

## Oral cancer

People over 50 years old are more at risk of developing mouth cancer. Mouth cancer is more common in men, but rates in women are increasing. Alcohol consumption and smoking are both risk factors for mouth cancer, and these risks are multiplied when both behaviours are present. Chewing tobacco, which is a social habit in parts of the Asian community, is also known to lead to mouth cancer. Studies have shown that the Human Papilloma Virus (HPV) is also a risk factor for oral cancer.

Between 2008 and 2010 the directly standardised rate of new cases of mouth cancer in Hackney and the City was 10.6 per 100,000 population. This was higher than the average for London (10.0) and England (9.5), but lower than the rates in Tower Hamlets (16) and Newham (12.9).<sup>38</sup>

For information about oral health in children, please refer to section 5 'Children, young people and families'.

## Sickle cell disease

The *Health and Wellbeing Profile 2011/12* data on sickle cell disease is up to date: [page 235](#).

# 7. Shared needs

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## Mental health

### Prevalence of mental illness

It is estimated that one in four people in the UK will suffer a mental health problem over the course of a year.<sup>39</sup>

At any one time, it is estimated that one in six adults of working age experiences symptoms of mental illness that impair their ability to function. A further sixth of the population have symptoms (such as anxiety or depression) that are severe enough to require healthcare treatment. Between 1% and 2% of the population are likely to have more severe mental illnesses such as schizophrenia or bipolar affective disorder, which require intensive and often continuing treatment and care.

### Depression

The crude prevalence of depression in GP practices in Hackney was 10.25% (20,898 individuals) in 2011/12.

This was the fourth highest recorded prevalence of depression in London, which has an average prevalence of 8.07%. However, this figure is significantly lower than the England average of 11.68%.

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<sup>38</sup> Public Health England, London Knowledge and Intelligence Team (based on data extracted from the National Cancer Data Repository 2010 and ONS source data).

<sup>39</sup> The Mental Health Foundation, <http://www.mentalhealth.org.uk/help-information/mental-health-statistics/>

The estimated prevalence of major depression among 16 to 65-year-olds in the UK is 21 per 1,000 population (17 per 1,000 for males and 25 per 1,000 for females). Mixed anxiety and depression is prevalent in a further 10% of adult patients attending general practices. It contributes 12% of the total burden of non-fatal global disease and, by 2020, looks set to be the world's second most disabling illness (after cardiovascular disease). Major depressive disorder is increasingly seen as chronic and relapsing, resulting in high levels of personal disability, lost quality of life for patients, their families and carers, multiple morbidity, suicide, higher levels of service use and many associated economic costs.

### The City

There is no data on depression among residents of the City, except for those residents registered at the Neaman practice in the north-west of the City. In 2012/13, the crude prevalence of depression recorded by the Neaman practice was 3.4% (267 individuals).

### Severe mental illness (SMI)

The most recent (July 2012) primary care data for Hackney and the City from CEG indicates a prevalence of SMI of 1.3%, or 3,597 individuals.<sup>40</sup> This is a slight increase on the prevalence of 1.2% (3,363 individuals) recorded for 2010/11 (QOF), which reduced to 2,685 individuals in 2011/12. It is the fifth highest recorded prevalence in London, which has an average prevalence of 0.9% – a rate that has been stable for the last five years.

The variations in the prevalence of SMI within the GP-registered population of Hackney by age, ethnicity and care group (including mental illness and disability) are illustrated in Figures 7.1 to 7.4. Each pair of charts compares the absolute number of people in each population subgroup with the rate in each subgroup. Although prevalence of SMI increases with age up to the age of 75, prevalence is high in all adults aged over 25, with the largest absolute numbers among those aged 25–50. There is a high rate of SMI in the black population and a very high rate among people with a learning disability (although this may be complicated by definitional issues on the boundary of learning disability and mental illness). High rates are also seen among deaf, blind and housebound residents. There is a small difference in the prevalence of SMI between men and women: among men, the prevalence is 10 per 1,000 men; among women, the prevalence is 8 per 1,000 women.

### The City

There is no data on severe mental health conditions among residents of the City, except for those residents registered at the Neaman practice in the north-west of the City. In 2012/13, the crude prevalence of severe mental health conditions recorded by the Neaman practice was 0.8% (69 individuals).

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<sup>40</sup> City & Hackney LDP Report July 2012, Clinical Effectiveness Group.

Figure 7.1 Prevalence of SMI in Hackney and the City by age: overall numbers per age group and rate per age group (CEG 2013)

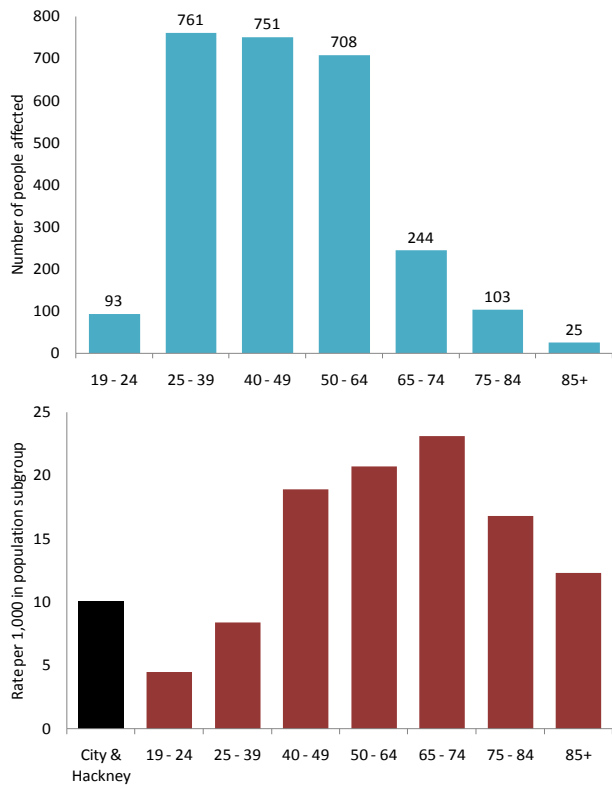


Figure 7.2 Prevalence of SMI in Hackney and the City by ethnic group: overall numbers per ethnic group and rate per ethnic group (CEG 2013)

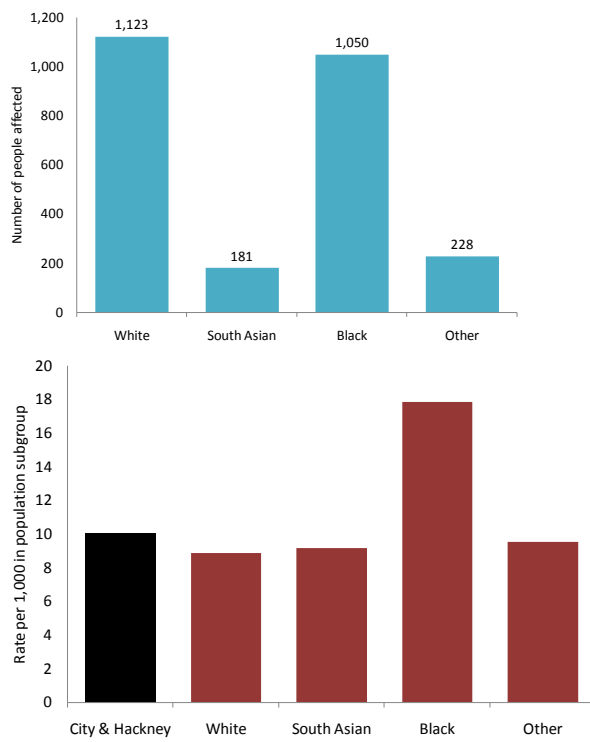


Figure 7.3 Prevalence of SMI in Hackney and the City by care group: overall numbers per care group and rate per care group (CEG 2013)

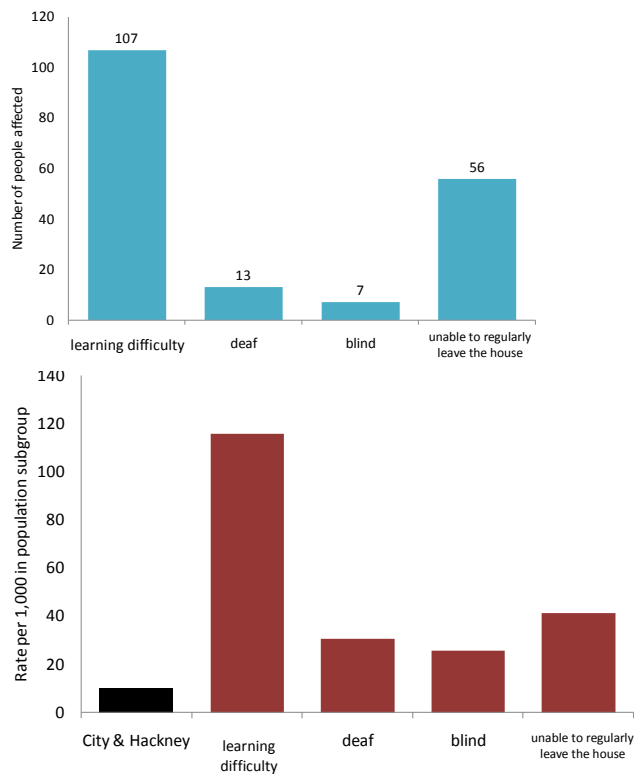
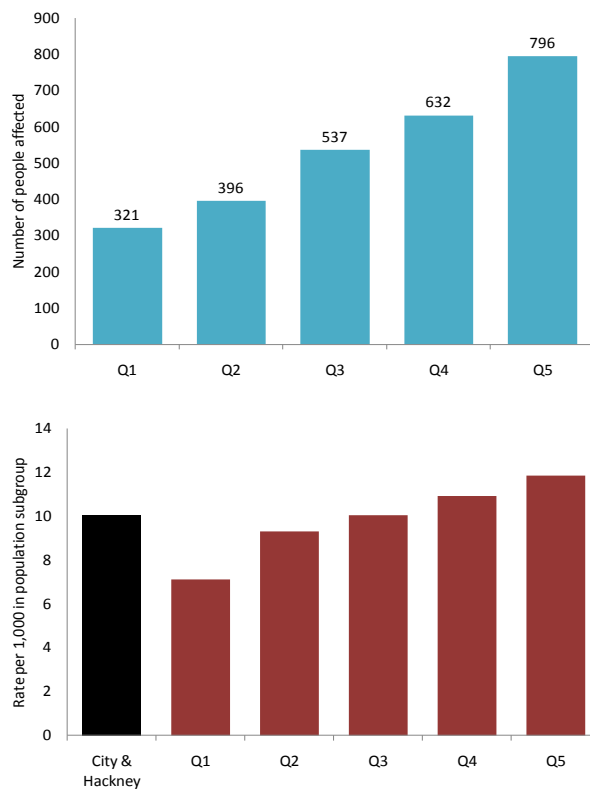


Figure 7.4 Prevalence of SMI in Hackney and the City by deprivation quintile: overall numbers per quintile and rate per quintile (CEG 2013)



## Suicide

The Suicide section of the JSNA will be updated in February 2014 following a detailed mental health needs assessment.

## Social care for people with mental health difficulties

In 2012/13, Hackney Council provided social care services to 1,114 adults aged 18–64 with mental health problems. Nine out of 10 of these clients (92%) received community-based services, while 8% were supported in nursing or residential care. Over the past eight years there has been a significant decline in the number of people with mental health problems receiving care packages from Hackney Council, with the rate per 100,000 population falling by 31% since 2005/06 (Figure 7.5).

At the same time, the proportion of adults receiving secondary mental health services who live in settled accommodation has tripled, from 32.5% in 2008/09 to 92.0% in 2012/13. The number of adults in employment receiving secondary mental health services remains low but has increased from 1.3% in 2008/09 to 6.6% in 2012/13.

There are pronounced differences in the mental health support needs provided to different ethnic groups within Hackney (Figures 7.6 and 7.7). In the working age client group there are high rates of support for the black population, especially the black Caribbean and 'black other' groups, though the latter may reflect different approaches to coding in social care

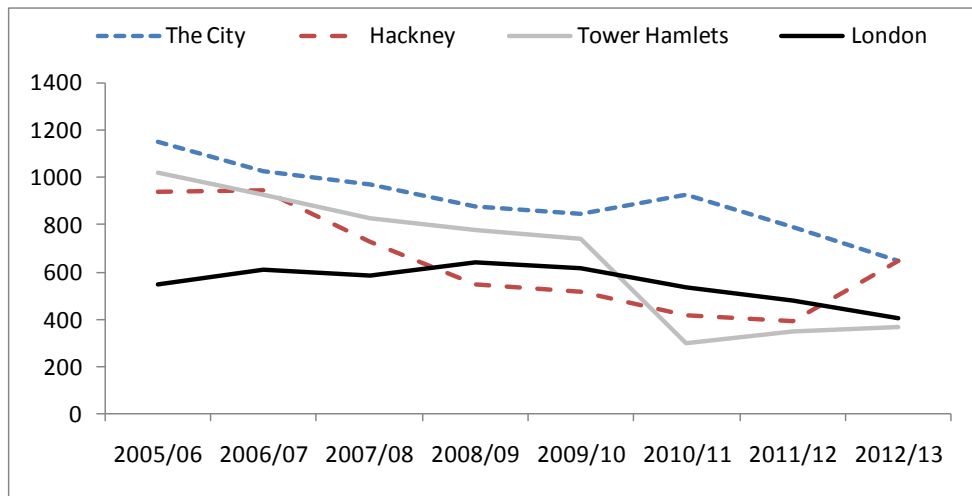
records and the GLA population estimates on which these rates are calculated. The support provided to the South Asian population is low.

### The City

In 2012/13 the City of London provided services to 84 adults with mental health problems, 20% of whom were aged over 65.

Based on Mental Health Minimum Data Sets for 2011/12, 89.6% of adults receiving secondary mental health services in the City lived in settled accommodation.

Figure 7.5 Number of adults (aged 18–64) with mental health problems receiving care packages per 100,000 population, 2005–13



Source: National Adult Social Care Intelligence Service (NASIS)

Figure 7.6 Working age clients (aged 18–64) with mental health problems receiving social care packages from Hackney Council by ethnicity, 2012/13

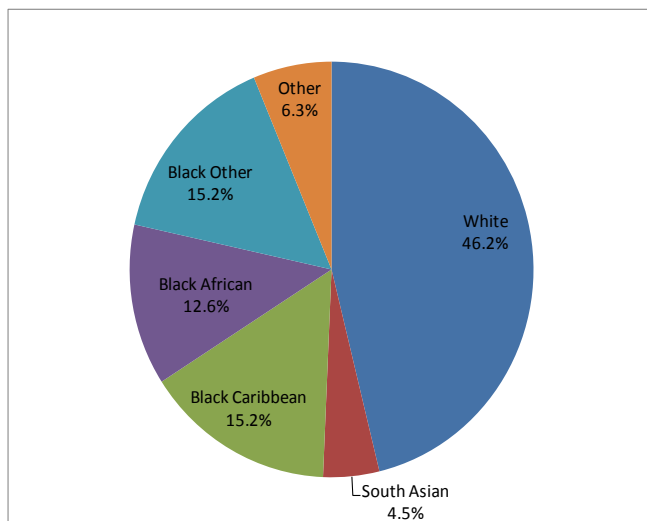
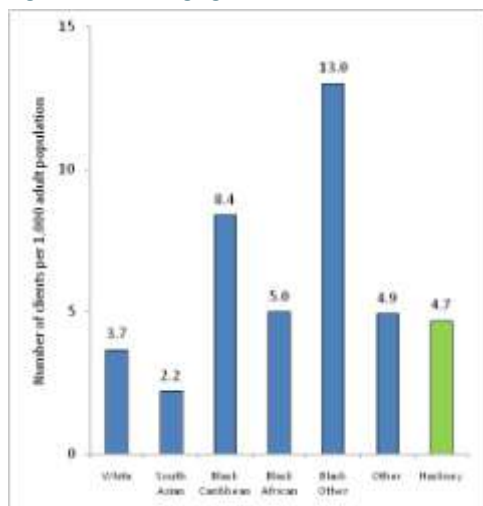


Figure 7.7 Working age clients with mental health problems: rate per 1,000 adult population by ethnic group



Source: NASCIS/GLA

## Disability

### Learning disabilities

#### Social care for adults with learning disabilities

In 2012/13, Hackney Council provided services to 526 adults (i.e. those aged 18–64) with learning disabilities. The number of clients with learning disabilities receiving care packages has remained fairly stable over the past eight years (Figure 7.8).

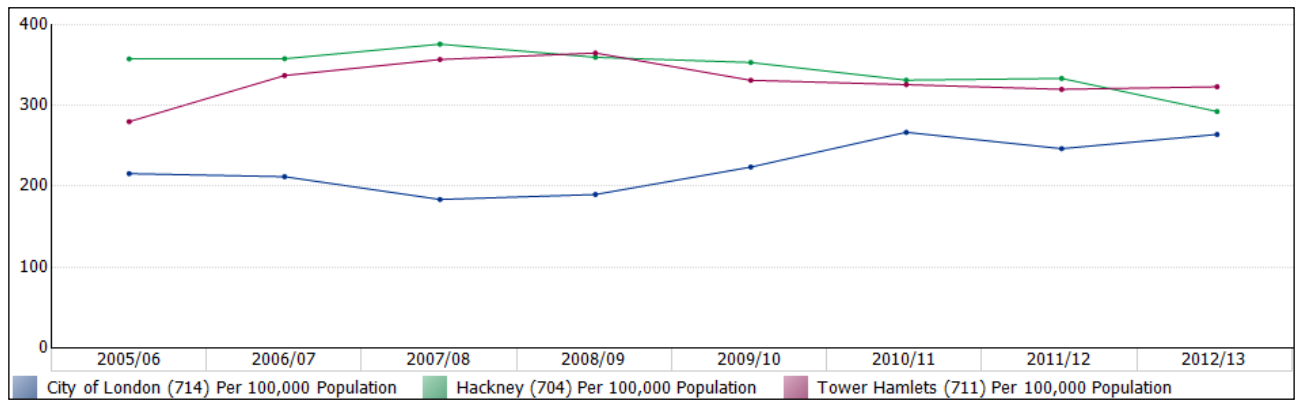
Figure 7.9 describes the range of community services received by clients with learning disabilities in 2012/13. These services are predominantly home care and day care. 86 clients received direct payments to enable them to purchase services of their choice.

Of the adults with learning disabilities known to Hackney Council in 2012/13, 75.0% were in settled accommodation and 5.7% were in paid employment.

Figures 7.10 and 7.11 illustrate the ethnic profile of the adults with learning disabilities receiving care packages from Hackney Council, including the rate per ethnic group. There continues to be a relatively high level of need evident in the 'black other' population and a relatively low rate in the black African population.



Figure 7.8 Adults with a learning disability receiving care packages per 100,000 population, 2005–13



Source: NASCIS

Figure 7.9 Community-based services provided to adults with learning disabilities in Hackney, 2012/13

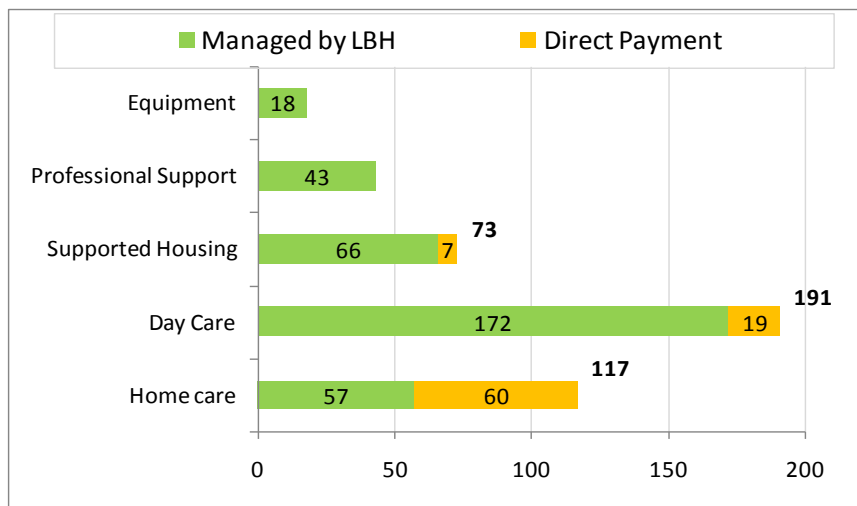


Figure 7.10 Adults with learning disabilities receiving social care packages from Hackney Council by ethnicity, 2012/13

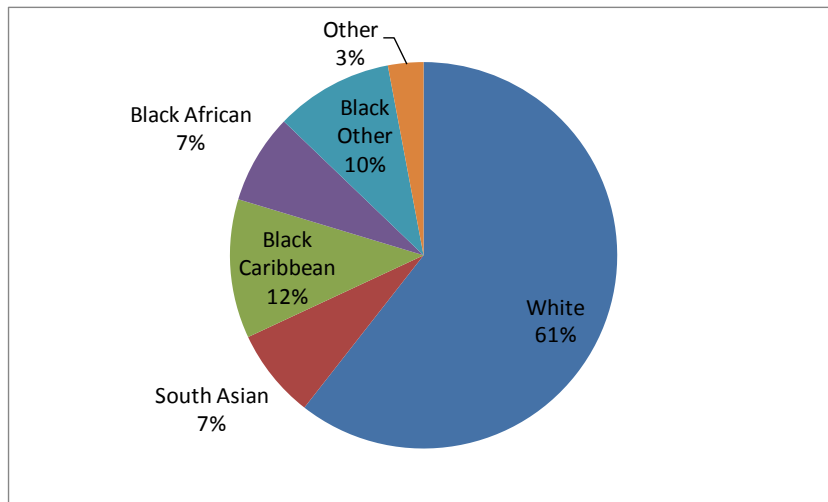
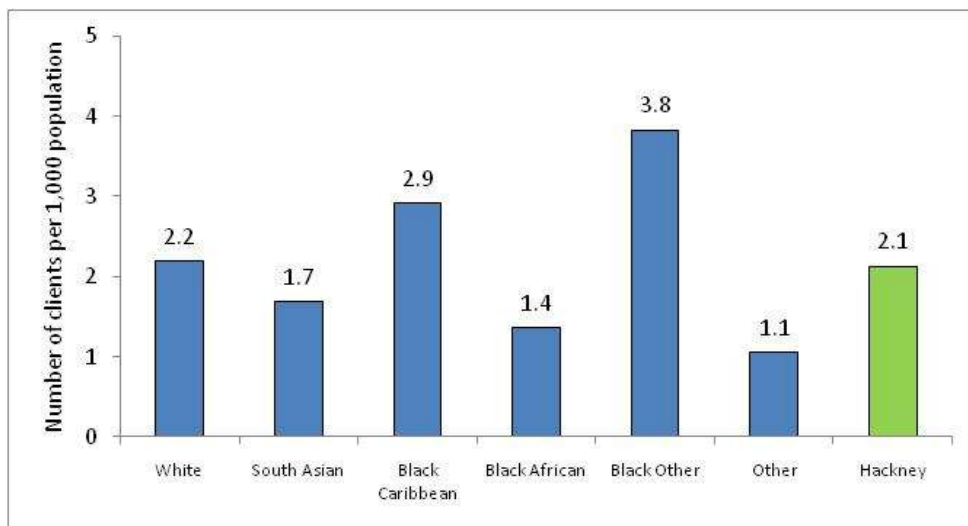


Figure 7.11 Adults with learning disabilities: rate per 1,000 adult population by ethnic group



Source: NASCIS/GLA

The prevalence of clients with learning disabilities registered with a GP has risen over the last six years (Figure 7.12), but remains below the London average. The prevalence of learning disabilities is higher among males than females in Hackney and the City (Figure 7.13).

Figure 7.12 Prevalence of recorded learning disabilities in GP-registered populations over time (QOF)

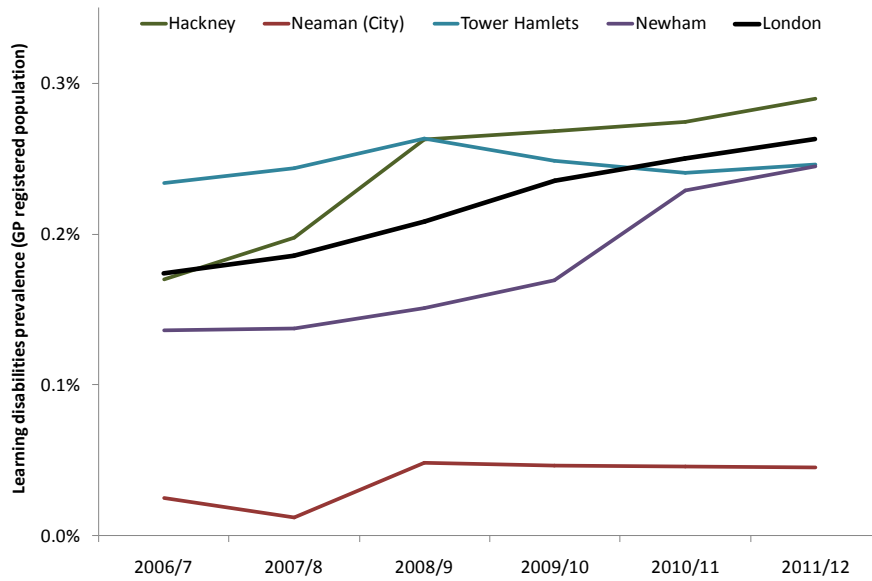
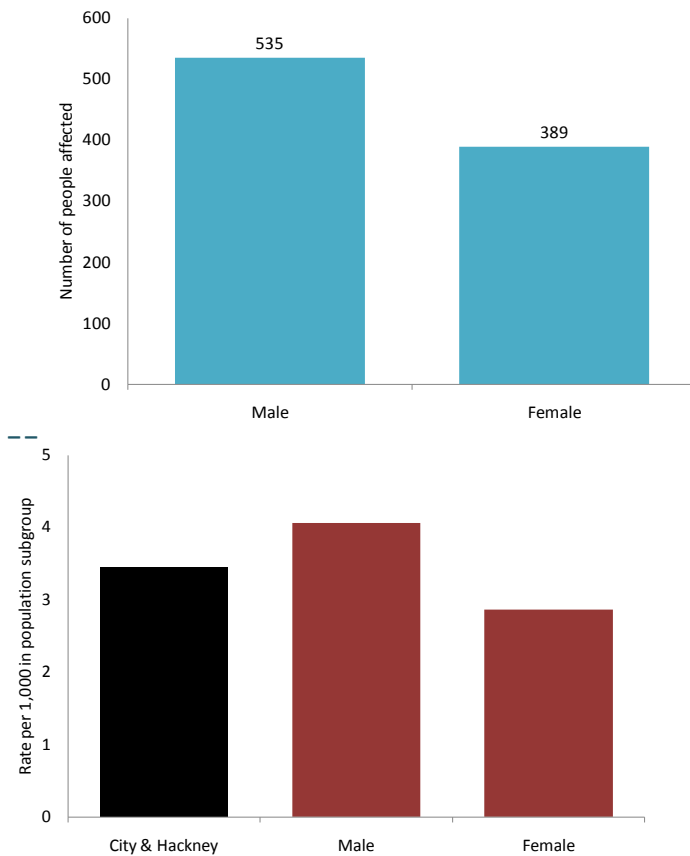


Figure 7.13 Prevalence of recorded learning disabilities in Hackney and the City by gender: overall numbers and rate per gender (CEG 2013)



In 2013, the 19–24 age group had the highest rate of recorded learning disabilities in Hackney and the City (Figure 7.14). Most people with a learning disability registered with a GP in the area were in the 25–39 age group.

Figure 7.14 Prevalence of recorded learning disabilities in Hackney and the City by age: overall numbers and rate per age group (CEG 2013)

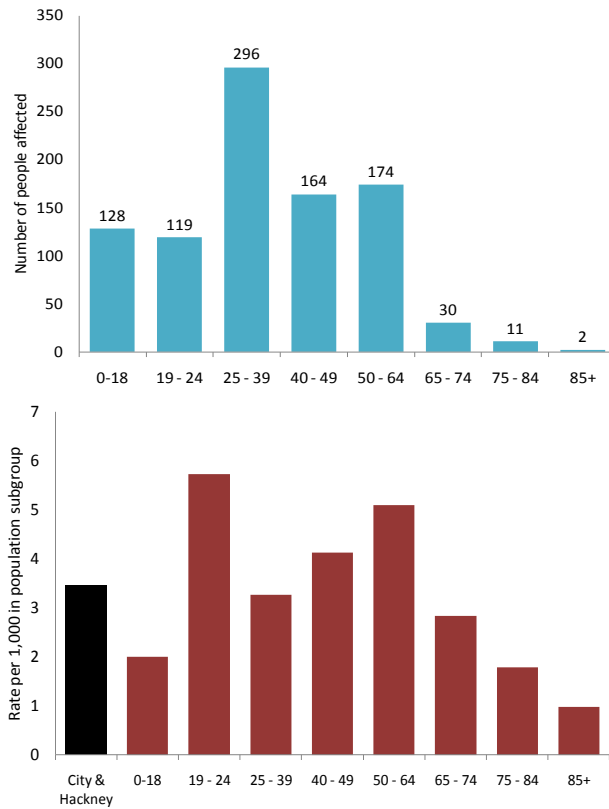
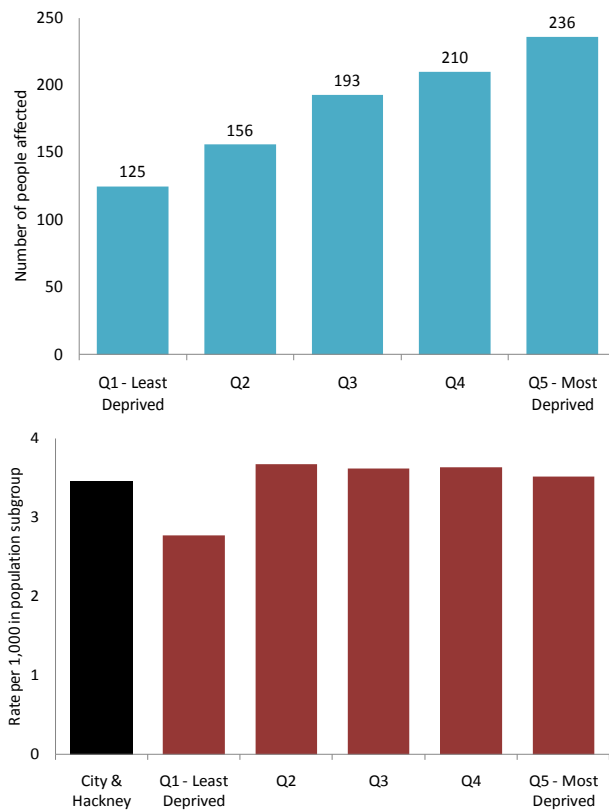


Figure 7.15 Prevalence of recorded learning disabilities in Hackney and the City by local deprivation quintile: overall numbers and rate per quintile (CEG 2013)



There is no clear trend in the prevalence of learning disabilities across the deprivation quintiles. However, the group with the lowest prevalence is Q1, the least deprived (Figure 7.15).

Most people with a learning disability registered with a GP in Hackney and the City are white. However, the prevalence of learning disabilities is higher in other ethnic groups (Figure 7.16).

Figure 7.16 Prevalence of recorded learning disabilities in Hackney and the City by ethnicity: overall numbers and rate per ethnic group (CEG 2013)

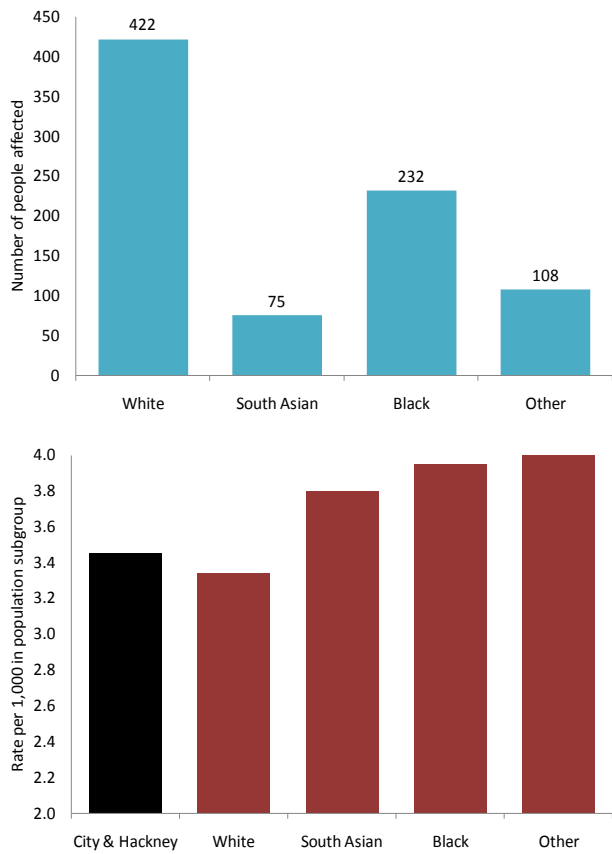
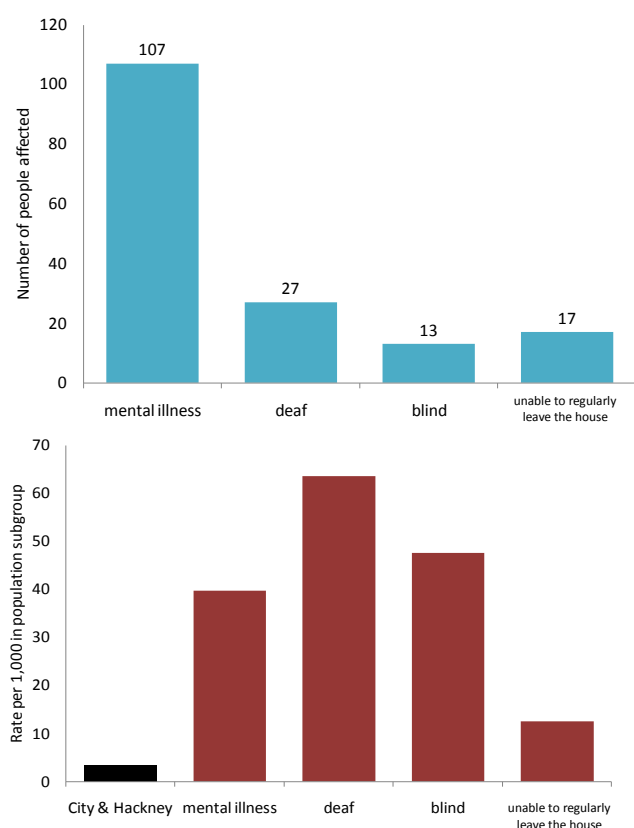


Figure 7.17 Prevalence of recorded learning disabilities in Hackney and the City by care group: overall numbers and rate per group (CEG 2013)



## Social care for disabled adults

### 2013 update: focus on inequalities

Among the physically disabled clients receiving care packages from Hackney Council, there remains a high rate of black Caribbean clients.

In 2012/13, Hackney Council provided social care services to 866 disabled adults (i.e. those aged 18–64 or of working age). This includes people who are physically frail or who have a sensory impairment.

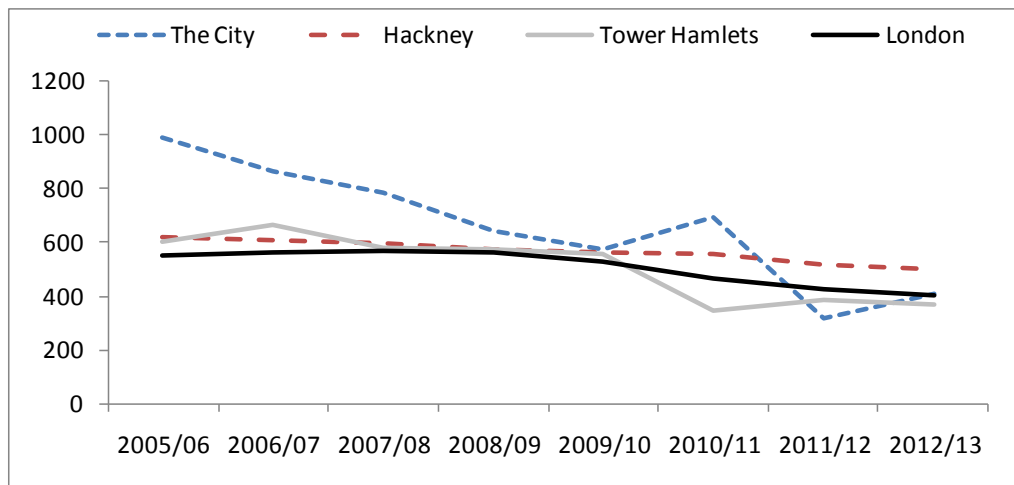
Over the past eight years there has been a steady decline in the number of disabled adults receiving care packages from Hackney Council, with a 27% drop in the rate per 100,000 population since 2005/06 (Figure 7.18). This is likely to reflect the greater emphasis within adult social care on reablement, i.e. supporting people through their recovery and improving their self-management skills so that they can return to independent living without the ongoing support of the Council.

The ethnicity of physically disabled clients and the rate of physical disability per 1,000 adult population by ethnic group are shown in Figures 7.19 and 7.20. There are relatively high caseloads of black Caribbean clients and relatively low caseloads of Asian clients.

Nine out of 10 physically disabled clients received community-based services; only 10% were supported in residential or nursing homes. Figure 7.21 illustrates the range of community-based services provided and the number of clients receiving each service. These services are

dominated by home care and the provision of equipment and adaptations. A total of 250 people received direct payments to purchase their own care.

Figure 7.18 Adults with physical disabilities receiving care packages per 100,000 population, 2005–13



Source: NASCIS

Figure 7.19 Disabled adults receiving social care packages from Hackney Council by ethnicity, 2012/13

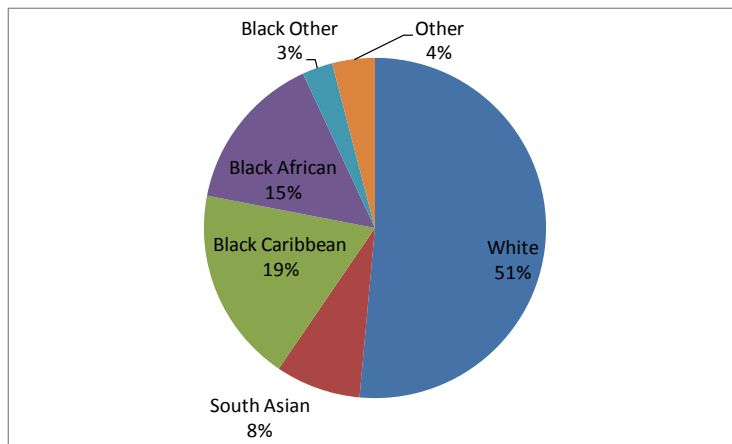
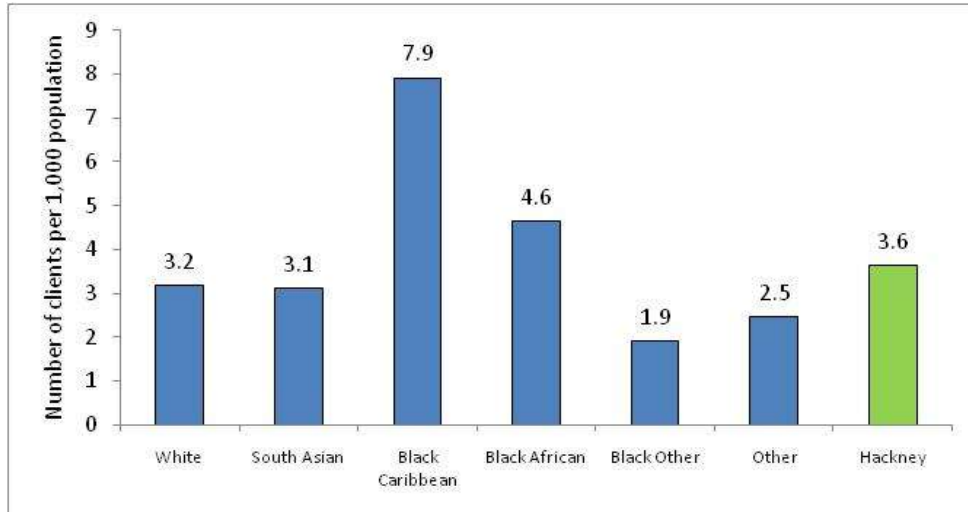


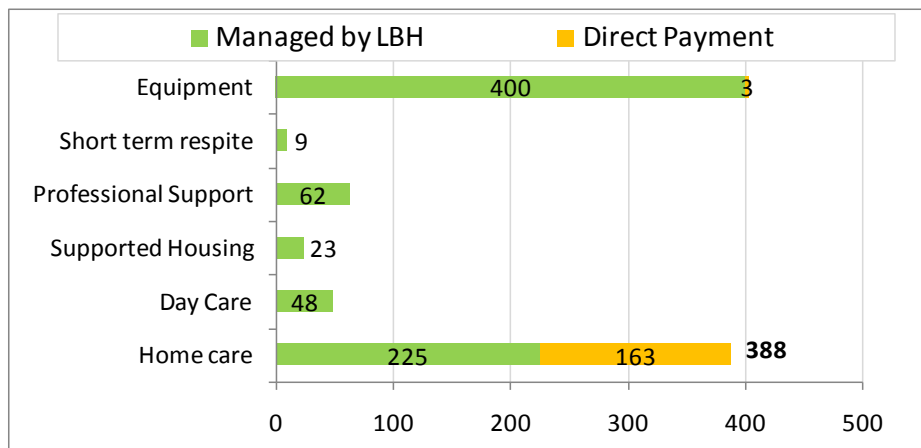


Figure 7.20 Ethnicity of disabled adults: rate per 1,000 adult population of ethnic group



Source: NASCIS/GLA

Figure 7.21 Community-based services received by disabled adults in Hackney, 2012/13



## Older people

### The health of older people

The prevalence of most non-communicable conditions increases with age, meaning that the greatest burden of these conditions is borne by older people. However, this pattern is more variable within the older age group. Table 7.1 shows the number of people in Hackney and the City in each of three age groups over 65 who are living with the dominant non-communicable conditions of the modern era: cardiovascular disease, diabetes, cancer and respiratory disease. Table 7.1 also identifies the prevalence rate of these conditions within each group. This data is from GP practices in Hackney so excludes people who are not registered with a GP. Figures 7.22 and 7.23 illustrate the same data – the former as absolute numbers, the latter as rates.

It is clear from Figure 7.22 that the number of people affected by each condition falls consistently across the three age groups. This reflects the shrinking size of the population due to mortality. However, changes in the prevalence of disease are not so consistent. There is a steady increase in the prevalence of coronary heart disease, stroke and cancer. The

other conditions – hypertension, diabetes and chronic obstructive pulmonary disease (COPD) – first rise then fall.

The one condition that falls consistently across these age groups – both in absolute numbers and as a rate – is obesity. In the GP-registered population in Hackney and the City in 2013, 33% of people aged 65–74 are obese, as are 29% of those aged 75–84 and 17% of those aged 85 or older. Similar patterns are seen in Newham and Tower Hamlets.

Table 7.1 Prevalence of key non-communicable diseases in Hackney and the City: absolute numbers and rates per age group (CEG 2013)

Condition	65–74 years		75–84 years		85+ years	
	Number	Rate per 1,000 pop.	Number	Rate per 1,000 pop.	Number	Rate per 1,000 pop.
Coronary heart disease	1,192	113	1,146	187	442	218
Stroke/TIA	573	54	664	109	274	135
Hypertension	5,681	539	4,205	687	1,439	709
Diabetes	2,571	244	1,753	286	416	205
Cancer	959	91	800	131	280	138
COPD	791	75	617	101	185	91

Figure 7.22 Prevalence of key non-communicable diseases in Hackney and the City: absolute numbers per age group (CEG 2013)

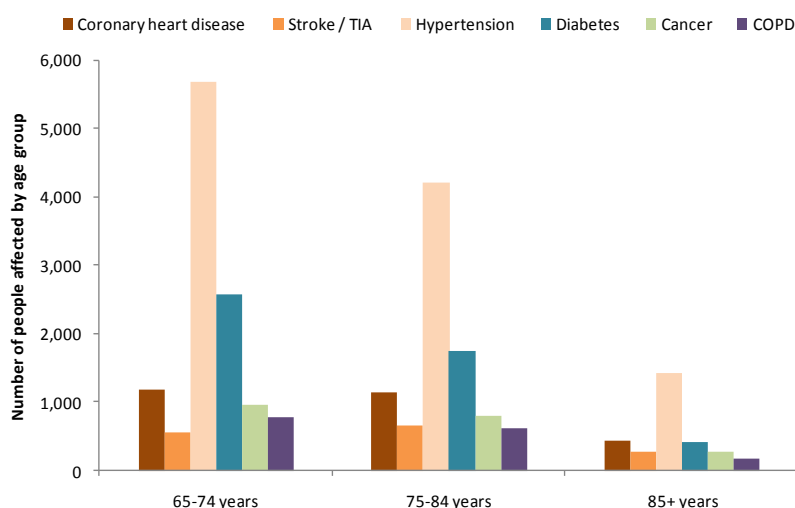
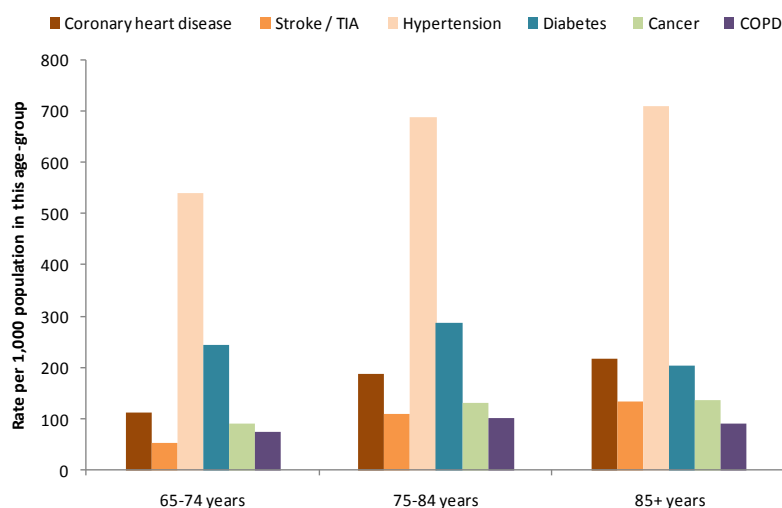


Figure 7.23 Prevalence of key non-communicable diseases in Hackney and the City: rates per age group (CEG 2013)



## Mobility and falls

The rates and number of injuries due to falls and hip fractures in Hackney are shown in Table 7.2. Rates are similar to those in Newham and Tower Hamlets.

Table 7.2 Injuries due to falls and hip fracture rates by age group in Hackney and the City (PHOF)

Condition	65–79 years		80+ years	
	Number	Rate*	Number	Rate*
Injuries due to falls	166	1,155	248	5,146
Hip fractures	32	220	69	1,391

\* Standardised rate per 100,000 population

There were 84 hip fractures treated in the Homerton in year 2012/13 (Source: National Hip Fracture Database 2013).

## Social care for older people

### 2013 update: focus on inequalities

There is above average demand for social care in the black Caribbean population in Hackney, and relatively low demand in the black African and South Asian populations.

In 2012/13, Hackney Council provided social care packages to 2,825 older people (those aged 65 and over), equivalent to just less than one in six people in this age group. The great majority of these clients (82%, or 2,311 older people) were managing a physical disability. However, 473 clients (17%) also had mental health difficulties (see ‘Mental health of older people’ below) and 41 clients (1%) had a learning disability.

Over the last five years, the number of people in Hackney aged 65 and over receiving social care packages has remained stable

Services provided in the community include home care, equipment and adaptations, meals, day care and short-term residential care. Figure 7.X shows the changing levels of demand for these services over the last eight years in Hackney, and also the reduction in residential placements as a result of promoting independence through reablement and preventative services in the community.

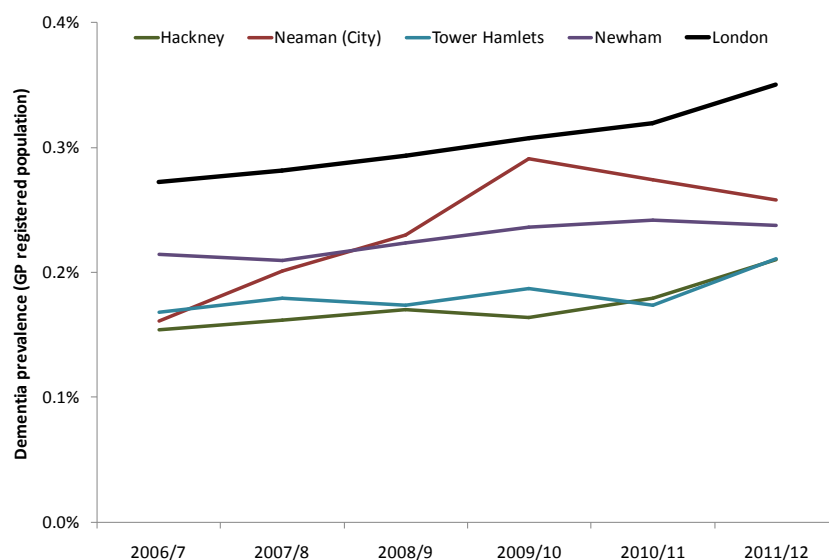
### Mental health of older people

According to GLA projections,<sup>41</sup> Hackney and the City had 762 people aged 65 and over living with dementia in 2012. Local analysis shows that this figure will increase to 1,530 in 2020.

Hackney’s Diagnostic Memory Clinic was enhanced in 2008 and – during the most recent period, October 2010 to end February 2012 – had 350 referrals, 60% of whom were diagnosed with dementia following assessment. 44% were discharged into the community during that period, with 16% supported by the Dementia Care Team. The majority (72%) fell within the age range 60–79.

The dementia detection level in GP practices across Hackney and the City rose from 462 in April 2010 to 512 in 2012.

Figure 7.24 Prevalence of dementia in GP-registered populations over time (QOF)



Data from primary care suggests that 436 people in Hackney and the City have dementia, giving a prevalence of 0.2% (Figure 7.24). This is lower than the Projecting Older People

<sup>41</sup> GLA 2011 Round Demographic Projections.

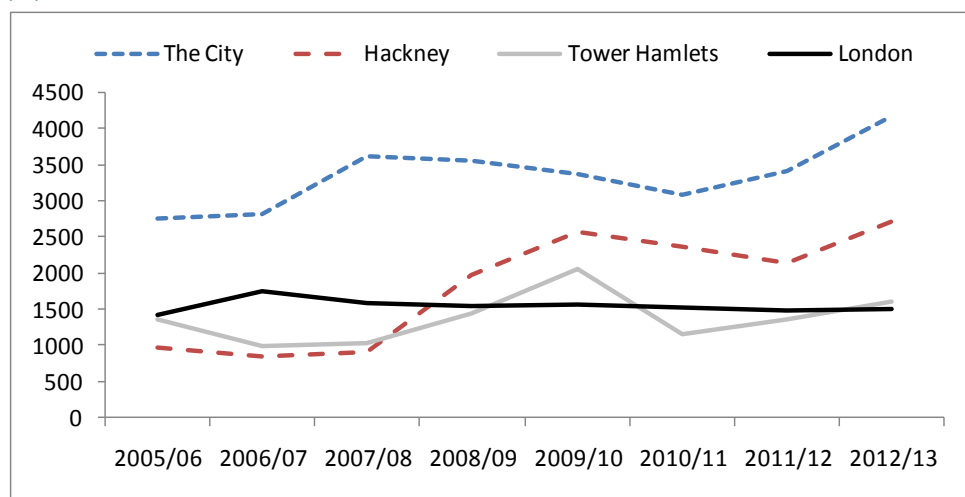
Population Information estimate and may reflect the fact that dementia is not always diagnosed.

### Social care for older people with mental health problems and dementia

In 2012/13, Hackney Council provided social care services to 472 older people (aged 65 or over) with mental health problems, 145 of whom were recorded as having dementia. We are improving recording practice to report more accurately the number of service users with dementia, and acknowledge that there may be a larger proportion of older people with dementia and mental health problems than have been diagnosed. Just over two-thirds of these 472 clients (68%) received community-based services, while one-third (32%) were supported in nursing or residential care. Over the past eight years the number of older people with mental health problems receiving care packages from Hackney Council has almost tripled, with a 279% increase in the rate per 100,000 population since 2005/06 (Figure 7.25). This increase has also occurred for patients specifically with dementia, with a 62% increase in the rate per 100,000 population since 2005/06 (Figure 7.28).

There are pronounced differences in the mental health support provided to different ethnic groups within Hackney (Figures 7.26 and 7.27). As in the working age client group, there is a high prevalence of mental health problems in the black population, especially the black Caribbean and 'black other' groups, though the latter may reflect different approaches to coding in social care records and the GLA population estimates on which these rates are calculated. The support provided to the South Asian population is especially low. The prevalence of dementia in the black Caribbean population of older people in Hackney is also markedly higher than the prevalence in other ethnic groups. It is important to note that these trends are likely to reflect the age profile of this community rather than a correlation between any particular mental health propensity and ethnicity.

Figure 7.25 Number of older people with mental health problems receiving care packages per 100,000 population, 2005–13



Source: NASCIS

Figure 7.26 Older people (aged 65 and over) with mental health problems receiving social care packages from Hackney Council by ethnicity, 2012/13

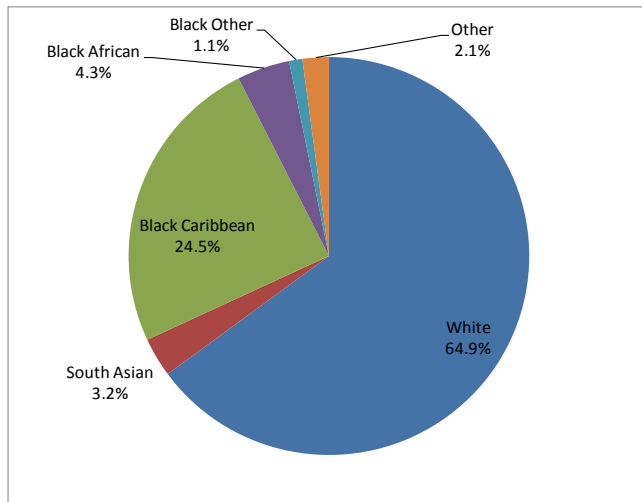
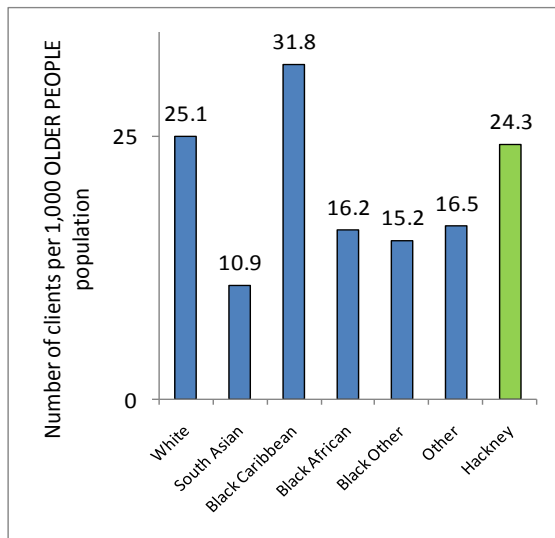
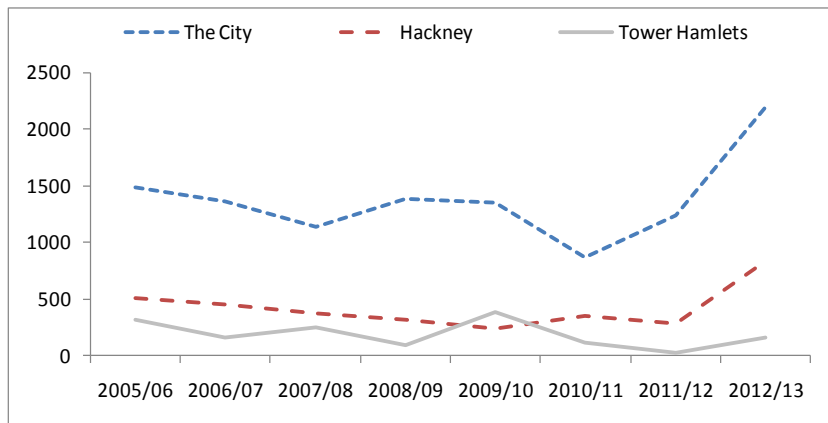


Figure 7.27 Older people with mental health problems: rate per 1,000 population of older people by ethnic group



Source: NASCIS/GLA

Figure 7.28 Number of older people with dementia receiving care packages per 100,000 population, 2005–13



NB: the London analysis for dementia only is not available.

Source: NASCIS

Figure 7.29 Older people (aged 65 and over) with dementia receiving social care packages from Hackney Council by ethnicity, 2012/13

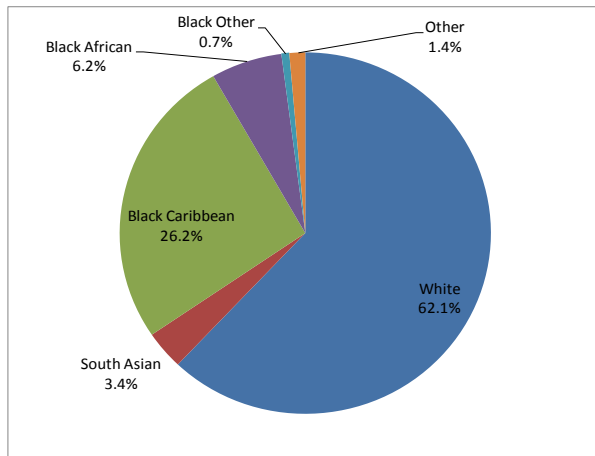
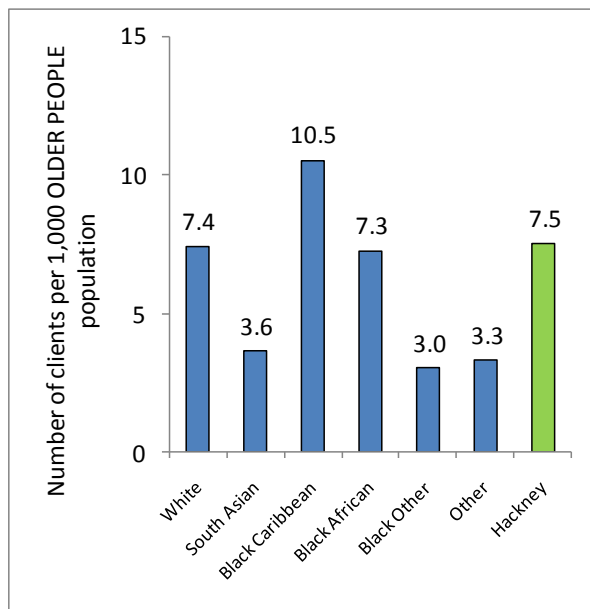


Figure 7.30 Older people with dementia: rate per 1,000 population of older people by ethnic group



Source: NASCIS/GLA

### The City

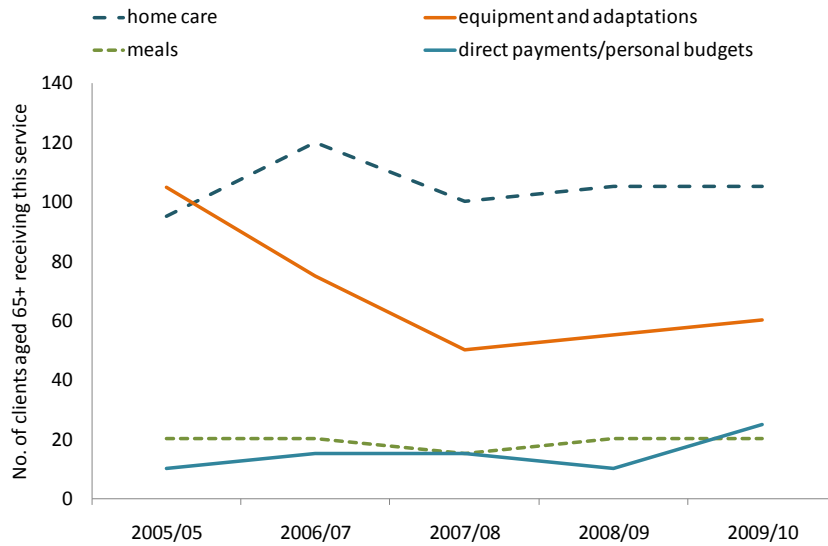
In 2012/13, the City of London Corporation provided services to 142 clients aged over 65. Of these, 90 (63%) had a physical disability, 44 (31%) had mental health problems, fewer than five had a learning disability and seven (5%) had problems with alcohol or substance misuse or were vulnerable.

Over the period 2005–10, the number of people aged over 65 in the City receiving social care packages declined (Figure 7.31).

A recent survey of residents living on the Golden Lane and Middlesex Street Estates found that people on these estates have a slightly different age profile from the general profile for

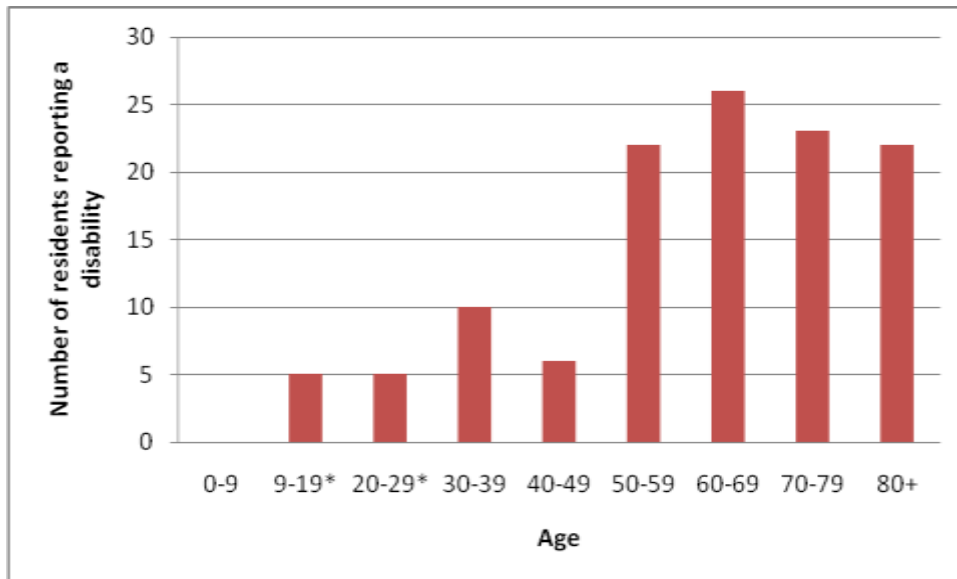
the City, with greater numbers of older people and high disability rates in the oldest groups<sup>42</sup> (Figure 7.32).

Figure 7.31 Community services used by older people in the City, 2005–10



Source: NASCIS

Figure 7.32 Age and disability of tenants of Golden Lane and Middlesex Street Estates



\* Fewer than five individuals were reported

Source: City of London

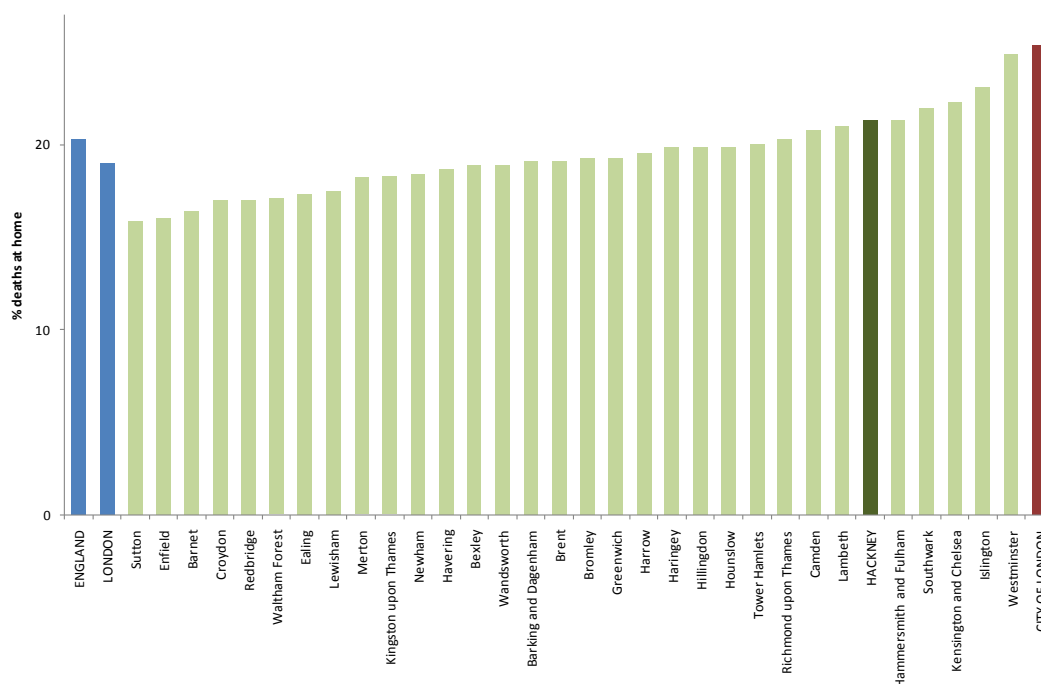
<sup>42</sup> City of London housing tenants profiling, 2011



## End-of-life care

In 2010/11, 1,096 residents of Hackney and the City died. According to the ONS, the great majority of these deaths (94%) involved the provision of end-of-life care. This high proportion has been stable for the last five years. Of the deaths requiring end-of-life care, 73% were of people aged 65 or over (compared with 29% of the deaths without end-of-life care). A quarter (24%) of these deaths took place at home – this is higher than the average for London and England (Figure 7.33). Generally, more men die at home than women.

Figure 7.33 Percentage of deaths taking place at home, 2008–10 (HSCIC)



## Carers

### Support for carers

Carers are people who provide help and support to a friend or family member who, due to illness, disability or frailty, cannot manage without their support. Carers are unpaid, although they may be in receipt of benefits related to their caring role. Performing a caring role can have major implications for someone's life: young carers can suffer a loss of education and life chances; carers of working age can see their employment opportunities limited and suffer poverty as a result; and older carers are particularly vulnerable to the impact on health and wellbeing that caring for someone else can have.

Carers play a vital role in supporting family members or friends to live independently and maintain their wellbeing. However, many carers are also frail or in poor health and so may

need support themselves. According to the legislation, carers have the right to request an assessment and subsequent review of their own needs. Carers can have a joint assessment or review with the person they care for, or can request a separate assessment or review for themselves. The number of carers receiving services as a result of these assessments and reviews is an indication of the extent to which a council is working with and for carers.

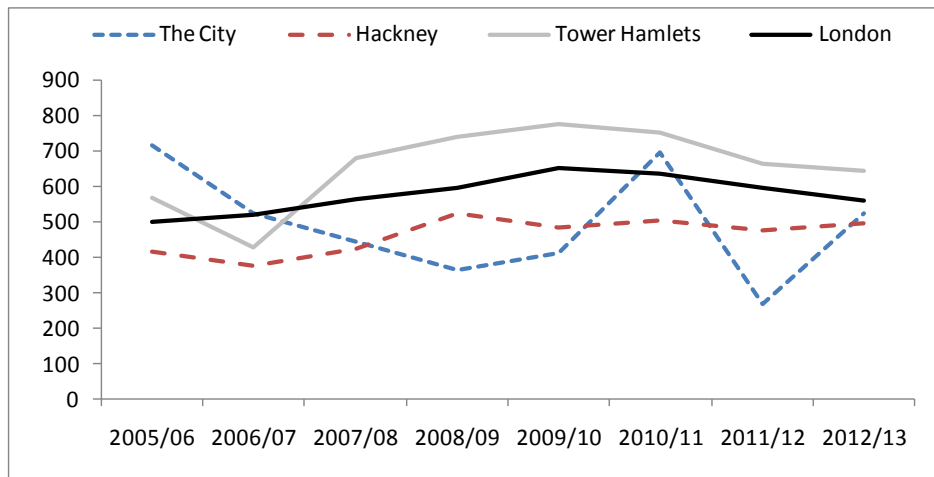
Both Hackney Council and the City of London Corporation are committed to ensuring that carers are recognised, valued and supported – both in continuing their essential caring role and, when appropriate, in returning to employment.

In 2012/13, Hackney Council conducted 1,201 carer assessments or reviews (Figure 7.34). As a result, 65% of carers received support services, including carers’ discount cards, residential respite, a carers’ retreat, counselling and sitting services. Most of these carers (77%) were aged 18–64, but a significant number were in the older age group (279 individuals, or 23%).

There are many other forms of support available to carers looking after residents in Hackney and the City. The City and Hackney Carers’ Centre provides advice on housing, community care and debt. Other services include:

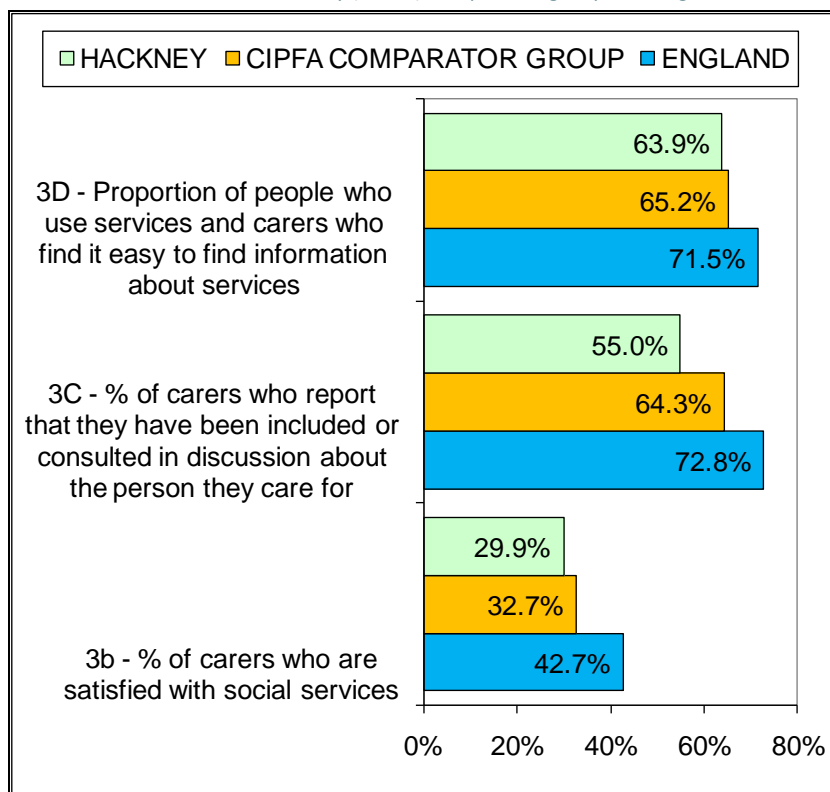
- the Hackney Carers’ Card (discount shopping and leisure)
- the Hackney Carers’ Helpline
- direct payments for carers
- the Emergency Home Respite Service
- training for Hackney carers
- an Access to Work and Education Programme for carers
- carers’ retreat breaks, providing carers with a total break from their caring role
- the Homeshare Day Care Scheme.

Figure 7.34 Annual carer assessments and reviews: rate per 100,000 population aged 18 or over, 2004–09



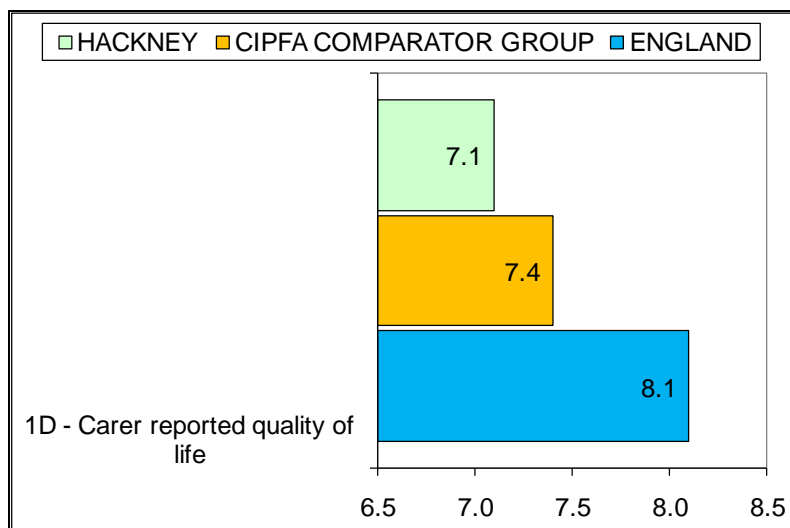
Source: NASCIS

Figure 7.35 Results of the 2012/13 Carers' Experience Survey for Hackney, with figures for the Chartered Institute of Public Finance and Accountancy (CIPFA) comparator group and England



NB: These three measures are also Adult Social Care Outcome Framework measures 3D, 3C and 3B.

Figure 7.36 Results of the 2012/13 Carers' Experience Survey for Hackney, with figures for the CIPFA comparator group and England



NB: This measure is also Adult Social Care Outcome Framework measure 1D, a composite measure of various indicators to denote the overall quality of life of carers.

Source: NASCIS

The Hackney Carers' Service is currently investigating the comparatively poor results of the survey, and will provide advice as soon as possible on why carers in the borough are reporting lower than average levels of quality of life and satisfaction with services.

## The City

The City Carers' Register lists 58 known carers of clients aged over 18. According to the 2011 Census,<sup>43</sup> 576 City residents (7.8%) have some caring responsibilities, with 121 of these carers providing over 21 hours of unpaid care per week. Although lower than the national average, this figure indicates that many people are giving care in the City who are unknown to the Carers' Register.

Since 2012, the City of London has commissioned its own City Carers' Service (provided by Elders Voice). Both individual and group services are offered, including access to respite care. The service is also tasked with finding hidden carers. The City Carers' Service offers outreach to carers, providing emotional support, support in accessing health and social care, and information and advice, including advice on welfare benefits. It also organises support groups with speakers on relevant subjects, outings and training sessions depending on specific need.

Crossroads is commissioned to offer planned and emergency respite to carers, while City50+ is another commissioned service which targets those aged over 50. Activities include organising coffee mornings and working as a conduit to refer people on to other services – specifically focusing on carers, dementia and reducing hospital admissions.

Full carers' needs assessments are provided based on eligibility criteria. For those with a lack of means, a means-tested carer's individual budget is available, which ranges from £150 to £3,000 per year. The adult social care service assesses the entitlement to care and support of both the carer and the cared-for.

The City of London Carers' Strategy, published in 2011,<sup>44</sup> recognises the significant contribution that carers make to the wellbeing of service users and residents. It sets out an approach whereby carers are able to design and direct their own support by engaging in the support plan of those they care for, and ensuring that support is tailored to their specific needs. The strategy covers:

- identifying and referring carers
- offering personalised approaches to looking after carers' health and wellbeing
- providing respite care
- providing relevant training
- offering financial guidance
- helping carers to plan for emergencies
- involving carers
- embedding accurate recording processes.

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<sup>43</sup> Office for National Statistics, Census 2011

<sup>44</sup> City of London Carers' Strategy, 2011