFT through two sectors, West and East. They are both based at Greatorex Street with some East sessions taking place at the Emanuel Miller Centre for Families and Children in Gill Street.

A paediatric liaison service (also provided by ELFT) serves young people who experience psychological difficulties adjusting to, and managing medical conditions such as fits, diabetes, skin problems or stomach problems, or who have experienced trauma as a result of an accident. The service assesses young people who have presented at the hospital having self-harmed or attempted suicide.

(There is also a specialist NHS treatment service provided in Tower Hamlets by ELFT for young people under 19 years who have serious and complex drug and/or alcohol problems, but activity is not analysed in this JSNA).

Inpatient or Tier 4 services for young people in Tower Hamlets are provided at the Coborn Centre for Adolescent Mental Health, a hospital centre in Newham treating young people with acute and severe forms of mental illness. These include major mood disorders, psychosis, severe obsessive compulsive disorder, eating disorders and some emerging personality disorders. It helps young people through the most acute phase of their difficulties and aims to reintegrate them back into their communities as soon as they are ready. The Coborn Centre has a psychiatric intensive care unit (PICU), an acute admission service and a day hospital. A pharmacy service for CAMHS is based there.

2.2 Educational Psychology Service[6] (EPS) - Early Intervention Work in Children's Centres

Over the twelve month snapshot period, a total of 124 families were supported[7] and 252 home visits carried out[8]. For both quarters, the highest number of family support and home visits were carried out in the Bangladeshi ethnic group (38-45% of total visits). The second highest number of visits and support were with families in the White English ethnic group (20-26% of total visits). For Q2, 20 children had some kind of special educational need or disability. For Q3, 22 children had some kind of special educational need or disability. Most improvement was shown in how concerned parents are about their children's behaviour after the intervention i.e. parents were significantly less concerned about their children's behaviour[9].

[6]Snapshot period: 01/09/11 – 31/08/12
Note: that this is one component of the educational psychology work – other areas include support to parents of disabled children, support to the pupil referral unit
[7]Target: To support at least 3 families via each of the 12 Community Hubs – a target of 36 families receiving support each quarter
[8]Report highlights snapshot data from: 1st August 2011 to 31st Jan 2012 (Q2 & Q3 2011/12)
[9]For both quarters, of the 77 families worked with in the quarter, 24 pre and post intervention evaluation forms have been completed

Table 1: EPS report summary 01/09/11 – 31/08/12

Service utilisation	Activity
Total numbers of cases by gender	Female: 154 Male: 308 Total number: 462
Statemented (that means the child already had a statement of Special Educational Needs or SEN)	61 cases
Active Involvement	236 cases
Ethnicity	Highest proportions of cases were: 50% Bangladeshi 17% English White
Presenting need	Speech & language – 112 cases General – 102 cases Behaviour, Emotional & Social Development – 81 cases
Age (School Year)	Years covered: Under 5 to Year 11 Highest proposition of cases were in the following school year: Under 5 (27%), Nursery (11%) and Year 2 (11%)

2.3 Secondary care – community CAMHS

CAMHS activity in this section is taken from a dataset covering three years and eight months[10]. It covers referrals, waiting times, age, ethnicity and time on community caseload.

Number of referrals to community CAMHS

The following table shows the total referrals to community CAMHS service operated by ELFT.

[10] In the period under review (from April 2009-November 2013), 96.1% (5,841/6,076) of all community referrals to ELFT CAMHS services had a commissioner of Tower Hamlets PCT. (The remaining referrals were made up of a range of other commissioners.) The analysis is based on a baseline figure of 5,386 external community referrals for Tower Hamlets residents. The balance of 455 referrals were internal referrals (within ELFT) and have not been analysed except where shown.

Table 2: Referrals to ELFT community CAMHS 2009/13

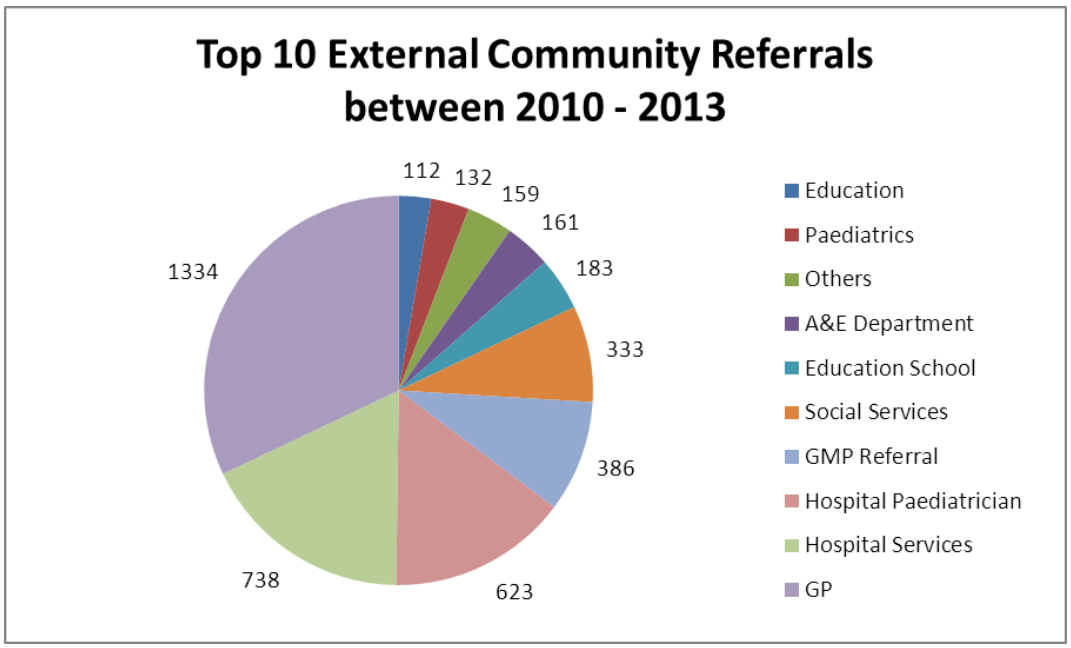
CAMHS	2009/10	2010/11	2011/12	2012/13 Pro-rated
Number of Community Referrals	1,728	1,641	1,604	1,302

Source: data analysed by TH CCG. Includes external and internal referrals – internal referrals not reported until 2012/13.

This shows that referrals have fallen slightly over the past three years, with a bigger fall projected for 2012/13.

The top ten sources of community referrals for CAMHS between 2009/10 and 2012/13 are as follows:

Figure 2: Top 10 sources of external community referrals between 2009/2010-2012/2013[11]



Source: East London Foundation Trust

The highest number of community referrals (1,720) come from GP practices (both those coded as 'GP 'and 'GMP'), followed by hospital services (738 and 623). There are not as many referrals from schools as might be expected (183, plus 112 from education), given that schools are well placed to identify emerging difficulties.

With references to waiting times, contract monitoring reports show that:

- All referrals were seen within 11 weeks for treatment. (Contract reports do not give separate bands within the 11 weeks, showing time waiting.)

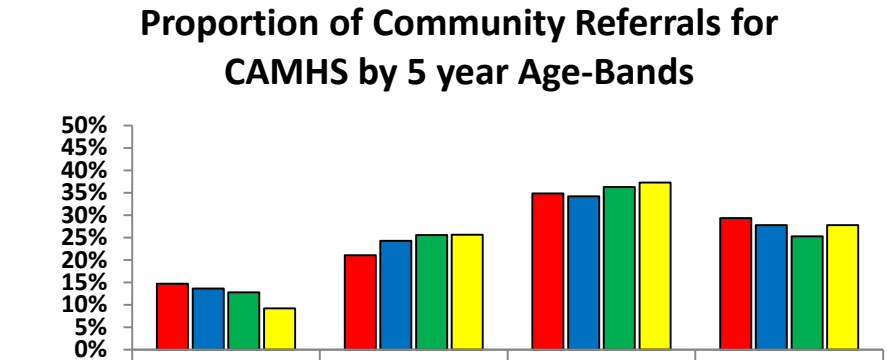
[11] Until November 2013

- Monthly DNA (i.e. did not attend appointment) rates from May 2012 to February 2013 were consistently between 25 and 30%.

These indicators deserve further investigation, since they could indicate shortcomings in access.

The following figures shows the age children and young people referred to community CAMHS by 5-year age band.

Figure 3: Proportion of community referrals for CAMHS by 5 year age bands



	0-4	5-9	10-14	Over 15
2009/10	14.8%	21.1%	34.8%	29.3%
2010/11	13.7%	24.3%	34.2%	27.8%
2011/12	12.8%	25.6%	36.3%	25.3%
2012/13	9.2%	25.7%	37.3%	27.8%

Source: East London Foundation Trust dataset analysed for TH CCG

This shows a fall in the referrals of children aged 0-4, and a slight increase in the 5-9 and 10-14 year age groups.

The following table shows the percentage of the child and adolescent population (up to and including age 17.

Table 3: Population of Tower Hamlets aged 0 to 17 by age band and percentage

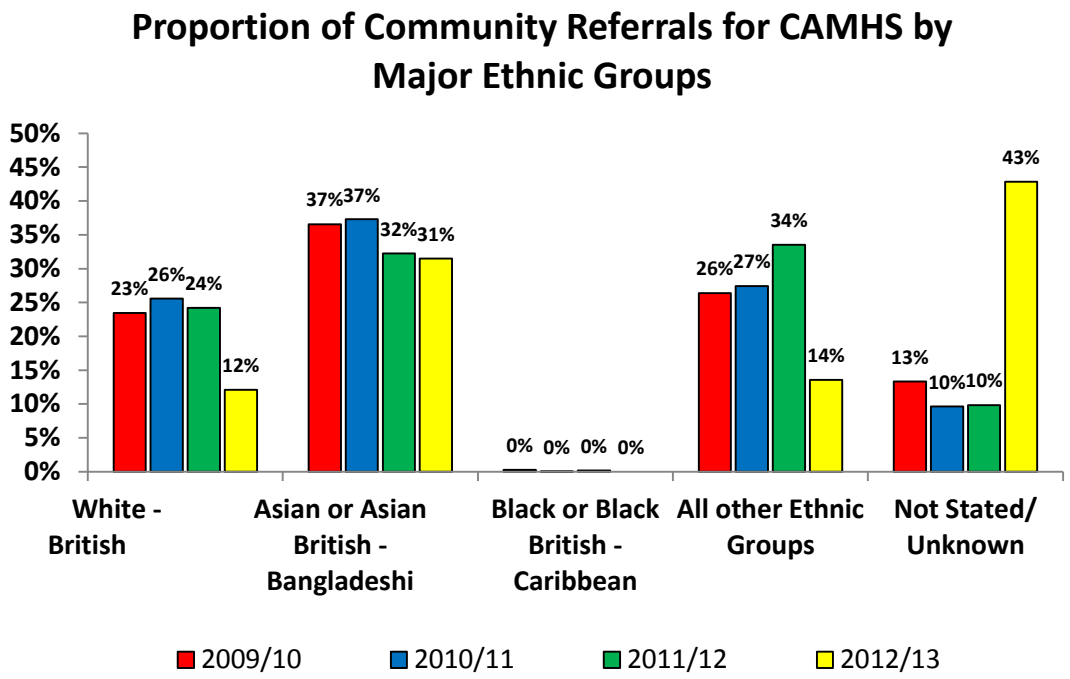
Age band (Years)	0 to 4	5 to 9	10 to 14	15 to 17
Percentage	34.0	28.2	24.0	13.8

Source: 2011 census

The service activity in each banding does not reflect the proportions in the population, but is likely to reflect the age at which concerns arise and lead to referral.

The following figure shows the proportion of referrals by major ethnic group.

Figure 4: Proportion of community referrals for CAMHS by major ethnic groups



Source: East London Foundation Trust dataset analysed for TH CCG

This shows that (disregarding the part-year 2012/13 due to the high level of 'Unknown/not stated'):

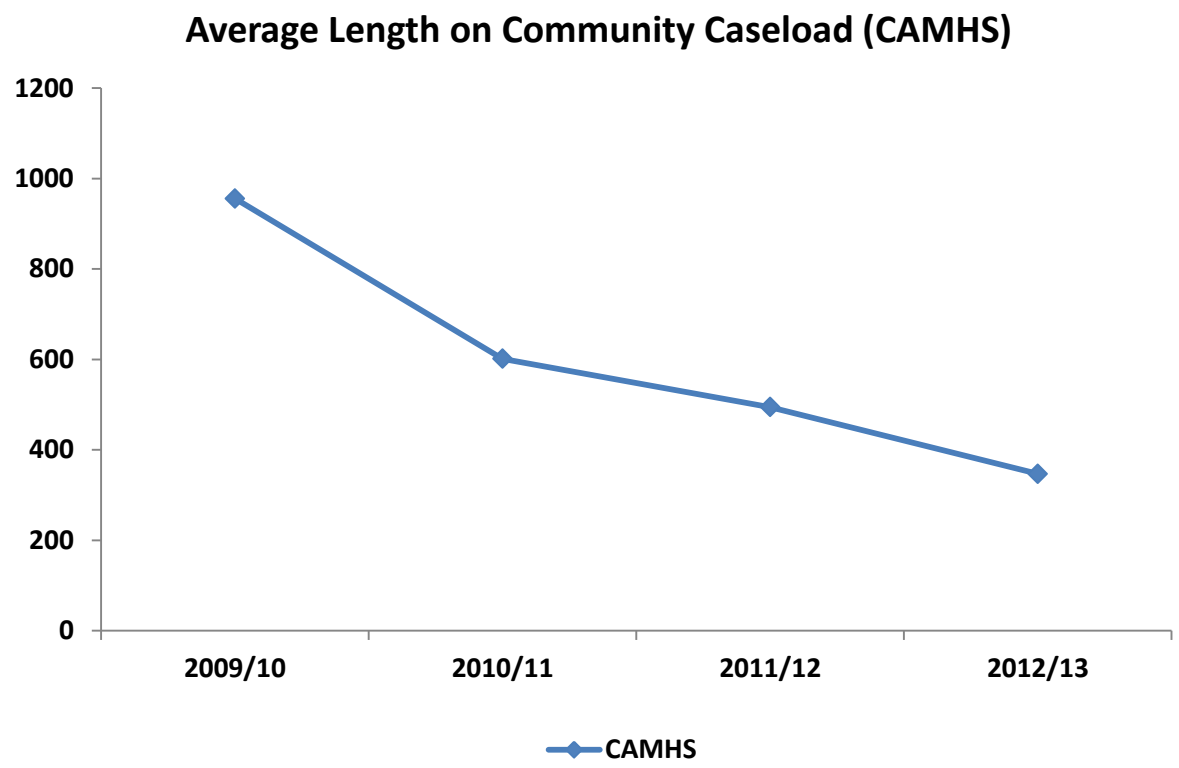
- 'Asian, Asian British - Bangladeshi' is highest category in community CAMHS referrals over that period (at 32-37%)
- Use by the white British population is stable
- Only the 'Other ethnic groups' reporting category varied by more than 5% in the period 2009-12 - an increasing trend.

The 0 – 15 age group in the borough comprises 57% per cent children of Bangladeshi origin, compared to 15 per cent children of white British origin (2011 census). Bangladeshi residents are therefore under-represented, and other ethnic groups over-represented.

NB. The 'Black or Black British-Caribbean' census category accounted for 2.1% of the population in 2011 (all ages) and there were an insignificant number of CAMHS referrals in this age group (rising to 2% of adult referrals and 3% of adult admissions). The numbers involved are too small to permit firm conclusions from data analysis.

The length of time on the caseload of CAMHS services has been analysed, showing the average for each year of those discharged in that year. The following figure shows the trend.

Figure 5: Average length on community caseload (CAMHS)



Source: East London Foundation Trust

The following table shows the average length of stay for each year.

Table 4: Average length on community caseload (CAMHS)

Average Length on caseload [12]	2008/09	2009/10	2010/11	2011/12	2012/13
CAMHS	-	956	601	494	347

There are some outliers in the dataset that slightly skews the data, but in general the average length of time on community CAMHS caseload appears to be significantly dropping, i.e. it has more than halved. This is likely to indicate changes in the way in which the service is managed.

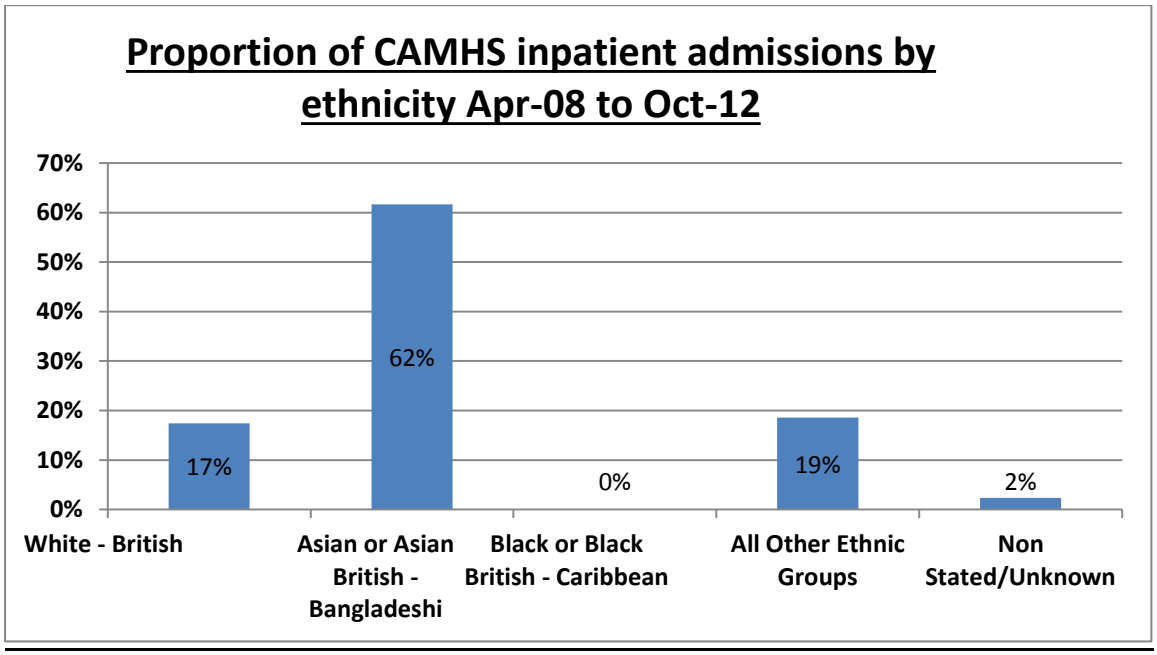
[12]The length on caseload is calculated on total discharges in that financial year (average length calculated by days between trust referral date and discharge date)

2.4 Children and Young People admissions to inpatient services (Tier 4 CAMHS)

During the period April 2008-October 2012 there were 86 inpatient admissions coded as CAMHS. These 86 admissions were made up of 74 unique patients. All admissions were aged between 12-17 years with the average age of 16.

Of these admissions 54.7% were female and 42.3% male. Of these, 45 (52%) were not previously known to ELFT, and 34 of the 45 not previously known were of Asian or Asian British-Bangladeshi Origin (76%). Analysis of the ethnicity of inpatient admission is shown in the following figure, although some caution must be exercised due to the small number.

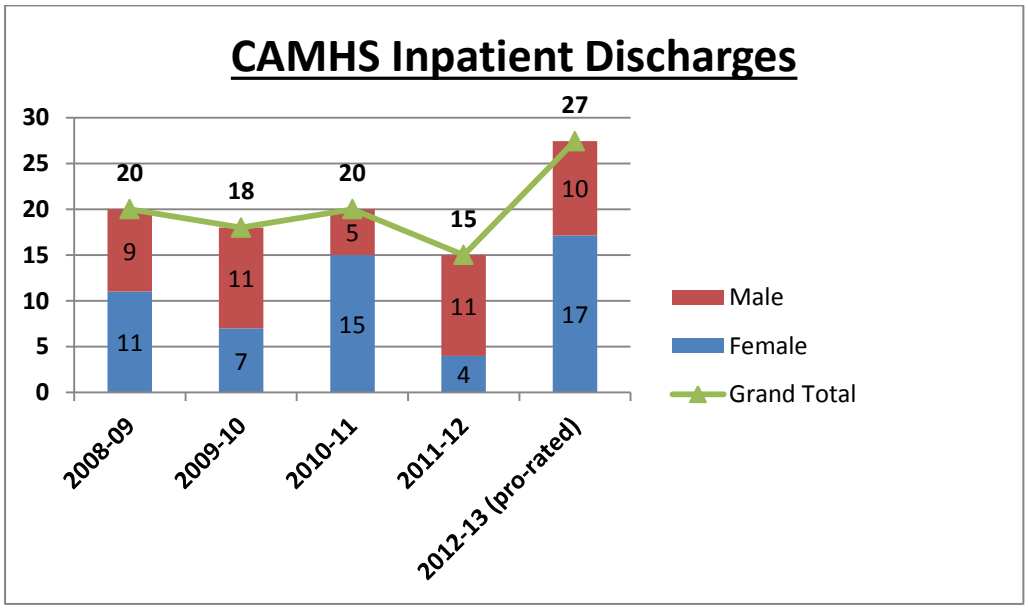
Figure 6: Proportion of CAMHS inpatient admissions by gender



This shows 62% of CAMHS inpatient admissions were Asian or Asian British-Bangladeshi young people – nearly twice the level of community referrals

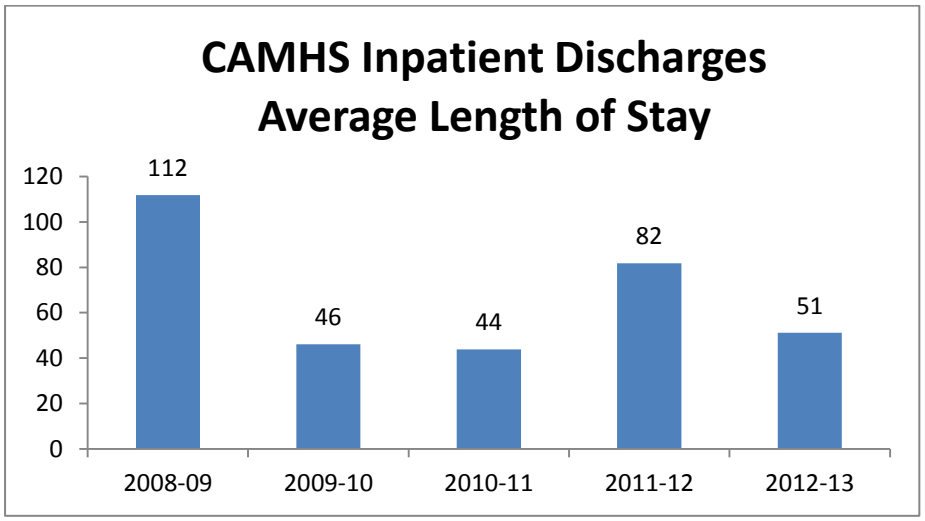
There were a total of 89 discharges in the same time period relating to 71 unique patients. The following figure shows the number and sex of those admitted each year.

Figure 7: Trend of CAMHS inpatient discharges 2008 - 2013



The following table shows the average length of inpatient stay.

Figure 8: Trend in CAMHS inpatient discharges average length of stay 2008-2013[13]



The average length of stay[14] has significantly reduced since 2008/09. Since 2009/10 apart from 2011/12 average LOS seems to range between 44 – 51 days.

[13]The average for the available data has been used
[14]Discharge date – admissions date

2.5 Summary of utilisation of CAMHS

- There is little data regularly collected about the use of community services for this age group other than for specialist CAMHS
- Referrals to CAMHS have fallen slightly over the past three years to about 1,600 per year, with a bigger fall projected for 2012/13
- The Educational Psychology Service had 462 cases in a recent snapshot year (about half Bangladeshi), with 234 regularly supported. 124 families received support and received 252 home visits, with two in five to families of Bangladeshi origin
- The highest number of community referrals comes from GP practices, followed by hospital services. There are not as many referrals from schools as might be expected, given that schools are well placed to identify emerging difficulties.
- One third of specialist CAMHS referrals are aged 10 to 14. In the last three and a half years, there has been a fall in referrals of children aged 0-4, and a slight increase in the 5-9 and 10-14 year age groups
- The service sees all non-urgent referrals within 11 weeks
- The rate of children and young people who do not attend appointments (DNA) is very high - between 25 and 30% per month in most months in 2012/13
- The average length of time on the specialist CAMHS community caseload has more than halved. This is likely to indicate changes in the way in which the service is managed
- 'Asian, Asian British - Bangladeshi' is highest category in community CAMHS referrals over that period (at 32-37%) but is nevertheless under-represented in terms of the population of the borough in that age group (50% Bangladeshi)
- For inpatient services, the average length of stay has significantly reduced since 2008/09. However, the finding of a relatively high proportion of admissions from the Bangladeshi community requires further consideration.

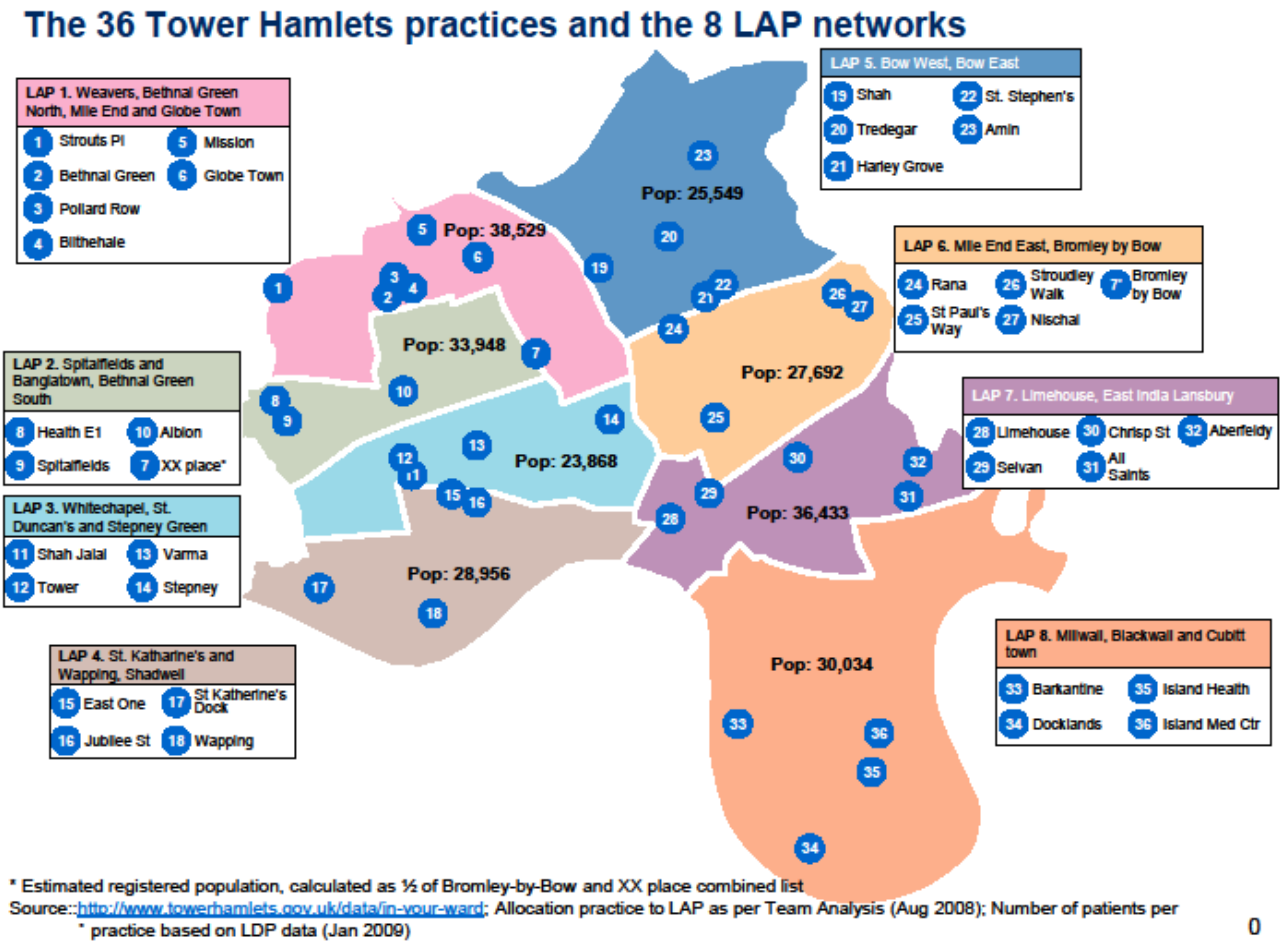
3 Adults: primary care mental health

This section describes current provision, compares Tower Hamlets with other London Boroughs, analyses local utilization data and provides a summary at the end.

3.1 Description of service provision in primary care

Tower Hamlets has 36 general practices, one of which was set up for homeless people. The borough and the GP practices are divided into eight networks. These are shown in the following figure, which retains the now superseded labels for LAPs (or Local Area Partnerships).

Figure 9: General practices in Tower hamlets mapped against former Local Area Partnerships



Primary care mental health services on the Improving Access to Psychological Therapies (IAPT) national stepped care model are provided for Tower Hamlets by a third sector organisation Compass (Tower Hamlets Community Health Services). It is based at Steel's Lane Health Centre in Bethnal Green but sees patients in GP practices across the borough. In the following tables in section 3.3, data from this provider is labelled *'Adult Psychology Service'.*

3.2 How Tower Hamlets compares to other boroughs for primary mental health care for adults

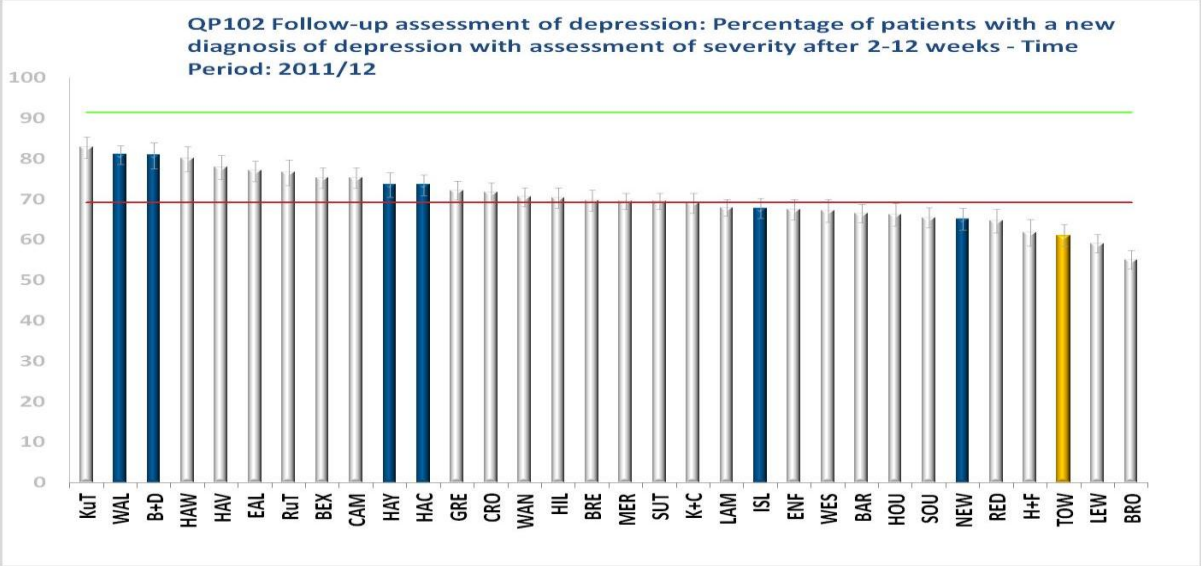
This section compares primary care mental health provision with other London Borough according outputs using a data analysis tool being developed for NHS England London. These cover GP assessment and case finding for depression, the performance of IAPT services and one prescribing measure for depression.

Referral data from the current service in Tower Hamlets is then analysed by number, source, level of stepped care, age, gender and ethnicity.

GP assessment of depression in primary care

Most people who experience depression are managed in primary care by their GP. The following figure shows the percentage of patients with a new diagnosis of depression who have an assessment of severity 2 to 12 weeks after diagnosis.

Figure 10: Percentage of patients with a new diagnosis of depression with an assessment of severity after 2 -12 weeks (London, 2011/12)

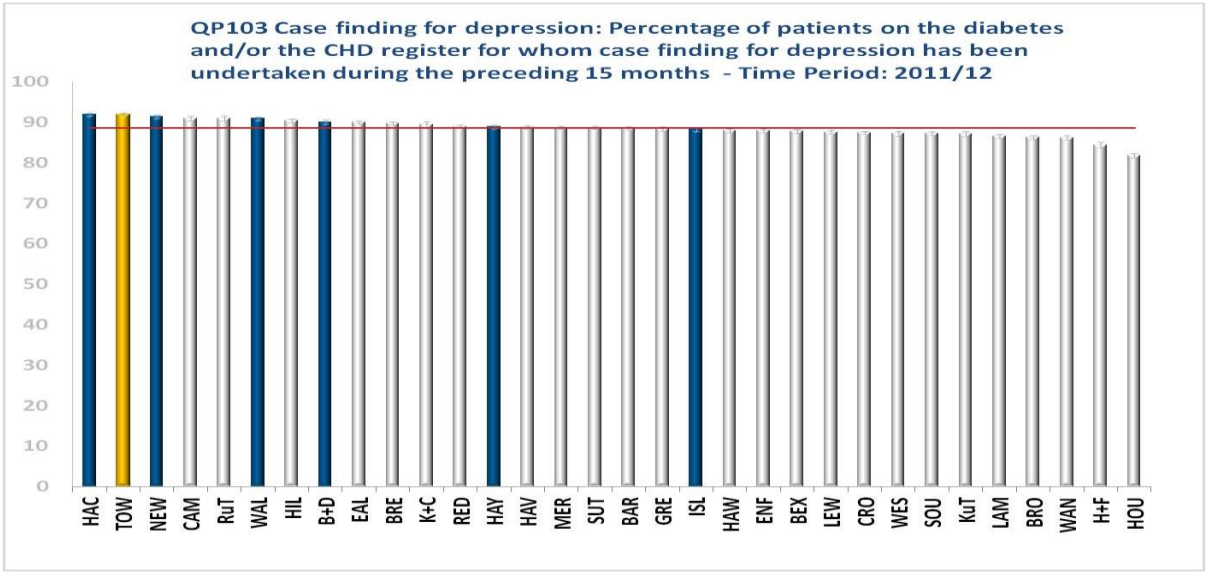


Source: Common Mental Health Disorders Needs Assessment Service and Financial Profiling or CMHD Tool) based on QOF data Red line – London mean

This shows that GPs in Tower Hamlets perform the third worst in London against this measure (the position on the measure for an assessment of severity at treatment outset is similar – fourth worst in London.) It should be noted that there is a higher percentage of patients in Tower Hamlets (than the London average) who are excluded from these measures of follow-up according to criteria set out in the Quality and Outcomes Framework (QOF).

The following figure shows the percentage of patients with two long-term conditions (who are at greater risk of depression) for whom case-finding for depression has been undertaken.

Figure 11: Percentage of patient on the diabetes and/or the coronary heart disease (CHD) register for whom case finding has been undertaken during the preceding 15 months (London, 2011/12)



Source: Common Mental Health Disorders Needs Assessment Service and Financial Profiling Tool}) Red line – London mean

This shows that GPs in Tower Hamlets perform well against this measure, at the second highest percentage in London.

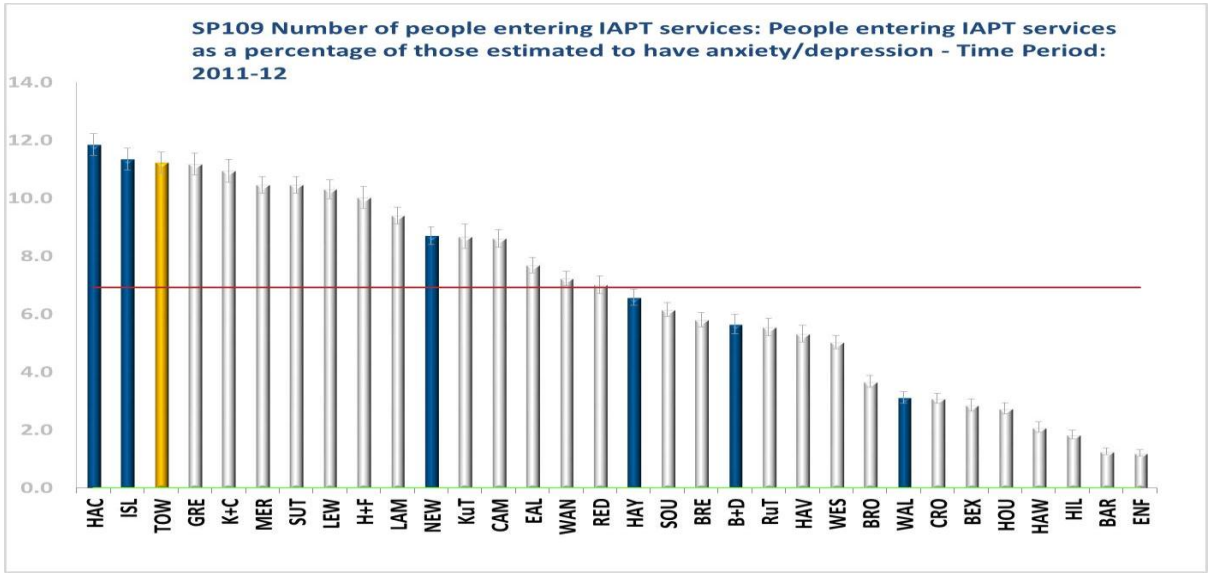
Improving Access to Psychological Therapies (IAPT): comparison with London

Please note that overall reporting data on IAPT includes all ages. Additional information on local IAPT utilisation by older adults is included in section 6 below.

IAPT is a national NHS programme offering interventions, approved by the National Institute of Health and Clinical Excellence (NICE), for treating people with depression and anxiety disorders[15]. A central performance monitoring process takes place to identify those areas where further improvement is needed. Tower Hamlets performs significantly better than England when it comes to measuring against the indicator for the proportion of referrals that enter treatment 69.8 per 100,000 compared to 60.1 per 100,000 (London rate = 59.2 per 100,000). The following table shows this indicator expressed as a percentage for London boroughs.

[15]The second phase of this programme was signalled by the publication of 'Talking Therapies: a four year plan of action' in February 2011

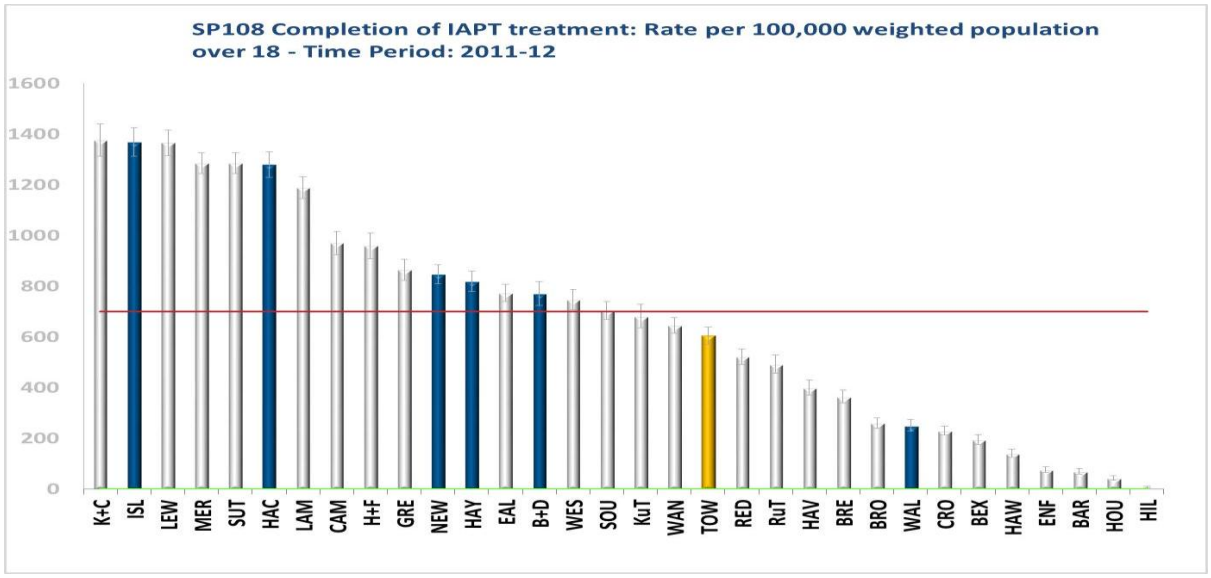
Figure 12: Number of people entering IAPT services: People entering IAPT services as a percentage of those estimated to have anxiety/depression



Source: NHS Information Centre IAPT KPIs (CMHD tool indicator SP109)
Red line – London mean

This shows that the numbers of people entering IAPT services as a percentage of those estimated to have anxiety/depression is the third highest in London. The following figure shows the reported completion rates.

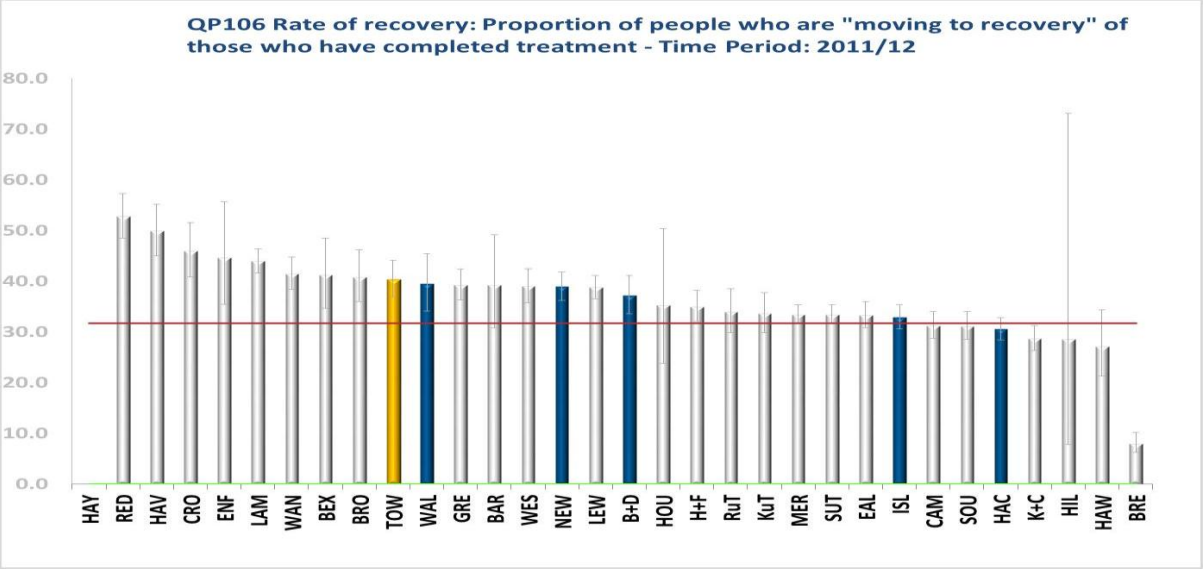
Figure 13: Completion of IAPT treatment: Rate per 100,000 weighted population over 18



Source: NHS Information Centre IAPT KPIs (CMHD tool indicator SP108) Red line – London mean

Against this measure, Tower Hamlets is performing lower both than the London average and than most others boroughs in the same cohort[16] . Therefore, it appears that while people are entering treatment, they may not be completing or reporting completion. It would be useful to look at the attrition rates locally, and compare this to local data. The following figure shows the proportion of people 'moving to recovery' (i.e. those who have completed treatment, who at initial assessment achieved 'caseness' and at final session did not).

Figure 14: Rate of recovery: Proportion of people who are 'moving to recovery' of those who have completed treatment

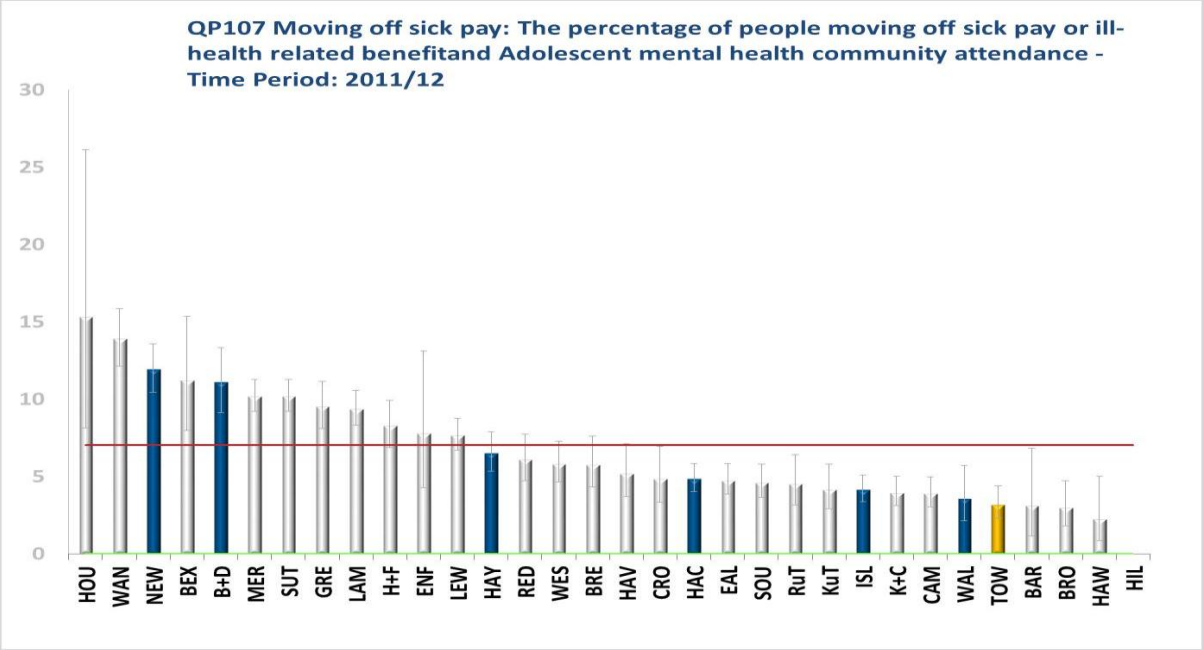


Source: NHS Information Centre IAPT KPIs (MH tool indicator QP106)

This shows that the IAPT service in Tower Hamlets performs above the average against this measure. The performance in terms of clients who move off benefits is shown in the following figure.

[16]The cohort used for comparators are Islington, Haringey, Hackney, Newham, Waltham Forest and Barking & Dagenham

Figure 15: Percentage of people completing IAPT treatment who have moved off sick pay or ill-health related benefits, 2011/12[17]



Source: NHS Information Centre IAPT KPIs (MH tool indicator QP107) Red line – London mean

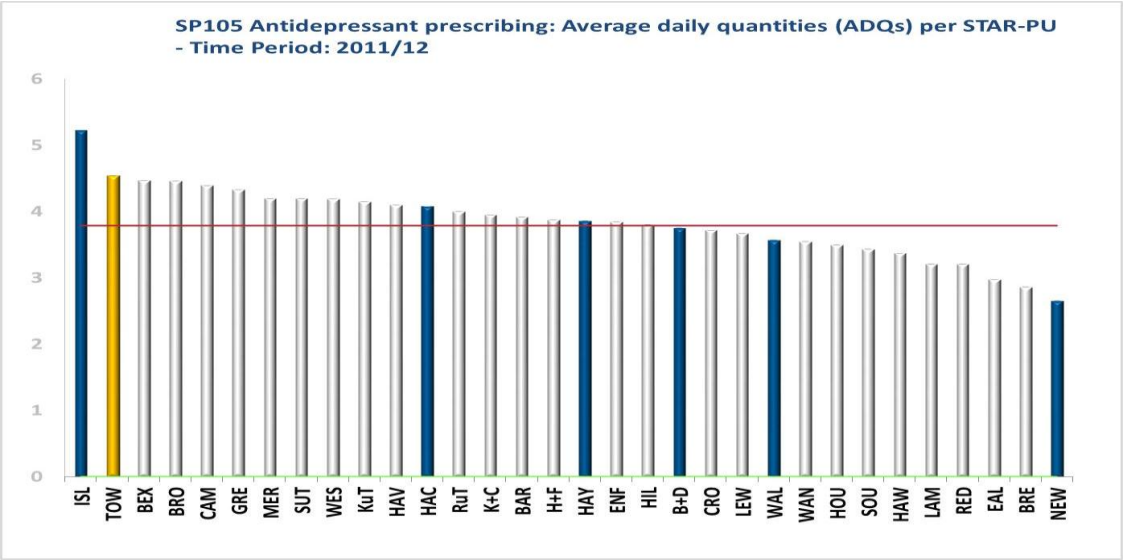
Tower Hamlets is one of the lowest performers in London at 3.2%[18]. However, when compared to Newham, it can be seen that there is only a loose relationship between the above two indicators, so that Newham and Tower Hamlets have very similar (and above average) scores for 'moving to recovery', they are at opposite ends of the spectrum for the proportion moving off sick pay and benefits. The poor performance in coming off benefits is likely to be related to the rate of long-term unemployment in Tower Hamlets, shown in Chapter 2 to be the second highest in London.

Service utilisation primary care can also be measured by examining the number of prescriptions issues for anti-depressant medication (as defined in BNF 4.3). Comparison with other London CCGs is shown in the following table.

[17]Please note: the graph has an error and should not include 'Adolescent mental health community attendance'

[18]It should be noted that the measuring of outcomes is relatively new and data should be investigated further before any robust conclusions are drawn

Figure 16: Primary care prescribing of antidepressant drugs by borough, 2011/12[19]



Source: NHS London (CMHD tool indicators SP105) *Red line – London mean*

Tower Hamlets is the second-highest CCG in London in terms of the volume of anti-depressant prescribing. Further work needs to be done to understand the reasons for this finding.

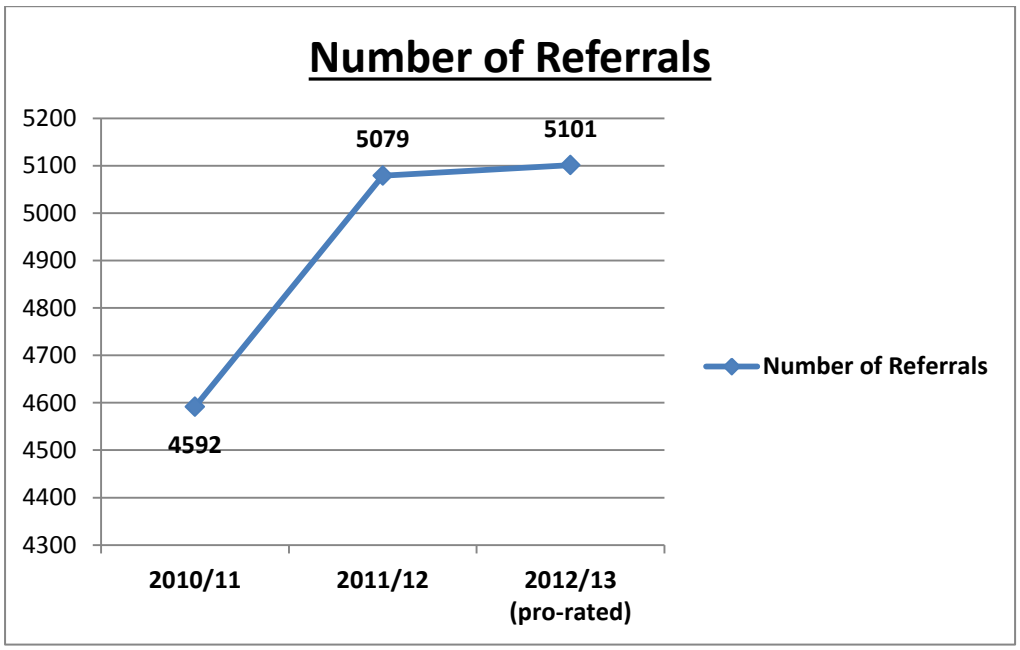
3.3 Utilisation of local IAPT services from locally analysed data

The total number of referrals in Tower Hamlets made to the IAPT service over the period April 2010 to January 2013 was a total of 13,992[20]. This is broken down as below:

[19]Average daily quantity represents the assumed average maintenance dose per day for a drug used for its main indication in adults. STAR PU includes weighting for age and sex. Sutton Borough and Merton Borough have each been assigned the value for Sutton and Merton PCT. The value for Hackney Borough is that of City & Hackney PCT

[20]This was for 10 months activity in 2012/13 and where needed the figures have been pro-rated to reflect full year effect

Figure 17: Number of referrals made to primary care mental health services 2010/13



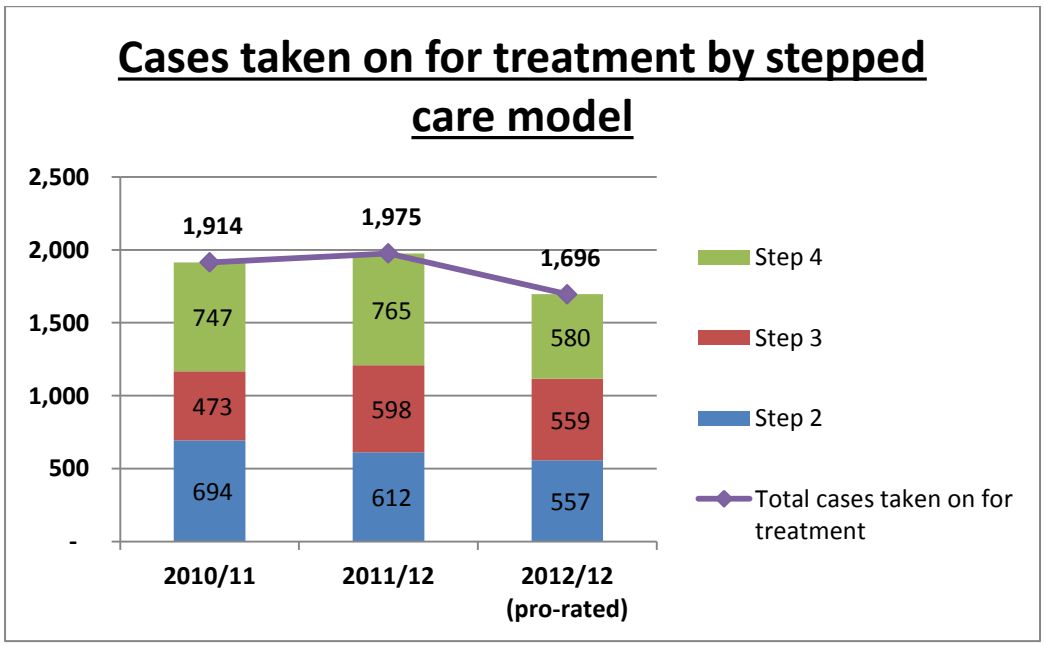
Source: Adult Psychology service data, 2013

GP referrals make up the vast proportion of referrals, although it was not possible to ascertain the exact proportion of GP referrals from the data supplied. Self-referrals are small, but growing from 4.7% in 2010/11 to 9.6% in 2012/13.

Of those referred, there is a fall in the numbers of cases taken on over the past 3 years. This has fallen from 42% (10/11), to 39% (11/12) to 33% in 12/13.

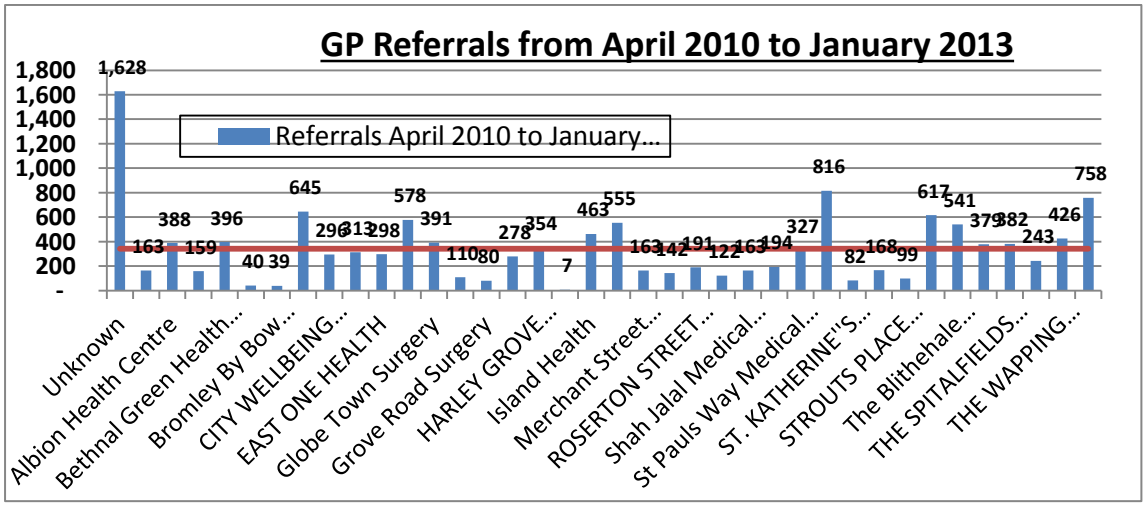
The relatively low rates of acceptance for treatment, and the rates of completion (compared to London, as shown earlier) are said by the provider to be related to the level of complexity and severity of those being referred. Referrals who require treatment by secondary care would not be taken on for treatment by IAPT, but would still be counted as referrals. The following diagram shows the number of cases taken on by 'step' of treatment within the stepped care model (so that the higher the step the greater the complexity.)

Figure 18: Cases taken on for treatment by primary care mental health services, by stepped care model



This shows that approximately one third of the caseload is treated at step 4, the highest complexity. This may then account for why clients do not 'recover' within the period of treatment.

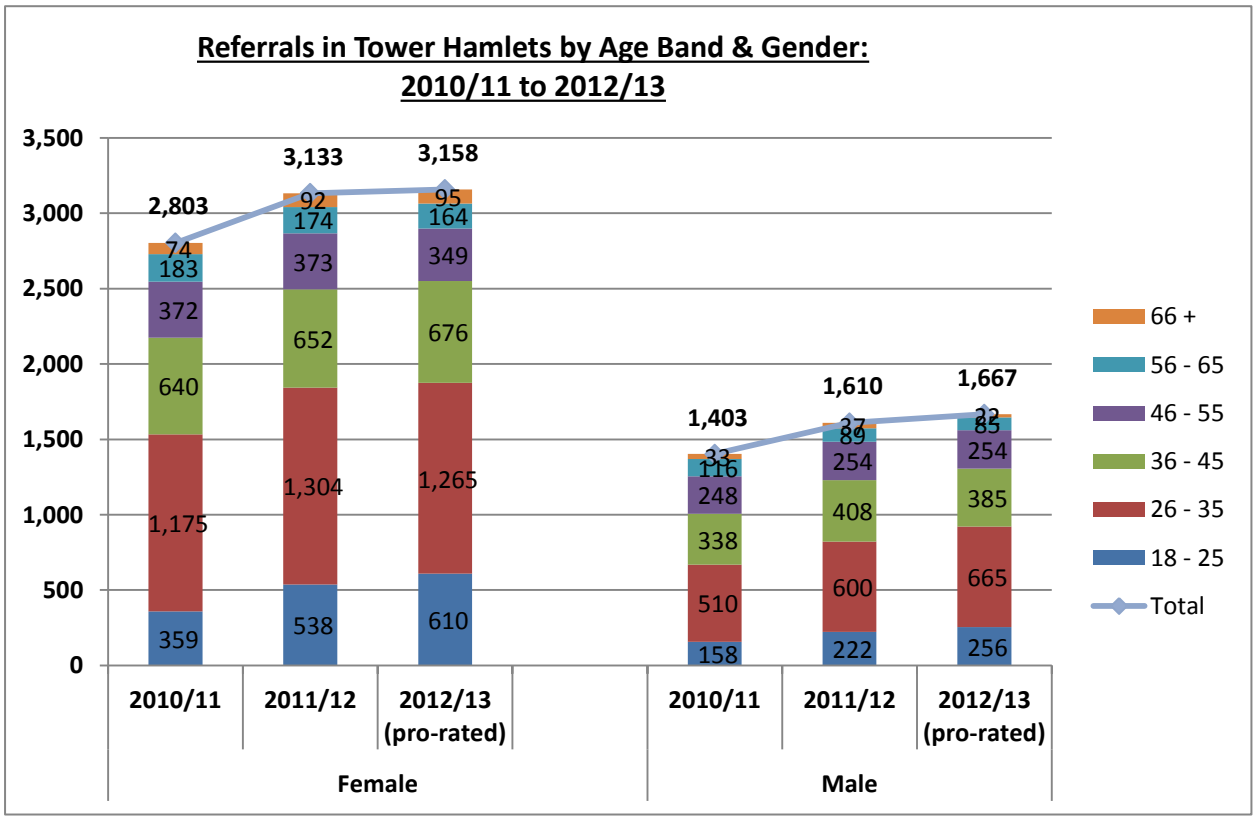
Figure 19: Number of referrals to IAPT services from Tower Hamlets GP practices, 2010/13



Practices appear to have widely different referral patterns to IAPT services – 15 practices referred less than 200 patients, 7 referred over 500. In addition there are a lot of referrals where the source is unknown.

The following table shows the number of referrals by age-band and gender:

Figure 20: Number of referrals to IAPT in Tower Hamlets by age-band and gender: 2010/11 to 2012/13



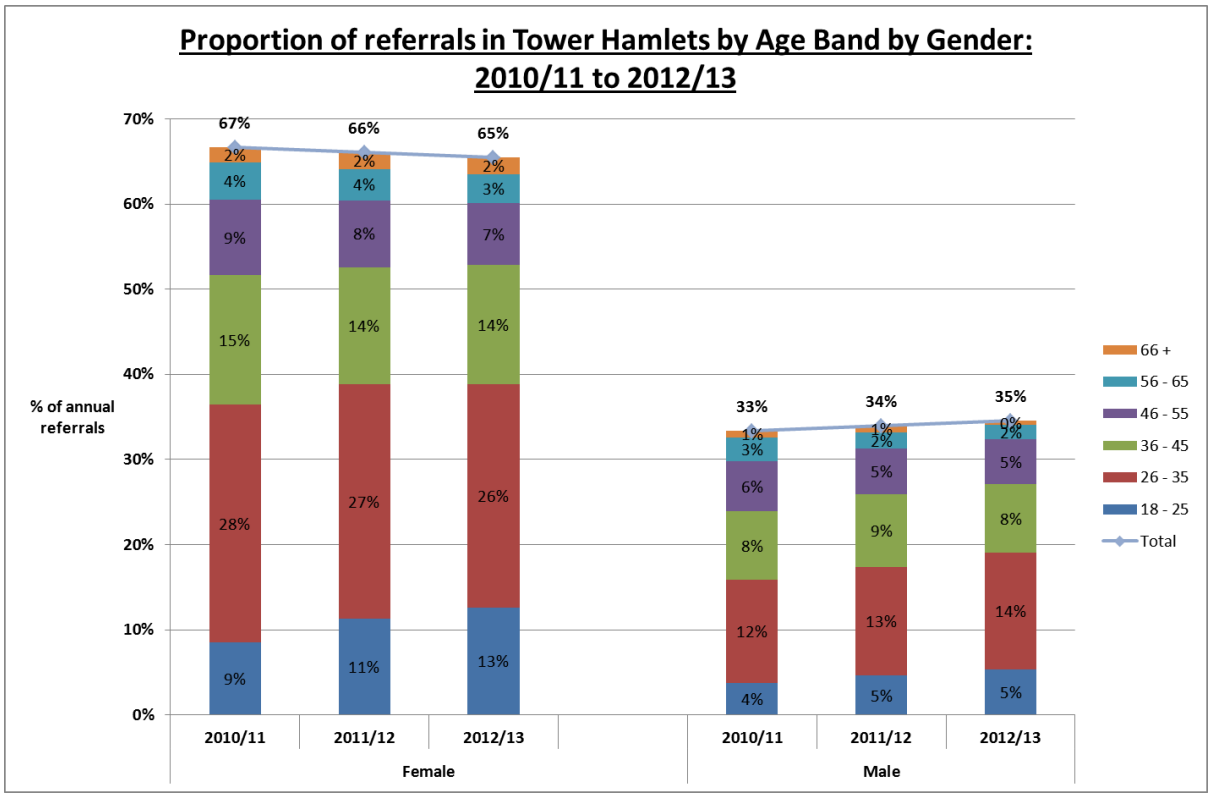
Source: Adult Psychology Service data, 2013

This shows that there are much higher numbers of women referred to the service (approximately two female referrals to one male). This is in line with the profile of psychiatric morbidity and the early experiences of IAPT services nationally[21]. However, in Tower Hamlets there are more men than women in the age range 40 to 54, so that the gap between women and men should be smaller than nationally.

The following figure shows an analysis of the referrals by age band and gender (percentage).

[21] 'The most recent Adult Psychiatric Morbidity Survey (2007) shows that 61% of people in the community with a common mental disorder are female, which was very similar to the rate in IAPT services (66% female).' David M Clark (2011) Implementing NICE guidelines for the psychological treatment of depression and anxiety disorders: The IAPT experience. *Int Rev Psychiatry*. 2011 August; 23(4): 318–327

Figure 21: **Percentage of referrals to IAPT in Tower Hamlets by age-band and gender: 2010/11 to 2012/13**

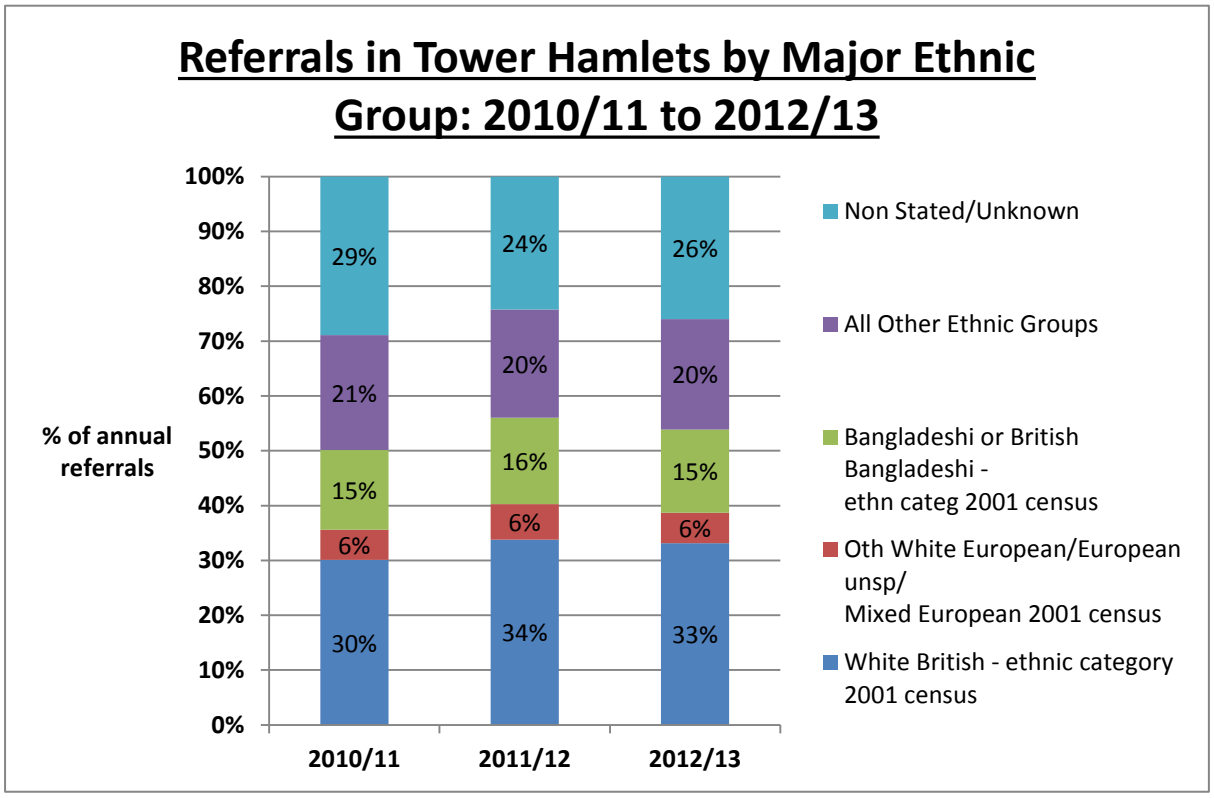


Source: Adult Psychology Service data, 2013

Interestingly, there also seems to be an increase in the numbers of younger women being referred to the IAPT service**.** The number of referrals over 65 is discussed in Section 6 of this chapter on older people.

The following figure shows the ethnic breakdown of IAPT referrals by percentage, number and gender.

Figure 22: Referrals to IAPT service in Tower Hamlets by major ethnic group: 2010/11 to 2012/13

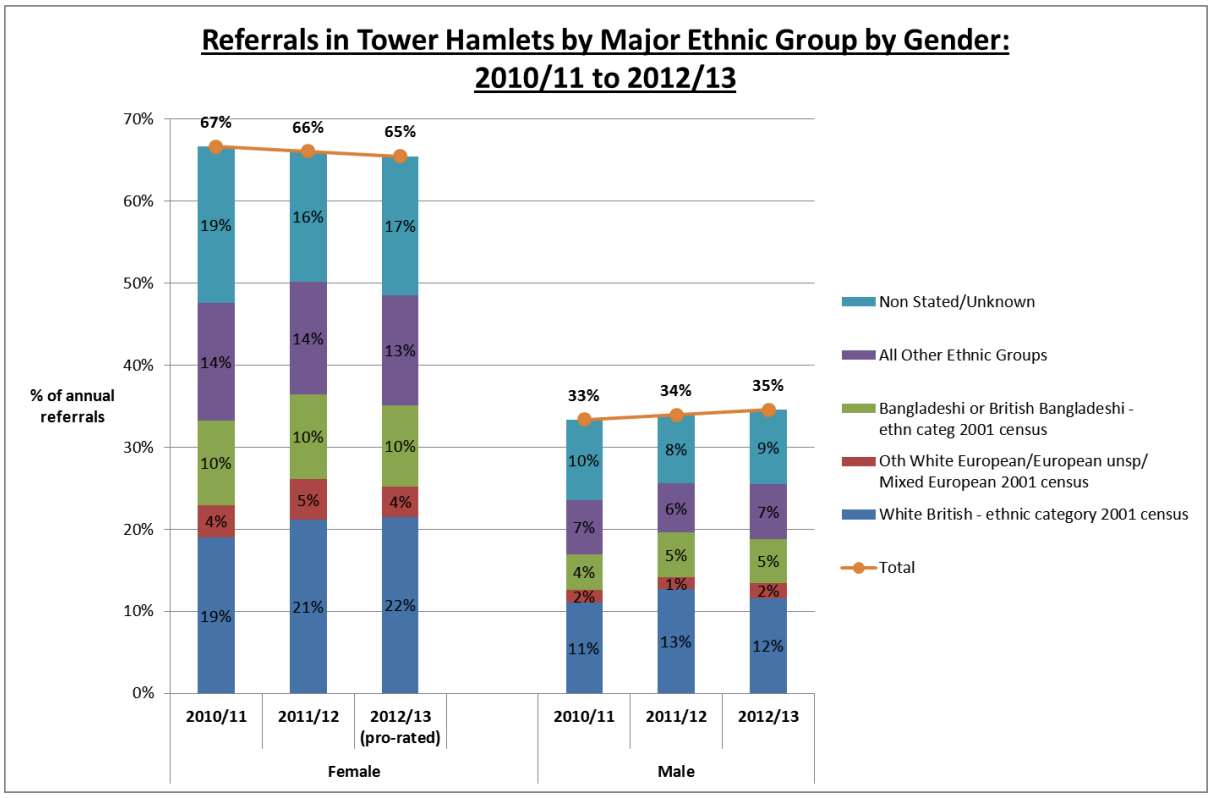


Source: Adult Psychology Service data, 2013

This shows that the proportions are broadly stable, with about one quarter of referrals where ethnicity is not known. However, there appears to be under-utilisation of this service by the Bangladeshi or Bangladeshi-British population, relative to the size of the population.

The following table shows analysis of IAPT referrals by ethnicity and gender**.**

Figure 23: Referrals in Tower Hamlets by major ethnic group & gender (per cent): 2010/11 to 2012/13



Source: Adult Psychology Service data, 2013

This shows that the percentage of referrals from the population in the white British category increased. Future analysis could potentially track completions and recovery rates also by equality strand. Only 5% of all referrals are from Bangladeshi or British Bangladeshi women who make up 11% of the adult population.

3.4 Summary of utilisation of primary care mental health services in Tower Hamlets

- Nearly all the data about utilisation of services collected relates to the IAPT service. The only sources of information about GP management of common mental disorders in primary care relates to case-finding / assessment of depression and to medication, which show Tower Hamlets having lower rates for the former and higher rates for the latter
- The numbers of people referred to IAPT services as a percentage of those estimated to have anxiety/depression is the third highest in London and the service performs above the London average in the proportion of people 'moving to recovery'

- The rate of completion is below the London average and performance in terms of clients who move off benefits is the third worst in London. This is believed to reflect local economic circumstances
- Tower Hamlets is the second-highest CCG in London in terms of the volume of anti-depressant prescribing. Further work needs to be done to understand the significance of this finding
- The number of referrals to IAPT has increased since 2010/11 but the rate of increase was projected to flatten in 2012/13 and the number taken on for treatment is project to fall to one-third of the referrals received
- There are much higher numbers of women referred to the service (approximately two female referrals to one male), with an emerging trend towards an increase in the number of young women (aged 18-24). This is in line with national experience; except that Tower Hamlets has more men in the 40 to 54 age group, so a higher proportion of men would be expected to be referred to the service, other things being equal
- There appears to be an increase in the percentage of referrals from the population in the white British category and a relative under-utilisation of this service by the Bangladeshi or Bangladeshi-British population, relative to the size of the population.

4 Adults of working age – community mental health services

This section describes the current services available in Tower Hamlets and compares them with elsewhere in London using selected measures. It then analyses utilisation of secondary mental health services, and looks at the activity of social care, voluntary organisations, offenders' services, and substance misuse services.

4.1 Description of services

NHS provided services

Community mental health services are the biggest and most diverse element of the borough's provision. The following services are provided by East London Foundation Trust (ELFT) in Tower Hamlets:

- Community mental health teams or CMHTs (four local teams: Bethnal Green & Globe Town, Bow & North Poplar , Isle of Dogs, and Stepney & Wapping)
- Crisis, Emergency, Liaison and Home Treatment teams
- Assertive Outreach Team
- Tower Hamlets Early Detection Service and Early Intervention Service
- Community Recovery and Rehabilitation Teamprovides a community based rehabilitation service for people with longstanding mental health difficulties
- Housing Link Tower Hamletsadvice service for people with mental health difficulties

- Perinatal Psychiatry Service: an outpatient service for women who have pre-existing or new onset mental illness during pregnancy and up to a year postnatally
- Occupational Therapy Service: assesses physical, psychological and social abilities identifying strengths and needs, and developing a structured programme of activity in collaboration with the service user
- Clozapine Clinic Tower Hamlets: monitors medication for those using this medication
- Tower Hamlets Personality Disorder Service - offers a Mentalisation Based Treatment service for people with histories of emotional, interpersonal and behavioural difficulties.
- Pritchard's Road Day Centre for adults on CPA with recurring mental health problems living in the community,
- Psychological Therapies Service – provides psychology, psychotherapy and counselling
- Community Learning Disability Service: its Mental Health care programme provides specialist assessment, interventions and therapy for mental illness, behaviour and emotional problems, emotional distress, vulnerability, abuse, promotion of good mental health and psychological well-being and provision of education, consultation and advice.(East London Foundation Trust provides psychiatric support, the service is run by Barts Health)
- The Specialist Addiction Unit (ELFT) provides assessment, care and treatment to patients in Tower Hamlets whose drug and alcohol related needs require specialist interventions from a multi-disciplinary team with expertise.

Local authority social workers are integrated into CMHTs and the council also commission individualised care for people who are eligible.

The Council and Clinical Commissioning Group between them commission a full range of community mental health services, mainly from voluntary organisations. This is shown in the following table

Table 5: Community mental health services funded by LB Tower Hamlets and Tower Hamlets CCG

Provider	Service / Project Name	Description
Bangladeshi Mental Health Forum	Bangladeshi Mental Health Forum	To organise an annual Bangladeshi Mental Health Day for Bangladeshi service users and carers
London Buddhist Centre	Mindful based Therapy (6 months)	Mindfulness courses and activities
Alzheimer's Society	Dementia Café	Peer support services for people with dementia and carers: 2 cafes, one Bengali speaking

Social Action for Health	Mellow Project	Support positive self-awareness and challenge stigma through support, information resources, training and social and educational activities for African and Caribbean people who have experienced mental health distress
Beside	Membership	Peer support, groups and information for people with long term mental health needs - range of 10 services
LB Tower Hamlets	Parental Mental Health Service (CHAMPS)	2010 evaluation: two workers allocated to 4 CMHTs to enhance family work assessment and liaison/activities for children.
LB Tower Hamlets	User involvement payment	Budget for paying service user and carer reps to attend meetings
Praxis	Community Projects	Range of support to Somali men and women with mental health problems
St Hilda's	Bondhon	Information, wellbeing and group activities for Bangladeshi women experiencing isolation or mental distress: two groups, one for younger women with postnatal depression.
Together Working Well for Wellbeing	Forensic Mental Health	Mental health worker for information and support to offenders, including magistrates court assessment
Vietnamese M H Organisation	VHMS Vietnamese Service	Information ,wellbeing, outreach, befriending, 1:1 casework support, group support and interagency working for Vietnamese and Chinese communities, service users and carers
East London Asian Family Counselling	East London Asian Family Counselling	Bi-lingual (English & Bengali) counselling and support service for Asian women and their families
Hestia Housing & Support	Befriending Service	1:1 matched volunteer befriending for mental health and dementia patients in the hospital and in the community (NIS)
Family Action	Building Bridges	Preventative and wellbeing interventions for families with complex needs including parental mental illness
Family Action	Carers Connect	1:1 and group advice and support for carers, including carers assessments
Lookahead	Crisis House	10 crisis beds
Lookahead	Rehab House	11 rehab beds for NHS also some supporting people contracts
Bowhaven	Bowhaven	Service user-run centre offering drop in, direct group activities and supporting user led groups.
Mind In Tower Hamlets & Newham (MITHN)	IMHA & Inclusive Advocacy	IMHA and inclusive advocacy for people with mental health problems in hospital and in the community
Mind In Tower Hamlets & Newham (MITHN)	Inclusive Mental Health Support	Casework and group activities for mental health wellbeing and social inclusion for people with serious mental illness
Mind In Tower Hamlets & Newham (MITHN)	Evening Service	Provide structured support for 2 evenings per week and promote choice

Mind In Tower Hamlets & Newham (MITHN)	Khat Project	Support to Khat users in the Somali community
Mind In Tower Hamlets & Newham (MITHN)	Welfare Benefit Advice Service	1:1 complex casework and court appeal for service users to obtain rights and entitlements
MITHN	Counselling Service	Counselling
Working Well Trust	Employment Project	Employment support and training for people with serious mental illness in DTP and print operation and in sewing project (separate male and female)
Working Well Trust	Rework	Advice, guidance, support into employment and job retention
Community Options	User Involvement Project	Service user involvement: quarterly user forum and development /training support for user-led groups
Community Options	Voluntary Sector Network	Coordinate voluntary sector provider network every 6 weeks
Community Options	Support, Time & Recovery Service	Recovery support to service users with a mental health problem, predominantly anxiety and depression

In addition there is a small grants scheme (less than £4,000) for user-led services run by the council which supported 33 initiatives in 2013/14.

4.2 Comparisons with community mental health services elsewhere

This section looks at Tower Hamlets services compared to London boroughs, and covers CPA and use of secondary mental health services, specialist community teams and anti-psychotic prescribing.

Care Programme Approach and use of secondary community services

The Care Programme Approach (CPA) has been used since 1990 as the framework that supports and co-ordinates effective mental health for people with severe mental health problems in secondary mental health services. It provides a means for co-ordinating community mental health services and planning the range of care to meet an individual's needs. It involves carrying out a comprehensive, multi-disciplinary assessment and producing a care plan for each patient. Tower Hamlets had a significantly higher than England rate per 1,000 population for numbers of people on a CPA (11.11 versus 6.39 and London = 7.43) or the second highest in London in 2010/11.

However, although numbers might be higher in Tower Hamlets, this might be viewed as a positive given that it could be indicative of the fact that the co-ordination of care plans in the community is happening systematically. This may reflect a higher level of SMI and people with complex needs, or it may reflect an accumulation over time. An initiative started in 2012/3 for planned transfer of service users on CPA to primary care with support, where

appropriate to clinical needs. The following table sets out the number of people using secondary mental health services in East London, and the numbers on CPA.

Table 6: Numbers on CPA

Level	Tower Hamlets		Newham		City & Hackney	
	Mar-12	Mar-13	Mar-12	Mar-13	Mar-12	Mar-13
On CPA	1408	1249	1387	1244	950	1000
Not on CPA	4330	3215	3720	2715	4503	3016
	5738	4464	5107	3959	5453	4016

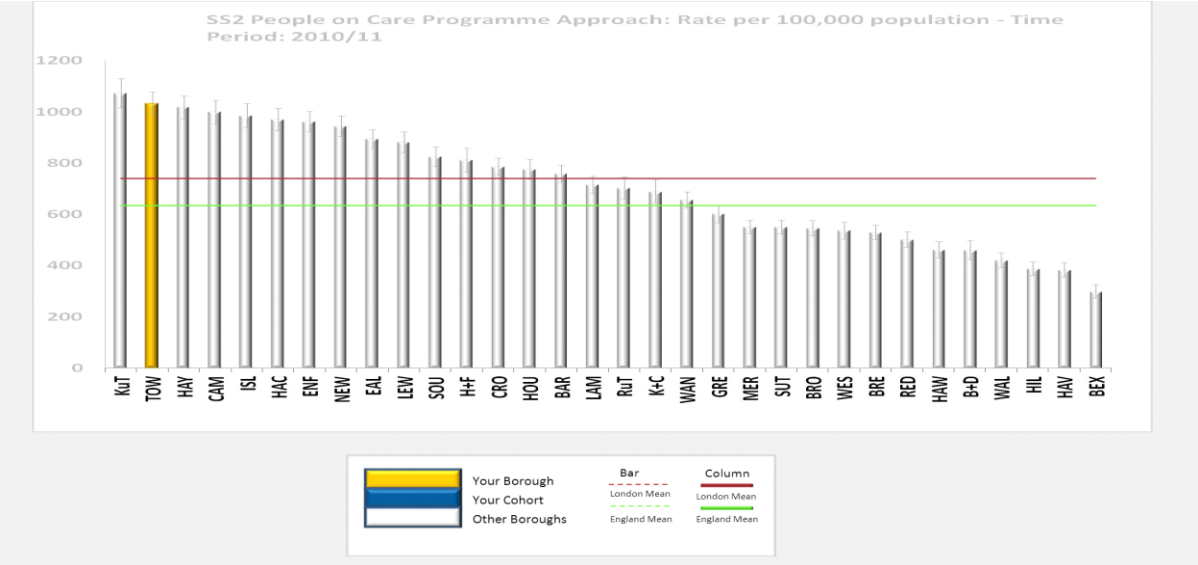
This shows that:

- Both in March 2012 and March 2013, Tower Hamlets had more people on CPA, and more in contact with secondary services but not on CPA (and therefore more in total 'on the books'), than City and Hackney and Newham
- The number on CPA in Tower Hamlets has reduced (as has the number not on CPA in all three boroughs.)

It should be noted that Newham has a lower population than the other two boroughs, which are approximately equal in population.

The following figure shows the number of people on Care Programme Approach (CPA) in London boroughs, expressed as a crude rate per 100,000 population.

Figure 24: People on Care Programme Approach – rate per 100,000 population (London, 2010/11)



Source: Severe and Enduring Mental Illness Needs Assessment Service and Financial Profiling (or SEMI) Tool

Tower Hamlets has the second highest rate (City and Hackney and Newham are also above average), although since the period covered by this chart there has been a significant reduction (from 2012 to 2013, as noted above).

Moving beyond those on CPA, the following figure shows the rate of adults using secondary mental health care.

Figure 25: Standardised rate of adults using secondary mental health care per 100,000 population (London 2010/11).

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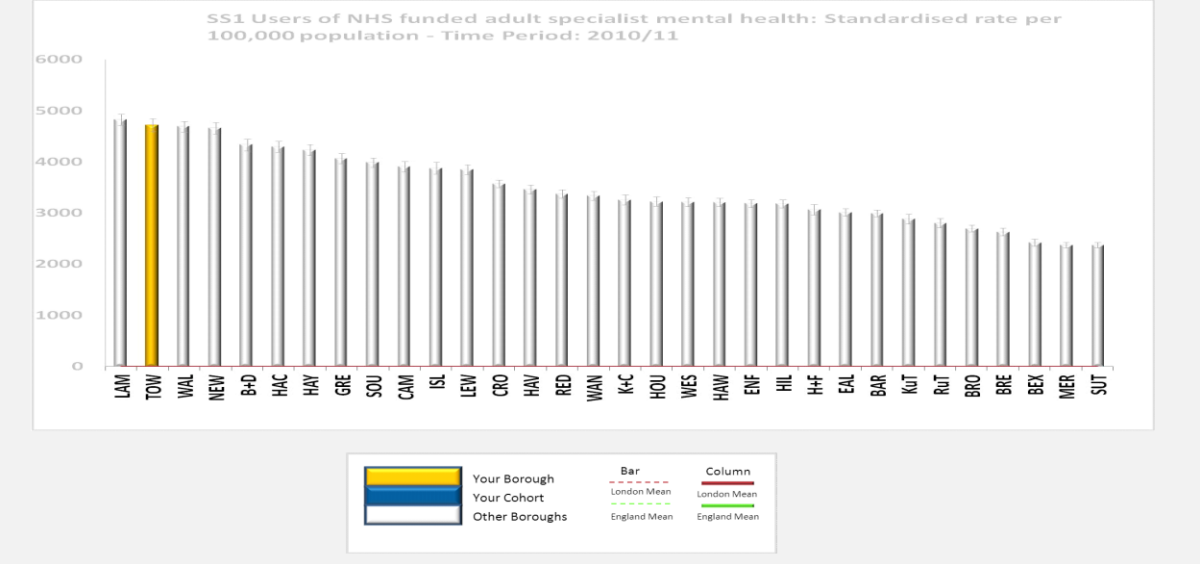


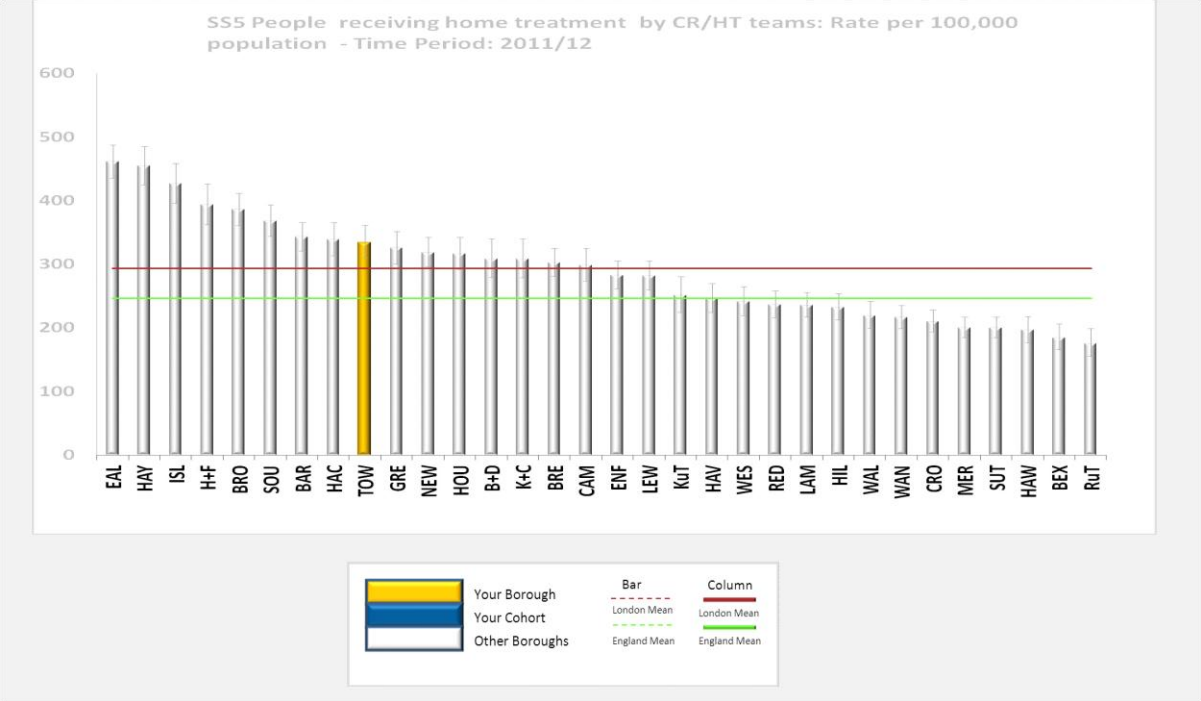
Tower Hamlets has the second highest rate.

Specialist community teams

The National Service Framework (1999) introduced three specialist teams into community mental health services. These are sometimes called 'functional' teams because they are dedicated to a particular function, described in their names: crisis resolution and home treatment (CRHT), assertive outreach (AOT) and early intervention in psychosis service (EI). This sub-section shows how effective Tower Hamlets is in delivering these services (expressed as a rate in contact per 100,000 population

Home treatment is an alternative to inpatient admission. The following table shows Tower Hamlets compared to other London borough.

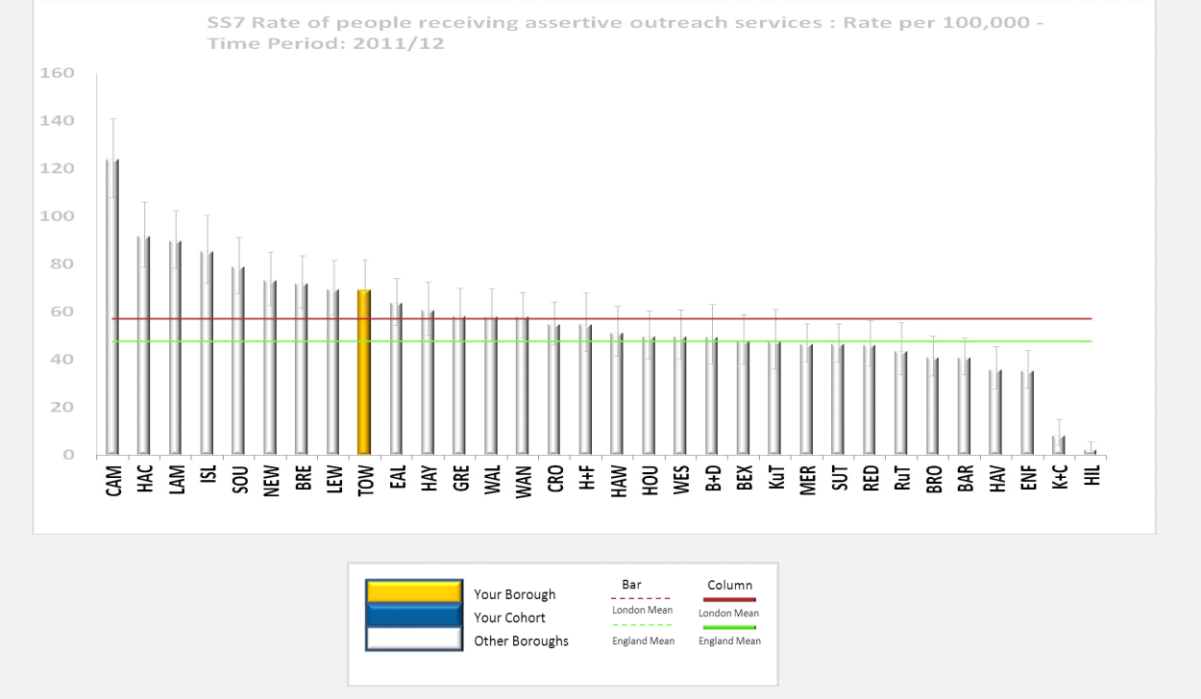
Table 26: Rate of people receiving home treatment by CRHT teams in London, 2011/12



Source: SEMI Tool

Tower Hamlets has an above average rate of people receiving home treatment. The following table shows the rate in contact with Assertive Outreach services in London.

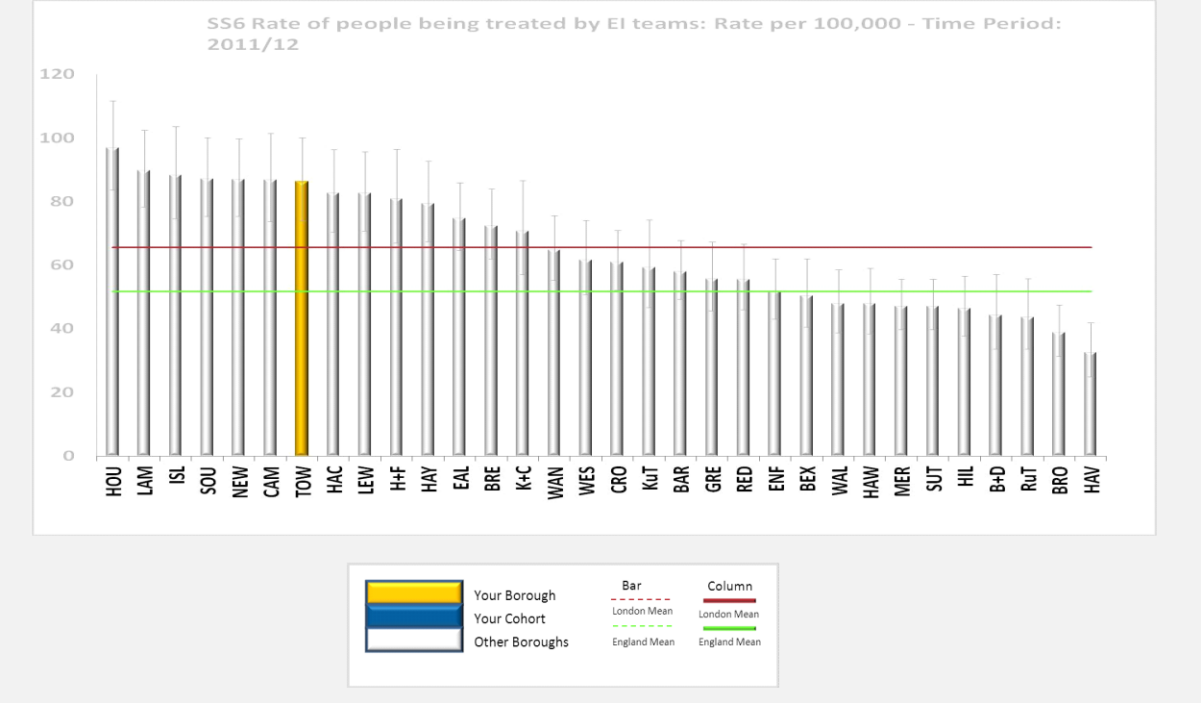
Table 27: Rate of people receiving assertive outreach services in London, 2011/12



Source: SEMI Tool

Again Tower Hamlets is above average. The following table shows the rate of people being treated by Early Intervention teams.

Table 28: Rate of people receiving early intervention services in London, 2011/12



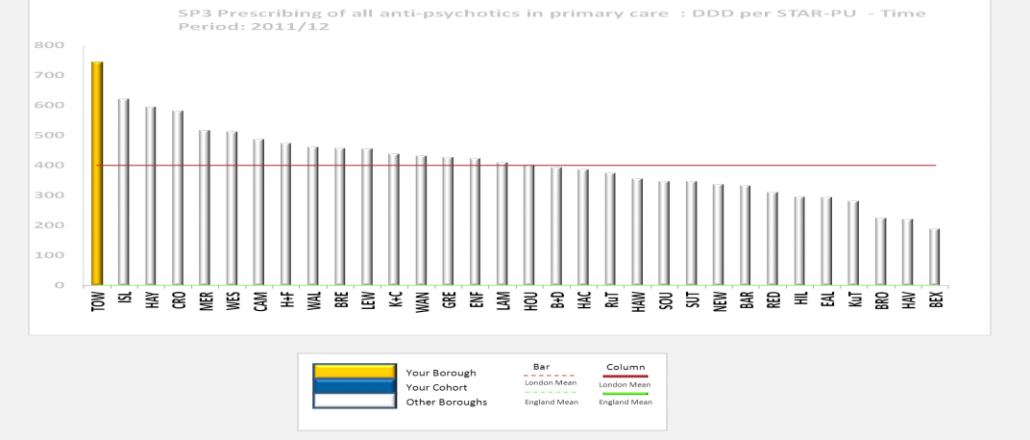
Source: SEMI Tool

Once more, Tower Hamlets has an above average rate. It therefore appears that local 'functional 'mental health teams are comparatively effective in the numbers of people they reach.

Prescribing of anti-psychotic medication

The following table shows Tower Hamlets' rate of prescribing of anti-psychotics in primary care compared to London. The rate is expressed as defined daily dose (DDD) per weighted population (STAR-PU). (Defined daily dose is a statistical measure of drug consumption defined by the World Health Organisation which assumes the average dose per day for adults. STAR-PU includes weighting for age and sex.)

Figure 29: Prescribing of all anti-psychotics in primary care, DDD per STAR-PU, 2011/12



Source: SEMI Tool

This shows that Tower Hamlets has the highest rate in London.

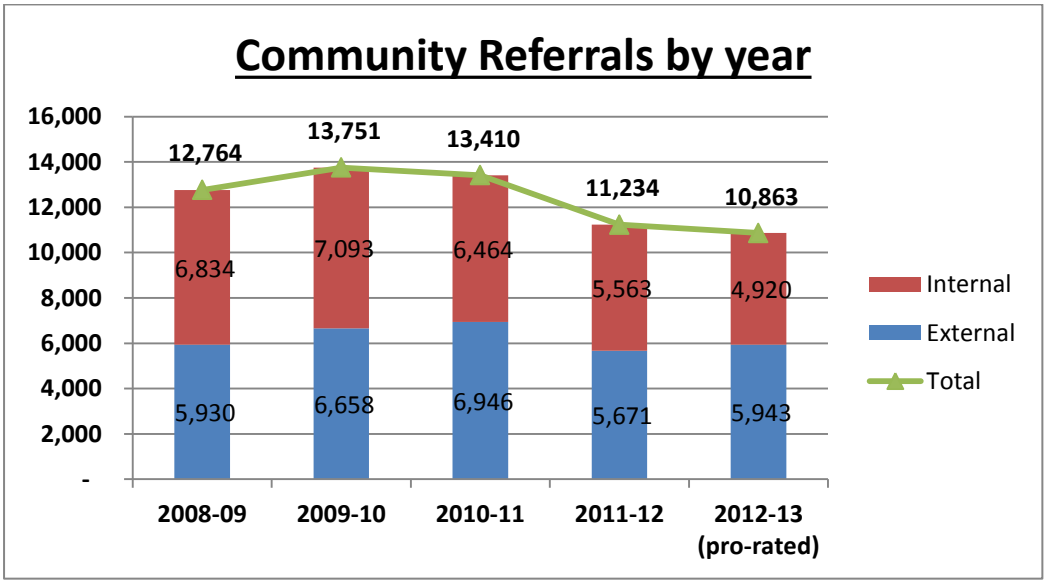
4.3 Referrals to community services: analysis of local data

At the request of the CCG, ELFT provided a dataset with a total of 60,554 community referrals in the period 2008/2009-2012/2013 (seven months data). Of these 57,496 community referrals 87% (49,954) were adult mental illness referrals. A total of 25,381 were internal community referrals[22] and 24,573 were external community referrals[23].

The number and source (internal or external) of referrals is shown for each year in the following figure.

[22]These include: Those not initiated by consultant, Consultant (not A&E)
[23]These include: Accident: Emergency, GMP referral, Allied Health Professional, Self-referral, GP with special interest, Specialist Nurse

Figure 30: Community referrals by year (internal & external)



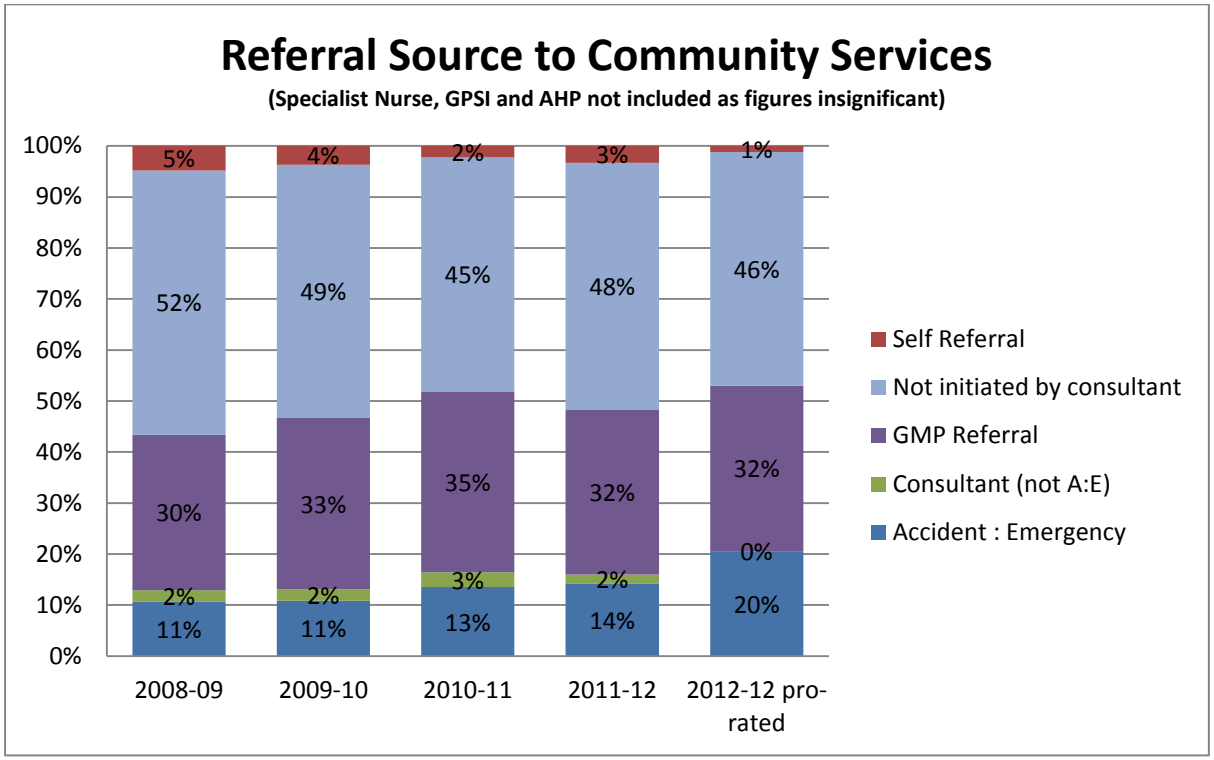
Source: East London Foundation Trust

This shows that:

- The total number of referrals to community mental health services was falling from 2009/10.
- Approximately half the work of the community teams is generated by internal referrals within ELFT.

The largest proportion of internal community referrals were recorded under 'not initiated by consultant', which is understood to refer to all other teams operated by the Trust. The remaining half is referrals from other agencies, but the exact referral source is only broken down by GP, A&E and other, as shown in the following figure.

Figure 31: Percentage of referrals by source of referral to ELFT Tower Hamlets community mental services (all teams) 2008/13



This figure shows:

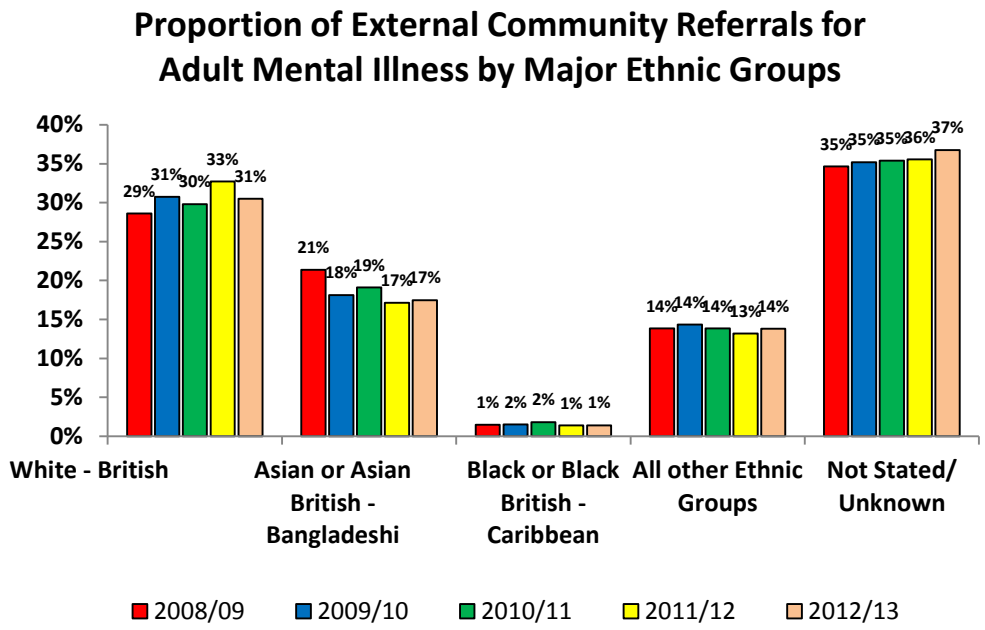
- An increase in referrals from A & E from 11% to 20% (extrapolated) in the period.
- Only 30% of all community services referrals come from GPs.

Contract monitoring reports include the number and proportion of community referrals who were not known to the Trust at the point of referral (i.e. no prior referral existed within 24 months, including all teams). In 2012/13 this level was 31% (similar for all three boroughs covered by the Trust).

Monitoring reports also show that over 97% of referrals to secondary community services were assessed within 28 days.

The following figure shows the proportion of referrals for community services by major ethnic group.

Figure 32: Proportion of external community referrals for adult mental illness by major ethnic groups



Source: East London Foundation Trust

This shows that the proportion of total referrals from each ethnic group has remained broadly stable over the period, although over one third are 'Not Stated or Unknown'. However, the 'Asian or Asian British-Bangladeshi' population and the 'White British' population groups in Tower Hamlets are approximately equal size, yet the 'Asian or Asian British-Bangladeshi' population account for significantly fewer referrals to adult services.

LB Tower Hamlets monitors the number of assessments carried out under the Mental Health Act, and includes a category for ethnicity (which however sometimes appears to record nationality). The following table summarises the results for four separate years.

Table 7: Number and percentage of Mental Health Act assessments by white and main Black Asian and Ethnic Minority ethnic groups

	2007-08	2009-10	2010-11	2011-12
African	65	63	86	72
Afro-Caribbean	48	56	63	49
Bangladeshi	109	138	166	167
White British	137	177	171	201
All other	68	66	86	75
Total	427	500	572	564

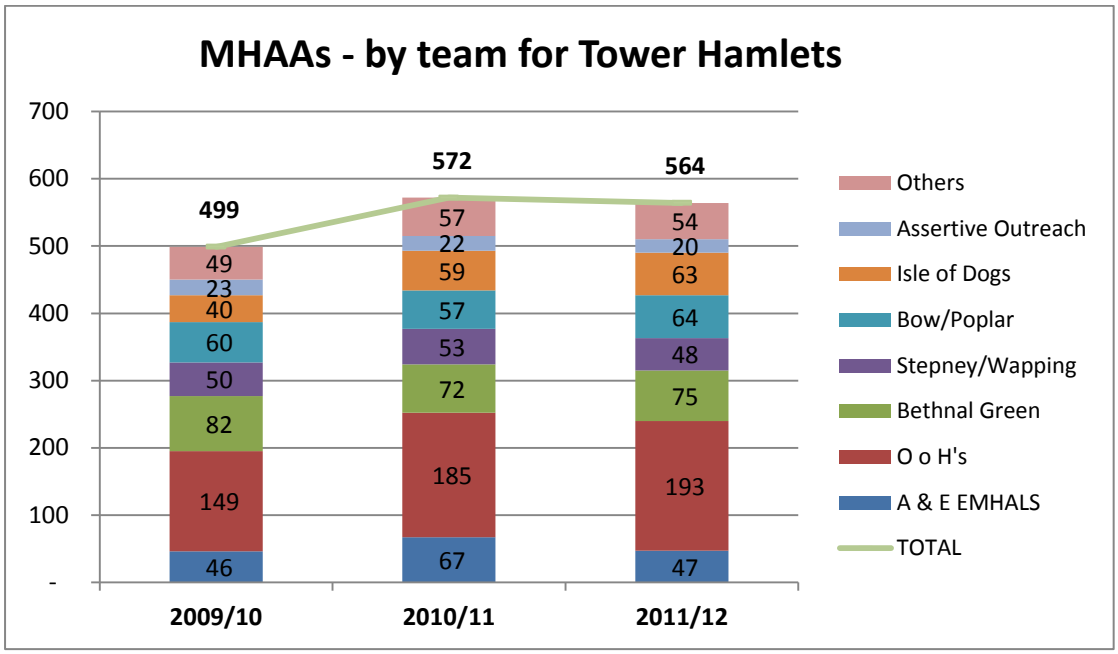
2007-08 %	2009-10 %	2010-11 %	2011-12 %
15.2	12.6	15.0	12.8
11.2	11.2	11.0	8.7
25.5	27.6	29.0	29.6
32.1	35.4	29.9	35.6
15.9	13.2	15.0	13.3
100	100	100	100

Source: LB TH

This shows that the number of assessments has increased since 2007/08 and that together people of black African and Caribbean origins accounted for around a quarter of them, although they only make up about 6% of the adult population.

The following figure shows the numbers assessed by each team in Tower Hamlets from 2009/12.

Figure 33: Mental Health Act assessments in Tower Hamlets



Source: East London Foundation Trust

When broken down by team, the largest number of Mental Health Act assessments was made through the 'Out of Hours' service year on year. The outcome is largely detention under section 2 or section 3 of the Act - last year making up a total of 73% of the assessment outcomes[24].

Community discharges

The following table shows the outcome of all the referrals to community services in the period 2008/2009-2012/2013[25], using the categories recorded by ELFT at discharge.

[24]Section 2 allows a patient to be admitted for assessment based on the recommendations of two doctors and application by the approved mental health professional. Section 3 allows a patient to be admitted to hospital for treatment based on the availability of appropriate medical treatment, the recommendations of two doctors and an application by the approved mental health professional.

[25]The 2012-13 data is not a full year effect but for 7 months. Where necessary this has been pro-rated for more accurate comparisons to be made

Table 8: Summary of discharge destination (top discharges) 2008-2013

Summary	Count	%
Achieved Outcome	5,534	9.8%
Admitted to hospital	4,179	7.4%
Assessment Completed	10,091	17.9%
Care Complete	2,084	3.7%
Did Not Attend	5,861	10.4%
Did Not Respond to be Seen	3,177	5.6%
Inappropriate Referral	2,854	5.1%
Moved Out of Area	1,301	2.3%
Other	5,315	9.4%
Referred to Other Specialty	4,262	7.5%
Treatment completed	5,197	9.2%
Unknown	1,391	2.5%
Other	5,257	9.3%
TOTAL	**56,503**	**100.0%**

This shows that 21% of referrals either did not attend, did not respond to be seen or were an inappropriate referral. On top of these 2.3% moved out of the area, and 7.5% were referred to another speciality (although this could be after treatment). This shows that a high proportion of the community team referrals appear to have been abortive or incomplete.

The number of service users who were discharged from community services more than once gives an indication of the relapsing nature of mental illness, as shown in the following table.

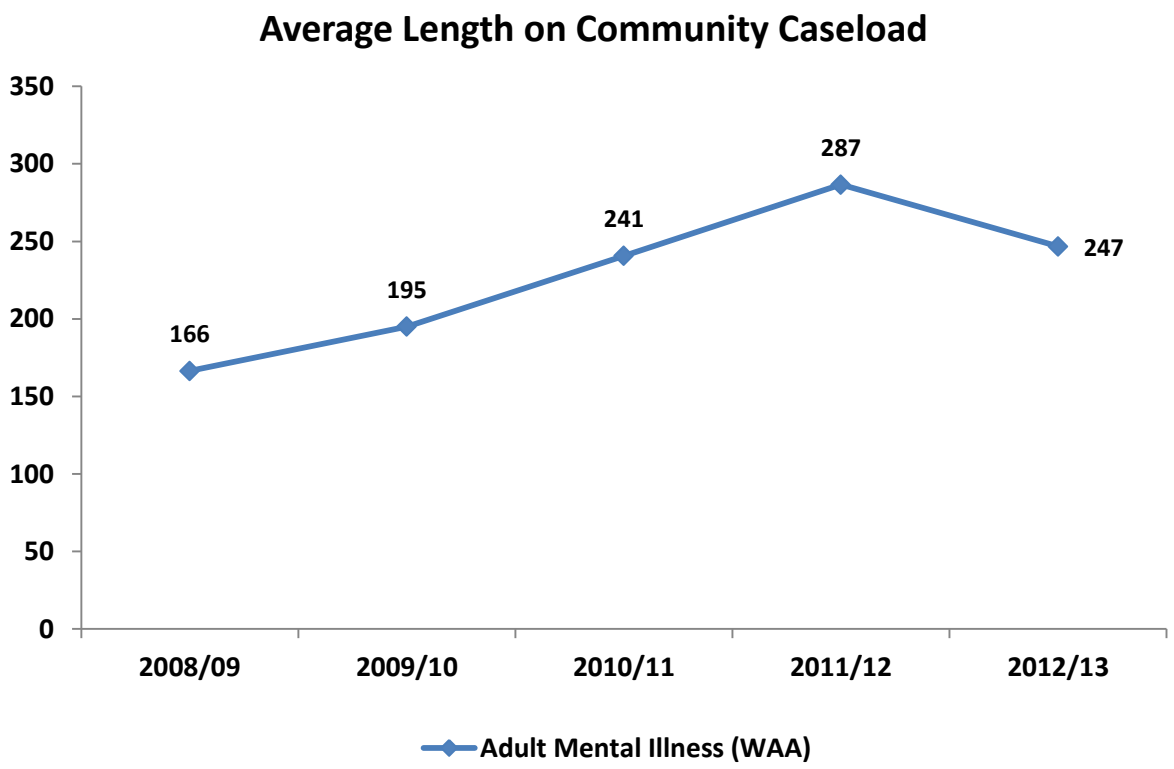
Table 9: Number of discharges per unique patient in adult community services 2008/13

Number of discharges by patient	Number of patients	Per cent
1	2634	22.8
2 and 3	4250	36.8
4 and 5	2028	17.6
6 to 8	1346	11.7
9 to 11	582	5
12 to 14	285	2.5
15 or more	419	3.6

Just over one in five of those of working age who used the service used it only once in the period. Two in five used the service four or more times (of those half used it six or more times.)

The following figure shows the average number of days each user of the service was ‘on the books’ before discharge.

Figure 34: Average length on caseload (adult mental illness and old age psychiatry)



This shows that the average 'length of time on community caseload' for adults rose from 2008/09 to 2011/12, but was projected to fall thereafter. In 2012/13, commissioners commissioned services designed to transfer to primary care people who no longer needed to use secondary services.

4 .4 Social care

This section reports available data on the use of social care services, covering parental mental health, gender, ethnicity, age and geographic distribution of those recorded.

Parental mental health: the following table shows the number of child protection registrations where parental mental illness is recorded.

Table 10: Child Protection Plan (CPP) Registrations & Parental Mental Health issues[2627]

Category	2012/13[1]	2011/12	2010/11	2009/10
Total CPP Registrations in the year	217	261	256	274
Total with Parental Mental Health Problems recorded	11	18	23	26

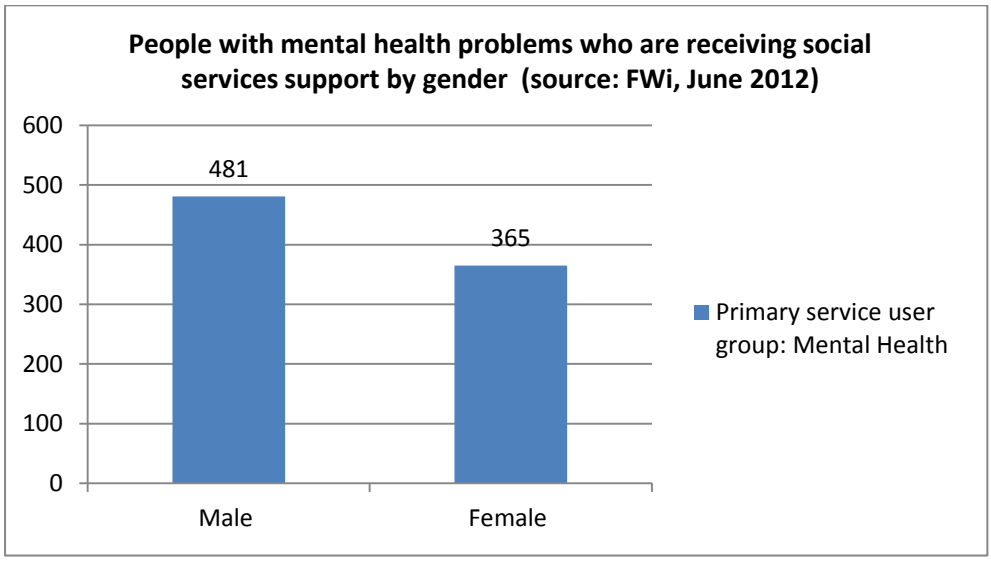
[1] *Year to date data from 01/04/2011 - 19/12/2012*

Source: Framework i

This table shows that parents with mental health problems account for less than 10% of CPP registrations. This seems inherently unlikely. Further discussion with services would be necessary to discover whether this was an accurate picture and to consider the extent and needs of parental mental illness.

Figure 45 below demonstrates the gender breakdown of those whose primary service user group is mental health. This relates to the commissioned social care that the local authority purchases for individuals.

Figure 35: Number of people with mental health problems who are receiving social services support by gender

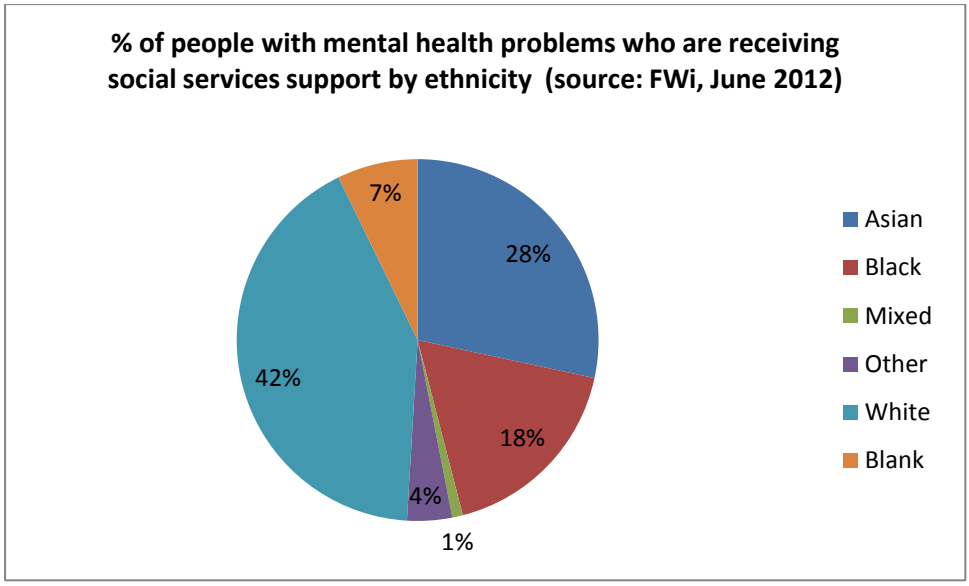


Source: FWi, June 2012

[26]Based on CP registrations and service user sub groups (e.g. Children with mentally ill parent(s) where parenting capacity is limited, and possibly Families Affected by Mental Health difficulties)

[27]Please note that the data is presented with a lot of gaps in the 'service user group' section on FrameWork I (FWi) which is where information on parents with mental health issues should be recorded. Thus the data provided is only based on what has been recorded on FWi and it is suspected that the actual figures could possibly be higher for each reporting year

Figure 36: Number of people with mental health problems who are receiving social services support by ethnicity



Source: FWi, June 2012

The highest proportion of people receiving social services was white (42%) followed by Asian (28%) and Black (18%). Of the Asian group 85% were Bangladeshi. (NB these ethnic categories differ from those used by the NHS.)

Across the religion equality strand, both Christian (30%) and Muslim (28%) faith groups had highest and a similar proportion of people receiving social services whose primary service user group was mental health. Further sub-ethnic breakdowns shows that within the BME group the highest number people receiving social services other than Bangladeshi were Caribbean followed by African ethnic groups

The highest proportion of people receiving social services was in the 41-50 age group (24%), followed by the 51-60 age group (20%) and 61-70 age group (17%).

Data on sexuality was poorly reported only 10 people responded. Only 2 people accessed personal budgets and 1 person for mental health residential managed budgets. Data on 'conditions' was poorly recorded; only 15 people reported a condition.

The services that were most accessed were:

- Mental health support[28] – 37% (315 people)
- Mental health residential – 11.8% (100 people)
- Mental health home care – 7.3% (62 people)

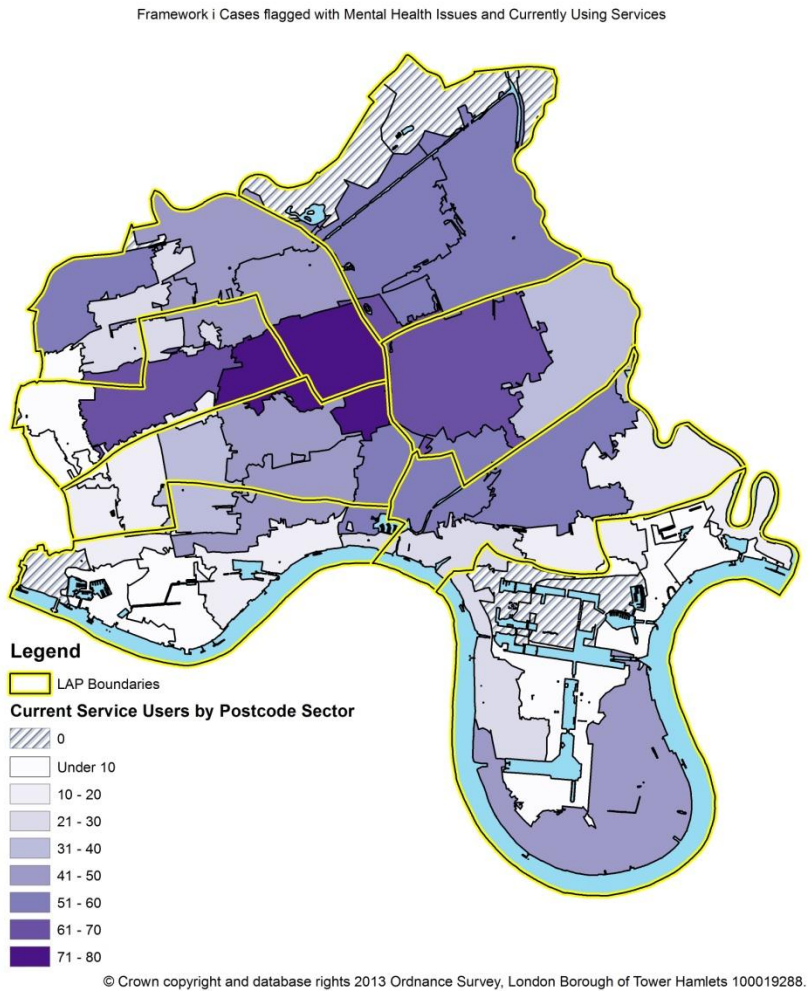
However, the most striking finding from consideration of this information is that it only deals with part of the activity of mental health services in the borough – that commissioned for

[28]Prevention and support, this is a mixed bucket including refugees support, one off support etc.

individuals - and misses out other local authority support through jointly commissioned block contracts.

The following figure is a ‘heat-map’ showing the distribution of social care users within the borough.

Figure 37: Framework-I cases flagged with mental health needs and currently using services[29]



This can be compared with the maps in chapter 3 showing deprivation and other indicators of need within the borough. It can be seen that the highest numbers (‘hottest’ areas) in the centre of the borough correspond broadly with the highest deprivation in the centre of the borough (GP networks 1,2 and 5), whereas postcodes in the East of the borough in this map do not reflect the ‘heat’ associated with high deprivation.

[29]Snapshot was taken on January 2013 and 919 individuals were flagged as having mental health issues and currently using services

4.5 Voluntary sector utilisation

The recorded users of voluntary sector services increased from 6,500 to 9,800 in the three year period from 2009 to 2012.

The following table lists the commissioned activities from voluntary sector and related organisations, with the numbers using them (showing both contract and performance).

Table 11: Commissioned activity 2013/14

Activity	Contract	Performance
To organise an annual Bangladeshi Mental Health day mental health for Bangladeshi service users and carers	120	100 attendance at the event
Mindfulness courses and activities	45 places provided	45 places on the Mindfulness courses
Peer support services for people with dementia and carers: 2 cafes, one Bengali speaking	45 users and 33 carers	30 service users plus 20 carers
Support positive self-awareness and challenge stigma through support, information resources, training and social and educational activities for African and Caribbean people who have experienced mental health distress	20	20
Peer support, groups and information for people with long term mental health needs - range of 10 services	70 active members	100 active members
2010 evaluation: two workers allocated to 4 CMHTs to enhance family work assessment and liaison/activities for children.		900 children identified, 50-120 contracts per team per month
Budget for paying service user and carer reps to attend meetings	6 user reps and 1 carer rep	7 regular service user and carer reps attend meetings
Range of support to Somali men and women with mental health problems	42 casework plus 144 1:1 session to other Somali users	40 casework plus 1:1 drop in sessions
Information, wellbeing and group activities for Bangladeshi women experiencing isolation or mental distress: two groups, one for younger women with postnatal depression.	30 users from each group	30 users for each group
Mental health worker for information and support to offenders, including magistrates court assessment	116	
Information ,wellbeing, outreach, befriending, 1:1 casework support, group support and interagency working for Vietnamese and Chinese communities, service users and carers	25 families	25 families

A bilingual (English & Bengali) counselling and support service for Asian women and their families	431 service users	585 service users
1:1 matched volunteer befriending for mental health and dementia patients in the hospital and in the community (NIS)	106 service users, 35 volunteers	40 volunteers, 60 service users
Preventative and wellbeing interventions for families with complex needs including parental mental illness	34 families	16 family casework support packages
1:1 and group advice and support for carers, including carers assessments	117 cares casework	75 carer casework
Service user-run centre offering drop in, direct group activities and supporting user led groups.	80 unique users per week; 7 directly provided groups per week; 11 independent groups supported per week	45 unique users per week; 5 directly provided groups and 3 independent groups supported per week
IMHA and inclusive advocacy for people with mental health problems in hospital and in the community	4083 1:1 advocacy sessions provided	4018 1:1 advocacy sessions
Casework and group activities for mental health wellbeing and social inclusion for people with serious mental illness	4811 1:1 sessions provided and 2507 group sessions provided	4900 1:1 sessions and 2516 group sessions per year
Provide structured support for 2 evenings pw and promote choice	1820 attendance and an average of 100 unique users during the year	1100 attendance per year with a minimum of 46 unique users per year
Support to Khat users in the Somali community	1449 1:1 sessions and 702 group attendance	1400 1:1 sessions and 668 group attendance per year
1:1 complex casework and court appeal for service users to obtain rights and entitlements	2257 hours of 1:1 casework and court appeal provided	1555 hours 1:1 casework and court appeals per year
Counselling	3593 1:1 counselling sessions were provided	3600 sessions per year,
Employment support and training for people with serious mental illness in DTP and print operation and in sewing project (separate male and female)	1906 sessions provided working with an average of 43.25 users at any one time during the year	34 service users supported in 1,796 sessions per year

Advice, guidance, support into employment and job retention	54 people supported into employment; 54 supported to retain their employment; 47 into volunteering/work placements; 38 positive contacts with new employers	58 people supported into employment; 40 supported to retain their employment; 45 into volunteering/work placements; 12 positive contacts with new employers
Service user involvement: quarterly user forum and development /training support for user-led groups	4 providers forum with a minimum of 320 attendance per year; 9 SUN meetings to support 25 user-led groups in 2012-13	4 providers forum with a minimum of 240 attendance per year; a minimum of 8 SUN meetings to support all user-led groups
coordinate voluntary sector provider network every 6 weeks	9 VSN meetings and 30 voluntary sector providers in the network	minimum of 8 providers meetings and 30 providers in the VSN network
Recovery support to service users with a mental health problem, predominantly anxiety and depression	106 active casework per week; 284 new referrals; 4722 face to face contacts	84 service users supported per week; a minimum of 200 new referrals and a minimum of 4400 face to face contacts per year

This list does not duplicate work carried out elsewhere on accommodation and on day opportunities. It does not include the user-led small grants. However, in general terms, it shows that the great majority of provider meet their targets, and together undertake an impressive array of initiatives, which appear responsive to need, the ethnic diversity of the borough, and the needs of people with serious mental illness.

Analysis by the CCG of the users of voluntary sector services (taking the average of the three years 2009/12) shows the broad ethnic group, as set out in the following table.

Table 12. Voluntary sector commissioned services uptake by ethnic group

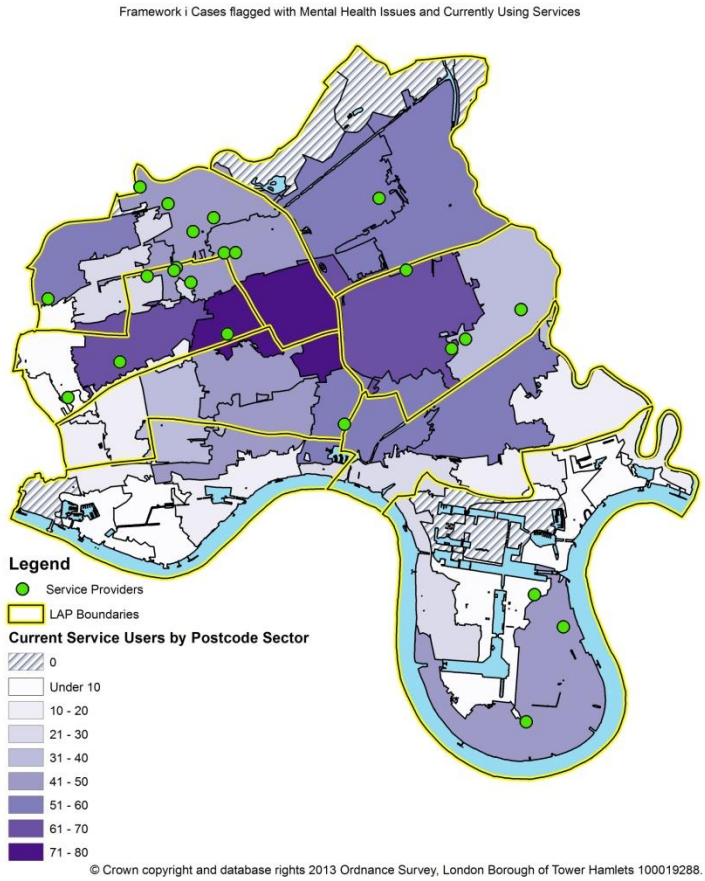
Ethnic group	Per cent
Asian/Asian British	26.9
Black	30.4

White British	25.4
White Other	7.1
Other	7
Prefer not to say	3.2
Total	**100**

This shows that the total users of third sector services include a greater proportion of the black populations (counting black Caribbean and African and all black population categories) than other services. In fact 15.6% of the total users of third sector services are in the category 'Black British Somali.' The Asian/British Bangladeshi accounts for the great majority of the Asian category (22.5% of the total number of third sector users.) This pattern will of course reflect activity by organisations set up to meet the needs of specific communities.

The following map shows the location of the addresses of third sector organisations, mapped against the density of service users (on Framework i) in each area.

Figure 38: Framework-i MH cases and providers – voluntary sector provision



This shows that there are pronounced differences in the location of voluntary sector organisations. Most are clustered in the North West of the borough, in networks 1 and 2, but

there do not appear to be any in networks 3 and 4 (except on the boundary) and network 5 is also under-represented.

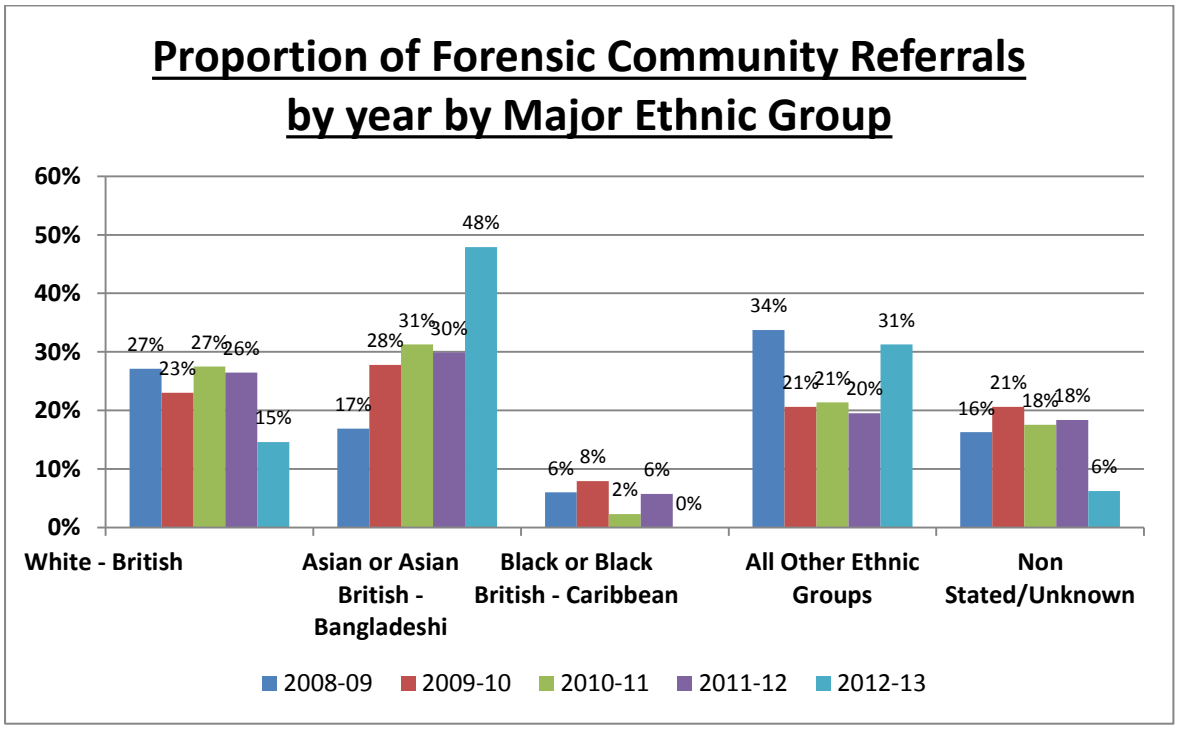
4.6 Offenders and mental health

Forensic mental health services

The total number of forensic[30] referrals in the time period covered by the ELFT dataset (2008/13 as described above) was 592**.** Nevertheless there were only 42 forensic inpatient admissions for Tower Hamlets in same period. It must therefore be assumed that the majority of forensic referrals were for opinion, assessment or access to specific community services managed by the Trust's forensic services.

The following table shows the ethnicity of forensic community referrals.

Figure 39: Proportion of forensic community referrals by major ethnic groups



Source: East London Foundation Trust

This analysis shows a pattern of some variability, especially in the pro-rated year 2012/13.

[30]Forensic psychiatry is a sub-specialty of psychiatry and is related to criminology: Howells K, Day A, and Thomas-Peter B (2004)

Probation

It was noted in chapter 5 that there are nearly 1,100 offenders 'on the books' of the Probation Service in Tower Hamlets, adhering to statutory conditions, of whom 656 are in living in the community. Only 30 or 2.8% of the offenders managed by Probation had formal orders with mental health conditions, although nearly a quarter had emotional well-being issues linked to their offending.

The following table shows information on activity provided by Probation:

Table 13: Extracts from London Probation Workload summary for Tower Hamlets, 2012/13

Type of activity	Number
Community order commencements	507
Custody commencements	267
Licence commencements	270
Suspended sentence order	282
Accredited programmes	57

Source: London Probation

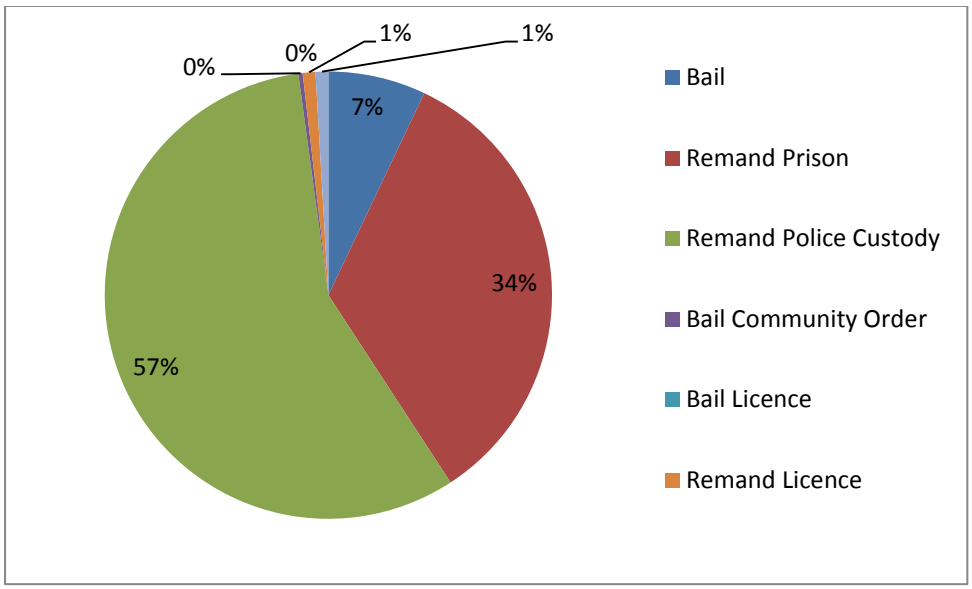
There is clearly some way to go before the levels of need and activity for mental health and Probation can match up. However, the activity from the court diversion service in the borough provides a starting point (although not all those who appear in court will be convicted of an offence).

Forensic Mental Health Practitioner Service, Thames Magistrate Court

The Forensic Mental Health Practitioner Service (FMHP) practitioner pro-actively screened 3,960 individuals in the year April 2011-March 2012, of which 326 undertook mental health assessment.

These individuals mainly came through the court from custody either from prison (34% of total offenders) or police custody (57% of total offenders) as this is the primary remit of the service.

Figure 40: Legal status of offenders assessed at Thames Magistrates Court, 2011/12



The majority of the individuals assessed were Tower Hamlets residents at 223 (out of 326), which is approximately 68% of total individuals. There appears to be a high employment needs with 300 individuals (of who 204 were from Tower Hamlets) being identified as registered as unemployed.

The number of male clients dominates (298 out of 326) and clients aged from 22 to 30 years old represent a third of the total clients assessed (107), mostly White British (98) followed by Any Other White Background (28) and Black British Caribbean (27).

In terms of formal mental health diagnosis, there were 102 clients suffering from Schizophrenia (69 Tower Hamlets specific clients), 59 (40 Tower Hamlets specific clients) suffering from co-morbid mental health problems and substance misuse. In addition, approximately a third of clients 112 (~76 TH specific clients) were assessed as being at risk of self-harm and 87 (59 Tower Hamlets specific clients) assessed to be at risk of harm to others.

4.7 Substance misuse

There are seven main substance misuse providers who may see people with dual diagnosis of mental health problems and substance misuse in the borough. With the exception of the Dual Diagnosis services in CMHTs (which is commissioned by Tower Hamlets CCG), these services are commissioned by LB Tower Hamlets for drug and alcohol treatment. The following table sets out the estimated case load in August 2012.

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Table 14: Main drug and alcohol services and estimated caseload

Organisation	Service	Provider	Estimated caseload
Specialist Addictions Unit (SAU)	Complex drug users	ELFT	260 (caseload 225 in contract monitoring report 2012/13)
Dual Diagnosis Service in CMHTs	Drug and alcohol with mental illness	ELFT	160 (106 unique individuals in contract monitoring report 2012/13)
Isis	Female drug	Compass (national charitable provider)	70
General Practice	Drug and alcohol	GP	1,000 estimate
TH Community Alcohol Team	Alcohol	RAPT (Rehabilitation of Addicted Prisoners Trust, independent provider in several cities)	166
Community Drug Team (CDT)	Drug	Lifeline (national charitable provider)	620
A & E nurses at Royal Hospital London	Emergency hospital drug and alcohol	Barts Health	Not available

Source: figures supplied by Gill Burns, TH CCG; ELFT contract monitoring

There is no reporting from the substance misuse services about the number of clients with a dual diagnosis of substance misuse and mental health problems. Similarly, the ELFT dual diagnosis and SAU services do not report NDTMS data (the national scheme for substance misuse reporting). This produces a gap in reporting data.

However, ELFT secondary mental health services do report the number of mental health service users with secondary diagnosis of substance misuse recorded, or with a record of substance misuse problems. In the first quarter of 2013/14, 21% of community patients had dual diagnosis of mental illness and substance misuse.

4.8 Summary of utilisation of secondary community services

- Tower Hamlets had a significantly higher than England rate per 1,000 population for numbers of people on CPA and the second highest in London in 2010/11, and also had high rates for those in contact with secondary mental health services.
- Tower Hamlets has the highest rate of prescribing anti-psychotics in primary care in London (by volume of prescriptions)
- Specialist or 'functional' community teams are in touch with a higher proportion of community services in Tower Hamlets compared with the London average, and therefore appear to be reasonably effective

- The total numbers of referrals and discharges per year to secondary community services are falling
- The ‘Asian or Asian British-Bangladeshi’ population account for significantly fewer referrals than the ‘White British’ population although the populations are approximately the same size
- People of black African and Caribbean origins accounted for around a quarter of Mental Health Act assessments, although they only make up about 6% of the adult population.
- The team which carries out the largest number of Mental Health Act amendments is the out of hours team.

- Approximately half the referrals to the community teams are generated by internal referrals within ELFT. Only 30% of all community services referrals (taking both internal and external) come from GPs.
- 31% of community referrals are not known to Trust services (in the previous two years) at the point of referral

- Analysis of the source of referrals shows an increase in referrals from A & E.
- The highest proportion of people receiving social services was White (42%) followed by Asian (28%) and Black (18%). Of the Asian group 85% were Bangladeshi. This suggests (relative to population) over-utilisation by white populations and under-utilisation by the Bangladeshi community
- The highest proportion of people receiving social services was in the 41-50 age group (24%), followed by the 51-60 age group (20%) and 61-70 age group (17%). There were more males than females. These figures suggest an under-utilisation by younger people and women.
- A high proportion of the referrals to community services were abortive or incomplete: 21% of referrals either did not attend, did not respond to be seen, or were an inappropriate referral
- Two in five of those who used a community service used a service four or more times in a five year period
- The average ‘community length of stay’ for adults rose from 2008/09 to 2011/12 and is projected to fall thereafter
- 21% of community mental health patients had a record of dual diagnosis of mental illness and substance misuse, although records are not kept of substance misuse service users with mental health problems.
- Collection of information on the mental health of offenders is too fragmented to draw conclusions in this needs assessment.

5 Adults of working age: inpatient services

This section covers service provision, comparisons with other areas, emergency response and general hospital admissions, service utilisation and a summary.

5.1 Description of service provision

Inpatient care in Tower Hamlets is provided by ELFT in four wards on the Mile End Hospital site: Brick Lane Ward, Globe Ward, Lea Ward and Roman Ward. Wards are not male/female only because the capacity can be flexed according to demand, whilst maintaining required gender separation.

Psychiatric intensive care is provided by ELFT in two wards at Mile End serving the whole Trust:

- Rosebank Ward- female only: a Psychiatric Intensive Care Unit service for female service users in East London and a Low Secure Service for Forensic Services and Hackney
- Millharbour Ward: a Psychiatric Intensive Care/Low Secure Service providing 14 beds for men. Serving as the Psychiatric Intensive Care (PICU) Service for Tower Hamlets and a Trust wide Low Secure Service.

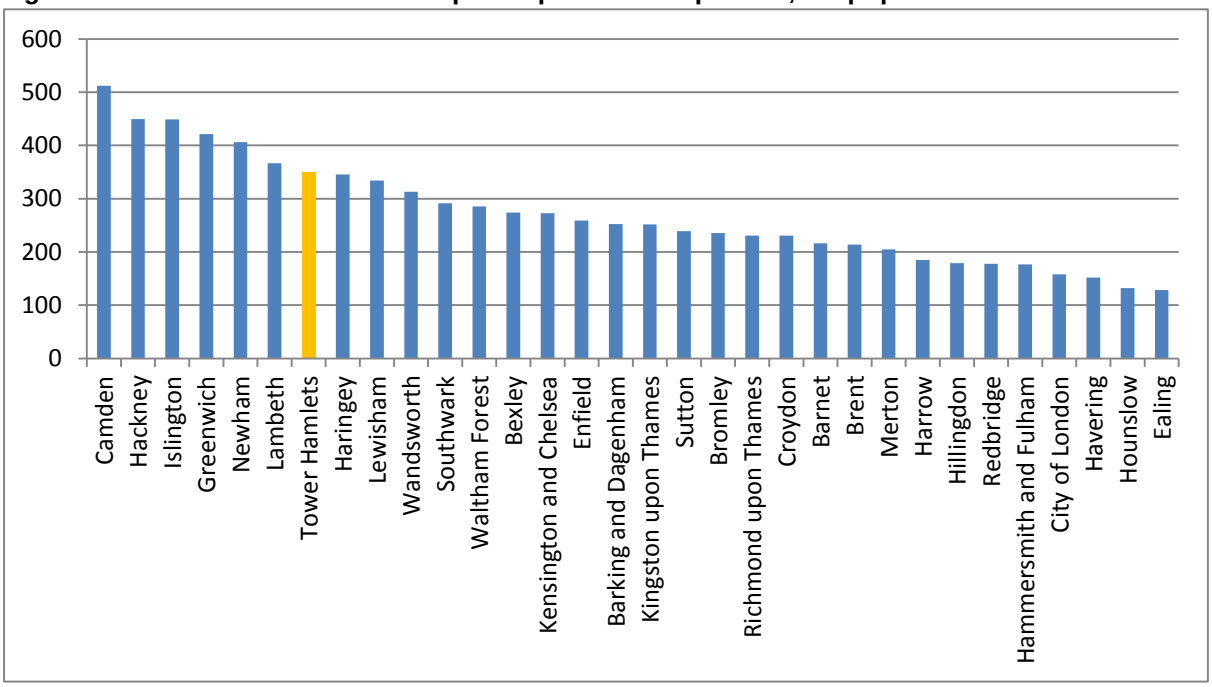
5.2 Number and rate of admissions and comparisons with other areas

There appear to be marked variations in hospital admission rates and the use of community mental health services. Outer North East London has a greater balance towards activity in community services rather than hospital admission. There is some evidence[31] that more community focused models of care are more effective, potentially more efficient and that patients would like the choice of home treatment.

The complexity of factors that determine inpatient admission for mental illness present major challenges in like-for-like comparison of different areas. The number of people using mental health services has been rising ever since comprehensive national information started to be collected through the Mental Health Minimum Dataset. Despite the possibility that improving data quality contributed to this increase in 2004/05 and 2005/06, in each year since 2005/06 the rise in the number of people using services has been nevertheless accompanied by a reduction in the proportion of these people who spent time in hospital. However, the latest figures show, for the first time, an increase in the proportion of people using these services who spent time in hospital during the year[32], as in the following table, showing the rate of admission to hospital per 100,000 population.

[31] http://www.nao.org.uk/publications/0708/helping_people_through_mental.aspx
[32] Mental Health Bulletin, 2011

Figure 34: Rate of admission to hospital inpatient care per 100,000 population

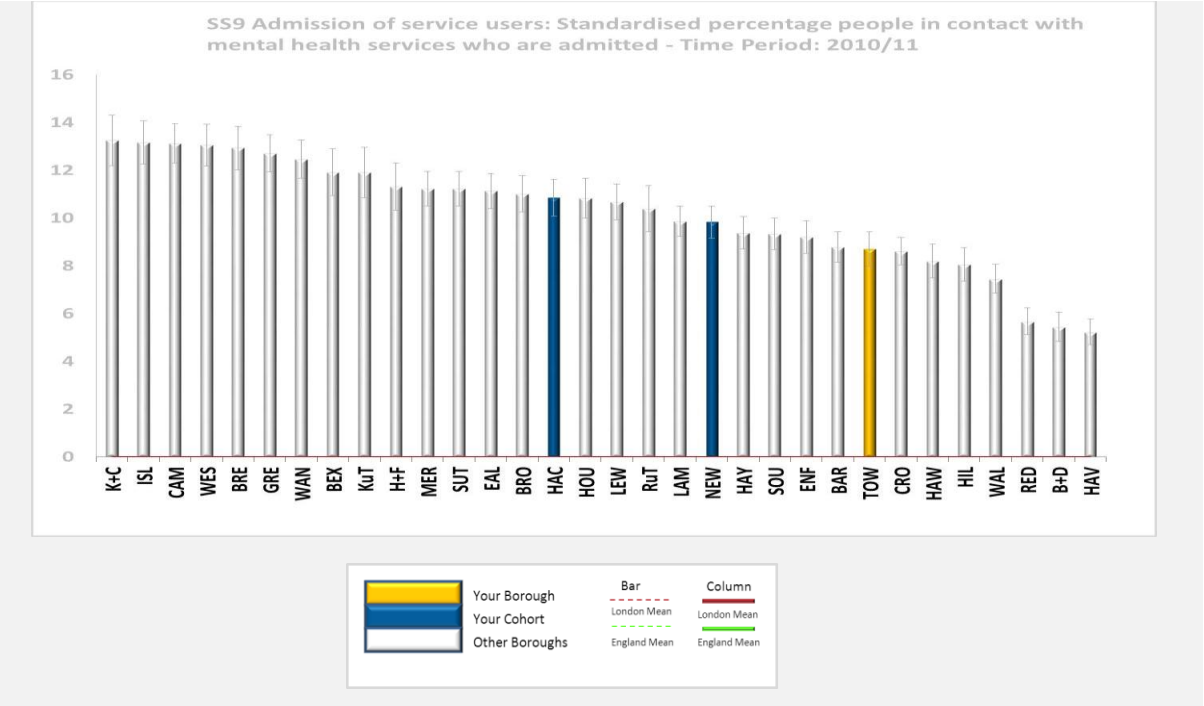


Source: NHS London, MH toolkit

Between 2009/10 to 2011/12 Tower Hamlets had the seventh highest standardised admission rate in London. Newham and City and Hackney have higher rates and more admissions in total than Tower Hamlets.

The following indicator shows the percentage of people admitted (i.e. spent at least one night as an inpatient during the year) out of all of those who had contact with specialist mental health services funded by the NHS. Individuals are counted once only in the year, regardless of how many times they came into contact with services. These rates have been directly standardised to account for the differences due to age and sex.

Figure 41: Admission of service users (% of people in contact with mental health services who are admitted)



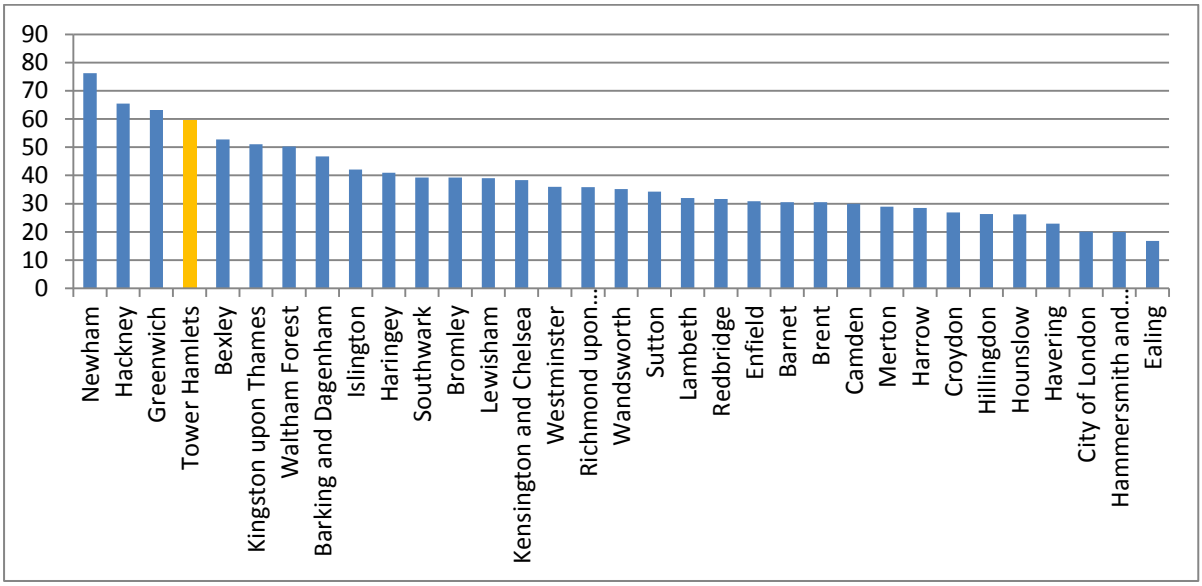
Source: NHS Information Centre mimimum data set (MH tool indocator SS9)

We know that many people with SMI have no contact with specialist mental health services. Just over 9% of people known to mental health services were admitted to hospital for one or more nights during the course of 2010/11, significantly lower than the London average.

Reasons for admission

The following figures show Tower Hamlet's rates of admissions for depression and (separately) serious mental illness, compared to London.

Figure 42: Rate of admission to hosital for uniploar depressive episodes per 100,000 population 2009/12



Source: NHS London, MH toolkit

During 2009/10 to 2011/12, Tower Hamlets was fourth highest in London for admissions for unipolar depressive disorders (rate per 100,000 weighted population, NEPHO). 59.5 vs London = 37.0). Tower Hamlets also performs significantly worse than England on the same measure (59.5 vs 32.1.)[33]]

Directly standardised rate for emergency hospital admissions for Schizophrenia, schizotypal and delusional disorders[34] were180 vs 57 (London = 103)[35] or the third highest in London.

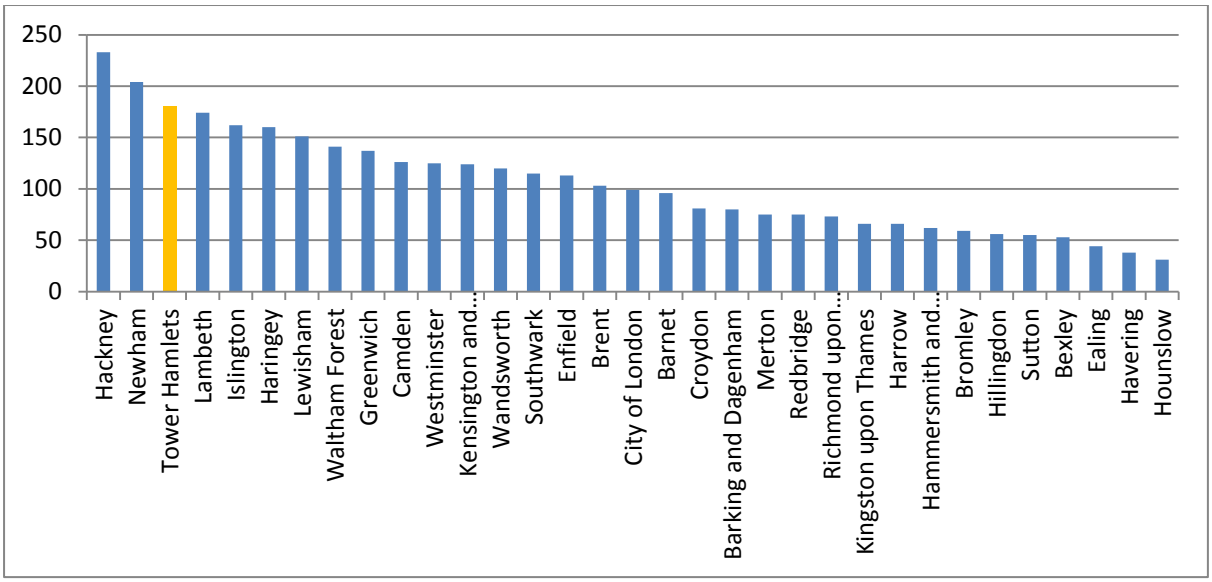
The following figure shows the reates of admission for London boroughs.

[33]Hospital Episode Statistics, The NHS Information Centre for health and social care, and the Office for National Statistics (2009/10 to 2011/12)

[34]This indicator measures the emergency admission rates to hospital as a result of schizophrenia and delusions. The data is sourced from the Hospital Episode Statistics dataset. Schizophrenia is one of the most common serious mental health conditions. The illness has a range of symptoms including hallucinations, delusions, and difficulty in thinking NHS Choices, Nov 2012
http://www.nhs.uk/Conditions/Schizophrenia/Pages/Introduction.aspx

[35]Hospital Episode Statistics, The NHS Information Centre for health and social care, and the Office for National Statistics (2009/10-2011/12)

Figure 43: Rate of admission to hospital for a psychotic illness per 100,000 population



Source: NHS London (MH tool)

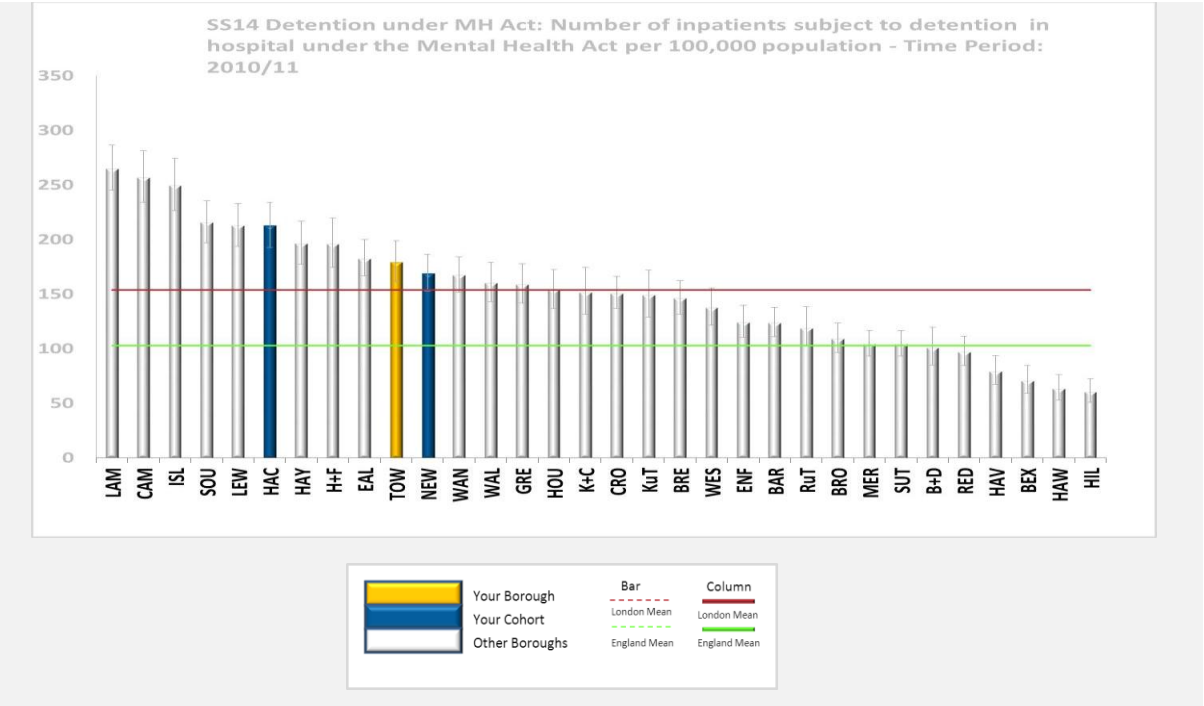
Between 2009/10 and 2011/12, Tower Hamlets had the third highest rate of emergency admissions to hopsital for people with a psychotic illness in London (rate per 100,000 weighted population, NEPHO)

Mental Health Act detentions use standard criteria to define admission threshold and therefore give a good basis for comparisons. East London NHS Foundation Trust, covering City & Hackney, Newham and Tower Hamlets, had the highest rate of Mental Health Act admissions nationally according to a benchmarking club report in 2009[36].

The following figure shows the number of patients admitted to hospital under the provisions of the Mental Health Act in 2010/11.

[36] Audit Commission Mental Health Benchmarking Club report October 2009

Figure 44: Admissions to hospital under the Mental Health Act per 100,000 population

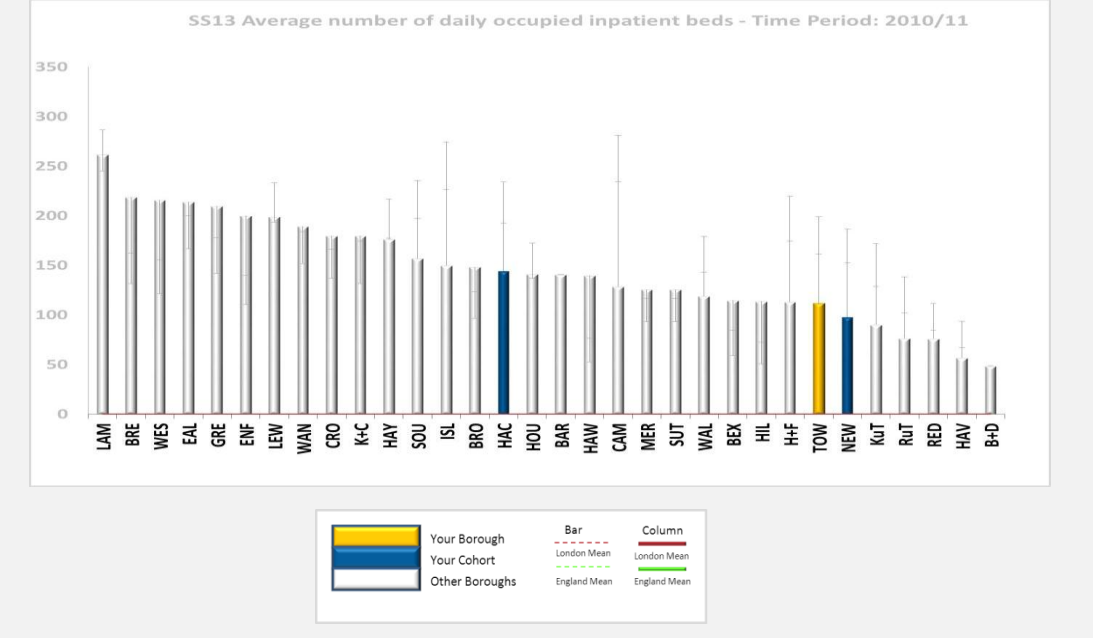


Source: NHS London, MH tool indicator

There was an above average rate of admissions to hospital under the Mental Health Act, although the relative positions of City & Hackney and Newham, whilst also above average, no longer suggest the highest rate (as in the previous figure).

The following indicator shows the average number of daily occupied bed days, a measure of the inpatient capacity used.

Figure 45: Average number of daily occupied inpatient bed days 2010/



2011

Source: NHS London, MH tool indicator

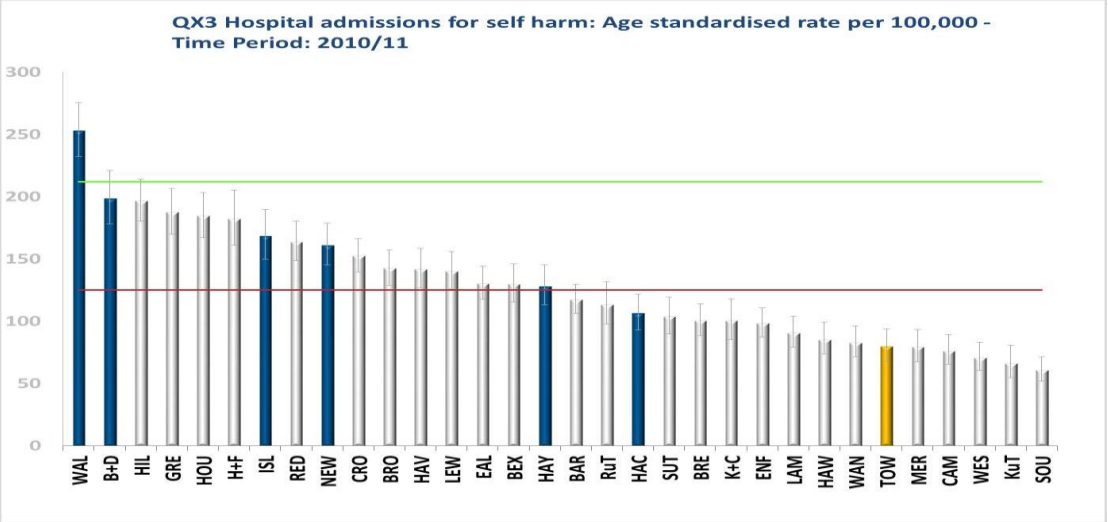
This shows that the number of occupied bed days in Tower Hamlets was significantly less than average.

5.3 Emergency response services – A & E and London Ambulance Service

This section reports mental health use of emergency services, that is, attendance at the Accident and Emergency Department (A&E) at the Royal London Hospital and emergency calls to the London Ambulance Service.

There were a total of 2004 A&E attendances coded to Tower Hamlets residents between 2009/9 and 2011/12. The following figure shows the age-standardised rate for London and similar boroughs, covering a single year 2010/11.

Figure 46: Standardised hospital admission rate for self-harm, highlighting the most socially deprived boroughs (in yellow and blue), 2010/11[37]



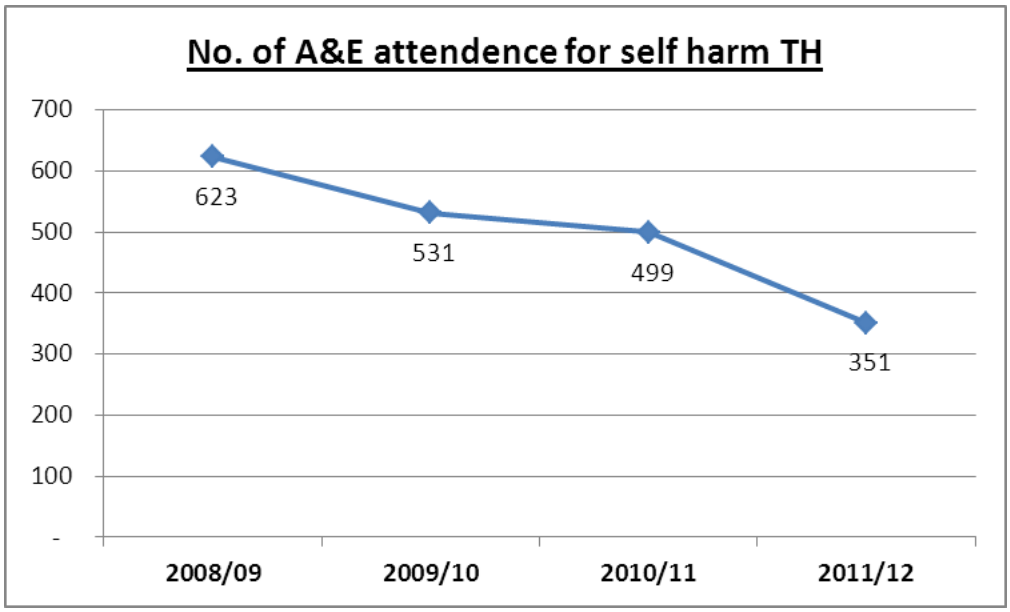
Source: Association of Public Health Observatories health profiles (MH tool indicator QX3)

Tower Hamlets has a lower rate than the other deprived boroughs and indeed lower than all boroughs except four.

Local data shows that there has been a 43.7% decrease in A&E attendances from 2008/09 to 20011/12, as shown in the following figure.

[37]The self-harm and suicide figures relate to people of all ages and have been standardised to take account of age and gender differences between populations. Both indicators are subject to variation in the way that information is recorded and should be used with caution.

Figure 47: Number of A&E attendances for self-harm (TH residents)

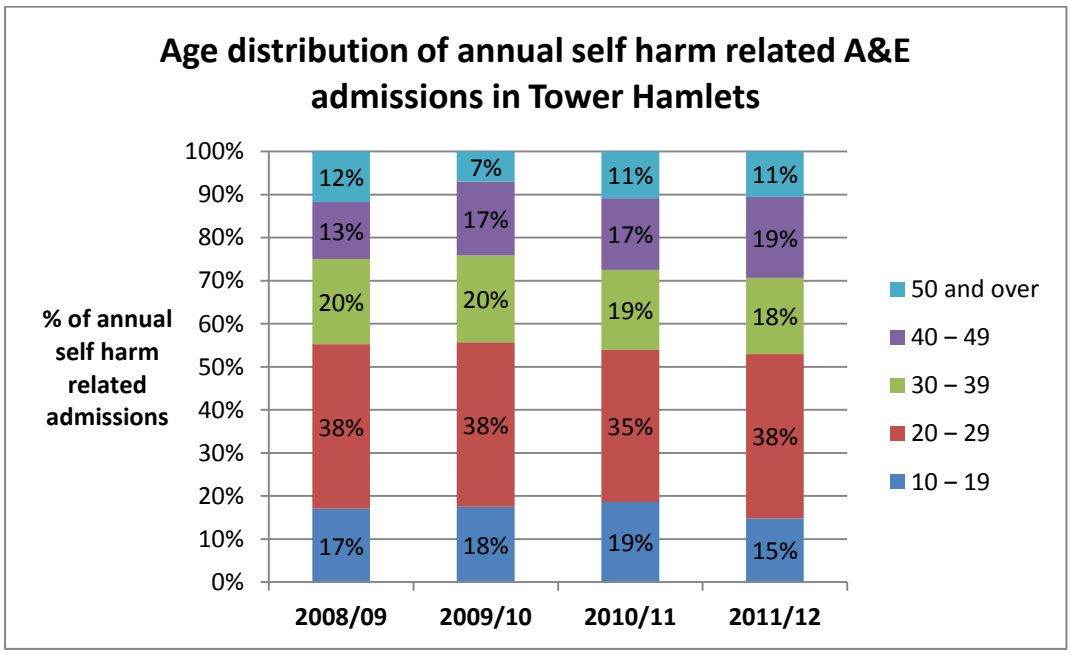


Source: Hospital Episode Statistics

It is believed that coding in A&E for mental health may not always be robustly collected and therefore coding or changes in coding and systems may explain this decrease in admissions for self-harm. Other possible explanations are lower than national rates of admission for self-harm, or that there are lower numbers of people attending A&E at crisis point.

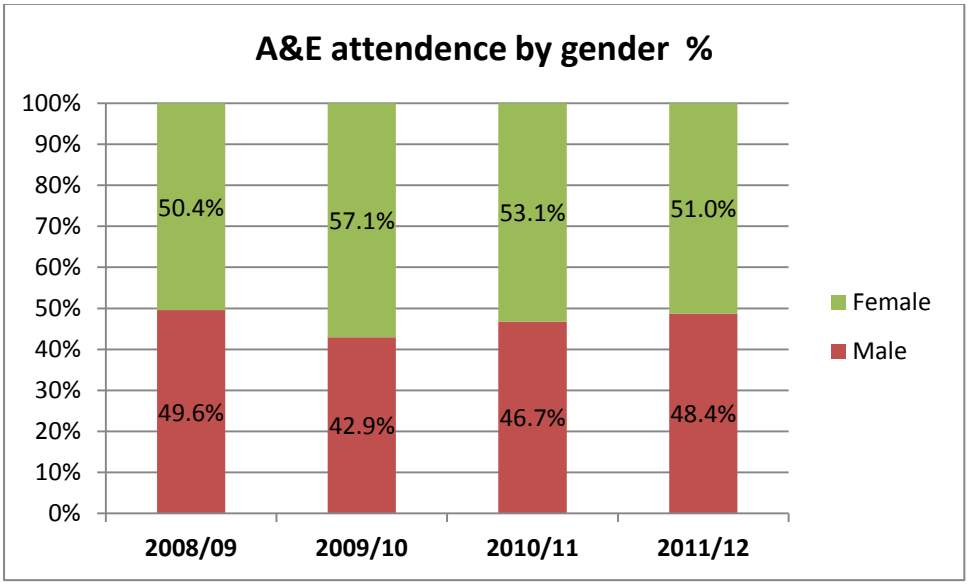
Although the actual numbers attending A& E have fallen the age distribution and gender breakdowns remain largely the same for the past few years as shown in the following figures, 42 and 43):

Figure 48: Age distribution of annual self-harm related A&E admissions



Source: Hospital Episode Statistics

Figure 49: A&E attendance by gender (percentage)



Source: Hospital Episode Statistics

There is a minimal number of people coded as gender code 0 – which is why the proportions do not evenly add up to 100%.

Approximately nine per cent of calls to the London Ambulance Service (LAS) are to assist patients with mental health problems[38]. The following table shows the average number of incidents per month in 2012 in Tower Hamlets by the code assigned to them by the ambulance service.

Table 15: emergency call-outs related to mental health (including) and substance misuse, average per month 2012.

Incident	Average per month
Psychiatric	43
Self-harm	50
Drug overdose	53
Hyperventilation/panic attack	73
Alcohol	151

The table shows the volume of incidents dealt with by the London Ambulance Service in the borough: a total of 370 incidents per months, although some may be recorded under more than one category, and some incidents may not always relate to mental health (e.g. where drug overdoses are unintentional). The great majority of incidents result in transfer to a healthcare provider and (except in hyperventilation/ panic attack) the majority are conveyed by the ambulance service.

[38] *Quality Account 2010/11*, London Ambulance Service, 2011

5.4 Inpatient mental health services for adults: local data

The number of admissions (adults of working age) in Tower Hamlets is shown in the following table.

Table 16: Mental health inpatient admissions of Tower Hamlets residents to Tower Hamlets services, 2008/2013

Year	Number of adult admissions
2008/09	517
2009/10	599
2010/11	592
2011/12	628
2012/13	787

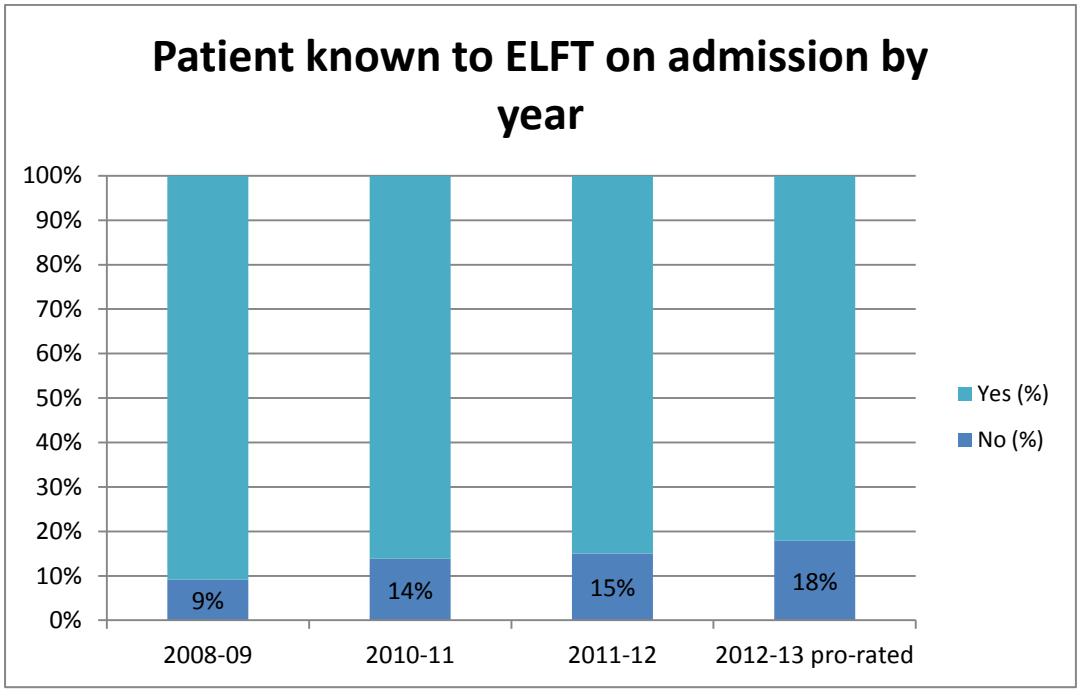
Source: ELFT dataset analysed by TH CCG; 2012/13 contract monitoring

This shows that the number of adult admissions has risen over the period. However, it should be noted that City and Hackney had 1148 and Newham 1143 admissions in 2012/13.

An exercise has been undertaken to illustrate the occupancy level of adult inpatient beds in Tower Hamlets. (*Feasibility study into potential reconfiguration of adult inpatient care (NEL CSU, 5 August 2013).* This showed that the number of admissions was increasing (as is the population), but that over the last three years the number of available days has exceeded the number of occupied days.

The dataset supplied by ELFT covered 3,561 admissions, of which 2,772 were in Tower Hamlets for adults of working age, relating to 1,595 ‘unique’ individual patients. The data showed whether or not a patient was known to ELFT on admission or was ‘new’. (An admission is deemed to be 'new' if in the past 24 months the patient has had no contact with the Trust via an inpatient ward stay or community referral. Contact with the Crisis and Home Treatment teams is excluded from this calculation.)

Figure 50: proportion of mental health inpatient admissions in Tower Hamlets known to services on admission



This shows that the proportion who were new to services (no contact with community services in the last two years) when admitted is about 15% and appears to be increasing.

Some patients were admitted more than once over the four-and-a-half year period. The breakdown is shown in the following table:

Table 17: Number of adult inpatient admissions by unique patient

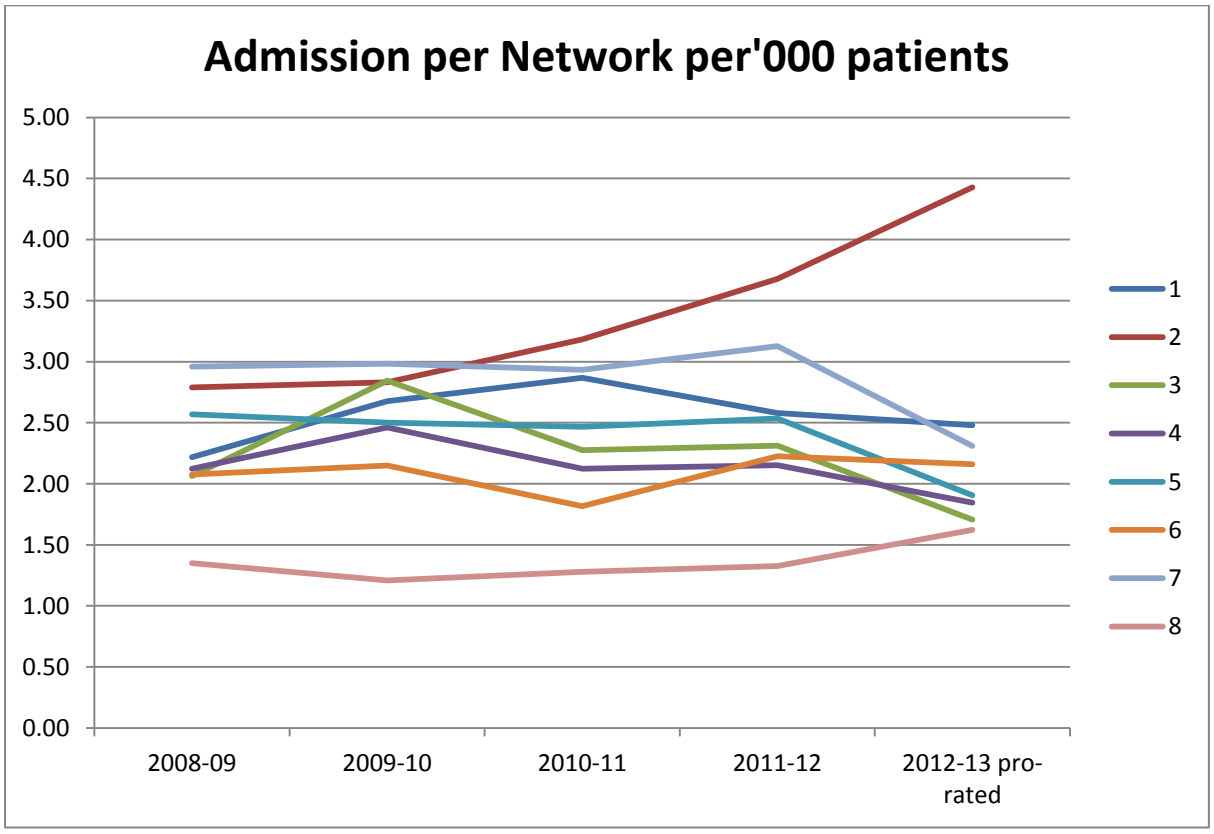
No. of admissions by patient	No. of Patients	% of Patients
1	1,030	64.6%
2-3	422	26.5%
4-5	103	6.5%
6-8	27	1.7%
9-11	8	0.5%
12-14	3	0.2%
15+	2	0.1%
Total Patients	**1,595**	**100.0%**

This shows that just under two thirds of patients were admitted only once in the four-and-a-half year period under review, showing that one third of the inpatient population were repeat users.

Monitoring reports by ELFT show that the proportion of inpatient mental health Service Users with secondary diagnosis of substance misuse recorded or record of substance misuse problems was 34%.[39]

The following figure shows the rate of admissions from the eight GP networks. In theory, this measure should reflect population need, i.e. the area with the greatest need should have most admissions, if the 'filters' to service are working effectively.

Figure 51: Rate of admissions by GP network (admissions per '000 registered patients 2008/13.

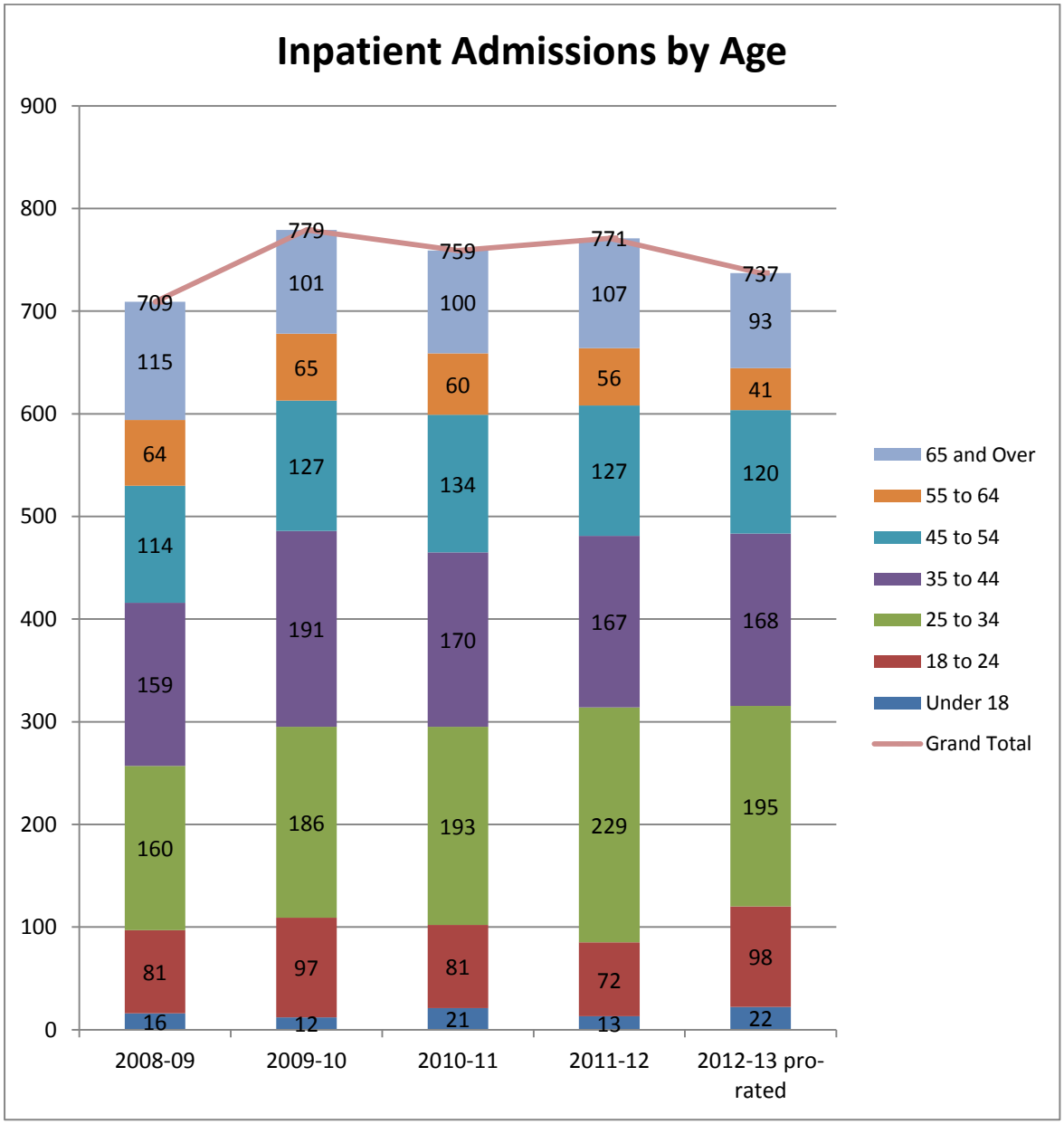


This shows network 2 has the highest rate (due to the Health E1 practice, which was founded to serve homeless people and those in unsettled accommodation) and network 8 the lowest. However, there is still a variation of 1 per '000 in the rates of the other six networks (i.e. within the range 1.5 and 2.5 per '000). Further work to understand the reasons for this variation many be instructive.

Detailed analysis of inpatient activity data has been undertaken by age and ethnicity in order to ascertain how the profile of inpatient service users reflects the population of the borough. The following figure shows the Inpatient admissions by age.

[39] ELFT Contract Monitoring report, May2013

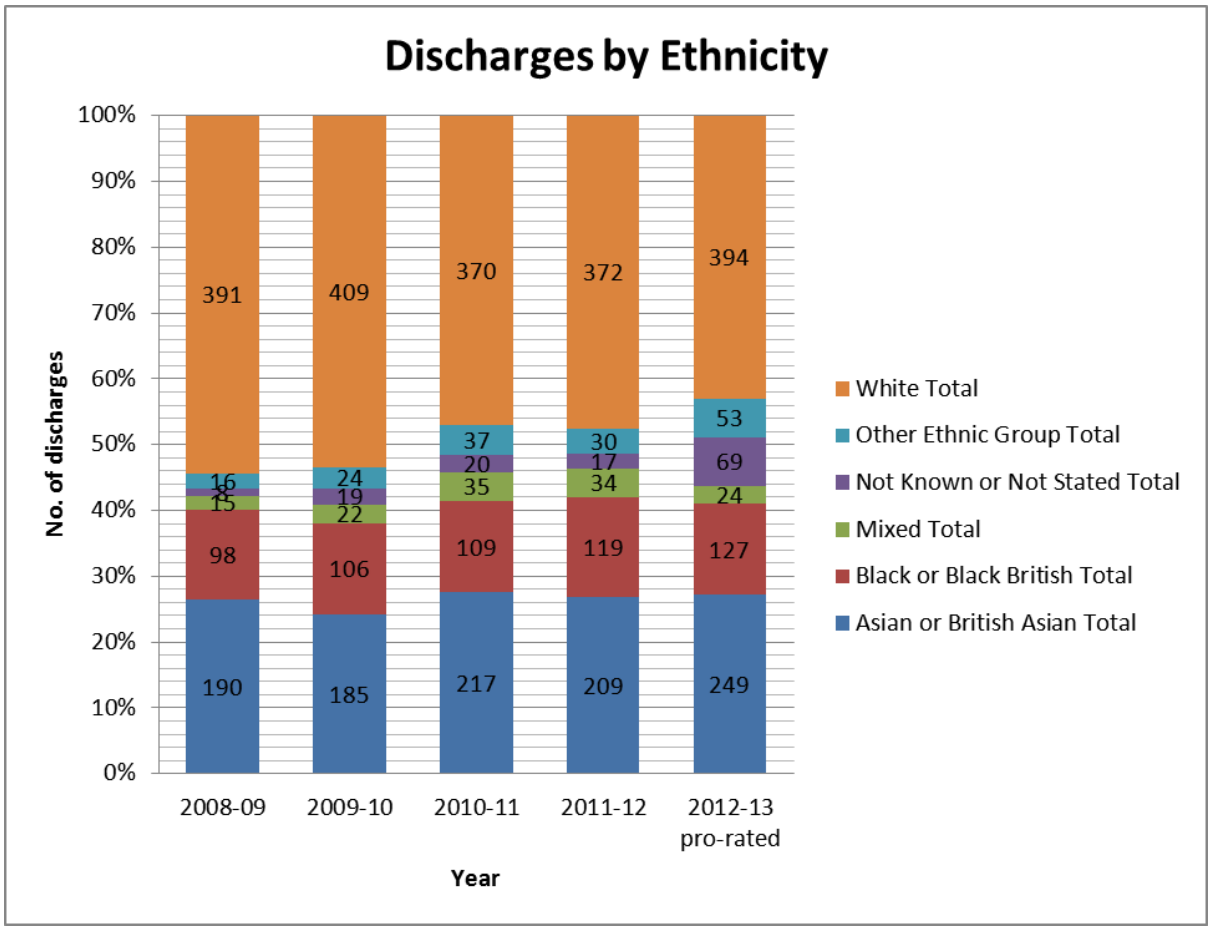
Figure 52: Inpatient admissions to Tower Hamlets adult mental health services by age band 2008/13.



This shows that the number of younger people in the age band 25- 34 years has increased, whilst the numbers aged 18-24 show variability. Of note, there is still a small number of admissions of people under 18, although these should only be urgent admissions for a short time until a bed in a CAMHS unit can be found.

The number and percentage of discharges from inpatient services is analysed by the main ethnic groups in the following figure. (Counting discharges does not differ significantly in this instance from counting admissions.)

Figure 53: Adult inpatient discharges by main ethnic group, Tower Hamlets 2008/13



This shows that the number and percentage of discharges from the 'White' population group has fallen and the number and percentage from the 'Other Ethnic Group' category has increased (albeit from a small base). The number of admissions from the 'Asian or Asian British' category has remained stable (although still below the one-third of the population in this group) whilst the admissions from 'Black or Black British' show variability, although they account for approximately twice the proportion of the black populations in the borough (which was 6.6% of the adult according to the 2011 census).

Inpatient admissions by age and ethnicity

The following figures show the ethnic origin of the younger inpatient admissions, i.e. 18 to 24 and 25 to 34 years.

Figure 54: inpatient admissions aged 18 to 24 by ethnicity, 2008/13

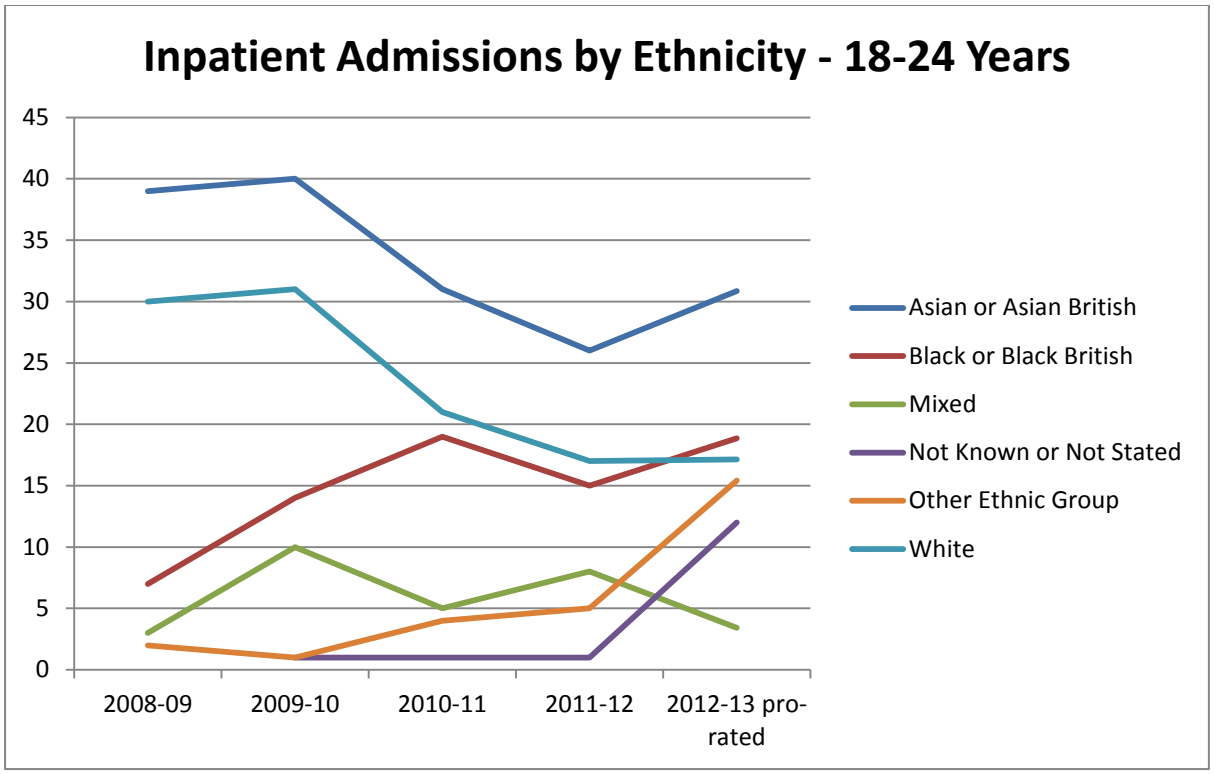
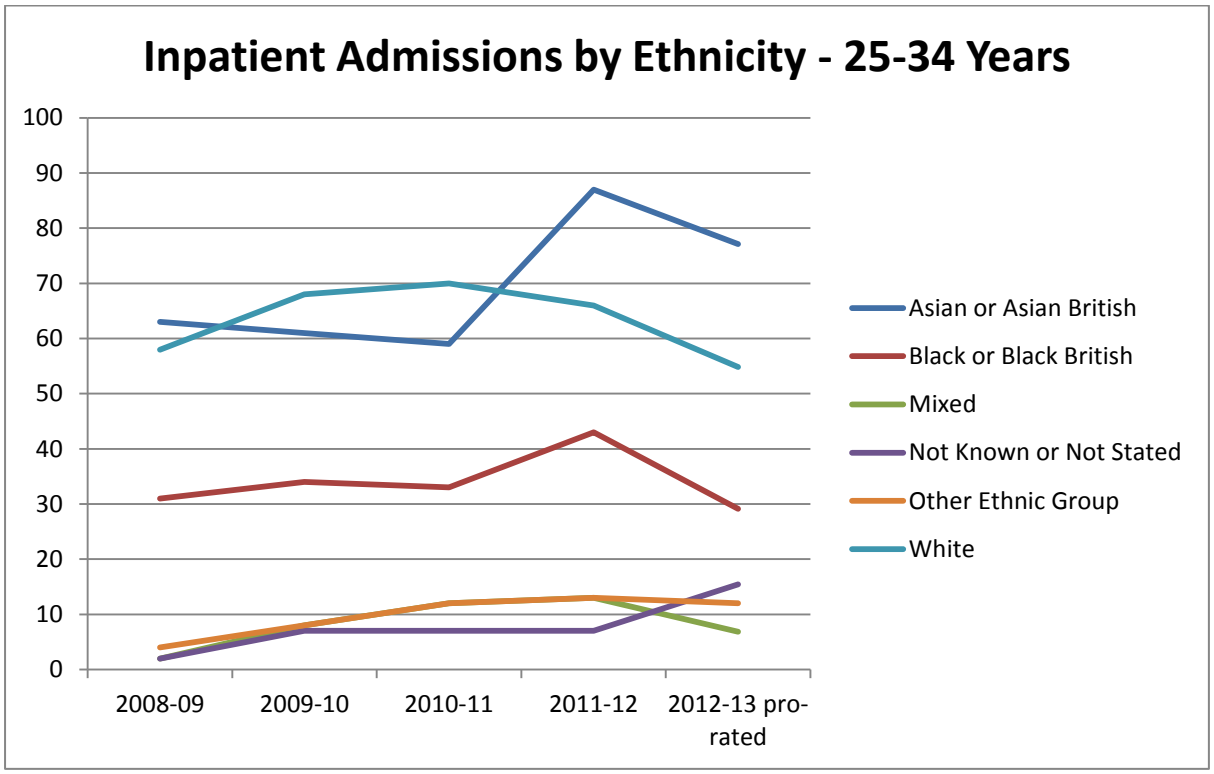


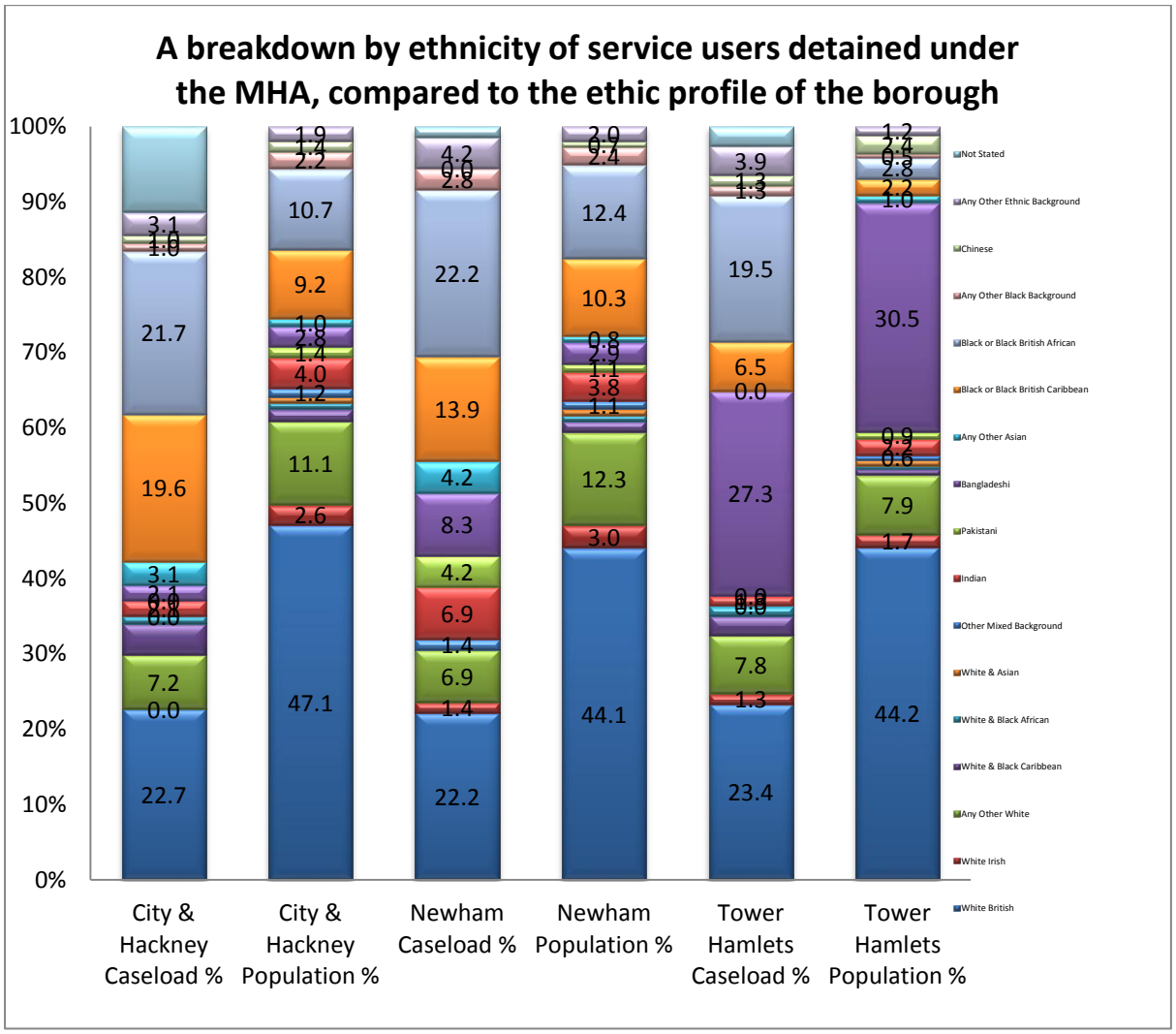
Figure 55: inpatient admissions aged 25 to 34 by ethnicity, 2008/13



As expected, given the previous figures on ethnicity and age, the Bangladeshi and black African and Caribbean groups account for the largest proportion of the younger age group who are admitted as inpatients.

The monthly contract monitoring report for June 2013 gave a breakdown of Mental Health Act detentions by ethnicity for the period.

Figure 56: Percentage by ethnicity of patients detained under Mental Health Act, East London, 2013



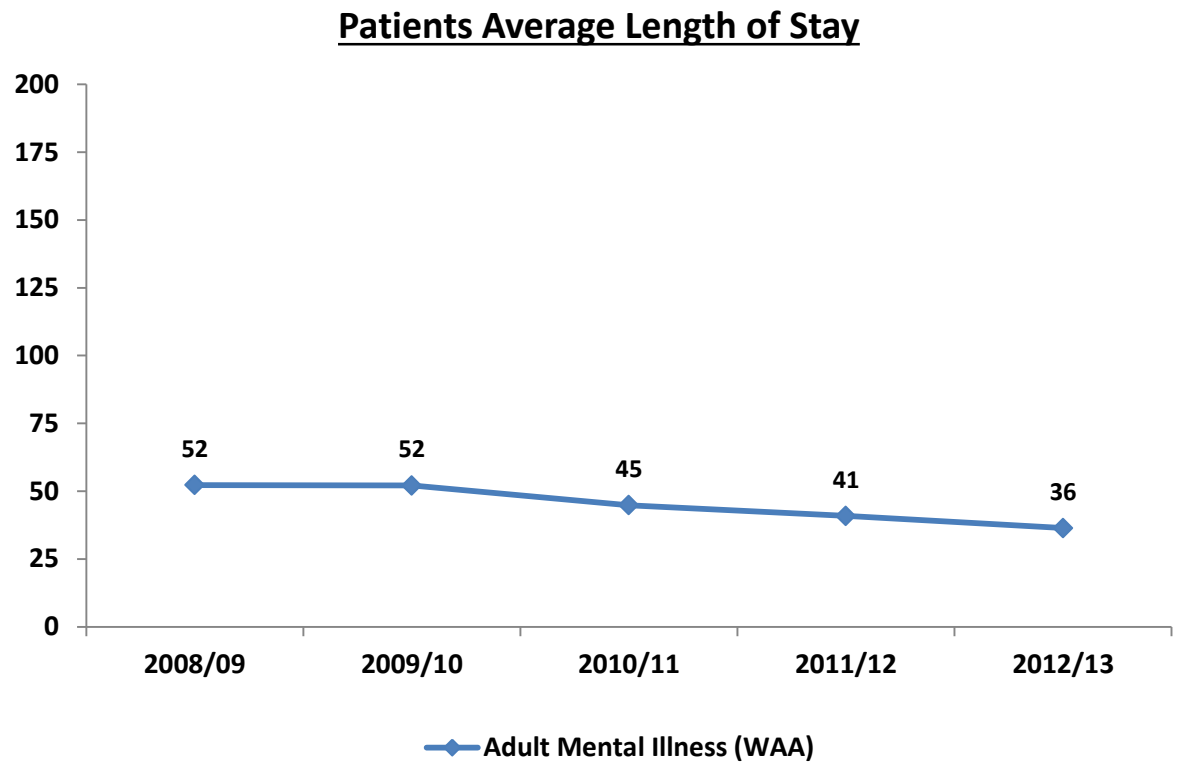
Note: Shows population percentage for Tower Hamlets based on estimated population not 2011 census

Source: ELFT KPI 34, June 2013

This shows that black African and Caribbean service users accounted for 26% of the detentions, compared to less than 7% of the adult population.

The average length of stay in adult inpatient services is shown in the following figure.

Figure 57: Average length of stay *2008/2009-2012/2013* [40]



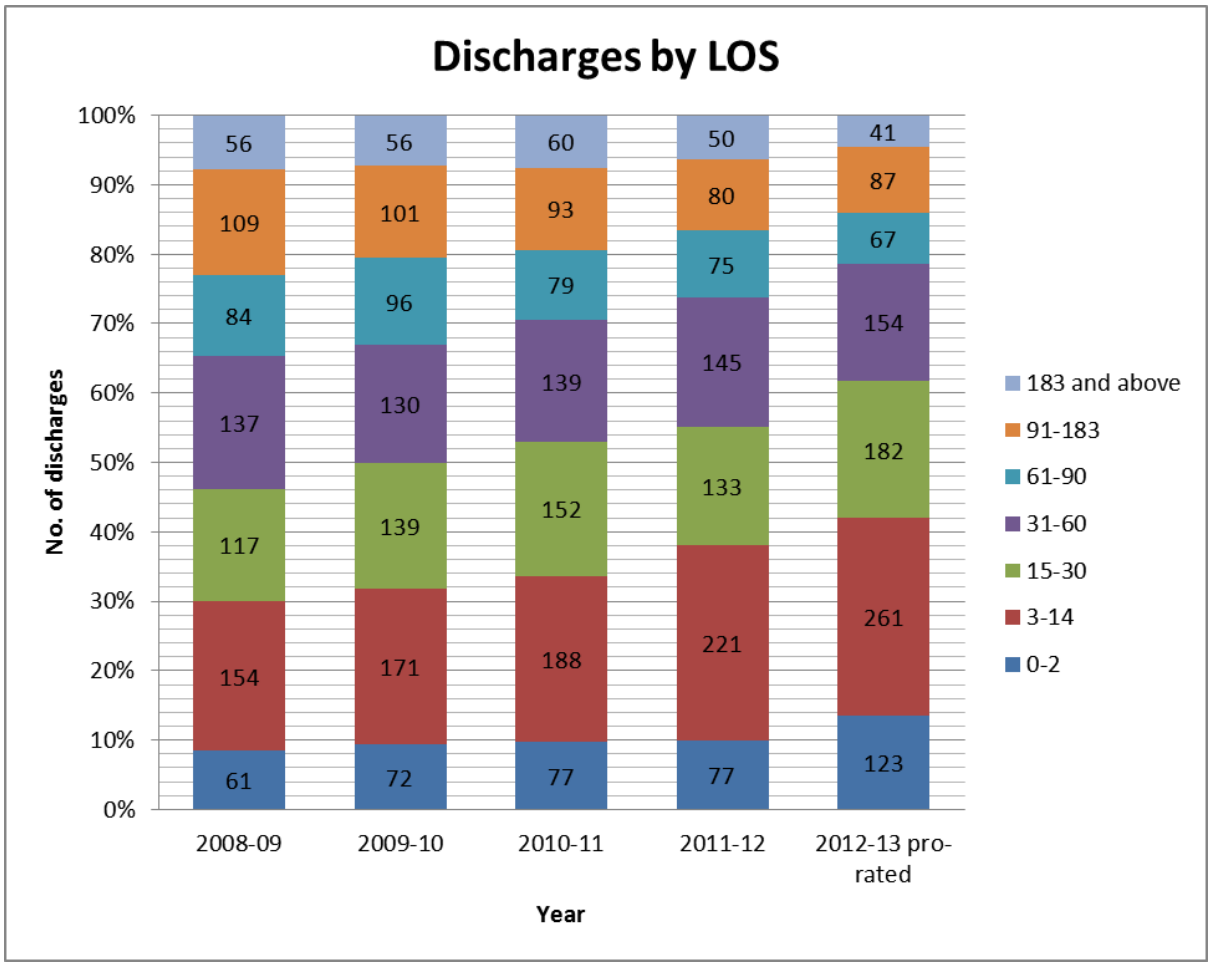
Source: ELFT data set analysed by CCG

The average length of stay for adult mental Illness (Working Age Adults or WAA) shows a continuing drop since 2008/09, a fall of over 30% from 2009/09 to 2012/13 (part year).

The following figure shows the percentage of discharges by length of stay, grouped into bands, with the number in each band.

[40] Average based on the 7 months data available

Figure 58: Adult acute discharges in Tower Hamlets by length of stay band 2008/13



Source: ELFT data set analysed by CCG

This shows that although the total number of discharges have increased, there have been greater increase in the short lengths of stay (up to thirty days), whilst the lengths of stay over 30 days have fallen. The proportion of admissions under three days has increased to over 10%. Further investigation could reveal whether these admissions could have been avoided.

Summary of utilisation of adult inpatient services

Comparison with London

- Between 2009/10 to 2011/12 Tower Hamlets had the seventh highest standardised admission rate in London and the directly standardised rate for emergency hospital admissions for mental health in Tower Hamlets was significantly higher than the England and London averages

- Just over 9% of people known to mental health services were admitted to hospital for one or more nights during the course of 2010/11, significantly lower than the London average
- Directly standardised emergency hospital admissions for both unipolar depressive disorders and schizophrenia were significantly higher than England and London (Tower Hamlets was the fourth and third highest in London respectively)
- The rate of admissions under the Mental Health Act was above the London average in 2010/11
- The number of occupied bed days in Tower Hamlets was significantly less than the London average.

Emergency response: A&E and ambulance

- Tower Hamlets has a lower standardised hospital admission rate for self-harm than the London and England averages. This is illustrated by the 43.7% decrease in A&E attendances from 2008/09 to 20011/12, as shown by local data
- Approximately nine per cent of calls to the London Ambulance Service (LAS) are to assist patients with mental health problems[41]. This equates to approximately 370 calls per month.

Local utilisation data

- The number of inpatient admissions has increased for adults of working age
- The proportion who were not known to services when admitted is about 15% and appears to be increasing
- There is a variation of 1 per '000 in the admission rates of the six GP networks (within the range of 1.5 and 2.5 per '000 registered population)
- Just under two thirds of patients were admitted only once in the four-and-a-half year period under review, showing that one third of the inpatient population were repeat users
- 34% of mental health inpatients had a record of dual diagnosis of mental illness and substance misuse (2013)
- The number of younger people in the age band 25- 34 years has increased
- The number of admissions from the 'White' population group have fallen
- The number of admissions from the 'Asian or Asian British' category has remained stable (although still below the one-third of the population in this group) whilst the admissions from Black or Black British show variability, although they account for approximately twice the proportion of the Black populations in the borough (which was c7% according to the LBTH Factsheet, predating 2011 census)
- Analysis of admissions shows that Asian/Bangladeshi, Black and Other inpatients are younger than White, and that Asian and Asian/British young people account for more admissions (aged 18-35) than other population groups, with admissions from black population groups now also higher than white in the 18 to 24 age group

[41] *Quality Account 2010/11,* London Ambulance Service, 2011

- There appears to be over-representation for Black Caribbean and Black African service users among patients detained under the Mental Health Act when compared to Census 2011 figures for proportion of population (6.6% of adult population)
- The average length of stay for adult mental illness shows a continuing fall since 2008/09
- Within this trend, there has been a greater increase in the short lengths of stay (up to thirty days), than in lengths of stay over 30 days, which have also fallen.

6 Older adults

This section describes current provision and then analyses primary mental health care, community mental health, and inpatient services for older people (both mental health and general hospital). It concludes with a summary of key points.

6.1 Description of service provision

Primary mental health care for older adults is provided by GPs and IAPT services, as described for adult primary care.

Community mental health services for older people are provided by:

- The Community Mental Health Team (Older People) which operates a single point of entry for all referrals to Mental Health Services for Older People.

- The Community Dementia Care Team (CDT), an integrated mental health and social services team which provides psychiatric and social needs assessment, intervention and treatment The CDT operates a single point of entry for all referrals to Mental Health Services for Older People.

- The Diagnostic Memory Clinic (DMC) , a joint clinic run by East London Foundation Trust provided by a multi-disciplinary team in geriatric medicine, neuropsychology and psychiatry, and including a care coordinator.

- Psychological Therapies service which provides psychological assessment and treatment for older people with dementia and functional mental health problems.

Many of the third sector services listed for adults in fact provide an ‘ageless’ service, i.e. for adults and older adults according to need. Examples of service for people with dementia are:

- The Dementia Cafés, including an English speaking café and a Bengali speaking café are provided by the Alzheimer’s Society, to provide informal peer support for people with dementia and their carers

- A Dementia Adviser Service is provided by the Alzheimer's Society and co-located with the Memory Clinic and Community Dementia Team, to provide support for people with low to moderate needs.
- Awareness Raising Strategy, to improve knowledge on dementia and access to local services. One example includes having trained 120 imams and religious teachers in dementia awareness.

Inpatient services

Inpatient care for older adults is offered at two wards on the Mile End site:

- Leadenhall Ward provides inpatient assessment for service users with functional mental illnesses (i.e. non organic, so psychosis or depression, for example, and not dementia).
- Columbia ward is a Trust-wide service which offers assessment to people who have advanced dementia and who require a period of hospital care to stabilise their condition
- The Green in Bethnal Green provides inpatient continuing care for older people with dementia.

A Dementia Liaison Service at the Royal London Hospital to provide specialist assessment for in-patients with dementia on general wards, to improve their experience and reduce length of stay and thereby generate savings to the health economy.

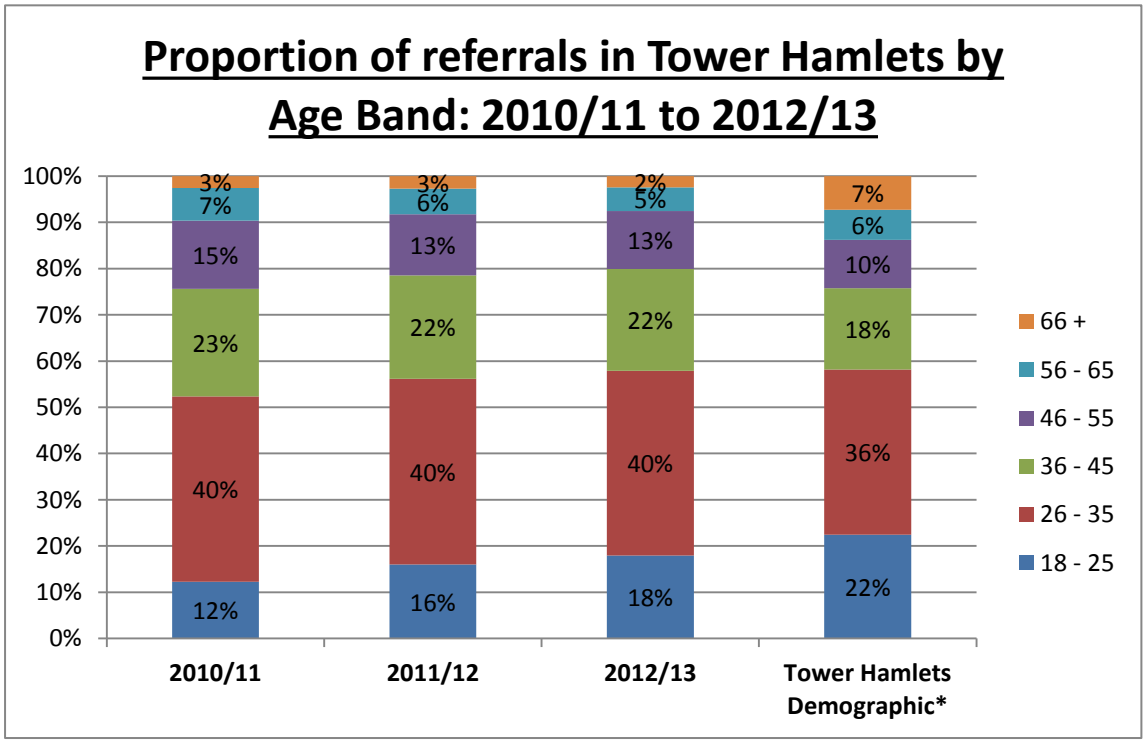
The London Borough of Tower Hamlets, working with NHS Tower Hamlets PCT/Clinical Commissioning Group, has transformed pathways for people with dementia and their carers over the past year. They have commissioned, with recent investment of approximately £1m across PCT/CCG and local authority:

- A multi-disciplinary Memory Clinic to provide early assessment for people with memory problems. The clinic provides a one stop shop for all medical, psychological and social care needs for people with dementia and their carers. Referrals to the multi-disciplinary Memory Clinic to provide early assessment for people with memory problems increased from 190 in 2010/11 to 335 in 2011/12.
- A multi-disciplinary health and social care Community Dementia Team to support people with dementia with moderate to high levels of need
- An innovative new extra care supported accommodation scheme specifically for service users with dementia, with 13 units, due to open
- Redesigned inpatient dementia assessment wards across east London, closing three wards and opening one new ward, generating savings of £1.1m.

6.2 Primary mental health care service utilisation by older people

The following table shows the percentage of referrals by age band received by adult psychology service, compared to the proportion of the population.

Figure 59: Proportion of referrals to IAPT in Tower Hamlets by age band: 2010/10 to 2012/13



Source: Adult Psychology service data, 2013 ** 2011 Census data*

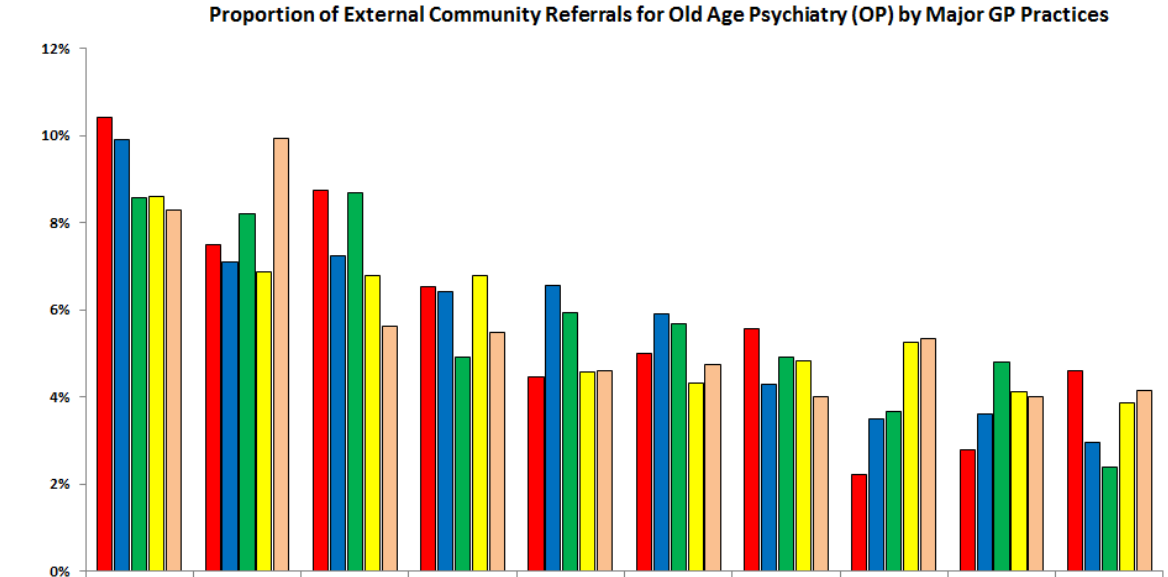
The proportion of 2%-3% (from 2010/13) referred over the age of 65 compares with the 7% of the total population aged 66 and over.

6.3 Community mental health services for older people

Number of community referrals

The following figure shows the number of referrals to community services by the GP practices which make the most referrals.

Figure 60: Proportion of external community referrals for old age psychiatry by major GP practice

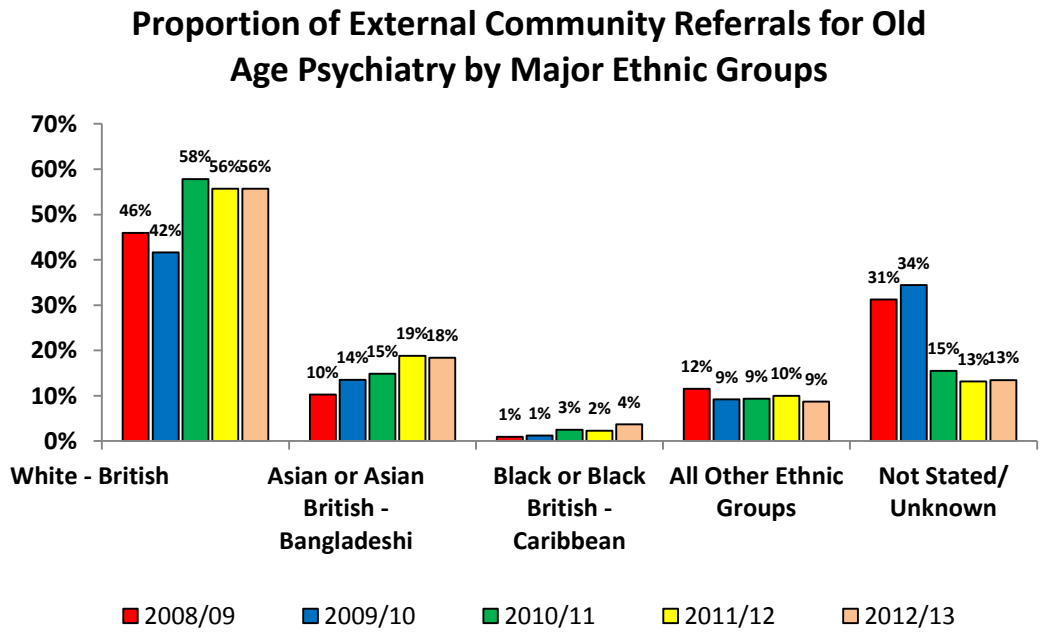


	JUBILEE STREET PRACTICE	XX PLACE SURGERY	THE CHRISP STREET HTH CTR	ST.STEPHENS HEALTH CENTRE	THE MISSION PRACTICE	BETHNAL GREEN HEALTH CTR	THE LIMEHOUSE PRACTICE	THE SPITALFIELDS PRACTICE	ISLAND HEALTH	THE WAPPING GROUP PRACTICE
2008/09	10.4%	7.5%	8.8%	6.5%	4.4%	5.0%	5.6%	2.2%	2.8%	4.6%
2009/10	9.9%	7.1%	7.2%	6.4%	6.6%	5.9%	4.3%	3.5%	3.6%	2.9%
2010/11	8.6%	8.2%	8.7%	4.9%	5.9%	5.7%	4.9%	3.7%	4.8%	2.4%
2011/12	8.6%	6.9%	6.8%	6.8%	4.6%	4.3%	4.8%	5.2%	4.1%	3.9%
2012/13	8.3%	9.9%	5.6%	5.5%	4.6%	4.7%	4.0%	5.3%	4.0%	4.1%

This shows that the top ten practices account for over half the referrals. Further work would be needed to see whether this was due to list size, age structure of practice, or other factors.

The following figure shows the analysis of referrals by ethnic origin.

Figure 61: Proportion of external community referrals for old age psychiatry by major ethnic groups



Source: East London Foundation Trust

Over half the external community referrals are coded as White, although the proportion coded 'Asian Bangladeshi' community for 'Old Age Psychiatry' has increased to nearly 20% in the period. This compares with 63% of the over 65 population who are white, and 23% who are Bangladeshi.

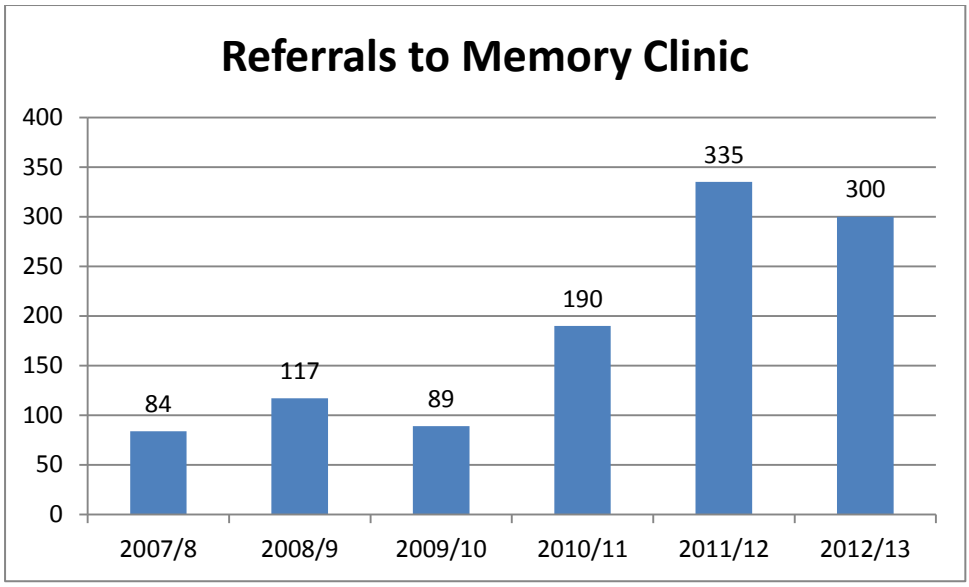
The following table shows the caseload of older people's community services.

Table 18: Tower Hamlets older people's community mental health service caseload by service, 2013

Service	Caseload 31/3/13
Dementia Adviser Team	216
Outpatients	241
Dementia Care Team	268

This shows that 725 people were 'on the books' at this point in 2013. The following figure shows the increase in referrals to the memory clinic over time.

Figure 62: Number of referrals to memory clinic in Tower Hamlets, 2007/13



This increase reflects the introduction of a new service model and new investment in dementia.

The following table shows the number of patients who had multiple discharges from community mental health services.

Table: 19 Number of discharges per unique patient in older adults community services 2008/13

Number of discharges by patient	Number of patients	Per cent
1	716	28.3
2 and 3	1159	45.8
4 and 5	389	15.4
6 to 8	213	8.4
9 to 11	46	1.8
12 to 14	7	0.3
15 or more	2	0.1

Source: ELFT dataset

More than three in five of those using Old Age Psychiatry community services are discharged between two to five times in the period.

The length of time on the community caseload has also been reviewed, as in the following table.

Table 20: Average length on community caseload (old age psychiatry) 2008-2013

Measure	Financial Year

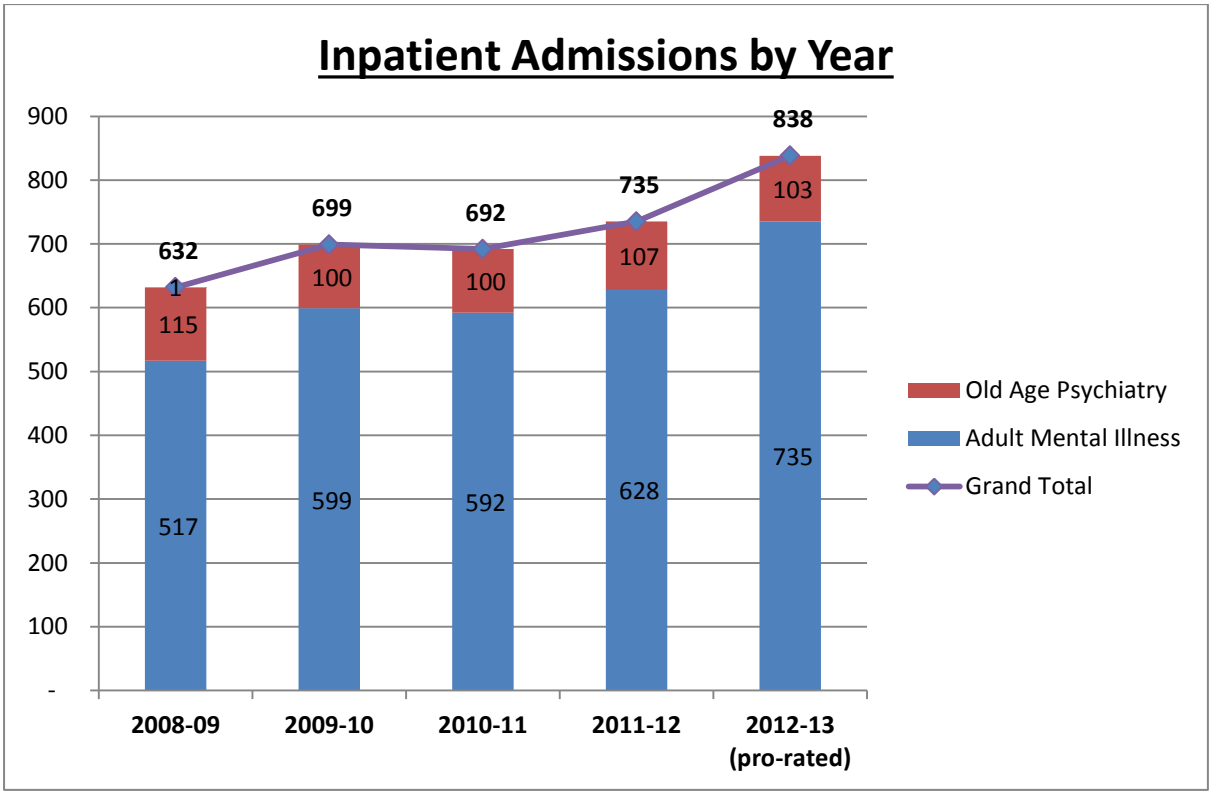
Year	2008/09	2009/10	2010/11	2011/12	2012/13	All Years
Average Length of Stay (Days)	157	257	383	250	273	268

The average length of time on the community caseload has increased since 2008/09 from 157 days to about 270 days.

6.4 Inpatient services for older people

The following figure shows the number of admissions for adult and older adult inpatient care.

Figure 63: Inpatient admissions by year for adult mental illness and old age psychiatry



This shows that the number of inpatient admission has remained steady for older adults (but increased for adults of working age).

The 482 admissions in the dataset provided by ELFT relate to 332 individual patients being admitted, some multiple times. The breakdown is as follows:

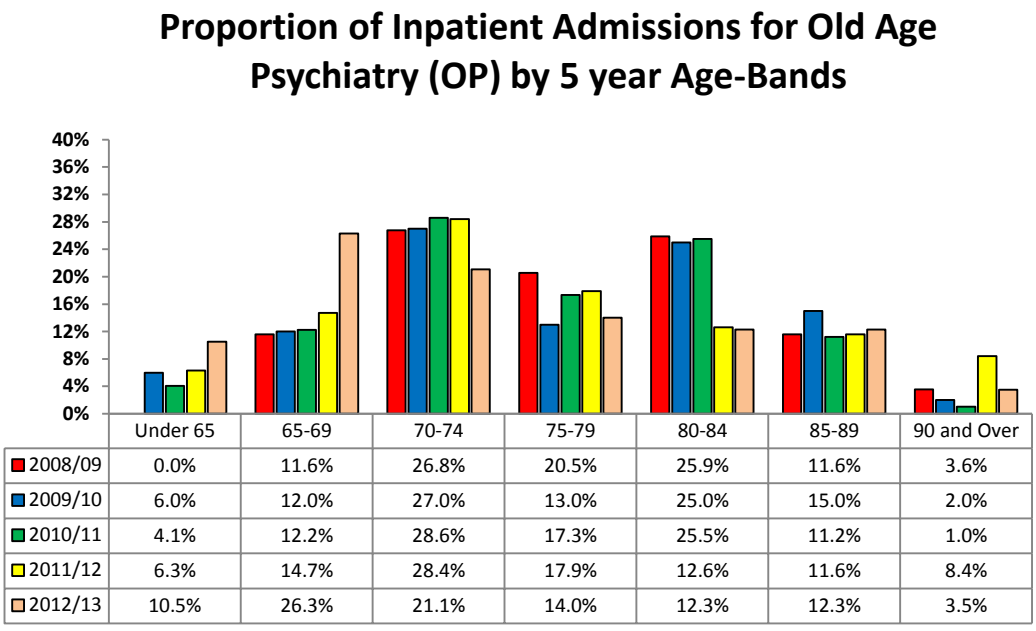
Table 21: Number of admissions by patients, older adult mental health services, 2009/13

No. of admissions by patient	No. of Patients	% of Patients
1	257	77.4%
2-3	65	19.6%
4-5	6	1.8%
6-8	2	0.6%
9-11	1	0.3%
12-14	1	0.3%
15+	-	0.0%
Total Patients	**332**	**100.0%**

This shows that one in five patients was admitted more than once.

The following figure shows the proportion of inpatient admissions for older people by age.

Figure 64: Proportion of inpatient admissions for old age psychiatry by 5 year age bands



	Under 65	65-69	70-74	75-79	80-84	85-89	90 and Over
2008/09	0.0%	11.6%	26.8%	20.5%	25.9%	11.6%	3.6%
2009/10	6.0%	12.0%	27.0%	13.0%	25.0%	15.0%	2.0%
2010/11	4.1%	12.2%	28.6%	17.3%	25.5%	11.2%	1.0%
2011/12	6.3%	14.7%	28.4%	17.9%	12.6%	11.6%	8.4%
2012/13	10.5%	26.3%	21.1%	14.0%	12.3%	12.3%	3.5%

The small number of admissions in each age-band makes it difficult to draw conclusions about trends. The age band which accounts for the highest number of admissions is 70-74.

The following table sets out the ethnicity of inpatients compared to the population of Tower Hamlets (aged 65 and over)

Table 22: Proportion of inpatient admissions to old age psychiatry 2011/12, compared to Tower Hamlets population 2011

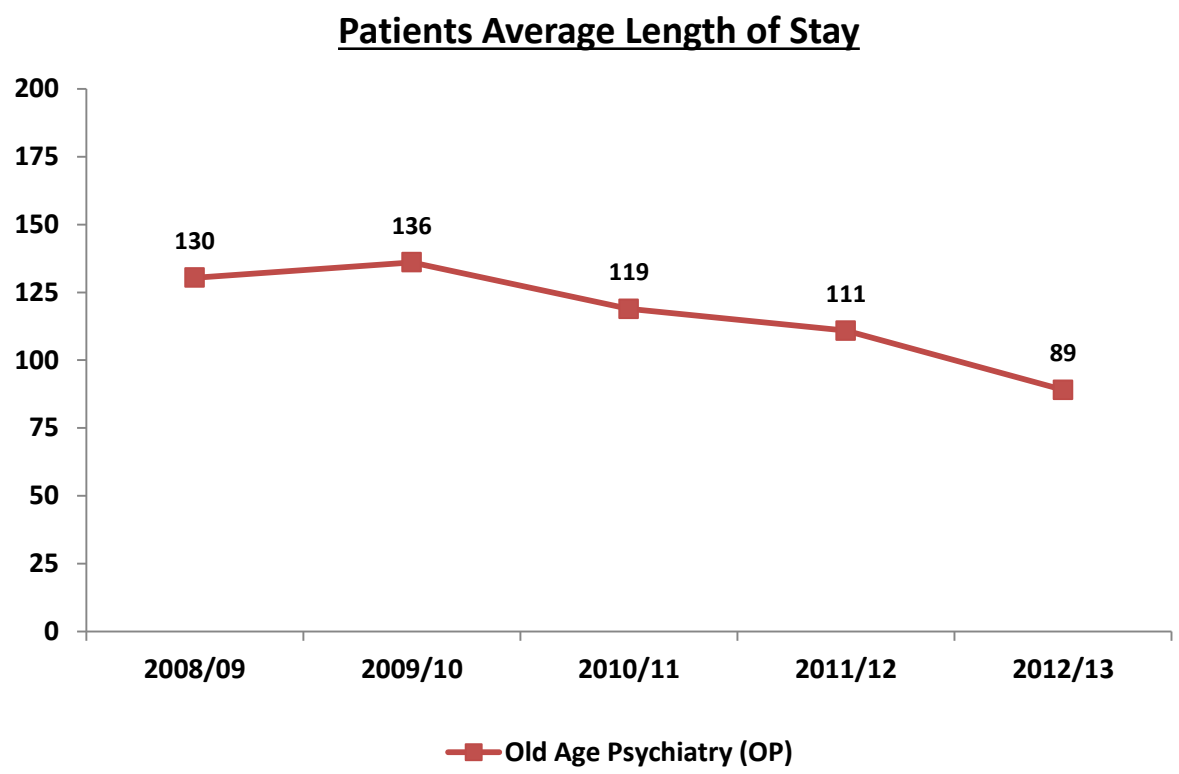
Ethnic group	Percentage	
	Inpatients	Population
White British	63	61
Asian or Asian British - Bangladeshi	17	21
Black or Black British - Caribbean	2	8
All Other Ethnic Groups	18	10
Not stated/unknown	0	

Note: the over 65 population figure (8%) includes black African and black Caribbean

This shows that the proportion of inpatients in this service (unlike most other services in this chapter) does correspond broadly to the proportions in the population.

The inpatient length of stay for older adults has been analysed as set out in the figure below.

Figure 65: Average inpatient length of stay for older adults 2008/2009-2012/2013[42]

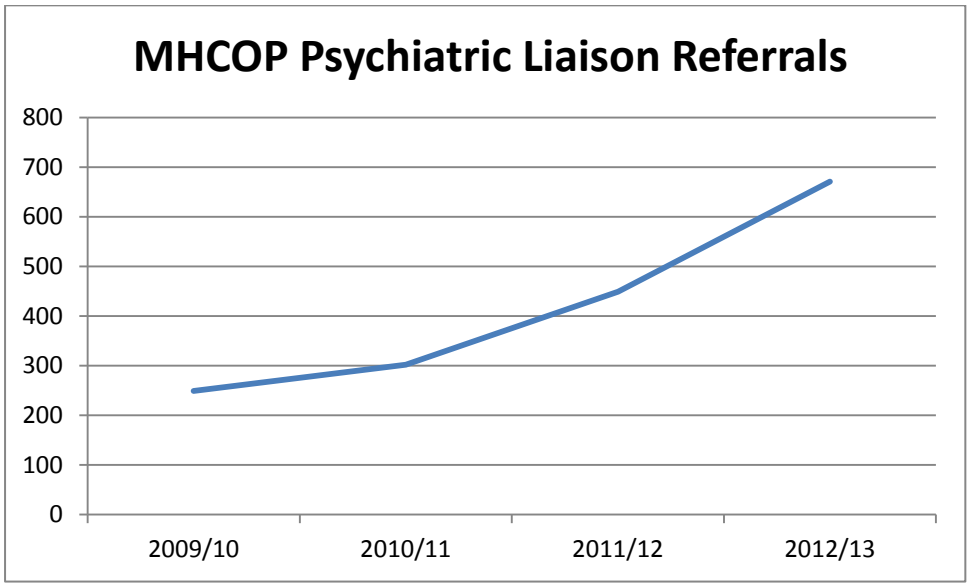


The average length of stay for 'Old Age Psychiatry (OP)' shows a continuing drop since 2008/09, a fall of over 30% by 2012/13.

[42] Average based on the 7 months data available

Older people with dementia may be admitted to a general hospital due to physical illness. When they are, it is important that hospitals recognise their dementia and ensure appropriate care and discharge. The following figure shows the increase in liaison referrals.

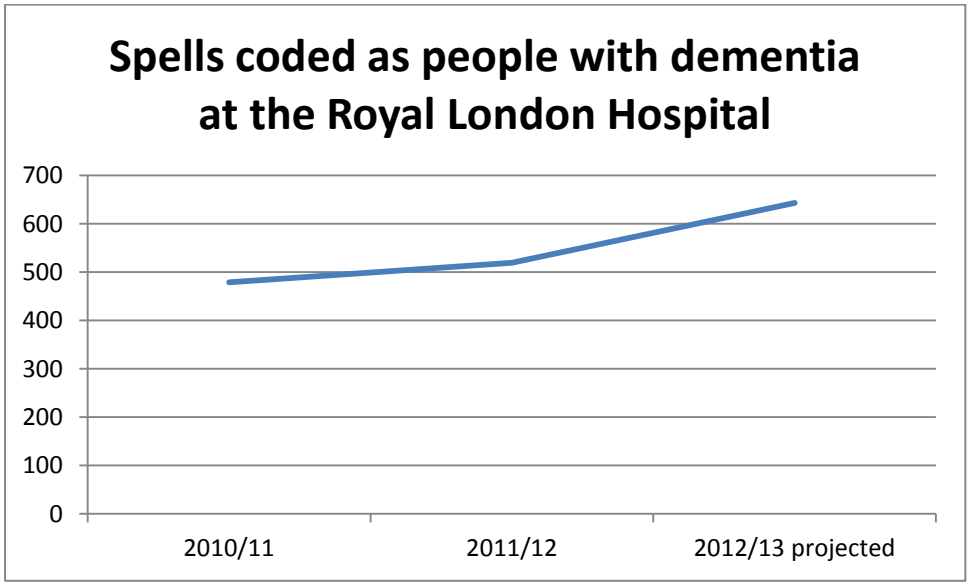
Figure 66: Referrals to older people's mental health liaison 2009/13



The increase in referrals implies better recognition and may also mean more admissions.

The following figure shows the spells coded as people with dementia at the Royal London hospital in Whitechapel.

Figure 67: Spells coded as people with dementia at the Royal London Hospital



Again, this increase may be due to better recognition or more admissions, but it is believed to be the former.

6.5 Summary of older adult service utilisation

- The proportion of people referred to IAPT who are aged over 65 is 2%-3% (from 2010/13) compared with the 7% of the total population aged 66 and over

- Over half the external referrals to community services are White, although the proportion coded ‘Asian Bangladeshi’ community for ‘Old Age Psychiatry’ has increased in the period.
- The average length of time on the community caseload has increased since 2008/09 from 157 days to about 270 days.
- More than three in five of those using Old Age Psychiatry community services are discharged between two to five times in the period.
- The number of inpatient admissions has remained steady for older adults, at just over 100 per year. One in five inpatients was admitted more than once.
- The average length of stay for ‘Old Age Psychiatry (OP)’ shows a continuing fall since 2008/09, by 30% to 2012/13.
- The number of occupied bed days for assessment for people with dementia has fallen over the last three years, whilst the spells coded as ‘people with dementia’ at the royal London Hospital have increased in the last three years.