PROFILING MENTAL HEALTH SERVICE USE IN THE SQUARE MILE

A report to the City of London Local Involvement Network.

Dr Kevin Corbett

Centre for Health and Social Care Research,
Canterbury Christ Church University

Research conducted September 2010–August 2011.
Report issued February 2013.

City of London LINk

Published by Voluntary Action Westminster

ISBN 978-0-9576235-0-7

Foreword

Mental health is arguably amongst the most under-researched areas of medical and social care , difficult to investigate and difficult to measure. Fear, or persisting social taboos, lead many people to conceal mental health issues, causing conditions (for example dementia and work-related stress) to be denied or diagnosis delayed, obscuring and under-representing the true picture.

Because a reliable evidence-base has been slow to emerge, publicly-provided mental health services have tended to lag behind other NHS provision, typically under-resourced, and therefore under-developed. That said, those who have nevertheless worked tirelessly and with commitment to meet the enormous challenges inherent in supporting patients with mental health issues, deserve full recognition and our heartfelt appreciation.

The above considerations weighed heavily with us when City LINk (the City of London Local Involvement Network) set about drawing up its initial work programme. We decided to make mental health one of our top priorities and to establish a Mental Health Sub-Group, reporting to our main Steering Group, to oversee this aspect of our activity. The decision was reinforced by first-hand intelligence as to City residents' needs contributed by patients, carers and service users amongst our Steering Group and wider LINk membership. New national data also alerted us to the rising incidence of stress-related mental disorders in the working population, and , by extrapolation, we assumed a similar trend within the City's 340,000 - strong commuting workforce.

Our first step was to attempt to 'map' local mental health service provision and uptake. It quickly became evident that no such 'map' existed: that data were fragmented, incomplete, and admitted by some officials to be unreliable. To sum up the situation, in the words of one respondent: “We know virtually nothing about mental health in the City”. It was clear that a primary, essentially descriptive data collection and reconciliation exercise was called for, to lay the foundations for future, more detailed analysis.

At this point we were greatly assisted by the City of London Corporation's offer to fund the initial exploratory study needed. We are extremely grateful to the Corporation for their support, and to Dr. Kevin Corbett from the Centre for Health and Social Care Research, Canterbury Christ Church

University who undertook the research and gave generously of his time. Producing a reliable and comprehensive dataset for the resulting *Profile* published here proved challenging, and relied heavily on the cooperation of colleagues working across health and social care in all sectors. We acknowledge their seminal contribution with our sincere thanks.

This *Report*, therefore, represents a small, but significant initial contribution to compiling the full evidence base future commissioners will require to enhance and refine mental health services for the City's unique community of residents and workers. Since our study was completed, the City of London Corporation has gone on to commission a major new survey of workers' health needs, adding valuably to that evidence. But the most important feature of this *Report* is the community 'voice' which generated it, and the community intelligence it brings to the forefront of public attention. To be the sounding board of that voice, and the conduit of that intelligence has been the essence of City LINk's role, and a privilege for which, when our work ends on 31 March, 2013, all of us will remain permanently grateful.

Cynthia L White BA PhD
Chair, City of London LINk Mental Health Sub-Group

CONTENTS **Page**

LIST OF TABLES

ACKNOWLEDGEMENTS

The following sources of assistance are duly acknowledged in completing this report: the City of London's Local Involvement Network (CityLINk) hosted by Voluntary Action Westminster and the members of CityLINk's Mental Health Advisory Group (especially Dr Cynthia White and Nicholas Kennedy) who facilitated fieldwork access, informed the methodology, assisted with the validation of the datasets and gave feedback on previous drafts of this report; Common Councilmen of the City of London Court of Common Council; the Department of Community and Children's Services (City of London Corporation); the East London NHS Foundation Trust (especially Dean Henderson, Simon Tulloch and John Wilkins); The Neaman Practice; City.COMM; and the City churches.

Jane Northedge (Centre for Health and Social Care Research) undertook fieldwork and data collection within the City's financial services sector under the guidance of the principal investigator, Dr Kevin Corbett. Dr Smith gave feedback on the first draft of the report. Dr Corbett was responsible for the fieldwork amongst the City's mental health service providers, data analysis and the research report.

TERMINOLOGY

City A.M. City A.M.is the City of London's free daily business newspaper which together with its online presence, City AM.com, cover financial, business news, sport and contemporary lifestyle. This free daily newspaper is read by over 350,000 professionals throughout the City, Canary Wharf and other areas in the financial sector.

The City Bridge Trust "The City of London administers this trust fund to maintain five bridges which cross the Thames into the Square Mile. The fund has its origins in medieval times, when finance was needed to build and maintain London Bridge. Over the centuries the fund has grown, enabling it in recent years to provide extensive charitable help for the Greater London area." (City of London Corporation website 2010)

City Cash **"**[City Cash]..is a private fund built up over the last eight centuries. Its incomes are derived mainly from property, supplemented by investment earnings and the fund is now used to finance activities mainly for the benefit of London as a whole but also of relevance nationwide. The management and conservation of over 10,000 acres of open space, all of the Lord Mayor's activities, Smithfield, Billingsgate, and Leadenhall markets, three of the highest achieving independent schools in the country..all these are paid for by City's Cash at no cost to the public." (City of London Corporation website 2010).

City Fringe The City Fringe is the area directly to the north and east of the City of London, which includes some of the most deprived communities in the country. The City Fringe covers twelve wards in the London boroughs of Tower Hamlets, Hackney, Camden and Islington that are nearest to the City of London. This term may also be used to refer to other London boroughs such as City of Westminster, Southwark and Lambeth.

City Fund	"This Fund [City Fund] meets the cost of the City of London's local authority, police authority and port health authority activities. The Fund generates rental and interest income to help finance these activities. In addition, in common with other local authorities, it receives grants from central government, a share of business rates income and the proceeds of the local council tax. The City of London retains only a small proportion of the business rates collected from its area, in accordance with the national arrangements. The remainder has to be paid over to the national non-domestic rates pool and is redistributed to local authorities throughout the country by central government. Because of its special circumstances – notably its very low resident population and high daytime population – the City of London is allowed uniquely to set its own business rate. It may set this rate, subject to certain constraints, at a higher or lower level than the National Non-Domestic Rate determined by central government for the rest of the country. The proceeds of the additional rate of 0.4p levied in financial year 2006/07 are used to provide enhanced policing, security and contingency planning for the Square Mile." (City of London Corporation website 2010)
CityLINk	The City of London's Local Involvement Network (CityLINk). LINks were set up in April 2008, under the Local Government and Public Involvement in Health Act 2007. They replaced the Commission for Patient and Public Involvement in Health and Patient Public Involvement Forums.
City of London	The geographical region of the Square Mile, whose municipal authority is the City of London Corporation.
CoLC	City of London Corporation is the municipal authority that governs the Square Mile in the City of London that promotes and supports the Square Mile and provides a wide range of services for the City, for London and for the United Kingdom as a whole.
Commissioning	The process by which services are purchased by public bodies based on an evidenced understanding of need, agreement as to defined priorities, the defining of the service to be purchased within a service specification, a competitive tender process and the monitoring of the delivery.
CSR	Corporate Social Responsibility is defined by the United Kingdom Government's Department for Business Innovation and Skills (BIS) as the manner whereby firms address the social, environmental and economic impacts of their businesses and thereby help the nation to meet its national sustainable development goals. BIS leads the Government's interest in CSR also known as Corporate Responsibility (CR).

CQUIN	The Commissioning for Quality and Innovation (CQUIN) is a framework implemented in 2008 for payments designed to enable commissioners to reward excellence by linking a proportion of a providers' income to the achievement of local quality improvement goals.
DCCS	The Department of Community and Children's Services (DCCS) is the statutory department of the City of London Corporation that commissions advice, advocacy and volunteering services for residents and employees of the City of London. It has a primary role in commissioning Private, Voluntary and Independent (PVI) sector and Third Sector organisations on behalf the City of London Corporation for its resident and non-resident populations.
East London NHS Foundation Trust (ELNHSFT)	The East London NHS Foundation Trust (ELNHSFT) or 'The Trust' is the major provider of mental health services for the City and Hackney funded by the National Health Service. The Trust covers the geographical areas of Tower Hamlets, The City, Hackney and Newham.
Extramural & Intramural	Outside or inside the geographical boundary of the Square Mile, respectively.
FTSE 100	FTSE 100 or 'FTSE' ('footsie') is a share index of the 100 most highly capitalised UK firms listed on the London Stock Exchange. FTSE is jointly owned by the Financial Times and the London Stock Exchange. The initials are not an acronym or a set of initials but an amalgam of the FTSE's two parent firms.
GLA	Greater London Authority. The top-tier administrative body for Greater London that has a directly-elected executive, the Mayor of London, and an elected 25-member London Assembly with scrutiny powers. The authority was established in 2000 after a referendum and gains its powers from the Greater London Authority Acts 1999 and 2007, respectively.

Health Scrutiny Sub (Community Services) Committee	Overview and Scrutiny are functions of local authorities in England and Wales created by the Local Government Act 2000 which separated local authority Executive, Overview and Scrutiny functions. Councils operating Executive Arrangements are required to create an Overview and Scrutiny Committee composed of elected councillors not on the council's Executive Committee. Some local authority bodies, like the City of London Corporation, subdivide their main Overview and Scrutiny Committee into sub-committees.
Joint Strategic Needs Assessment	The Local Government and Public Involvement in Health Act (2007) requires local stakeholders (health authorities and their local Primary Care Trusts) to publish a Joint Strategic Needs Assessment ('JSNA') to identify the current/future health and wellbeing needs of their local population to inform the Local Area Agreements and Primary Care Trusts' Strategic Plan, to inform planning and for agreeing commissioning priorities to help improve health and wellbeing outcomes and reduce health inequalities. The JSNA is underpinned by partnership working, community engagement, and evidence of effectiveness, best practice and research-based and other forms of local evidence. Up until 2011 The City of London Corporation has published its JSNA in association with the London Borough of Hackney and NHS City & Hackney.
London Ambulance Service (LAS):	The part of the National Health Service that provides emergency medical assistance twenty-four hours, seven days a week.
Provider	An agency or individual that supplies a particular service under a contract that is commissioned, performance managed and quality assured.
PVIS	Private, voluntary and independent sectors.
Social capital	Social capital is defined as: *"The array of social contacts that give access to social, emotional and practical support. This support that is available is seen as an outcome of network ties, the quality of relations with others, their practical availability, the values that they hold, and the trust placed in them"* (Gray 2008, p.6, emphasis added).
Square Mile	The Square Mile (or the City) is the geographical area whose municipal authority is the City of London Corporation. In this report the terms 'Square Mile' and 'The City' are used interchangeably.

Square Mile Population

For the purposes of this study, the Square Mile population is defined as all of those people who either live and/or work within the geographical boundary of the Square Mile. The resident population of the Square Mile for 2010 is calculated by the Office for National Statistics (ONS) and the Greater London Authority (GLA), as either 12,400 or 9,502, respectively (ONS 2009, GLA 2009, JSNA 2011). The City of London Corporation uses the GLA's estimate of residents for planning purposes as that particular estimate takes account of the constraints of housing supply (JSNA 2011). The ONS estimates the size of the daily influx of Square Mile workforce as 316,700 in 2009, a 3.5% decline over the estimate for 2008 (JSNA 2011, ONS 2010).

Stakeholder

A provider, or recipients of services (service users), who have an interest in an organisation, due to the effect on them of that particular organisation, although they may be a 'third' party in the sense of being situated outside of the said organisation. It is also an agency, or agent, that can have an effect on a project or organisation, even though being remotely situated.

Statutory and non-statutory

Statutory services are defined by Act of Parliament and/or legal precedents and usually provided by local authorities or NHS trusts. Non-statutory services complement, or enhance, statutory provision. For example, there is a statutory requirement to provide assessment of client need, and to provide services to meet need (e.g. rehabilitation). Subsequently non-statutory services may provide requisite additional interventions, for example, socialisation skills. This may become more complicated if/when statutory agencies commission non-statutory agencies to provide statutory services like DCCS commissioning of the Third Sector.

Super output areas

Super Output Areas (SOAs) are units of geography used for collecting and publishing small area demographic and other statistics. There are two layers of SOA (lower/middle) offering different scales for data collection and publication. SOAs help improve comparison across the UK being more similar in size of population than electoral wards. They are also intended to help enable improved comparison and monitoring of policy.

Third Sector

All of the community, faith, voluntary organisations and social enterprises that provide services to residents, workers and organisations within the City of London Corporation boundaries. It encompasses a wide range of organisations from small unconstituted self-help groups to large organisations that operate across the borders of the City and Hackney.

EXECUTIVE SUMMARY

1) METHODOLOGICAL ISSUES

1. This research study contacted a total of fifty-nine (n=59) respondents (including service providers, purchasers and/or commissioners) who were asked to give relevant information on service use by Square Mile residents or workforce. Contact for similar purposes was made with twenty (n=20) senior personnel from twenty (n=20) City-based financial sector businesses and with eleven (n=11) staff from eleven (n=11) churches also based within the Square Mile.

2. Ninety (n=90) providers were found to be commissioned to provide mental health and related services for the residents and workforce within the Square Mile. However, many services were geographically located and delivered outside of the City *i.e.* extramurally, as were many related stakeholder engagement events. An example of this extrinsic approach was the *'Have Your Say!'* flyer from the East London NHS Foundation Trust (ELNHSFT), urging Square Mile service users to engage in the Trust's 2011 Annual Plan consultation events (see Appendix One). However, no events were held in the City for them. They could exercise their rights to engage with their service providers only by travelling to events held in Hackney or Tower Hamlets. This distancing in both service provision and engagement is a recurring phenomenon in this study, and one apparently unique to City residents – residents in other localities receive many more of their services and consultations where they actually live.

3. The time taken by respondents to fulfill CityLINk requests for data varied, and at the extreme impeded the study. Respondents were often unaware of the existence of the CityLINk. Many thought the CityLINk was the same body as the Hackney LINk. This included statutory sector NHS providers, highlighting a knowledge deficit about the statutory role of the LINk. Some public sector respondents took a long time to produce data supposedly 'in the public domain'. One provider took eighty-one (n=81) days. This would suggest that data sharing ought to be of primary concern for a 'newly liberated' NHS, reliant on disparate providers, and with different information systems (Department of Health 2010).

4. During this prolonged period of gaining access to information, it emerged that the biggest provider of NHS services, the ELNHSFT, was undergoing a 'whole systems review' led by mental health commissioners for the East London PCTs leading to what the Trust termed 'service redesign' and 'transformation'. This review commenced without explicit consultation with City service users and remained unknown to the CityLINk until it was

well advanced. It calls into question what exactly were the perceived "needs" used by the Trust to assess what it termed "value for money" and to identify the "effectiveness of services delivered across different care pathways".

5. Of prime importance in profiling service use was the fact that existing data sets were found to be inaccurate, inconsistent, fragmented and incomplete by consistently failing to separately identify the Square Mile population. This implies action is needed to redress the fatal collapse of the term 'The City' into either 'The City and Hackney' or 'Hackney and the City'. Such terms wholly misrepresent the needs, interests and identity of the Square Mile population, by rendering it invisible, or at best, visible but lacking in structure. There are even uncertainties as to the actual size of the Square Mile's resident population, where estimates range between 12,400 (ONS 2010) and 9,502 (GLA 2010) (cited in JSNA 2010).

2) KEY FINDINGS

A. CITY RESIDENTS

1. Following protracted attempts to reconcile discrepant data and/or fill major data gaps, a key finding of the study was that during the period 2008-10 there was an overall decrease in the number of City residents referred to, or admitted as inpatients by, the secondary care NHS mental health services of the East London NHS Foundation Trust. This trend was not matched in the same period by **any corresponding increase** in the number of clients in the 65+ age group who received community-based services or **any corresponding increase** in either the numbers of new or existing mental health clients in the 65-74 age group who received a community review. There was both a **37% decrease** in the number of existing clients in the 18-64 age group who received a community review and **a 29% decrease** in the number of clients in the 65+ age group who received community-based services. However, there was an **11% increase** in the number of mental health clients in the 18-64 age group who received community-based services, as well as a **5% increase** in the number of new mental health clients in the 75+ age group who received a community review. The above mismatch in trends appears anomalous, given the Trust's policy of reducing hospital admissions in favour of increased community-based care, and also given the national/local policy drive for greater locality-based care.

2. As alluded to above, delivery of commissioned statutory services was generally found to occur outside of the geographical area of the Square Mile, for example, the provision of

inpatient care at the Homerton Hospital some distance from the Square Mile. A publicly consulted-on proposal to move inpatient care by 2013 to the St Leonard's site, previously adopted by the ELNHSFT, would have brought inpatient care marginally closer to the Square Mile. However, even this proposal was subsequently abandoned by the Trust without further consultation citing financial pressures. At the time of writing, new plans for the utilisation of the site are awaited. These events reveal both a lack of consultation with service users and a strategy which continues to deny intramural service delivery to City users. This runs counter to national and local policies promoting greater locality-based care. It is inequitable when compared to ELNHSFT services for users, resident or working, in Hackney, Tower Hamlets or Newham, which are typically provided within each of those boroughs.

3. The lack of intra-City provisions is becoming critical because of the apparent increase in local demand for community-based services. This study has found that:

a) The total number of City residents referred to the East London NHS Foundation Trust increased by 12% for 2008-09 and decreased by 29% for 2009-10, respectively. **This is an overall decrease of 21% in City referrals for 2008-10.** In the same period, there was an overall decrease in female and male referrals by 13% and 27%, respectively**.**

b) The number of City residents admitted by the ELNHSFT increased by 29% (n=4) for 2008-09 and decreased by 67% (n=12) for 2009-10, respectively. **This is an overall decrease of 51% (n=8) in City inpatient admissions for 2008-10.** In the same period, there was an overall 29% (n=2) and 43% (n=3) decrease in female and male inpatients, respectively.

c) The number of City residents referred to the ELNHSFT by non-health professional sources (including self-referrals), initially increased by 4% (n=5) during 2008-09 and then decreased by 26% (n=31) during 2009-10, respectively.

d) The number of City residents referred to the ELNHSFT by healthcare professionals showed an initial increase of 18% (n=24) during 2008-09 and then a decrease of 31% (n=50) during 2009-10, respectively.

e) The following trends in the DCCS provision of community-based care for 2008-10 did not correspond with the above ELNHSFT trends (see Tables 21-23 p.77-79), given the Trust's policy about promoting community care, and also given the national/local policies on the provision of greater locality-based care:

    i. The number of existing mental health clients receiving a community review **decreased by 37%** in the 18-64 age group, **failed to increase** in the 65-74 age group and **only increased by 5%** in the 75+ age group.

ii. The number of new mental health clients receiving a complete review **failed to increase** in the 18-64 or the 65+ age groups, respectively.

iii. The number of mental health clients receiving community-based services **increased by 11.0%** in the 18-64 age group but **decreased by 29.0%** in the 65+ age group.

f) Use of the London Ambulance Service in 2009-10 within the Square Mile showed a 32.5% increase over 2008-09 in 'code 40/41' mental health incidents, which is a lower volume of such incidents compared to Hackney and other London Boroughs for the same period.

4. The above trends reflect an underlying local need for services that are now essentially provided 'extramurally' and often distantly. The Square Mile is nominally included within the overall mental health NHS commission for the 'City and Hackney'. Yet, it is unclear how the specific needs of the Square Mile population vis à vis mental health are actually factored into this commissioning process. There is no local strategic commissioning (as opposed to procurement) function within the Square Mile specifically for mental health. The City of London Corporation is realigning its adult social care structures and provision so that it resembles the design of current jointly commissioned mental health services.

5. Although primary NHS mental health care is available in the Square Mile from the two NHS funded GP services, a primary care deficit has arisen stemming from the relatively sudden closure in December 2010 of the Liverpool Street Walk-in Centre to NHS patients. The latter occurred in the context of a stereotyped perception by NHS London (challenged by the CoLC's Health Scrutiny Sub (Community Services) Committee) of the City being "healthy and wealthy".

6. Realigned posts and posts co-funded by the City of London Corporation and thus shared between care sectors may signify 'delivery' at field level within the Square Mile. This is one means whereby it may be possible to overcome the perception of an 'extramural' trend in service delivery/provision noted above. For example, the Community Psychiatric Nurse (CPN) allocated from the ELNHSFT, and part-funded by the City of London Corporation, works alongside the Broadway Outreach Team, coordinates mental health assessments and acts as a care coordinator for a defined CPN caseload, works joint shifts with the outreach team, attends inpatient ward rounds and undertakes further commitments, as required, within the Trust and the Square Mile.

B. NON-RESIDENT WORKFORCE

1. The nature and speed of mental health support from the NHS for the non-resident Square Mile workforce is dependent upon their postcode of residence as well as their specific occupational health schemes. Concerns were raised about employees experiencing lengthy NHS waiting times inside their localities of residence and outside of the Square Mile. This may indicate a potential need for service delivery based within the Square Mile that can potentially keep more employees active within the workplace to prevent both social isolation, and a concomitant loss of social support and economic productivity, naturally occurring when employees assume the 'sick role' through certification of sickness.

2. The data from employers in the financial services sector on the topic of employees' mental health differed widely as did the availability of services. However, the latter services were said to include in-house counselling and advice services, as well as assessment by qualified psychologists. Service provision for the City workforce in the financial services sector may also occur through private health schemes. The latter use a range of different non-NHS providers with different types of psychological interventions reported. These ranged from in-house advice and support to psychological assessment, counselling and cognitive behavioural therapy. Although some of these respondents viewed mental health problems as taboo, others called for a much higher profile to be given to psychological issues within the workplace.

3. In 2009, a total of 235,800 people worked in the City's Finance and Insurance sector, the Professional, Scientific and Technical Services sector, and the Business Administration and Support sector (ONS 2010). For the same period, a further 80,500 were employed in the other City-based non-financial sectors (ONS 2010). From 2008 to 2009, the Wholesale/Retail workforce grew by 61% from 9,600 to 15,300, with a 4.3% increase in the Professional, Scientific and Technical services workforce from 72,800 to 75,900 (ONS 2010). The non-financial service sectors alone grew by 13.5% from 78,000 in 2008 to 80,500 in 2009 (ONS 2010). These workforce growth trends indicate a significant and potentially increasing market for NHS commissioned services inside the Square Mile, especially as government policy favours patients registering with general practitioners close to their workplace, if they so wish (Department of Health 2010).

4. The responses obtained by this study from the Churches surveyed within the Square Mile showed they also have developed an active role in supporting the mental health of their congregations following the 'credit crunch'. This was especially the case in respect of the Guild Churches because they have a weekday ministry. They were found to be fully aware of the boundaries to their role in giving support and the need to link with professional medical and emergency services within accepted ethical and risk

management frameworks. One Guild Church in particular, St Andrew in Holborn, had developed a model 'listening service' (akin to the Samaritans) operating in the nave and run by trained volunteers in direct response to the redundancies experienced by the City workforce following the 2008 'credit crunch'.

3) RECOMMENDATIONS

A. GENERAL

1. The evidence presented in this report suggests that the current configuration of **extramural** mental health services for the population of the City of London increasingly conflicts with service users' requirements for those services to be based within the Square Mile.

   It is therefore **recommended** that the CityLINk should deploy this evidence:

   (i) to influence the East London NHS Foundation Trust (ELNHSFT) and Commissioning bodies both to widen the range of services available within the Square Mile (or within easy reach of City users); and

   (ii) to ensure the Square Mile population (resident and workforce/commuting) are given better information about, and improved access to, all existing and future services available to them.

   The following schedule indicates the agencies to be contacted and an action programme to be followed by the CityLINk in support of these objectives. It is complemented by suggested areas for further research to strengthen the evidence base necessary to underpin service development that aims to benefit the population of the Square Mile **as a whole**.

B. TARGET AGENCIES AND ACTION REQUIRED

1. City of London Corporation (Department of Community and Children's Services (DCCS))

Action:

a) Appropriate officers of the City of London Corporation's (CoLC's) Department of Children and Community Services (DCCS) should be approached via the Health Scrutiny Sub (Community Services) Committee to ensure that the implications for frontline service delivery of the proposed realignment of job roles between the DCCS and the ELNHSFT are clearly detailed and described.

b) Appropriate officers of the DCCS should be approached via the Health Scrutiny Sub (Community Services) Committee to explain, with evidence, why the **overall decrease** in use of the East London NHS Foundation Trust by City residents was not matched in the period 2008-10 by **any corresponding increase** in the number of clients in the 65+ age group who received community-based services or **any corresponding increase** in either the numbers of new or existing mental health clients in the 65-74 age group who received a community review. There was also both a **37% decrease** in the number of existing clients in the 18-64 age group who received a community review and **a 29% decrease** in the number of clients in the 65+ age group who received community-based services. The above mismatch in trends appears anomalous, given the Trust's policy of reducing hospital admissions in favour of increased community-based care, and also given the national/local policy which also favours greater locality-based care. In particular, an explanation should address whether these findings are associated with a contraction in service demand and/or a reduction in service provision, or might be attributable to changes in patient categorisation or other factors, such as uncompleted assessment processes or patients' failure to be approved to receive services.

2. East London NHS Foundation Trust (ELNHSFT)

Action:

a) The ELNHSFT ('The Trust')(or successor statutory mental health provider) should be approached via the City of London Corporation's (CoLC)'s Health Scrutiny Sub (Community Services) Committee, the CoLC public (elected) governor and the CoLC nominated governor on The Trust's Council, requesting that the Trust comments on the following trends in service use **which seem anomalous compared to data from DCCS, given the Trust's policy of reducing hospital admissions in favour of increased community-based care, and also given the national/local policy drive towards provision of greater locality-based care**:-,

i. The number of City residents referred to The East London NHS Foundation Trust (secondary care) increased by 12% for 2008-09 and decreased by 29% for 2009-10, respectively, which is **an overall decrease of 21%** City referrals for the same period (see Table 9, p.62).

ii. The number of City residents admitted by The Trust as in-patients increased by 29% (n=4) for 2008-09 and decreased by 67% (n=12) for 2009-10, respectively, which is **an overall decrease of 51%** in City inpatient admissions for the same period (see Table 11, p.64).

iii. The above trends in the East London NHS Foundation Trust data (see Tables 9,11 pp.62,64) and in the trends in data from the Department of Community and Children's Services for 2008-09 and 2009-10 (see Tables 21-23 pp.77-79) **seem anomalous (as described above) because**:

a. The number of existing mental health clients receiving a community review **decreased by 37% in the 18-64 age group, failed to increase in the 65-74 age group and only increased by 5% in the 75+ age group.**

b. The number of new mental health clients receiving a complete review **failed to increase in the 18-64 or in the 65+ age groups**.

c. The number of mental health clients receiving community-based services did **increase by 11.0% in the 18-64 age group but decreased by 29.0% in the 65+ age group.**

b) CityLINk, and/or its successor Healthwatch, should urge concerted action from all stakeholders to ensure that in future, The Trust (or any successor) commits to working towards **equalising physical access to mental health services for City users**. This means locating provision **within the Square Mile or within patients' easy reach** (as is the case in the other boroughs currently served by the Trust) to avoid City patients suffering the present disadvantage of long, difficult and costly journeys to outlying facilities such as the Homerton Hospital site.

c) CityLINk, and/or its successor Healthwatch, should request that, in common with consultations held elsewhere, the Trust (or any successor) regularly organises user-involvement/community engagement events **specifically for City patients/carers;** that such events are **well-publicised** and are held **within the Square Mile at times which allow both residents and workers to participate**.

d) CityLINk, and/or its successor Healthwatch, should act in concert with other City stakeholders to ensure that the Trust (or any successor) consults them in a timely manner about service reconfigurations in line with its statutory obligations.

e) CityLINk, and/or its successor Healthwatch, should continue to monitor the Trust's data production and analysis relating to the City's mental health profile, in particular checking that datasets are constructed so as to adequately reflect the City's demography, service needs and service use, disaggregated from other Boroughs. The role of CityLINk in helping to produce the City and Hackney *Health and Well-Being Profile* - the Joint Strategic Needs Assessment ('JSNA') - is valuable in helping capture and refine primary data from the user perspective, and should also continue.

3. London Ambulance Service (LAS)

Action:

The LAS should be approached via the Health Scrutiny Committee, and any official representative of the LAS acting on behalf of the Square Mile population requesting that:

a) the LAS comments formally to CityLINk regarding its data for the City for 2009-10 which reports a 32.5% increase over 2008-09 in 'code 40/41' (mental health) incidents, albeit a lower volume than for Hackney and other London Boroughs for the same period;

b) the LAS undertake to respond to the CityLINk information\data requests in future within a specified and reasonable time frame (which was not the case for information requests related to this study).

4. Mental Health Service Commissioners

Action:

The CityLINk, and/or its successor Healthwatch, to approach Mental Health Commissioners via the Health Scrutiny Sub (Community Services) Committee and the relevant and appropriate officers of the CoLC's DCCS requesting that they:

a) **Detail the methods used to evidence and assess the mental health service needs specific to the City**, particularly in connection with the 'whole systems review'.

b) Comment on **how service users and the public are being engaged and involved** in defining the needs of City patients, and in shaping future City mental health services according to the requirements indicated by this profiling study.

c) Explain **how the potential NHS emergency mental health services (free at the point of delivery) formerly accessible via the NHS Walk-in Centre at Liverpool Street will**

be provided for City users in future, now that the Walk-in Centre has re-opened as a private, charged-for facility following the withdrawal of NHS London funding in December 2010. (NB: Access to the 1.2 general practices in the Square Mile is not currently available to the non-residential workforce of the Square Mile. However, the need for such access is currently being quantified by The City of London Corporation's 2012 survey of the health care needs of the workforce in the Square Mile).

d) Show **how service users and the public will be meaningfully, and in a timely manner, consulted about any future proposed service reviews** in accordance with statutory requirements.

e) Undertake to respond to any future information requests from the CityLINk, and/or its successor Healthwatch, **within a specified and reasonable time frame**.

f) Undertake to **grant interviews within a reasonable time frame** to officers or agents of the CityLINk and/or its successor Healthwatch (This was not the case with requests for interviews associated with this study).

i. **Comment on** the service trends reported in the ELNHSFT data in relation to current and planned service provision, specifically, those trends noted in section 2a (above) where there was a **decrease of 21% in City referrals** (Table 9, p.62)**.**

g) Report to the CityLINk , and/or its successor Healthwatch, on progress and outcomes regarding the 'whole systems review' of mental health services insofar as they affect the City of London.

C. STRENGTHENING THE EVIDENCE BASE TO SUPPORT SERVICE GROWTH

As well as indicating significant trends in current service use and new needs, this study underlines the lack of data pertaining to the City's Mental Health profile in a number of key areas. Effective, targeted service development in an underdeveloped clinical field against a background of severe public sector cutbacks will depend on filling these gaps quickly and convincingly. To optimise savings/flexibility of response, commissioners will require robust, finely-tuned evidence, increasingly taking account of what users say they require, and pump-priming a mix of public, private and voluntary sector provider capability to promote innovative solutions.

Although limited in scope and by resources, this study has explored the basic architecture of City mental health provision, and probed its population's more visible needs, and as such, its

findings are of value to the CityLINk and the population of the Square Mile. A complementary investigation is now required into the statutory and non-statutory care services that are provided within the Square Mile, for both its resident and non-resident/commuting sub-populations; together with a deeper examination of what service users themselves think about the services they receive do or do not receive.

Specifically, the CityLINk should promote further work in the following areas:

PROJECT A: to profile the types/volume of the statutory and non-NHS service provision available in the City, identifying proven models of transferable good practice that benefit the whole Square Mile population; and further identify the possible forms of partnership working between the statutory, private, voluntary and independent sectors.

PROJECT B: to compile a health and wellbeing population needs profile (to include mental health) structured by ethnicity, age, gender and residency to include all of the Square Mile's sub-populations such as residents, commuters, the homeless as well as students, internationals and undocumented migrants, drawing on the findings of The City of London Corporation's 2012 survey of the health care needs of the workforce in the Square Mile (in progress).

PROJECT C: to capture user feedback on the quality/deficits of services (such as day-to-day short respite breaks offered via lunch clubs, membership clubs and day centres); also identifying the respective effects of these services on service users' mental health, health & wellbeing and social capital.

INTRODUCTION

The geographical area of the City of London (the 'Square Mile') is the historic and financial heart of the United Kingdom and its capital city. It is also the location for both residential and workforce/commuting populations, all of whom are potential users of health and social care services. Whilst Square Mile residents are commonly thought to enjoy above average income, longer life-expectancy and good health, a disparity exists in the levels of deprivation across the Square Mile, which may impact on the health and well-being of the whole Square Mile population. For example, this was most evident in the census data for the Portsoken super output area in the east of the Square Mile, which is reportedly amongst the top 25% most deprived areas of the UK.

There are also misperceptions of the City that are viewed by its own population as inappropriate, unhelpful and stereotyped. This was demonstrated, for example, by a recent challenge to a description by a NHS officer of the City population as being "healthy and wealthy". The rejoinder was recorded in the minutes of City of London Corporation (CoLC)'s Health and Social Care Scrutiny Sub (Community Services) Committee for November 2010 (City of London Corporation 2010). Evidence shows how the above view is misperceived and stereotyped as the City is a microcosm of the whole UK population (JSNA 2010). The City has ethnic diversity, residents, commuters, the homeless as well as students, internationals and (undocumented) migrants (JSNA 2010). From March 2011, undocumented migrants that are destitute and/or with dependants may access NHS secondary care without incurring any charges (Department of Health 2011).

The CoLC provides the Square Mile with infrastructure maintenance and strategic economic development. *It also undertakes municipal functions for the Square Mile similar to those undertaken by any local authority*. CoLC provides a range of services that contribute to the economic, social and environmental well-being of people living within and outside of the City. The CoLC's City Bridge Trust also maintains the five bridges that cross the River Thames in London. Thus, CoLC contributes to regional and national prosperity. The strategic aims of the CoLC are to:

- Support and promote the business City
- Provide excellent services for communities and
- Provide valued services for London and the nation.

The following five CoLC policy priorities support the above strategic aims:

1. To support the business City, London and the nation in the City's role as an advocate for the financial services industry.

2. To ensure that the City remains a good place to do business;

3. To provide excellent local authority services;

4. To promote culture and recreation;

5. To support regeneration in the City, City fringes and beyond (City of London Corporation website, 2010)

The above publicly espoused strategic aims demonstrate how the CoLC undertakes both a supportive advocacy role on behalf of the financial services sector and the municipal provision role of a local authority, thereby integrating the needs of two geographically coterminous constituencies.

It is axiomatic to this research that an appropriate consideration of these integrated needs in relation to mental health will accrue future potential and mutual advantage for the Square Mile population as a whole.

There are varying estimates for the 2010 resident population of the Square Mile. These range from 12,400 (Office for National Statistics) to 9,502 (Greater London Authority)(cited in JSNA 2010). Every weekday, approximately 340,000 workers and 30,000 students commute to the City (City of London Corporation website). The resident population is predominantly working age with 81% White: 3% Mixed; 9% Asian; 4% Black; 1% Chinese; and 1% Other Ethnic Group. This population is expected to grow by 43% over the next two decades (compared to 2006) with the expected growth in the 40-59 and 60+ age groups (City of London Corporation, London Borough of Hackney, NHS City and Hackney (2010 p.16)('JSNA 2010').

The CoLC Compact describes the Square Mile's Third Sector as varying in size from small self-help groups to larger funded organisations across the City and Hackney areas (City Together 2008). The role of the CoLC's Department of Community and Children's Services (DCCS) is to commission services for the whole Square Mile population. DCCS currently has the lead role in commissioning the Third Sector for the Square Mile. DCCS receives Government grants/revenue funds (e.g. the Area Base Budget) from the City Fund account. DCCS is responsible to, and reports, to the CoLC's Community and Children's Services Committee. From 2006, DCCS began commissioning Third Sector organisations to provide services under contract and performance management.

Local Involvement Networks (LINks) were set up in April 2008 under the Local Government and Public Involvement in Health Act 2007. The aim was to replace the Commission for Patient and Public Involvement in Health and Patient Public Involvement Forums. LINks now exist in every local authority area with a responsibility for social services including the area of central

London that comes under the auspices of the City of London Corporation. The City of London Corporation's LINk (CityLINk) has identified Mental Health as a priority area in order to improve services for users of mental health services within the Square Mile To date, this work has been obstructed by a dearth of 'City- specific' information on the:

a) demographic profile and social identity of services users, and non-users;

b) available and required services.

Where relevant data is generally available, it may not be disaggregated for the Square Mile, but may be presented in an aggregate form as part of 'City and Hackney' as reported by Corbett (2009). Previous reports have also stated that there are very few Mental Health admissions from the Square Mile: yet anecdotal evidence suggests the opposite. Given these deficiencies in existing datasets, the CityLINk decided to commission this research to profile service use and to thereby address the above information deficits.

STUDY AIMS

Current Services

1. Identify the current provision of Mental Health services (including community services/inpatient/outpatient/primary/secondary/tertiary)
.
2. Identify any future plans for services commissioned wholly and/or partly by the City of London Corporation or NHS City and Hackney.

3. Identify the support services available to workers within the Square Mile by investigating a sample of services that businesses provide for their workers.

Current Service Users

1. Identify the social demographic of services users

2. Identify how service users access delivery either through General Practitioner referrals, self-referrals and/or Accident and Emergency Services within the Square Mile or via neighbouring boroughs.

Failure to Access Services

1. Identify potential groups of service users who are not accessing services currently.

2. Explore barriers to service uptake for non-users and lack of full access to a range of services for existing users.

RESEARCH QUESTIONS

Current Services

1. What is the current provision of Mental Health services (community services, inpatient, outpatient, primary, secondary and tertiary?

2. What are the future plans for services commissioned wholly and/or partly by the City of London Corporation or NHS City and Hackney?

3. What support services are available to workers within the Square Mile by investigating a sample of services that businesses provide for their

Current Service Users

4. What is the social demographic profile of services users?

5. How do service users access delivery?

Failure to Access Services

6. Which groups of service users are not accessing services currently, and why?

7. What are the barriers to service uptake for non-users requiring access to a range of service

METHODOLOGY

This study's principal investigator had previously undertaken research on the utilisation of health and social care services, including a review of the advice, advocacy and volunteering services within the Square Mile commissioned by the CoLC's DCCS (Corbett 2009). In this profiling study a range of qualitative and quantitative research methods were used to explore, and report on, the current City-focused mental health services and their users, as well as to identify the factors impacting on service use and non-use for those populations living, working or transient within the Square Mile.

The CityLINk's Mental Health Advisory Group provided helpful guidance for the research through its constituent members, who were supported administratively by the host organisation CITY.COMM hosted by Voluntary Action Westminster.

The author actively engaged with the membership of this Advisory Group throughout the duration of the study in order to inform the research tools, as well as to agree the fieldwork necessary for sampling of services and to facilitate overall completion of the study within the agreed timetable. A flyer was developed with the assistance and approval of CityLINk which described the focus of the study and the research questions to be answered (Appendix Two).

A rapid review of the literature showed that the terms 'Square Mile' or 'City of London' are mostly subsumed within those such as 'East London and the City' or 'City and Hackney'. This means therefore that there may be a paucity of data representing only the Square Mile population.

A major finding of this study is the unreliability of the data obtained from the providers about the use of their services by City residents. This was found to be the case for data submitted by different providers and/or from within different parts of their organisations. The way in which some providers collected and analysed data was found to be unorganised. Generally, both the data collected by some providers, and the way those providers analysed their data, needs to be both more systematic and reliable. The size of the provider organisation/infrastructure did not guarantee more reliable data. Therefore, the data obtained from some large providers were often unreliable.

In relation to mental health, evidence shows how London boroughs as a whole do not demonstrate the requisite provision in mental health advocacy for each of their demographic profiles (Foley and Platzer 2007). Yet again, such data does not specify Square Mile populations as a discrete entity. However, this data may exist within national and/or local data sets. It may be possible for aggregated data sets to be disaggregated. For example, recent research commissioned by DCCS (Corbett 2009) showed that advocacy services were commissioned either jointly with the City and Hackney Teaching Primary Care Trust for mental health and health translation, or independently by DCCS for mental capacity/mental health (City of London

Corporation 2009). Foley and Platzer (2008) suggest that due to the spatial concentration of acute settings within London's city centre areas, such provision may not have kept pace with human mobility factors (Curtis, 2004). Yet again, Foley and Platzer (2008)'s dataset was not disaggregated to show findings for the Square Mile.

Study design

The study design used a variety of data collection methods. Qualitative and quantitative data were derived from NHS and other local providers. This design enabled use of open ended interviews of service delivery respondents from NHS and other providers.

Existing provider datasets were accessed so as to develop and interpret a service profile of the whole range of existing and planned mental health services for those residing, working or who are temporarily located within the Square Mile. In this way the research identified the use of existing services as well as projected usage of any future planned mental health services.

Sampling, data collection and ethics

Table 1 shows the service providers in the Square Mile and in neighbouring boroughs that were identified and sampled, and the specific respondents that provided quantitative and qualitative data on the following: i) the social demographic profile of services users and non-users; and ii) the available and required services as well as barriers to access for the Square Mile population.

Service user and carers' organisations were also contacted which had on-going social support connections with service users living in or working in the Square Mile, and/or social networks which included members of that population.

Table 1 Study respondents (n=59*).

Corporation of London (DCCS/Town Clerk)	**Role**	**DATA REQUESTED & REC'D**
Joy Hollister; Keith Manaton*; Emma Goulding*; Sarah Greenwood*; Julian Wakefield*; Davina Lilley*; Jonathon Quereshi*	Director; Purchaser/complaints manager; policy & resources; adult social care; street population management Barbican Estate.	Quant
City of London Police	Policing	Quan
Access Group (Brenda Wallman*)	Access Team	Quan
Neaman Practice		
Margaret Morris/David Vasserman *	Practice Manager/GP Senior Partner	Quan/qual
NHS City and Hackney		
Noel Morrow*& Stephen Hardisty*	Mental Health Commissioning (lead)	Quan/quan
Dr David Woodhead (London Borough of Hackney)	Health development	Quan/qual
East London NHS Foundation Trust		
Dr Nick Price*	Consultant Psychiatrist with responsibility for CoL residents	Quan/qual
Dean Henderson* City and Hackney	Borough Director Adult Services	Quan/qual
Stephen John	Director Older People Services	Qual/quan
Sarah O'Connor	Public Involvement	Nil
Denise O'Grady *	Community Psychiatric Nurse	Quan/qual
Citizens Advice Bureau	Chief Executive Officer	Quan
Loraine Butler*	Chief Executive Officer	Quan
Alzheimer's Society*	Hackney and City Office	Qual
City and Hackney Alcohol Service		
Mark Hilton*	Officer	Quan
Broadway*	Homelessness agency	Quan
City and Hackney Carers	Carer support	
Ben Hibberd*	Mental Health Officer	Quan/qual
London Ambulance Service	Emergency services	
Margaret Vandor*	Head of Patient & Public Involvement and Public Education	Quan
Court of Common Council (CCC) and Ex-CCC	Elected representatives	
Ian Burleigh*; Henry Jones; Delis Regis*; Billy Dove; Steve Stevenson*	CCC and Ex-CCCC	Qual
City.COMM*	Third sector development	
Emma Plouviez*	Organisation Development Officer	Qual
Mark Pudge*	Director	Qual
City Churches: 11 (n=11) churches (telephone survey)	Faith groups	Qual/quan
City Businesses: 23 (n=23) FTSE 100 leading firms (telephone survey)	Financial sector	Qual
Mr Mark Field M.P.*	Elected member of the Houses of Parliament	General information

KEY: QUAL=QUALITATIVE DATA; QUAN=QUANTITATIVE DATA; TOTAL RESPONDENTS = TWENTY FOUR (n=24)

Tables 2-3 show the range of data sources sampled from within the statutory and voluntary/third sectors. In addition existing local and national literature was searched using online bibliographic databases and the City of London Corporation's Guildhall Library. The specific fieldwork for this part of the study was discussed and agreed beforehand by the principal investigator with the members of the CityLINk's Mental Health Advisory Group.

All data used for this report were collected with the verbal consent of the care providers and those anonymously contacted within the financial services sector. All such data on service use and health and wellbeing was information which would be, or was, in the 'public domain' because it had no copyright associated with it, and also because it related to the use by the public of health-related services, the majority of which were publicly funded and thus constituted data that providers are expected to publish about the use of their services. Identities are revealed in this report only with the verbal consent of the providers e.g. NHS/PVIS providers and the Guild Church of St Andrew, Holborn. NHS patients and other service users were not contacted for purposes of data collection or for any other purposes associated with this study. Canterbury Christ Church University Research Ethics approval was granted for this study, which also conformed to the ethical practice guidance of the British Sociological Association (British Sociological Association, 2010).

A study flyer acted as a prompt during interviews with service providers in order to collect relevant quantitative and qualitative data (see Appendix Two).

Data about service use were requested for the years 2007-2010 but not all providers were able to offer data sets for that time period. Generally the statutory services offered such data, but others were not able to due to fluctuations in staffing/available expertise. The experience with statutory sector providers was that, generally, limited contact could be achieved either face-to-face or via telephone. Electronic mail was the most successful communication mode for obtaining the requested data. The opposite was the experience with collecting data from within the independent, voluntary/third and private sectors. The latter sectors were generally more amenable to telephone and face-to-face contacts. These unanticipated delays were responsible for requesting an extension to the original timescale which was fully agreed by CityLINk.

Following the statutory sector consultation phase that involved the first draft of this Report being circulated to providers for comment, the following statutory providers subsequently amended the datasets that they had originally supplied for this Report:

a) The East London NHS Foundation Trust

The East London NHS Foundation Trust (ELNHSFT) revised the original dataset 'cautioning' against using any of their 2007 data for analysis. This was due to the implementation of the Trust's 'RiO' data collection system in July 2007 mid-way through the Trust's financial year

which thereby gave an incomplete reflection of 2007 performance. It was also recognised that this dataset might have under-reported the true number of City referrals/inpatients.

Given the latter, a second dataset provided by ELNHSFT was quality assured by the Trust's Research Directorate (Research & Development Officer) for reliability of the postcode attribution of City patients. This dataset was then subsequently tested to further assure and confirm the accuracy of the postcode attribution of the City patients thereby also assuring the validity/reliability of the analyses contained in this report. The latter would suggest that the findings of this report relating to what ELNHSFT categorise as 'City residents' are sufficiently robust for use as evidence by policy-makers and commissioners.

b) Department of Community and Children's Services

The Department of Community and Children's Services (DCCS) also revised the original dataset that they had supplied for this Report (Tables 21-23, p.77-79), given DCCS was unsure about its reliability, believing that their original dataset had under-reported the true number of City clients receiving community-based services.

Table 2. Provision directly related to the mental health of Square Mile users

Provider	Service	Type	Funding
Statutory			
City of London Corporation, Department of Community & Children's Services (Adult Social Care)	Adult Social Care Assessment	Community (resident only)	Central government
The East London NHS Foundation Trust	Psychiatric assessment & treatment	Secondary inpatient & community (NHS)	NHS City & Hackney
• The Neaman Practice • City Wellbeing Practice (Tower Medical Centre), Portsoken Health & Community Centre	Medical assessment, referral & treatment	Primary community	NHS City & Hackney
Voluntary/third sector			
Alzheimer's Society	City Coffee club (dementia café)	Voluntary/third sector	NHS City and Hackney
City and Hackney Carers Centre	Advice, information and relaxation	Third sector, non-professional/volunteer	City of London Corporation (DCCS)
City Churches	Listening, on-referral, non-religious	Non-professional volunteer	Guild Church Council
Private			
City businesses	Occupational	Employment-related	Private health schemes

Table 3. Further provision related to the mental health of Square Mile users

Provider	Service	Type	Funding
Statutory			
Young at Heart	Exercise programme	Community	Corporation of London (Sports Development) Exercise programme
Voluntary/third sector			
Alzheimer's Society	Carer support	Community	Voluntary/third sector
Broadway	Homelessness	Community	Corporation of London
Cambridge House	Advocacy	Community	Corporation of London
City Citizens Advice Bureau **(closed on 25/3/2011)**	Advice	Community	City of London Corporation
City Church and Faith Groups	Various	Community	Voluntary/third sector
City & Hackney Carers	Carer support	Community	Corporation of London
City & Hackney Alcohol Service	Assessment & treatment	Secondary	Corporation of London
City STEP	Employment project	Community (residents)	Corporation of London
Samaritans	Telephone listening	Community	Voluntary/third sector
Toynbee Hall	Tripartite advice & information service **(from 01/04/2011)**	Community (residents)	City of London Corporation
	'Capitalise' Debt Advice Service	Community	Department of Work & Pensions (UK Government)
Private			
City Businesses	Occupational health	Employment-related	Private occupational health schemes

A telephone survey was undertaken of human resources departments in national and transnational firms from the financial services sector. Theoretical sampling was undertaken using data (see Table 4) from the ONS Business Register and Employment Survey (ONS, 2010). This form of sampling acknowledged the economic relationship between the three sectors highlighted in the table below. The City's financial services sector "strictly speaking" consists solely of the ONS sector 'Finance & Insurance' on which two other sectors are directly and economically dependent. However, these two sectors may not be regarded as 'Finance & Insurance' by their own workforce. These two dependent sectors are: 'Professional, Scientific & Technical' and 'Business Administration & Support Services'[1]. For sampling purposes these three City sectors (highlighted in Table 4) were used thus representing 75% of the total 2009 City workforce. In this way sampling of the City workforce had to omit the remaining 25% employed in other sectors within the Square Mile due to the limited resources available for this study:

Table 4. Employees in the Square Mile

Employment sector	**2008**	**%**	**2009**	**%**
Manufacturing	1,400	0.4	1,100	0.3
Construction	3,300	1	2,800	0.9
Motor Trades	100	0.03	0.0	0.0
Wholesale	4,500	1.3	4,200	1.3
Retail	5,000	1.5	11,100	3.5
Transport & Storage (including Postal)	3,000	0.9	3,000	0.9
Accommodation & Food Services	14,900	4.5	14,700	4.6
Information & Communication	22,200	6.8	20,600	6.5
Finance & Insurance	**144,600**	**44**	**134,600**	**42.5**
Property	4,300	1.3	5,300	1.7
Professional, Scientific & Technical	**72,800**	**22**	**75,900**	**24**
Business Administration and Support Services	**32,500**	**10**	**25,300**	**8**
Education	3,700	1.1	3,500	1.1
Health	3,000	0.9	3,100	1
Public Admin	5,300	1.6	4,300	1.2
Other	7,200	2.2	6,800	2.1
Total	327,900	100	316,300	100

Twenty (n=20) City-based businesses, classifiable as part of the above three ONS (2010) sectors, 'Finance & Insurance', 'Professional, Scientific & Technical' and 'Business Administration & Support Services' were randomly selected. The sample was recruited by telephone through their human resource (or equivalent) departments. Contacts within the businesses were informed that a

[1] The mutual economic dependence between these three sectors in context of their distinct identities was confirmed by the Economic Development Unit, City of London Corporation 2011.

study on profiling mental health service use was being undertaken for the CityLINk, and that the CityLINk is commissioned by the City of London Corporation to help improve local public services and to help them obtain value for money. This survey of FTSE 100 businesses located within the Square Mile was presented to those randomly selected businesses as a "fact finding exercise" on mental health service use by people living and working in the City. This was judged to be an acceptable strategy to collect such data from commercially sensitive organisations. Respondents were asked: i) if they had any access to any information about how the recession is affecting the mental health of people working and living in the City; ii) what sort of information do they access in developing policies for staff for 'stress management' and 'work/life balance'; and iii) did they know of any increase in the number of employees with psychiatric problems as a result of the recession, and if so, how does the latter manifest e.g. changes in productivity; increased absenteeism etc. The responses and themes were explored within the limits offered by each respondent. This telephone survey was undertaken by a research associate (supervised by the author) with over 15-years work experience within the City's financial services sector. The prompts/questions used during these telephone interviews were specific and appropriate for this sector. Written notes were made during each interview.

A further survey of City churches located within the Square Mile used the Friends of the City Churches website (http://www.london-city-churches.org.uk/). Telephone contact was made with the 57 (n=57) churches listed on the website's Index of Churches. The prompts/questions used during these telephone interviews were similarly specific and appropriate for these potential respondents. Written notes were made during each interview.

Data analysis

Quantitative and qualitative data analysis was undertaken. The aim of the data analysis was to identify answers to the research questions and to identify and describe respective trends in the data. Quantitative data were analysed using EXCEL software in order to help identify and describe data trends. The data were analysed in order to compare these trends, where possible, across providers. As described above (p.29-30), the ELNHSFT cautioned against using their 2007 data. This meant that only the data trends for the period 2008-2010 could be compared from both the DCCS and the ELNSFT who are jointly commissioned providers. The aim of the qualitative data analysis was to further identify existing perceptions and beliefs by developing a cohesive, confidential and non-attributable narrative. Qualitative data consisted of notes of semi-structured interviews with a sample of respondents concerning data on service use that was in the public domain i.e. not subject to copyright. Themes and sub-themes were identified using the initial questions as a framework for analysis (Denzin and Lincoln 1998, Krippendorf 2004, Silverman 2001). The latter were synthesised into a cohesive narrative forming the content of the next two sections.

DATA ON THE SQUARE MILE

Generally, the data available from providers on the use of mental health services for Square Mile residents or workforce was hard to obtain, missing, inadequate and incomplete or fragmented. This necessitated repeated requests and further delays to the original timescale. Enquiries were made to the relevant JSNA authors to ask if more City-specific data could be disaggregated from data categories labelled as 'The City & Hackney'. Information received suggested that the JSNA data sets could not be disaggregated any further.

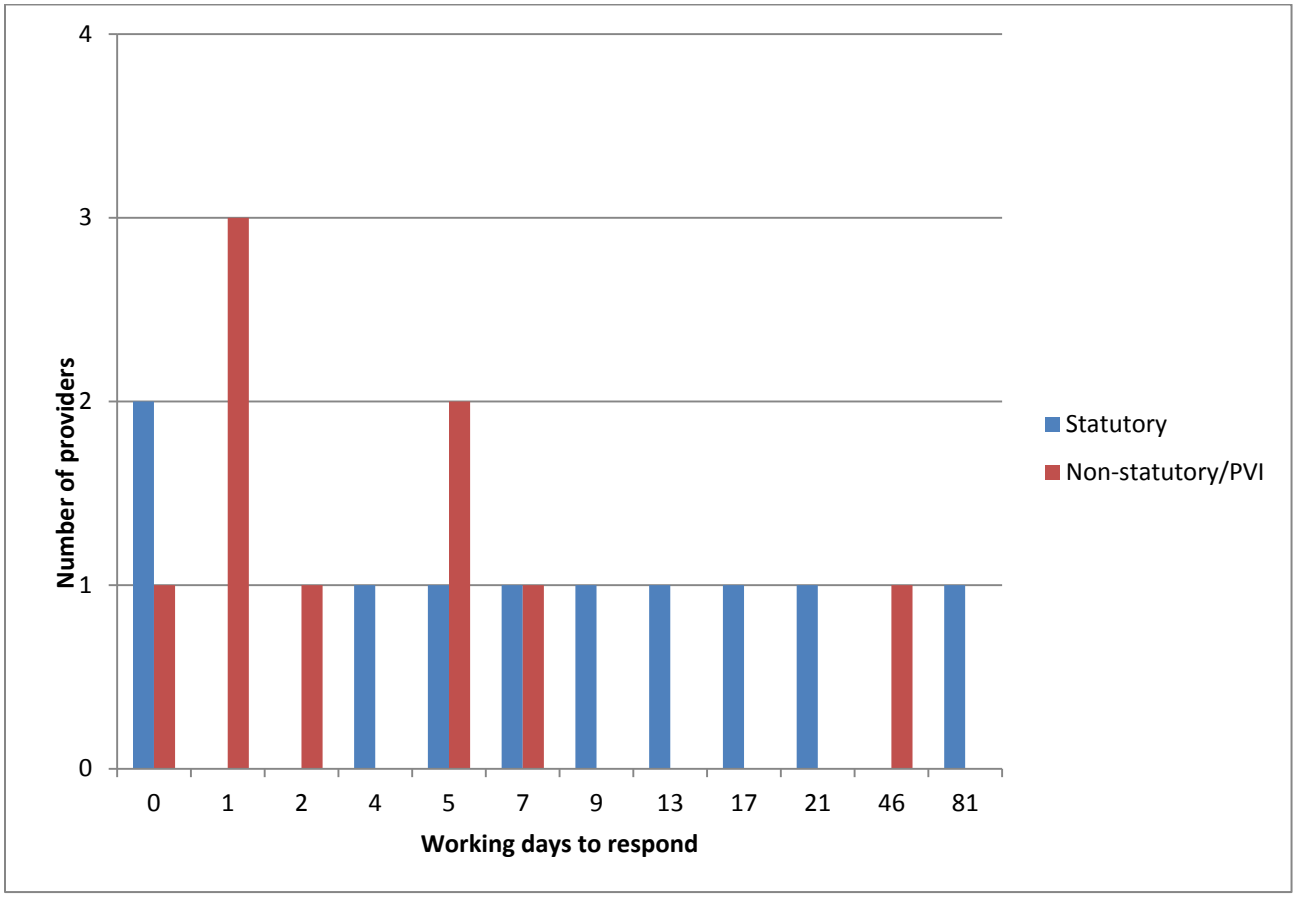
This situation was found to be similar when providers were approached for data in relation to Square Mile residents or workforce/commuters. For example, one PVI provider under contract to the City of London Corporation was unable to give any data on take up of their service by Square Mile service users unlike the majority who were approached. The types of data requested and received are shown in Table 5. Thus, the data used for this profiling study are necessarily limited by the above factors and this situation further limited the data analysis and the interpretation of findings.

PROVIDER RESPONSE TIMES

Twenty-four (n=24) service providers were contacted in order for them to provide data or a meeting so as to provide data. For purposes of this study, the provision of data, or an agreement to meet for such purposes as to provide data, was defined as a 'reasonable response'. Fifteen (n=15) providers were statutory and nine (n=9) were non-statutory and/or PVI providers. Five (n=5) providers did not respond to repeated requests. The response time was measured in the number of working days it took the provider to respond. The response times for the providers are shown in Table 5 (identities are hidden). The average statutory provider response time was 10.5 days as opposed to 7.6 days for non-statutory/PVI providers. In terms of the time taken to respond, eight (n=8) providers took up to eight days; five (n=5) took between five to eight days; one (n=1) provider took between nine to twelve days; and five (n=5) providers took thirteen to eighty-one days.

Significant delay was experienced in gaining access and retrieving relevant data from the statutory sector providers, as access to many statutory organisations was through 'gatekeepers' (managers) known to the CityLINk who would signpost the author to particular parts of their organisation best able to offer relevant data. This necessitated weekly or daily e-mail and telephone reminders to multiple gatekeepers often within the same organisation often resulting in little real outcome.

Table 5. Provider Response Times



Working days to respond	0-4	5-8	9-12	13-81
Number of provider responses (n=24)*	8	5	1	5

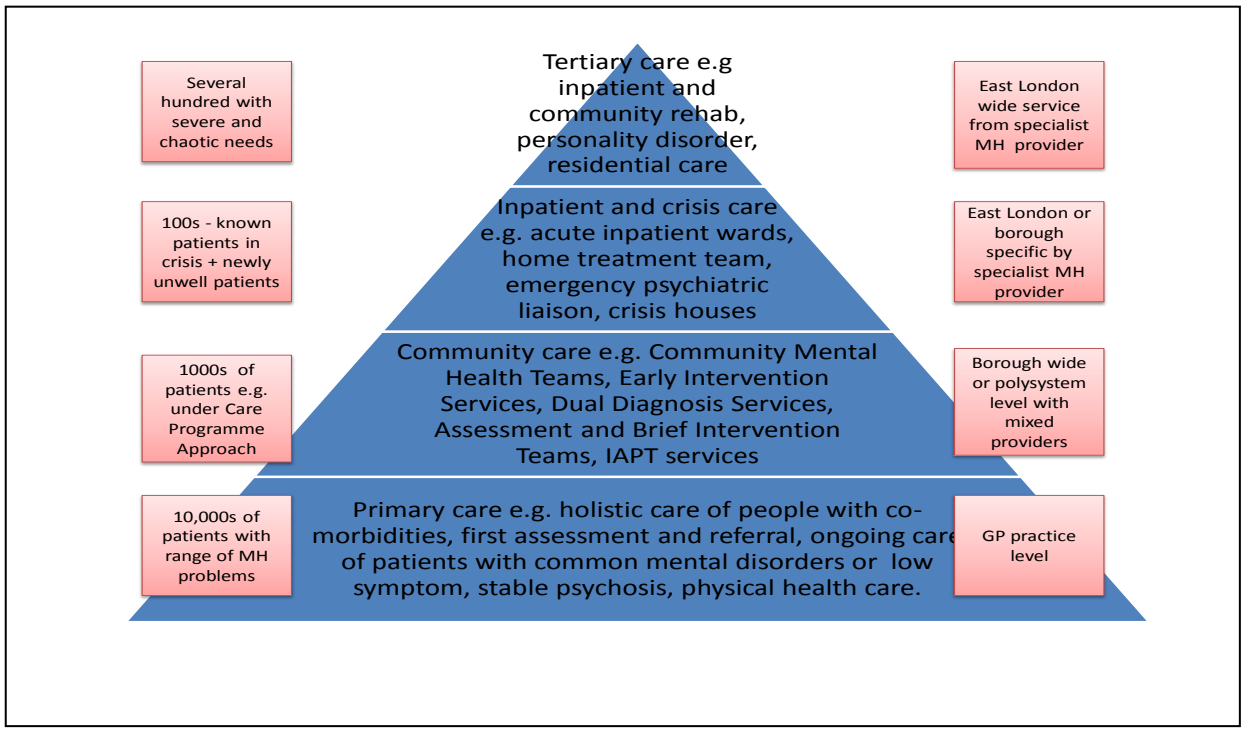
*= includes five (n=5) non-responders

This was an interesting finding given the statutory nature of the City LINk and its role within the local health and social care economy. The possible causes for this included the lack of knowledge about the role of the CityLINk (and the LINks in general), the impact of the government's Comprehensive Spending Review, the 'whole systems review' which was undertaken within the local mental health services, as well as a lack of awareness by some staff within the providers about the statutory role of the CityLINk. For example, one provider's manager had to explain the role of the LINk to colleagues, explaining that LINk requests are legally enforceable and reminding them of their accountability for responding appropriately.

SERVICE PROVISION

Tables 1-3 listed a range of health and social care providers found to offer services to City residents and City workers diagnosed with mental health problems. The tiers of service that may be used by City residents/workforce with diagnosed mental health problems are shown in Table 6.

Table 6. Primary, secondary & tertiary mental health services in East London and The City



[Source: Noel Morrow, NHS City & Hackney Joint Head of Commissioning]

1. Statutory Provision

The main statutory secondary provision is jointly commissioned on behalf of the residents of the City of London Corporation (CoLC) and the London Borough of Hackney by NHS City and Hackney. Square Mile residents have been historically included within this commission which is based on the annual JSNA co-produced by NHS City and Hackney, the CoLC's Department of Community and Children's Services (DCCS) and the London Borough of Hackney. The levels of service are shown in Table 6.

Within this commission CoLC residents can access all of the mental health services provided by the East London NHS Foundation Trust (ELNHSFT) within the primary, secondary and voluntary sectors.

The ELNHSFT website lists the main areas of service provision under the auspices of the City and Hackney Directorate of the ELNHSFT for the Square Mile and the London Borough of Hackney are:

1. Adult Services;
2. Older People's Services;
3. Child & Adolescent (CAMHS);
4. Forensic Services.
5. Clinical Support Services.
6. Non-Trust Services (Other Agency and Voluntary Sector Support).
7. Patient Support and Advice Service.

The ELNHSFT also provides the above services to the London Boroughs of Newham and Tower Hamlets (Wilkins 2010). The Trust operates out of 47 sites across the City and the Boroughs covered (Wilkins 2010). The only requirement for Square Mile residents is that they are registered with a General Medical Practitioner (GP), or in some cases, establish what is termed 'ordinary residence' as defined by Department of Health, 2010 (source: Noel Morrow, Joint Head of Commissioning, Mental Health & Substance Misuse, e-mail 09/12/2010).

Wilkins (2010) describes how the Trust also provides adult specialist forensic inpatient and community services to East London and North East London (i.e. Barking and Dagenham, Havering, Redbridge and Waltham Forest). Forensic Personality Disorder inpatient services are also provided by the Trust to the whole of North London including the Square Mile (Wilkins 2010). The Trust is also one of thirteen national services for Chronic Fatigue Syndrome/Myalgic Encephalitis, also provided by the Trust to North London, Hertfordshire and Essex (Wilkins 2010).

The areas served by the Trust are culturally diverse and generally socially deprived. This means that there are significant challenges for the local provision of mental health services. As one area served by the Trust, the Square Mile also has its own culturally diverse population and its own pockets of social deprivation, such as the **super output area** of Portsoken in the east of the Square Mile. The Trust's local services cater for a population of 710,000 in East London with forensic services providing for 1.5 million in North East London (Wilkins 2010).

The Trust has four inpatient sites and employs approximately 2,600 whole-time-equivalent staff (Wilkins 2010). It has a total of 640 general and specialist inpatient beds (Wilkins 2010). Inpatient sites are located within the three London Boroughs of Hackney, Newham and Tower Hamlets, respectively (ELNHSFT website). There is no similar inpatient unit in the City as the unit at the Homerton Hospital is designated for use by both the Square Mile and the London

Borough of Hackney's joint populations i.e. out of the three boroughs and the City covered by ELNHSFT, the Square Mile population has to access inpatient services at a distance to their geographical location unlike the populations of the three boroughs.

Under current arrangements, Square Mile residents have to travel outside the Square Mile for inpatient psychiatric treatment, which is provided on the site of the East wing of the Homerton Hospital. The plan was to transfer in 2013 to the St Leonards site in Kingsland Road/Nuttall Street, Hackney (East London NHS Foundation Trust 2009). However, this publicly consulted-on plan has now been withdrawn without any consultation. Although this prospective relocation would have brought inpatient services marginally closer to the Square Mile, it would have still involved service users and carers travelling for significant periods of time in order to receive statutory services. Unlike other ELNHSFT patients, Square Mile patients and their families are expected to travel out of the Square Mile for their inpatient care and many community-based services, as opposed to the three boroughs covered by the Trust where these are available within their boundaries. Train services to the areas of Kingsland Road/Nuttall Street and Homerton Hospital are not direct and therefore require Square Mile users have to change services *en route.* Bus services are more direct yet actual (as opposed to scheduled) travel times in this congested part of London are in the region of sixty to ninety minutes (CityLINk Mental Health Advisory Goup). For the Square Mile population this situation is anomalous compared to the City fringe and therefore it is inequitable.

The ***"six key priorities"*** in the Trust's 2010-11 (Wilkins 2010 p.27, emphasis in original) are:

1. Improving community services in Adult, Child and Adolescent Mental Health Services
2. Improving inpatient services in Adult, Child and Adolescent Mental Health Services
3. Improving older adult community and inpatient services
4. Achieving financial and business sustainability
5. Achieving effective delivery of the Corporate and Organisational Development Plan
6. Achieving the successful integration of Newham Community Health and Care Services.

The Trust states in its Annual Plan 2010-11 (Wilkins 2010), in the section entitled "Vision and Key Priorities", that it has agreed "challenging quality and safety priorities" linked to the Quality Accounts and CQUIN (Commissioning for Quality and Innovation) across all its services. This is dependent upon meeting targets and initiatives listed in its Quality Account for Adult Services, Adult and Older Adult Services, Older Adult Services, Children and Adolescent Mental Health Services and Forensic Services (Wilkins 2010).

The plan also states that the Trust is refining its Service and Directorate-level pricing models and activity based contract performance information in preparation for Payments by Results (PBR) and Service-line Reporting (Wilkins 2010).

Wilkins (2010) also states that the three East London PCTs are aiming to complete during 2010-11 a major whole system and service transformation review in the areas of primary care,

community care and inpatient provision. ELNHST is working with these PCTs to shape this review in anticipation of the implementation of redesigned services from 1st April 2011 (Wilkins 2010). These will also address key cash releasing efficiencies required for 2010/11 and 2011/12 (Wilkins 2010). Leading up to the transformation period, and to deliver the service strategy, the following key service developments are planned for 2010/11 (Wilkins 2010):

a) Redesign of Older Adults services
b) Establish 8 bed Crisis House in City and Hackney
c) Establish a new Dementia Liaison service and expansion of the Memory Service in Tower Hamlets in conjunction with the PCT and acute hospital
d) Implementation of new Information Management and Technology approaches, e.g. new ways of working, reducing telephone costs, etc.
e) Increase forensic services capacity
f) Delivery of the final phase of the Trust's annual estates plan to improve community premises for CAMHS and Adult Service users and staff and progress the Homerton reprovision business and affordability case
g) The integration of NHS Newham Community Health and Care Services

The ELNHSFT is divided in a series of Directorates for each of three local authority boroughs and the City on behalf of whom ELNHSFT delivers mental health services (source: ELNHSFT website). The Trust therefore has (three) Borough Directorates: i) City & Hackney (which managerially combines the City with Hackney); ii) Tower Hamlets; and iii) Newham. Each of the latter is managed by a Borough Director.

Except for the CoLC, all mental health social work posts across the areas of London covered by the Trust are aligned within each of the Trust's Borough Directorates. Unlike other jointly commissioned mental health services, the DCCS provides statutory mental health assessment from a generic social work team.

During 2010, the working remit and the posts within this DCCS team have been reappraised. The stated aim of DCCS was to restructure in order to provide a "stronger" frontline social worker response. This has now resulted in DCCS creating a specialist Mental Health Social Work post soon to be realigned within the ELNHSFT's City & Hackney Borough Directorate. This is in keeping with the national design of jointly commissioned and integrated community mental health services. The qualified Occupational Therapy role has also been redesigned and outsourced to Millbrooks under a joint contract with the London Borough of Hackney.

Mental health care could also potentially be accessed through the Liverpool Street NHS Walk-in Centre as part of its role in unscheduled medical care. This NHS service was provided by GenMed under contract with NHS City and Hackney but it closed to NHS patients on December 17th 2010 as a NHS service free at the point of delivery, thus becoming a wholly privately run service.

The NHS contract for this Walk-in Centre was terminated by NHS London from December 17th 2010, in part due to the financial state of the NHS, but also due to the opinion expressed by the Chief Executive of NHS London that the service did not meet the needs of the local (meaning 'resident') City population. Approximately five hundred (n=500) patients[2] used this Walk-in Centre every week from 27 different postcodes indicating it was used by the non-resident Square Mile workforce and people registered with the two local NHS-funded general practitioner services operating within the Square Mile (City of London: Health Scrutiny Sub (Community Services) Committee (Minutes).

From December 2010, the Liverpool Street Walk-in Centre ceased treating the attending public under the auspices of the NHS (free at point of use) because the local NHS was unable to recoup treatment costs for non-residents. This arose as negotiations to effect such changes were not brokered by NHS London with other Strategic Health Authorities on behalf of NHS City and Hackney[3]. If the latter arrangements had been so brokered they may have allowed for recharging from non-residents' home Primary Care Trusts[4]. However, the NHS has never been able to broker this arrangement for the Square Mile population.

This situation resembles other recent NHS closures. For example, the Ancoats Walk-in Centre in Manchester was recently closed without any local consultation by NHS Manchester (Manchester Evening News 2011).

From December 17th 2010, a non-statutory private provider has operated the Liverpool Street Walk-in Centre on a private non-NHS funded basis. This means that anyone from the Square Mile population previously treated free at the point of need under the NHS now has to pay that provider at point of need for exactly the same service[5].

The two NHS-funded General Practices (GPs) located within the Square Mile also provide primary care mental health services. However, these practices are not equivalent in terms of their hours of opening for their respective registered users. For example, the Neaman Practice based in West Smithfield is a five day a week service. The GP service available at the Portsoken Health and Community Centre operates only on Mondays and Thursdays for three hours (10AM-1PM) and is an outreach service from the City Wellbeing Practice (Tower Medical Centre). It is located outside of the Square Mile so operating like an 'outreach' into the Square Mile. The Neaman Practice is funded for NHS patients by NHS City and Hackney. The City Wellbeing Practice (Tower Medical Centre) at Portsoken Health and Community Centre is funded by NHS Tower Hamlets. Private health services like GenMed also employ qualified health professionals like

[2] This statistic on service use was cited in a letter dated September 21st 2010 from Stuart Fraser (Chairman of CoLC Policy and Resources Committee) to Ruth Carnall CBE Chief Executive of NHS London, the Strategic Health Authority for London due to cease operating by April 2012.
[3] Ibid.
[4] City of London Corporation: Health Scrutiny Sub (Community Services) Committee (Minutes) dated 24th November 2010.
[5] This fact was established by the principal investigator telephoning the said provider.

doctors and nurses, and also operate within the Square Mile on behalf of City businesses as part of their employee occupational health insurance schemes, as well as for fee paying individuals.

The government's new commissioning and providing arrangements for NHS patients appears to offer new opportunities for NHS patients to register with GPs nearer to their places of work if they so wish (Department of Health 2010). Given the latter, a new NHS-funded/GP-consortia commissioned primary care service could emerge for the Square Mile's population[6].

[6] This is the intention of the City of London Corporation as stated in the same letter noted in footnote 2 .

2. Voluntary, Community & Third Sector Provision

Cambridge House

The DCCS has commissioned Cambridge House based in Camberwell to offer confidential, independent advocacy support to adults over 18 with a health, social care or education need. Referrals are made by individuals, family, friends or social, education and health care professionals. The aim of the service is to support and enable people to become and remain in control of the decisions that are made about their lives. The types of issues where advocates may be expected to support mental health service users include: direct payments and personal budgets; assistance in expressing views about support; support with attending forums; and with using the complaints processes.

City and Hackney Carers' Centre

City and Hackney Carers' Centre (CHCC) is a Hackney-based service operating out of a Dalston base into the Square Mile. They are funded by DCCS to provide advice to unpaid adult carers who are looking after anyone ill, disabled and/or frail. CHCC also has a specific mental health worker post entitled the Mental Health and Group Support Co-ordinator (City and Hackney Carers Centre 2010). The counselling services developed by CHCC are of two main types: i) 'person-centred' which involves listening; and: ii) 'human givens', which involves relaxation.

CHCC is funded by DCCS to support carers over 18 years and until recently did not support young adult carers. However, they are taking on young adult worker for this purpose. They have two and a half thousand unpaid adult carers known to their service. Fifty (n=50) adult City-based carers used CHCC's service in 2010-11 and were also known to DCCS. The CHCC's 'City Young Carers' Project' ran for five months and identified three (n=3) City-based young carers. In 2008/09, CHCC undertook thirty-five (n=35) sessions of advice giving for City residents/carers. Because CHCC have qualified advice workers who can speak a combination of Bengali languages, there is an undoubted added value for Bengali City residents in that they can receive welfare and other carer-relevant advice in their own mother tongues. CHCC are contracted by DCCS to provide:

i) Initial advice sessions

CHCC offer one-to-one advice and information sessions to carers targeting in particularly the Bengali community via face-to-face, telephone or electronic mail. Advice sessions are provided on an appointment basis. At the first point of contact, an initial assessment is completed which enables collection of relevant information about the carer so as to identify their difficulties due to

caring. This is followed by benefit checks also enabling collection of data on the benefits received by the carer, and the person cared for, and to help identify any missing benefits, premiums or elements they are entitled to. This then enables further follow-up appointments.

ii) Mental health group for carers

CHCC offer a specific mental health carers group that meets on the fourth Tuesday of every month at CHCC's Dalston offices. The group is specifically designed for carers of people with mental health difficulties**. It was unclear exactly how many Square Mile users are involved with this group which is located outside of the Square Mile.**

iii) The development of partnerships and links agencies

CHCC arrange meetings with estate managers and GP surgeries as well as raise awareness to identify hidden carers. They achieved these targets through facilitating carer awareness training with GP practices, CAB, Estate Resident Meetings, Women's Group and meetings with estate managers. This enables CHCC to identify new carers, promote CHCC services and build networking links with agencies within City.

iv) Identification of 'hidden' carers

CHCC try to increase 'hidden' carers in each quarter by circulating leaflets to residents in the estates and patients at GP surgeries. CHCC publicise their services through distributing quarterly newsletters to all members of City & Hackney Carers Centre. CHCC publish articles about CHCC services for carers in City magazines and CityLINk. Articles are also published on NHS choices in Carers Direct. CHC also put flyers on estate notice boards and circulate to estate residents. Introduction letters are sent attached with flyers to City residents associations.

v) One-to-one and group support

CHCC provide one to one support and 'listening ear' sessions for Square Mile carers rather than through a group geographically located within the Square Mile. Through the one-to-one work, and by providing information, all Square Mile carers are informed of and encouraged to attend existing carers groups at CHCC at Dalston. Although CHCC now has new premises at Dalston, accessible on the new East London line, Square Mile carers may not feel disposed to attend due to the travelling distance from the Square Mile.

The City of London Citizens Advice Bureau

Like all CABs, the City CAB was, until 25/03/2011 when it closed, an autonomous, registered local charity, with its own trustees, salaried management and salaried/volunteer workforce. It was also a member of the larger National Association of Citizens Advice Bureaux (NACAB) which only provides leadership in respect of organisational governance and national policy on advice and information giving services. NACAB undertakes three yearly audits of local CABs, called the Quality Assessment Audit (QAA), whose primary function is to underwrite the quality of advice given within the CAB and review the management processes and/or financial viability of each CAB. Under NACAB membership, each bureau must use the NACAB workload record system called 'CASE' to log/map workload activity.

City CAB was commissioned as a primary provider of free, confidential, impartial and independent advice on issues like debt, welfare benefits, housing, legal matters, employment and immigration, as well as consumer issues. Advisers assisted with form filling, letter writing, credit negotiation and representation of clients at court/tribunals. The DCCS contract with City CAB which ceased in 2011 stipulated that above services were available at the City CAB office in Ludgate Hill, in outreach form at the Portsoken Health and Community Centre in Mansell Street and through home visits for the purposes of financial assessment.

In 2010, the DCCS (City of London Corporation) retendered its advice contracts within a tripartite format. In 2011, the City CAB was unsuccessful in this tendering process, and the contract was awarded to Toynbee Hall (see below).

The data on use of the services provided by the City CAB were for mental health-related advice supplied from 2008 to 2010 (the data set requested was for 2008-2011). The data received were therefore incomplete for factors reportedly beyond its control.

In 2008, CityCAB recorded twenty-two (n=22) users aged 35-85 years (average age: 61 years). A majority of nineteen (n=19) users were recorded as not living with any life partner. Twenty-one (n=21) were white. One (n=1) was Asian. Eight (n=8) were female. Fourteen (n=14) were male. Six (n=6) users were enquiring about Disability Living Allowance. Thirteen (n=13) were enquiring about other welfare benefits. In 2009-10, CityCAB recorded nine (n=9) users aged 25-67 years (average age: 47 years). A majority of six (n=6) users were recorded as not living with any life partner and two (n=2) were legally partnered. Eight (n=8) were white. The mental health problems experienced by CityCAB service users are listed in Table 7.

Table 7. The mental health problems reported by City CAB users: 2008-2010

2008	2009/10
Alcohol addiction	Disability/stroke/depression
Anxiety	Disability/mental health problems
Cancer/heart	Health problems/depression
Disabled	Health issues/drug misuse
Depression	Mental health problems
Depression/disabled	
Diogenes syndrome	
Epilepsy/depression/memory failures	
Health problems	
Health and debt problems	
Learning difficulties, lack of concentration, confusion	
Memory problems/limited mobility	
Mental health problems/disability	
Mental health and physical problems	
Myalgic encephalitis	
Psychiatric problems	
Psychiatric problems	
Schizo-affective disorder	
Self-neglect	
Self-neglect/alcohol abuse	

[Source: City CAB]

Toynbee Hall

In 2010, the City of London Corporation (DCCS) retendered its advice and information services for residents by initiating a novel tripartite approach for the new service. After a competitive tendering process a new contract was awarded to Toynbee Hall (in Commercial Street, east of the City) to offer information and advice to residents starting from April 1st 2011. This new service replaced the advice and information service provided by the City CAB.

The new Toynbee Hall advice and information service for the CoLC's residents is now split into three parts: i) the Community Service; ii) the City Information and Advice Line; and iii) the Specialist Advice Service. The Community Service aims to provide information and advice on issues like family, housing and debt at clinics in CoLC libraries, community centres, schools and on the CoLC estates. Sessions will be available from early morning through to early evening on weekdays and Saturdays. The City Information and Advice Line aims to provide a 'one-stop shop' for help with basic information, such as and help with filling-in forms and advice on access to Square Mile services. The Specialist Advice Service aims to offer long-term support on employment, family problems, debt and domestic violence (see City of London Corporation website).

Membership Clubs

The Square Mile has several 'membership' clubs which have an impact on the mental wellbeing of residents. They include the City Coffee Club (a dementia cafe for people with dementia and their carers), the Ralph Perrin Club, the Three Score Club, the Wingate Golden Oldies and the Barbican Tuesday Club. 'Membership' has different forms other than via the usual means of paying a monetary fee. Each club attracts a different demographic due in part to their respective locations, histories, member values and underlying purposes. However, all Clubs are self-sustaining, cost the CoLC relatively little (if anything) in terms of funding, and are undoubtedly examples of locally-situated networks of utility for increasing the social capital of older (often retired) people (Gray 2008). As these Clubs act as a site for the development of social networks they act to enhance older people's social capital, mental health and physical wellbeing (Gray 2008).

i) City Coffee Club

The City Coffee Club is organised around a 'dementia café' model for people with dementia and their carers. The Club is managed by the Dementia Support Manager of the Hackney and City Office of the Alzheimer's Society. It is financed by a contract from NHS City and Hackney for eleven (n=11) café sessions annually on a monthly basis to be provided within the Square Mile.

The Club functions as a peer support group for people with dementia and/or their carers (Alzheimer's Society 2010). The Club runs on the second Monday of each month from 10 AM to 12.30PM at Tudor Rose Court, a sheltered housing complex next to the Barbican. The Club attracts 10-15 people aged over seventy-five years with dementia monthly, together with either their carer and/or family members.

The model of a dementia café involves people with dementia, their carers, relatives and social care professionals. The model was originally developed by Bere Miesen, a Dutch psycho-gerontologist. (Jones and Miesen 2004). It functions as a vehicle for coming together in a "cafe environment" in order to socialise, relax and enable possible assessment for service delivery. It was developed as an informal means for people with dementia and their social care networks to make contact with each other, to receive consultations and to feel at ease. In so doing it also offers a space for those people affected and their families to discuss the illness. The City Coffee Club reportedly diverges from the original Miesen model as those attendees so diagnosed are reportedly at an advanced stage of dementia negatively impacting on their ability to talk about the situation (source: Alzheimer's Society, City and Hackney Office, 2011).

ii) Sir Ralph Perring Club

The Ralph Perring Club is so named after Sir Ralph Perring, Lord Mayor of London from 1962-63. Sir Perring opened the Club in 1962 reportedly leaving funds to provide the rent to house the Club on the Golden Lane Estate. The Leisure Centre is currently closed and the Club Chairman hopes that the unused crèche will become the permanent location for the Club.

The Club caters for Golden Lane residents aged over sixty years and provides social events: bingo on Wednesday evenings; sub-aqua on Thursday nights, a knitting group on Friday mornings and the occasional coach trips and jellied eels nights. For members over sixty years, a membership fee of £1 is charged. During the present closure of the Leisure centre, the Club is aiming to convene at Tudor Rose Court on Wednesdays. The age range of the current membership is from seventy-three to ninety-one years of age. Whilst the Leisure Centre undergoes repairs to the ceiling of the swimming pool, the Club has been temporarily relocated to the old crèche. Apart from the funding for the Club reportedly from Sir Perring's estate, the Salters' Company had reportedly given funding annually in years past, and for coach trips the CoLC had also reportedly given £200 annually.

More recently the Chairman of the Club has called at every apartment on the Golden Lane Estate to advertise the Club and to collect the names of potential members who would like physical assistance to attend the Club's social events. In 2010, the Estate was over fifty years old and to mark this occasion, the photographer Patricia Niven took portraits of long-term residents accompanied with interviews by the novelist Sarah Winman, both of whom are also Golden Lane residents (Spitalfields Life 2010). Several of Niven's interviews make positive reference to the

Club, whose Chairman is Mrs Jean Wilds. An exhibition of the photographs and interviews was entitled *"Patricia Niven: Golden Oldies II"* and ran at the gallery called "Exhibit" from 17th December 2010 until 29th January 2011, Golden Lane Estate, 20 Goswell Rd, London EC1. Mrs Wild featured in this exhibition and is included in Particia Niven's article posted on the Spitalfield Life website.

iii) Three Score Club and Wingate Golden Oldies

The Three Score Club is a membership self-help residents club organised by the local older residents of the Middlesex Street and Petticoat Lane Estates. It holds meetings in the Estate that include speakers on topics concerned with education, health and general knowledge. The Wingate Golden Oldies is a similar Club organised by local older residents of the Guinness Trust Estate in Mansell Street. In both Clubs, podiatry, chiropody and other health clinics (e.g, homeopathy, cranio-sacral therapy) are provided to promote physical and mental wellbeing of the members.

Organised events include coach outings and the Christmas party. For example, in summer 2008 both Clubs joined together with other senior citizen residents from the two estates within the Ward for an outing to Cadbury World in Birmingham and day trips to Cambridge, Ramsgate and Hastings. There was an annual holiday in July 2008 with many members going to Bournemouth. The Three Score Club Christmas Party is a high profile local event involving local resident associations, local children, the Lord Mayor and Lady Mayoress, together with the Sheriffs and their wives. The DCCS funding per Club is minimal (£2k in 2010-11 with a ten percent reduction for 2011/12). Both clubs work in partnership with the Forum for Older People in the City of London and they aim to increase Club membership amongst socially isolated members. Each club has a Treasurer, Chairman, Vice Chairman, Secretary, Events Committee, Outings Committee and a Holidays Committee. Youth Fun Days are organised for both Estates by the Clubs which have included a Football Tournament and a Fun Bus has been organised for Mansell Street.

iv) Barbican Tuesday Club

The Barbican Tuesday Club was formed in 1969 at the same time as the Barbican Association. It was originally called the 'Daytime Club' and works in partnership with the Forum for Older People in the City of London. The Club uses the Community Club room available to all Barbican-based groups. The Tuesday Club is open to all Barbican residents and meets every Tuesday afternoon for 'tea and talk'. Every month a speaker is organised to talk about a specific topic. The Club is affiliated to the Forum for Older People in Greater London and has approximately 25-30 members all of whom are retired. There is a six monthly programme of diverse topics of interest advertised in the Barbican Newsletter. For example, in 2009 the Club

had organised a range of speakers including Murray Craig, Freedom Officer of CoLC and Liam Barnes RSVP speaker instructing members on using information technology/internet. The Club holds an annual summer party usually at the Barbican YMCA. Planned excursions for 2009 included a visit to Winston Churchill's home at Chartwell, Kent, and also to Bletchley Park to see the wartime home of 'Enigma', the first ever computer, an espionage machine that helped British forces win the Second World War. The Chairman of the Club is a member of the City of London Access Group and the City of London LINk. There is also an annual Christmas Party and Christmas Lunch attended by members of the Court of Common Council and Aldermen. Tuesday Club members also attend conferences and report back to the members.

3. Future Plans

Table 8 shows that the total commission for mental health services invested on behalf of residents of the Square Mile and the London Borough of Hackney by NHS City and Hackney in the East London NHS Foundation Trust (ELNHSFT) was £44,985k for 2010/11 (just under £45 million). Table 8 identifies £14,177 spent by Hackney Council on social care during the same period (source: Noel Morrow, Joint Head of Commissioning, Mental Health and Substance Misuse, PowerPoint titled *'Whole Systems Review for Project Board'*). The contract for similar services with the ELNHSFT on behalf of the City of London Corporation was estimated at approximately £75,000 (source: Julian Wakefield).

In terms of future service commissioning, NHS City and Hackney mental health commissioners have no plans for new secondary care mental health services for the Square Mile population. In primary care, are a number of services will be redesigned/developed over 2011/12 as commissioning moves towards General Practice consortia commissioning in line with Government proposals in the 2010 White Paper to abolish both Strategic Health Authorities and Primary Care Trusts by 2012 (source: Noel Morrow, Joint Head of Commissioning, Mental Health and Substance Misuse, e-mail dated 9/12/2010).

Following the Government's 2010 Comprehensive Spending Review, NHS City and Hackney mental health commissioners expected funds for mental health services to be squeezed as in other areas. For 2011/12, the East London PCTs offered the ELNHSFT a 0% inflationary uplift. As a Foundation Trust, ELNHSFT was expected to deliver a 4% surplus by Monitor. Local authority funding could be reduced by up to 25%. Thus, the ELNHSFT was expected to have to make a minimum of £5 million efficiency savings in 2011/12 and 2012/13. NHS City and Hackney's contract with the ELNHSFT expired in March 2011. Commissioners thought that the anticipated financial challenge would not be adequately met by efficiencies alone but needed service re-design/transformation (source: Noel Morrow, Joint Head of Commissioning, Mental Health and Substance Misuse, PowerPoint titled *'Whole Systems Review for Project Board'*).

Table 8. East London Mental Health investment by PCTs/Local Authorities: 2008-10

Mental health and social care spend in East London & the City Health Authority area	East London NHS Foundation Trust (10/11)	Specialist services incl. those provided by East London NHS Foundation Trust (09/10)	High secure (09/10)	Primary care inclusive of 'Including Access to Psychological Therapies' (IAPT)(09/10)	Voluntary sector (09/10)	Other Mental Health trusts (09/10)	Local authority spend (09/10)	**GRAND TOTAL**
City & Hackney	**44,985k**	10,885k	11,729k	3,250k	3,000k	700k	**14,173k***	
Newham	37,999k	6,414k	1,953k	2,560k	2,025k	545k	10,458k	
Tower Hamlets	36,947k	7,515k	2,356k	1,932k	5,116k	106k	13,318k	
Total	119,931k	26,720k	16,038k	7,732k	10,141k	1,351k	37,949k	**219,862k**

N.B. The grand total is £219,862,000 recurrently not including primary care prescribing costs or the 'cost' of primary care consulting time. *Represents only the Hackney Council spend on social care
[Source: Noel Morrow, NHS City and Hackney, Joint Head of Commissioning, Mental Health & Substance Misuse]

.

Therefore, in 2010 mental health commissioners instituted within East London a 'whole systems review' of mental health services. The review mainly focused on adult mental health services. The aim of the review was to help the health and social care partnership within East London to reach shared conclusions about the future provision of mental health services in order to both inform the development of a commissioning strategy and a change-implementation plan.

Under this whole systems review, the Project board reviewed the services using an "agreed" set of weighted criteria, informed by available data, intelligence and by 'best judgement' when their data was limited. Arrangements for public consultation (as statutorily required) had to be agreed and implemented across the whole sector i.e. the City of London Corporation and the London Boroughs of Hackney, Newham and Tower Hamlets.

The PowerPoint slides provided by Noel Morrow (the specialist mental health commissioner for NHS City and Hackney) stated that the criteria for this review included: "1) productivity; 2) fit with local need; 3) effectiveness and outcomes delivered; 4) patient and user experiences; 5) safety; and 6) equity".

However, the precise wording of these criteria raised several important questions about how local need and patient/user experiences in the Square Mile were being addressed, as well as further questions over the equity of the process of the whole systems review, given that the City and Hackney Local Involvement Networks (CityLINk; Hackney LINk) were not made aware of the existence of the review until well after it had progressed, and following the commissioning of this research into mental health service use within the Square Mile.

First, it is unclear exactly how NHS City and Hackney had determined local need and patient/user experiences, given that the data on mental health service use within the Square Mile was not disaggregated within their own data sets, and that such data was 'at best' difficult to uncover. Second, how is it that a 'whole systems review' apparently began without either the mental health commissioners, or the main provider, initiating consultations with their respective LINks?

The stated aims of the whole systems review were to deliver: i) a consideration of national and international evidence and whether current provision meets best practice; ii) a review of the range of provision against local need; and iii) a common understanding of value for money and the quality of services provided in order to help prioritise investment and inform service re-design.

In respect of commissioning, it was the view of the Interim Head of Adult Services (December 2010) that DCCS had only had a purchasing (procurement) and not a true commissioning function. The inclusion of Square Mile residents in the joint mental health commission by NHS City and Hackney was historical. A truly strategic commissioning function is currently being developed by DCCS. Therefore, it is unclear exactly what impact DCCS will realistically have on the whole systems review of mental health services across East London.

4. Support for the Square Mile's Non-Resident Workforce

i) **Businesses**

The types of financial sector businesses located within the Square Mile that were randomly selected included well known transnational investment banks and financial institutions as well as management consultancies. Twenty (n=20) different personnel within this random selection of businesses were contacted as part of a scoping exercise to discuss the effects on staff wellbeing of the 'credit crunch'. They volunteered information on staff health on the basis that any corporate identities would not be revealed. Therefore, the identities of all contacts have been kept anonymous to ensure confidentiality. As expected, occupational health schemes were variously provided by these businesses for their employees. Whilst nearly half of those contacted (n=9) were generally tacitly aware of the impact of the 'recession' or 'credit crunch' on employee wellbeing, and openly initiated discussion on these issues. Just over half (n=11) were less so, and either did not offer any relevant information, or gave holding responses.

Explicit discussion of the effects of the 'credit crunch' only occurred with one (n=1) contact who described organisational tensions between the increased corporate health insurance bills and saving costs, whilst also trying to maintain employee mental health. Mental health issues were reportedly almost taboo with some employees, as to be seen to have such was generally perceived as a weakness, a perception which other contacts generally decried. Those contacted often used terms like 'stress' and 'stress reduction' in place of terms like 'mental health'. Organisational interventions were also reportedly enacted to counteract these variables, such as 'stress reduction workshops' and 'stress awareness sessions'.

Mental health service provision to this workforce occurred through either local NHS or other providers within their own area of residence as well as through private occupational health schemes, using a range of different providers (such as private GPs). Different types of psychological interventions were reported ranging from in-house advice and support to psychological assessment, counselling and cognitive behavioural therapy.

One contact (n=1) discussed screening in context of their discussion of mental health. Another openly discussed how their firm was aware of a significant increase in anxiety and depression and in serious mental health problems since 2009, particularly around issues of personal finance: people's disposable income diminishing as well as anxieties around work performance and this has been borne out in actual reductions in productivity. They saw the problems being national or global, and not just existing within the City. Some employees reportedly had access to employer counselling services. Others used NHS services which were considered problematic when lengthy waiting times were experienced for psychological assessment. During these waiting

times, an employee was very often signed off work by their GP. This seen to have a potential negative effect on mental health in terms of removing the 'sick' employee from any informal benefits stemming from the type of socialisation and support they often experience within the workplace, so possibly leading to feelings of isolation. This may indicate a need for greater access to services geographically located and accessible from within the Square Mile (as opposed to employees' locality of residence) in order to prevent both the employee being placed in a 'sick-role' and a loss of productivity.

Another contact decried the dearth of City-based psychologists, suggesting that if the latter group had a higher visibility then discussion of mental health issues within the City may become more acceptable. This particular response, like so many of those contacted, resonated to a greater or lesser degree with on-going health-related articles that have regularly been featured in CITY A.M., the City's free daily newspaper. For example, one particular article that was featured in the newspaper on November 25th 2010 concerned how "wellbeing in the workplace is on the agenda in the Square Mile" (Hazelhurst 2010). This article focused on the special advice that three "leading City psychologists" gave about how the CITY A.M. readership could make "work a happier place" (Hazelhurst 2010, 31). It also focused on giving pragmatic advice about individual risk factors and personal interventions for improving wellness. However, one expert, Dr Brian Marren (Director of Positive Health Strategies), was quoted on the organisational issues of relevance to the employer:

> "Organisations that want to understand more about the psychology of human behaviour are already investing in an integrated, evidence-based approach to improving employee wellbeing. The main focus is on prevention through delivering an integrated approach designed to raise awareness, increase emotional literacy, help recognise individual and ***workplace risk factors, reduce stigma, and provide education and training on proven tools and techniques that have been shown to improve psychological wellbeing, and increase resilience.***" (Hazelhurst 2010, 31, emphasis added).

Another contact gave information about their firm's operation of a free in-house, confidential employee counselling service, which had not experienced increased usage since the 'credit crunch'.

ii) Churches

Eleven (n=11) churches out of the fifty-seven (n=57) so listed for the Square Mile responded to information requests. A further eleven (n=11) churches listed were found not to have functional congregations and existed as historical or architectural sites only. Another thirty-five (n=35) churches did not respond to requests for contact and information.

The ‘type’ of contact varied from experienced/inexperienced priests to curates. The ‘type’ of church included those without a ‘traditional’ resident congregation like that of the ‘Guild’ church, thereby reflecting in their very institution the resident/workforce dichotomy that transects the Square Mile. Guild Churches are defined as such under the City of London (Guild Churches) Acts 1952 and 1960. This legislation enabled churches that were becoming “redundant” and at risk of closure to start weekday ministries. Since then many have created novel places for music/discussion, advice centres or have associated with specific faith-based and secular organisations. For example, St Margaret Pattens Church hosts the Busoga Trust, a Christian mission that provides clean water sources in rural areas of Uganda. Being a guild church allows St Margaret Pattens to attract regular weekday (but not Sunday) congregations, who are mostly City workforce from adjacent businesses. Given that guild churches are not traditional ‘parish’ churches they must rely on donations from their respective congregations, local businesses, the City livery companies, City visitors and from lettings.

Generally, amongst all church respondents there was a thorough and in-depth awareness of their congregations’ mental health needs and the supportive role that churches can play in terms of promoting positive mental health, an awareness of the signs of mental distress and when to refer someone to their GP or other medical and emergency services.

Furthermore, a relatively thorough awareness was found about the issues over the risk of religious proselytising when people are in need as well as the real limitations of support in respect of people who may be exhibiting psychiatric symptoms, and therefore require professional medical services and medical referral.

Twenty-seven percent (n=3) of churches contacted said they had noticed an increase in anxiety and depression amongst the City workforce frequenting their church over the last two to three years, especially since the advent of the “credit crunch”. Nine percent (n=1) said that the “credit crunch” had had less of an impact on mental health they expected. Fifty-five percent (n=6) either did not discuss an increase in mental health issues amongst their congregation, or were less sure that there had been any increase in such since the advent of the “credit crunch” although one (n=1) thought there was a general apprehension about the future in relation to financial matters.

In terms of the congregation, one church (n=1) reported a particularly well informed understanding of the profile of mental health amongst their congregation especially in regard to depression and stress. This entailed specific actions on behalf of church staff in respect of being able to contact individuals’ family network but it was always coupled with an awareness of the limitations of their faith-based remit. The church also reported on their role with “casual” visitors or tourists. This group may have as pressing a need for support just like any other member of the public or congregation, which can also engender referral to the emergency in the case of potential intended suicide.

One example was found of a church-based service developed as a direct result of the social effects of the "credit crunch". From 2008 onwards, the Guild Church of St Andrew, Holborn, developed a "Listening Service" that operates rather like The Samaritans, but in the church nave, on Mondays-Thursdays between 11AM-3PM; and during August, on Tuesdays and Thursdays only. This Listening Service was set up specifically to respond to members of the public that were attending the church and needing to speak to someone about their personal and professional situations, often after experiencing redundancy, or threatened redundancy.

The service is staffed by skilled and trained volunteer Listeners. Each "Listener" is selected and they receive on going supervision from qualified psychotherapists. If a member of the public or church congregation using the listening service needs further help, they are referred in the first instance to their GP. They are not offered counselling, or any spiritual direction, as the latter are explicitly not the intention of this service and are against the code of conduct drawn up for the service. The Listener's task is to listen and not advise or counsel. Listeners have access to referral information, for example, like GPs, City CAB, psychotherapists, counselors and homeless charities. Referral is often part of the "listening process" although not always, and in the first instance referral will be to a statutory service depending on the client's need. Records of attendance are kept. St Andrew advertises that it is open daily for "peace, rest and prayer". Part of the provision at St Andrew is for a "place of quiet" in a busy and often overwhelming financial sector environment. The Listening Service is well used, and has been since its inception in 2008. The status of this service, and its provision by a Guild Church, would imply that it could not be commissioned by the statutory sector.

Summary of Findings on Service Provision

a) Fifty-nine (n=59) respondents (providers, purchasers and/or commissioners) were contacted to provide data and/or a meeting; fifteen (n=15) were statutory and nine (n=9) non-statutory and/or PVI providers.

b) Twenty (n=20) senior personnel from twenty (n=20) City-located businesses and eleven (n=11) staff from eleven (n=11) churches in the Square Mile volunteered information on mental health.

c) Five (n=5) mental health service providers did not respond to repeated requests. The average statutory provider response time was 10.50 days as opposed to 7.60 days for non-statutory/PVI providers.

d) Overall, respondents were not aware of the existence of the CityLINk; many thought it the same organisation as the Hackney LINk. This included statutory sector providers.

e) In terms of the time taken to respond, eight (n=8) providers took up to eight weeks; five (n=5) took between five to eight weeks; one (n=1) provider took between nine to twelve weeks; and five (n=5) providers took thirteen to eight-one weeks.

f) Significant inertia was encountered in gaining access to, and retrieving relevant data from, the statutory sector, and most especially, in the case of the mental health commissioners.

g) Existing data sets were inaccurate, inconsistent, fragmented and incomplete by consistently failing to separately identify service utilisation by the Square Mile population, similar to the findings of previous research (Corbett 2009).

h) Statutory inpatient and some non-statutory service provision is not provided within the Square Mile, but is provided outside, within the City fringe (London Borough of Hackney) i.e. they are **extramural**. For example, inpatient care is currently provided at the Homerton Hospital site. Although the proposed 2013 move of this to the St Leonards site has now been reportedly dropped both of these locations are geographically outside of the Square Mile i.e. they are **extramural**.

i) The geographical location of inpatient services for Square Mile service users is anomalous and inequitable when compared to the geographical location for service users resident or working in the other boroughs served by the East London NHS Foundation Trust. For example, inpatient services for service users resident or working in Hackney, Newham and Tower Hamlets are all provided within those boroughs.

j) A mix of statutory and non-statutory services provides direct mental health and related services within the Square Mile for City residents/workforce. In addition, voluntary and third sector services also offer services and networks that potentially enhance the mental wellbeing and social capital of Square Mile residents.

k) The lead NHS provider of mental health services is the East London NHS Foundation Trust (ELNHSFT) which provides a mental health services for residents of the Square Mile, Hackney Newham and Tower Hamlets. Except for the Square Mile, this service (like all NHS community mental health services in England) is Borough based and is composed of adult services, older people's services, child and adolescent services and forensic services.

l) The Square Mile is included within the overall ELNHSFT commission but it is unclear how the needs of the Square Mile are factored into this commissioning process given no strategic commissioning (as opposed to a procurement) function exists within DCCS specifically for mental health..

m) The City of London Corporation (CoLC)'s Department of Community and Children's Services (DCCS) is realigning its adult social care structures and provision so that it better resembles the design of current jointly commissioned community mental health locality-based services within England. This will involve the secondment of an adult social care practitioner role into the community mental health services with the aim of providing a stronger frontline service for mental health.

n) The City of London Corporation (CoLC)'s Department of Community and Children's Services (DCCS) only has procurement (purchasing) functions. DCCS is developing a strategic commissioning function to impact on all health service provision for residents of the Square Mile.

o) The East London NHS Foundation Trust (ELNHSFT), the major mental health service provider for the resident population of the Square Mile, was the focus of a whole systems review in 2010-11, to be followed by service redesign and transformation. This was in anticipation of further financial constraints then being experienced throughout the NHS and which had also arisen due to the perceived local need to assess value for money and to identify the effectiveness of services delivered across different care pathways. Following this whole systems review, a list of disinvestment and/or services for decommissioning was ratified by the commissioners for the ELNHSFT to implement. These changes were included in the NHS East London and the City Mental Health and Commissioning Strategy 2012-14 (see ELNHST Board Meetings: November 2011, January 2012 and February 2012, ELNHSFT website: www.eastlondon.nhs.uk).

p) Primary NHS mental health care is by the two General Practices (GPs): The Neaman Practice in West Smithfield and the Tower Practice which operates from the Portsoken Health & Community Centre. It is unclear which provider will replace the deficit service delivery stemming from the recent closure of the Liverpool Street NHS Walk-in Centre by NHS London.

q) Numerous private sector GPs operate within the Square Mile being employed by City businesses as part of their employee occupational health insurance schemes.

r) Mental health support for the non-resident Square Mile workforce is dependent upon their postcode of residence and their specific occupational health schemes. Employer responses to employee mental health issues differ widely but can include in-house counselling and advice services as well as assessment by qualified psychologists.

s) Service provision to non-resident Square Mile workforce is through private occupational health schemes, using a range of different providers (such as NHS funded and private GPs), and different types of psychological interventions were reported ranging from in-house advice and support to psychological assessment, counselling and cognitive behavioural therapy.

t) NHS-delivered mental health services were considered problematic for City workforce when lengthy waiting times were experienced for psychological assessment as employees are often signed off work by their GP and a negative effect on mental health is experienced in terms of removing the 'sick' employee from any informal benefits stemming from the type of socialisation/support they can received from the workplace.

u) Some City employee/employer perceptions labelled mental health problems as a taboo subject yet others were in favour of giving a higher profile to psychological issues within the workplace.

v) The churches in the Square Mile were very aware of their role in supporting the mental health of their congregations, especially those guild churches with a weekday ministry.

w) Those working within the churches of the Square Mile were able to indicate how their role in supporting the mental health of their congregation dovetailed with professional medical services, emergency services and fully conformed to accepted ethical and safe practices.

x) One Guild church in particular, St Andrew, Holborn, had developed a model 'listening service' operating in the nave (akin to the Samaritans) in direct response to the redundancies experienced by the City workforce since 2008 because of the 'credit

crunch'. This service was quality assured through training provided for volunteer listeners, provision of a volunteer handbook and through the use of clinical supervision for the volunteers from trained psychologists.

SERVICE USERS

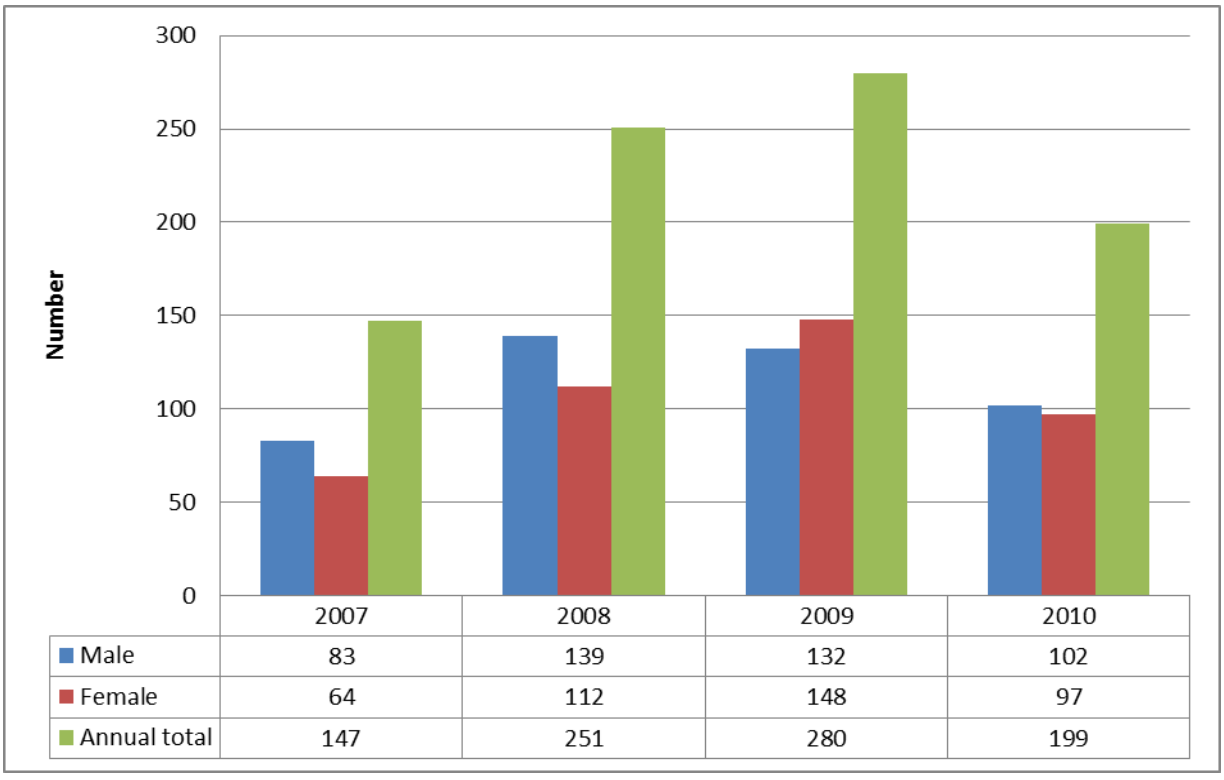
1. Social demographic of services users

Volume and sex of City referrals to East London NHS Foundation Trust (ELNHSFT)

Table 9 shows the number of City residents referred to the major service provider, the East London NHS Foundation Trust (ELNHSFT) for 2007-2009. Leaving aside the 2007 data (see Methodology), there was an overall 12% increase during 2008-09 (over 2008) and an overall 29% decrease during 2009-10 (over 2009), respectively. **This is an overall decrease of 21% for the period 2008-10.**

For female referrals there was an overall increase of 32% during 2008-09 (over 2008) and an overall decrease of 34% during 2009-10 (over 2009), respectively. **This is an overall decrease of 13% in female City referrals for 2008-10.** Similarly, for male referrals there was a decrease of 5% during 2008-09 (over 2008) and a decrease of 23% during 2009-10 (over 2009), respectively. **This is an overall decrease of 27% in male City referrals for 2008-10.**

Table 9. Volume of City referrals to East London NHS Foundation Trust



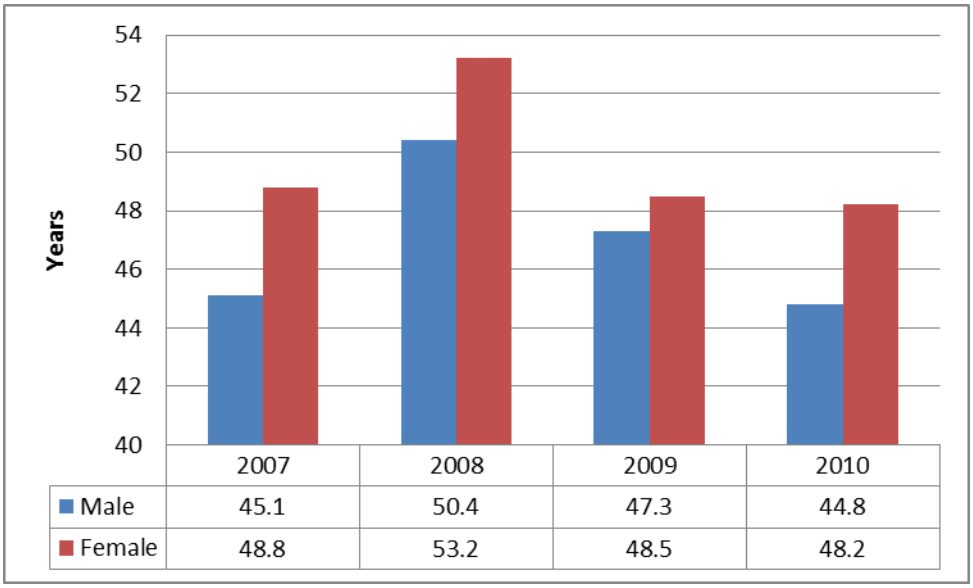
	2007	2008	2009	2010
Male	83	139	132	102
Female	64	112	148	97
Annual total	147	251	280	199

[Source: East London NHS Foundation Trust]

Average age of City referrals to ELNHSFT

The average age of City referrals to ELNHSFT is shown in Table 10. Leaving aside the 2007 data (see Methodology), there is a downward trend overall. In 2008, the average age of female referrals was greater than male referrals in 2008 by 2.8 years, in 2009 by 1.2 years and in 2010 by 3.4 years, respectively. Overall, the average age of female referrals was on average 2.5 years greater than the average age of male referrals during 2008-10.

Table 10. Average age of City referrals to East London NHS Foundation Trust



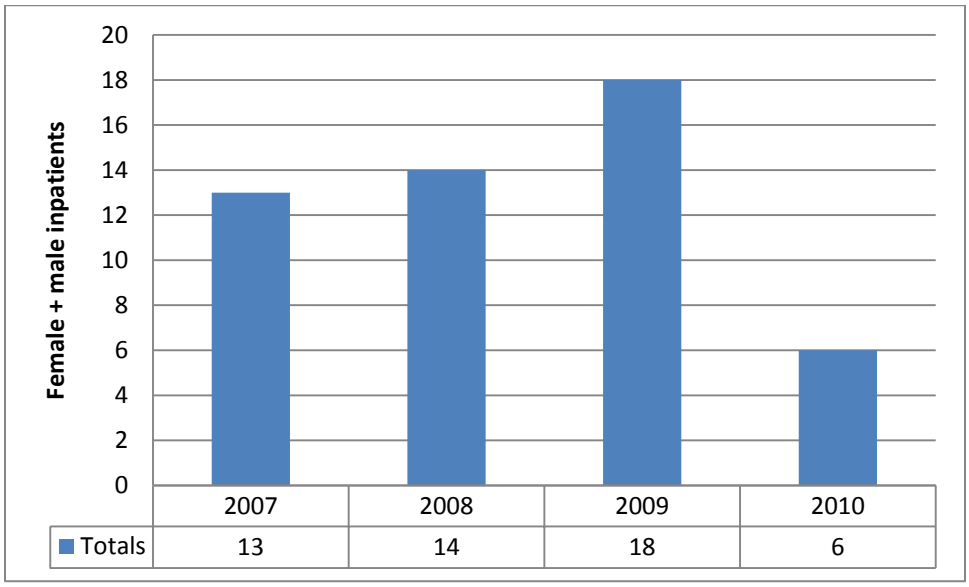
	2007	2008	2009	2010
Male	45.1	50.4	47.3	44.8
Female	48.8	53.2	48.5	48.2

[Source: East London NHS Foundation Trust]

Volume of in-patients

Table 11 shows the number of City residents admitted as in-patients from 2007-2010 by the East London NHS Foundation Trust. Leaving aside the 2007 data (see Methodology), there was a 29% (n=4) increase for 2008-09 and a 67% (n=12) decrease for 2009-10, respectively. **This is an overall decrease of 51% (n=8) for the period 2008-10.**

Table 11. Volume of inpatients resident in The City

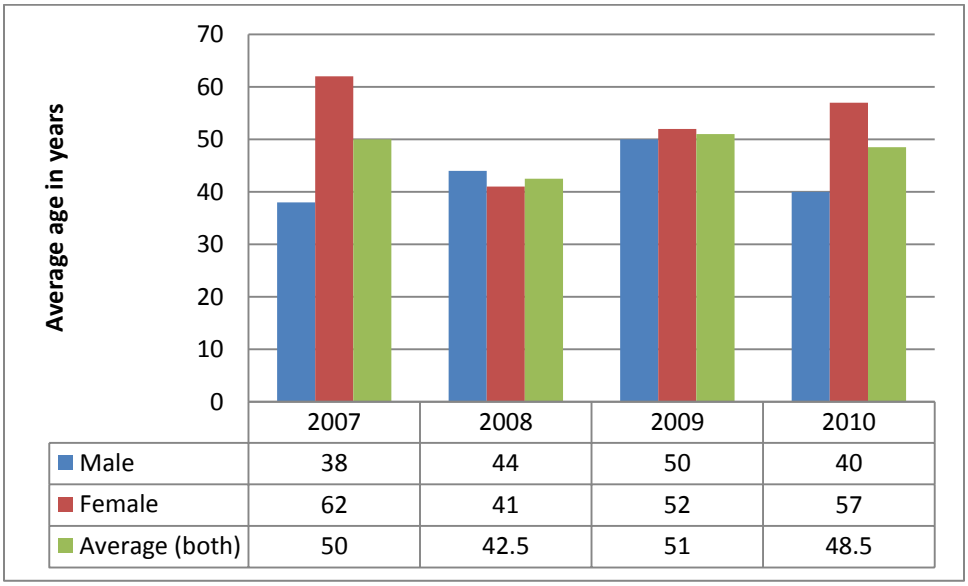


[Source: East London NHS Foundation Trust]

Average age of City in-patient admissions

The average age of City in-patients in the ELNHSFT is shown in Table 12. Leaving aside the 2007 data (see Methodology), females, on average, were older in 2009 and 2010, respectively. Similarly, there was an overall upward trend in the average age for both females/males in the period 2008-10.

Table 12. Average age of City resident inpatients



	2007	2008	2009	2010
Male	38	44	50	40
Female	62	41	52	57
Average (both)	50	42.5	51	48.5

[Source: East London NHS Foundation Trust]

Ethnicity

Tables 13-16 show the ethnicity of both referrals of City residents into the East London NHS Foundation Trust (ELNHSFT) and those Square Mile residents admitted as in-patients, respectively. This data is from the ELNHSFT business and performance department who advised that all psychiatric patients self-report their ethnicity.

This data and its particular format suggest that the City's Bangladeshi community either: i) appears under more than one category depending on how individuals self-identify; ii) is not being recorded; or iii) no Bangladeshi patients were referred.

Leaving aside the 2007 data (see Methodology), all ethnicities show an increase in the period 2008-10. The distribution across some ethnicities is disproportionately lower in comparison with the level reported across other ethnicities. The ethnicities of Mixed (White & Asian), White (British), White (Irish) and White (Any other background) show a reduction in the period 2009-10 whereas other ethnicities show a disproportionately smaller increase, respectively.

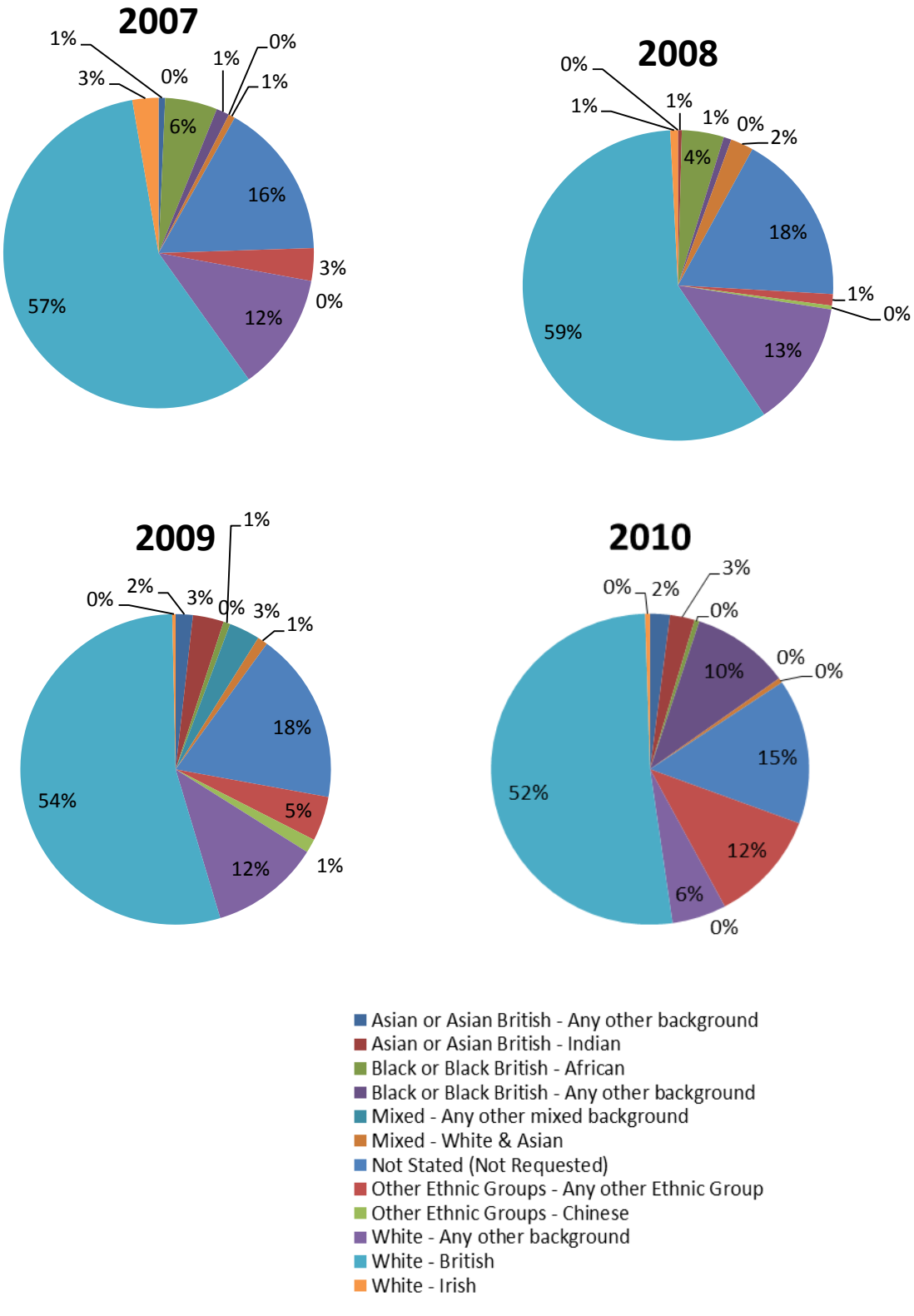
In terms of City residents admitted as in-patients, there is a similar low incident distribution across different ethnic groups with a majority of White-British in-patients.

ETHNICITY (female/male)	2007	2008	2009	2010
Any other group + Asian or Asian British (Any other background) + Asian or Asian British (Indian) + Black or Black British (African) + Black or Black British (Any other background) + Mixed (Any other background) + Other Ethnic Groups (Any other Ethnic Group) + Other Ethnic Groups (Chinese)	16	18	44	53
Not Stated (Not Requested)	24	45	50	30
Mixed (White & Asian) + White (British) + White (Irish) + White (Any other background)	107	188	188	116
Total	147	251	282	199

Table 13. Ethnicity of City referrals to East London NHS Foundation Trust 2007-10

[Source: East London NHS Foundation Trust]

Table 14. Ethnicity of City referrals to East London NHS Foundation Trust: 2007-2010



[Source: East London NHS Foundation Trust]

Table 15. Ethnicity of City inpatients of East London NHS Foundation Trust: 2007-10

ETHNICITY	female	male	total
Any other group + Asian or Asian British (Indian) + Black or Black British (Any other background) + Black or Black British (African) + Black or Black British (Nigerian) + Mixed (Asian and Chinese) + Mixed (Any other mixed background) + Other ethnic groups (Japanese) + Not Stated	5	8	13
White British + White (English) + White (Other/unspecified) + White (Other European) + White (Any other background) +	13	25	38
Total	18	33	51

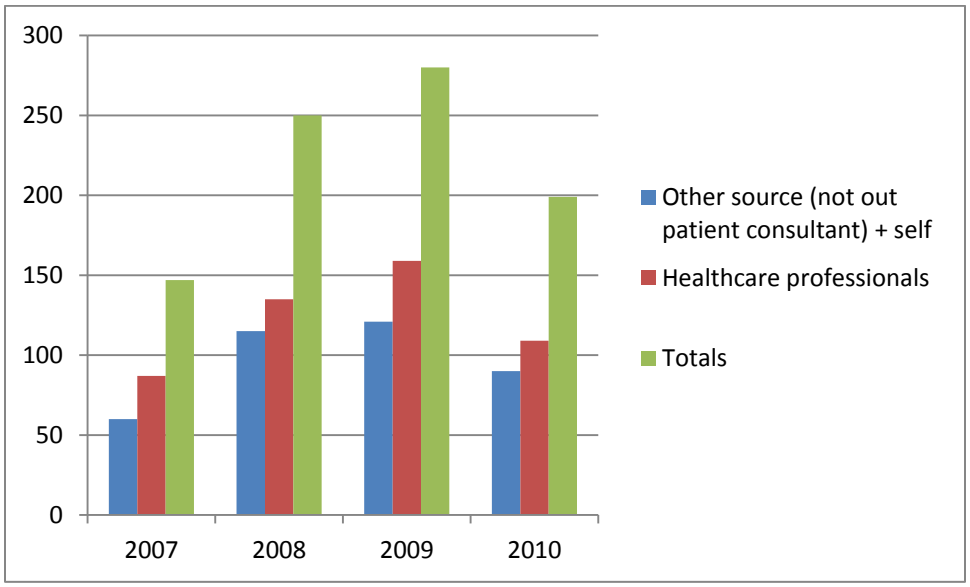
[Source: East London NHS Foundation Trust]

2. Accessing services

Secondary care – East London NHS Foundation Trust

Table 16 shows the routes and numbers of referrals into the East London NHS Foundation Trust (ELNHSFT) during 2007-09. Leaving aside the 2007 data (see Methodology), the trends from 2008-10 show: an initial 12% increase (2008-09) and then a 29% decrease (2009-10) in City referrals from all sources (this validated similar data from ELNHSFT as the figures match, see Table 9). Healthcare professional referrals increased by 18% (n=24) in 2008-09 and decreased by 31% (n=50) in 2009-10, respectively. Referrals from non-health professional sources (including self-referrals) increased by 4% (n=5) in 2008-09 and decreased by 26% (n=31) in 2009-10, respectively.

Table 16. Sources referring City residents to East London NHS Foundation Trust



Referral source	2007	2008	2009	2010
Other source (not out patient consultant) + self	60	116	121	90
Healthcare professionals	87	135	159	109
Totals	147	251	280	199

[Source: East London NHS foundation Trust]

London Ambulance Service

London Ambulance Service (LAS) codes 40 and 41 mean attending someone either with a diagnosed psychiatric condition or without such (yet presenting like such), respectively. Tables 18-20 show this data for 2007-2010 (N.B. in these LAS data, the 'total incidents' are greater than 'codes 40+41').

Table 17. LAS code 40/41-psychiatric incidents by London area: 2007-08

London area	Code-40	Code-41	Total incidents (40+41)
Barking and Dagenham	236	206	435
Barnet	520	356	865
Bexley	224	196	420
Brent	500	290	776
Bromley	378	245	621
Camden	770	506	1267
City of London	**56**	**54**	**109**
Croydon	573	450	1017
Ealing	488	349	826
Enfield	484	362	831
Greenwich	521	312	825
Hackney	**502**	**318**	**810**
Hammersmith and Fulham	385	254	632
Haringey	577	375	936
Harrow	248	180	419
Havering	219	163	379
Hillingdon	444	305	740
Hounslow	398	304	695
Islington	560	390	939
Kensington & Chelsea	309	215	518
Kingston	279	161	438
Lambeth	906	519	1415
Lewisham	535	349	877
Merton	256	204	454
Newham	429	356	764
Redbridge	281	230	505
Richmond	227	151	376
Southwark	676	441	1111
Sutton	251	157	400
Tower Hamlets	484	342	820
Waltham Forest	377	283	653
Wandsworth	508	344	844
Westminster	683	527	1200
Total	**14,284**	**9,894**	**23,917**

[Source: London Ambulance Service]

Table 18. LAS code 40/41 psychiatric incidents by London area: 2008-09

London area	Code-40	Code-41	Total incidents (40+41)	Increase in total 40+41 incidents from 2007-08
Barking and Dagenham	241	186	424	-2.5%
Barnet	565	330	893	**3.2%**
Bexley	222	176	397	-5.5%
Brent	495	297	785	**1.2%**
Bromley	441	276	715	**15.1%**
Camden	873	518	1380	**8.9%**
City of London	**45**	**37**	**80**	**-26.6%**
Croydon	635	440	1059	**4.1%**
Ealing	619	374	977	**18.3%**
Enfield	495	344	837	**0.7%**
Greenwich	482	329	806	-2.3%
Hackney	**524**	**345**	**865**	**6.8%**
Hammersmith and Fulham	386	273	656	**3.8%**
Haringey	637	393	1025	**9.5%**
Harrow	276	170	442	**5.5%**
Havering	216	171	386	**1.8%**
Hillingdon	554	348	896	**21.1%**
Hounslow	390	292	671	-3.5%
Islington	581	390	964	**2.7%**
Kensington and Chelsea	349	204	547	**5.6%**
Kingston	320	176	494	**12.8%**
Lambeth	947	532	1472	**4.0%**
Lewisham	490	337	824	-6.0%
Merton	261	203	458	**0.9%**
Newham	491	354	833	**9.0%**
Redbridge	299	251	546	**8.1%**
Richmond	282	153	426	**13.3%**
Southwark	740	462	1191	**7.2%**
Sutton	224	191	409	**2.3%**
Tower Hamlets	459	286	745	-9.1%
Waltham Forest	387	324	701	**7.4%**
Wandsworth	604	370	967	**14.6%**
Westminster	702	531	1225	**2.1%**
Total	**15,232**	**10,063**	**25,096**	**4.93%**

[Source: London Ambulance Service]

Table 19. LAS code 40/41 psychiatric-incidents by London area: 2009-10

London area	Code-40	Code-41	Total incidents (40+41)	Increase in total 40+41 incidents from 2008-09	Increase in total 40+41 incidents from 2007-08
Barking and Dagenham	284	235	516	**21.7%**	**18.6%**
Barnet	644	383	1020	**14.2%**	**17.9%**
Bexley	245	221	463	**16.6%**	**10.2%**
Brent	517	313	829	**5.6%**	**6.8%**
Bromley	456	271	721	**0.8%**	**16.1%**
Camden	783	490	1260	-8.7%	-0.6%
City of London	**60**	**49**	**106**	**32.5%**	**-2.8%**
Croydon	642	551	1188	**12.2%**	**16.8%**
Ealing	597	368	954	-2.4%	**15.5%**
Enfield	555	395	942	**12.5%**	**13.4%**
Greenwich	440	335	774	-4.0%	-6.2%
Hackney	**572**	**393**	**949**	**9.7%**	**17.2%**
Hammersmith and Fulham	350	272	618	-5.8%	-2.2%
Haringey	700	404	1091	**6.4%**	**16.6%**
Harrow	325	198	521	**17.9%**	**24.3%**
Havering	186	157	341	-11.7%	-10.0%
Hillingdon	511	405	912	**1.8%**	**23.2%**
Hounslow	417	331	742	**10.6%**	**6.8%**
Islington	571	382	942	-2.3%	**0.3%**
Kensington and Chelsea	334	218	546	-0.2%	**5.4%**
Kingston	320	219	537	**8.7%**	**22.6%**
Lambeth	899	586	1473	**0.1%**	**4.1%**
Lewisham	557	437	988	**19.9%**	**12.7%**
Merton	316	262	575	**25.5%**	**26.7%**
Newham	532	425	952	**14.3%**	**24.6%**
Redbridge	293	239	526	-3.7%	**4.2%**
Richmond	265	164	425	-0.2%	**13.0%**
Southwark	757	540	1286	**8.0%**	**15.8%**
Sutton	251	235	482	**17.8%**	**20.5%**
Tower Hamlets	488	331	808	**8.5%**	-1.5%
Waltham Forest	342	304	639	-8.8%	-2.1%
Wandsworth	692	447	1132	**17.1%**	**34.1%**
Westminster	662	579	1232	**0.6%**	**2.7%**
Total	**15,563**	**11,139**	**26,490**	**5.6%**	**10.8%**

[Source: London Ambulance Service]

The above LAS trends show that during 2009-10, in the Square Mile, there was a 32.5% increase over 2008-09 in code 40 and 41 incidents relating to mental health. However, in comparison with the London Borough of Hackney and other London Boroughs the overall volume of incidents within the Square Mile is much lower.

City of London Corporation (Department of Community and Children's Services)

i. The Supported Housing Team

The CoLC's Supported Housing Team (SHT) uses funds derived from the Supporting People Programme (SPP) funds originally instituted by the Office of the Deputy Prime Minister (City of London Corporation 2005). The SPP is a central government-local policy initiative with funding attached to provide several key support mechanisms for people at risk and who subsequently may be potentially affected by mental health problems. The CoLC renamed SPP as SHT because it needs to pool funds from the SPP funding stream with other sources of revenue for the purposes of the programme.

SHT enables City services for vulnerable people so they can live more independently and maintain their own tenancies and help to prevent problems that may engender hospitalisation, institutionalisation or even homelessness. It also assists with the transition to independent living for those leaving institutional care and enables individuals to live independently in their own premises by accessing the full benefit entitlement; ensuring the skills to sustain a tenancy, gain advice on home improvements and access to a community service alarm. Also included are short-term weekly home visits and/or on-site full-time support workers.

Under the SHT, CoLC provides support or about 300 vulnerable people through its SP programme, including young people at risk of homelessness, single homeless (former rough sleepers), people with mental health problems, people with a physical or sensory disability and older people in sheltered accommodation. Support is provided through the following eight services: 1) Middle Street - single homeless (former rough sleeper) project; 2) Salters' City Foyer - young people service; 3) City of London Tenancy Sustainment Partnership; 4) Tudor

Rose Court – sheltered scheme; 5) Iveagh Court – sheltered scheme; 6) Mais House – sheltered scheme; 7) Isleden House – sheltered scheme; and 8) Harman Close – sheltered scheme.

For the CoLC, the SHT (previously titled SPP) started in 2003 with seven services and one 'yet-to-commence' service: 4 sheltered houses, 1 very-sheltered (extra care) service, 1 foyer for young people, 1 single homeless hostel for former rough sleepers and 1 yet-to-commence floating support service to be provided by Look Ahead Housing Association (failed to start). The very-sheltered service (Tudor Rose Court) was re-commissioned into an ordinary sheltered service in September 2003 due to a low demand for very-sheltered housing. It was also reduced from 35 to 18 units and has since worked as a sheltered service. The programme aimed to support about 255 people: Mais House sheltered (61), Harman Close sheltered (47), Isleden House sheltered (33), Iveagh Court sheltered (18), Tudor Rose Court sheltered (18), Salters' City Foyer (44), Middle Street hostel (20), Generic Floating Support (15). In 2007 Iveagh Court was decommissioned and phased out. Table 21 shows projected levels of need per client group in the Square Mile produced by the Mayor of London in 2005.

Table 20. Projected levels of need by City client group*

Client group	**Projected levels of need per client group***				
	2007	2008	2009	2010	2011
Older people with support needs	46	48	49	51	53
Older people with dementia/ Mental Health issues	**7**	**7**	**7**	**8**	**8**
Frail elderly	6	6	6	6	6
Single homeless	23	24	25	25	26
Rough sleepers	**86**	**89**	**92**	**96**	**98**
People with Mental Health issues	**66**	**68**	**71**	**73**	**75**
People with Learning Difficulties	20	21	21	22	23
People with Personal Difficulties	10	11	11	11	12
People with HIV/AIDS	8	8	8	8	9
Drug misuse	21	21	22	23	23
Alcohol misuse	12	12	13	13	13
DV	4	4	4	4	4
Refugees/asylum seekers	2	2	2	2	2
Travellers	0	0	0	0	0
Teenage parents	7	7	7	7	7
Young people leaving care	7	7	8	7	7
Young people at risk	0	0	0	0	0
Offenders and those at risk	7	7	7	8	8
Mentally disordered offenders	**1**	**1**	**1**	**1**	**1**
Homeless families with support needs	27	28	29	30	31

[Source: City of London Corporation website, 2011(after Mayor of London 2005)]
*Groups at highest risk of mental health problems are emboldened.

In 2010, the projection was for CoLC to support a total of 178 people and in 2011, 182 people, at high risk of mental health problems, respectively.

ii. Mental Health Reviews and Other Community-based Services

Tables 22-24 show data received from DCCS on the completed mental health reviews for existing and new clients, as well as the range services received by City residents diagnosed mental health conditions, for the period 2006-2010 respectively.

The CoLC stated that they define 'review' following the NHS Information Centre definition: an examination of the client's needs for an existing client and must include a (formal) reassessment, irrespective of whether it was a scheduled or unscheduled review; adults receiving 'community based services' are defined as those aged 18 and over receiving a service, or services, provided or commissioned by the local authority or NHS health partner (DCCS).

The following clarifications were received from DCCS in connection with the second dataset they supplied for the purposes of this Report, shown in Tables 21-23 (see Methodology):

a) The number of existing clients for whom a review was completed during the year by client type and age group in Table 21 covers review/re-assessments for all existing clients that are 'on the books'. This includes all clients in receipt of community based services, plus those in residential care and nursing care. This does not include new clients which are shown separately in Table 22.

b) The number of clients receiving community based services in Table 23 means those clients able to continue living in their own home and receive services for their needs. This category does not include those clients in Residential or Nursing care. The table covers both existing and new clients.

c) The number of clients under the Mental Health row reflects clients whose primary client type is Mental Health. This does not mean that the assessments were specifically Mental Health re-assessments.

Tables 21-23 show the DCCS data for the existing and new mental health clients who received community reviews and community-based services for the period 2006-10.

The overall trends for 2006-10 and the specific trends for 2008-10 are listed under each table (see Tables 21-23, pp.77-79).

For the specific **period 2008-10,** there was an **overall decrease** in the number of City residents referred to, or admitted as inpatients by, the secondary care NHS mental health services of the East London NHS Foundation Trust. This trend was not matched in the same period by **any corresponding increase** in the number of clients in the 65+ age group who received community-based services or **any corresponding increase** in either the numbers of new or existing mental health clients in the 65-74 age group who received a community review. There was also both a **37% decrease** in the number of existing clients in the 18-64 age group who received a community review and **a 29% decrease** in the number of clients in the 65+ age group who received community-based services. However, there was an **11% increase** in the number of mental health clients in the 18-64 age group who received community-based services, as well as a **5% increase** in the number of new mental health clients in the 75+ age group who received a community review.

The above mismatch in trends appears anomalous, given the Trust's policy of reducing hospital admissions in favour of increased community-based care, and also given the national/local policy drive for greater locality-based care.

Table 21. Number of existing clients receiving a community review

Primary Client Type	Column 1: 2006-07			Column 2: 2007-2008			Column 3: 2008-2009			Column 4: 2009-2010		
	18-64	65-74	75+	18-64	65-74	75+	18-64	65-74	75+	18-64 [% change *]	65-74 [% change *]	75+ [% change *]
Mental Health	58	9	19	58	15	18	51	14	20	32 [-37%]	14 [0%]	21 [+5 %]

* = percentage change from 2008-09 baseline

Table 22. Number of new clients for whom a review was completed by client type/age group

Primary Client Type	Column 1: 2006-07		Column 2: 2007-2008		Column 3: 2008-2009		Column 4: 2009-2010	
	18-64	65+	18-64	65+	18-64	65+	18-64 [%change *]	65+ [%change *]
Mental Health	42	3	32	4	19	8	19 [0%]	8 [0%]

* = percentage change from 2008-09 baseline

Table 23. Number of clients receiving community-based services

Primary Client Type	Column 1: 2006-2007		Column 2: 2007-2008		Column 3: 2008-2009		Column 4: 2009-2010	
	Community- based Services		Community- based Services		Community- based Services		Community- based Services	
	18-64	65+	18-64	65+	18-64	65+	18-64 [% change *]	65+ [% change *]
Mental Health	33	13	32	15	27	17	30 [+11%]	12 [-29%]

* = percentage change from 2008-09 baseline.

[Source: City of London Corporation, DCCS]

There are several services available to the Square Mile for rough sleepers and the homeless:

- The Broadway Homeless and Support charity, Half Moon Court
- The Lodge (St Mungo's), Holborn
- Salter City Foyer, West Smithfield
- Sergeant James Green, City of London Police (lead for homelessness/rough sleeping)

In 2010, the City of London Police publicly stated that rough sleeping in the Square Mile had reached a two year 'low' due to their own 'Operation Poncho', a zero tolerance drive to reduce to zero incidence of rough sleeping. The City of London Police specifically deploys a team of officers to work with other agencies to reduce homelessness and rough sleeping by:

a) checking regularly on people to ensure that they are as healthy as can be expected in the circumstances and not in need of immediate medical care and attention,
b) helping partner agencies to identify the location of vulnerable people or people at risk;
c) providing people sleeping rough with information on how to access specialist services and accommodation;
d) working with partner agencies to find solutions for long-term homelessness cases.
e) reducing crime and anti-social behaviour sometimes associated with rough sleeping (City of London Police website, 2011)

In December 2009 the Broadway Outreach Team worked with 113 clients of which most were met sleeping rough at least once. The Police reported that the outcomes from this engagement with Broadway were that 9 clients booked into night shelters. 2 were booked into the Lindsey Hotel (which closed in 2010 due to demolition works). 3 were booked in to hostels. 7 returned to their country of origin. 3 booked into housing association flats and 3 into private rented flats (Rough Sleepers Report 2009).

Due to the association between rough sleeping, homelessness and mental ill-health, there is a CoLC part-funded Community Psychiatric Nurse (CPN) from the ELNHSFT who works

alongside the homelessness (Broadway) outreach team. This CPN is responsible for both coordinating mental health assessments and acting as a care coordinator of fourteen (n=14) people at any one time, undertaking joint shifts with the Broadway outreach team, attending in-patient ward rounds and other meetings as required.

The numbers of homeless people contacted by City of London commissioned services can be quantified. It was also reported that during any one CPN shift, the CPN could make contact with an average of 5-10 (n=5-10) rough sleepers, with multiple contacts with the same professional carers. Therefore, over a three year period the contact statistic could be twelve hundred (n=1,200).

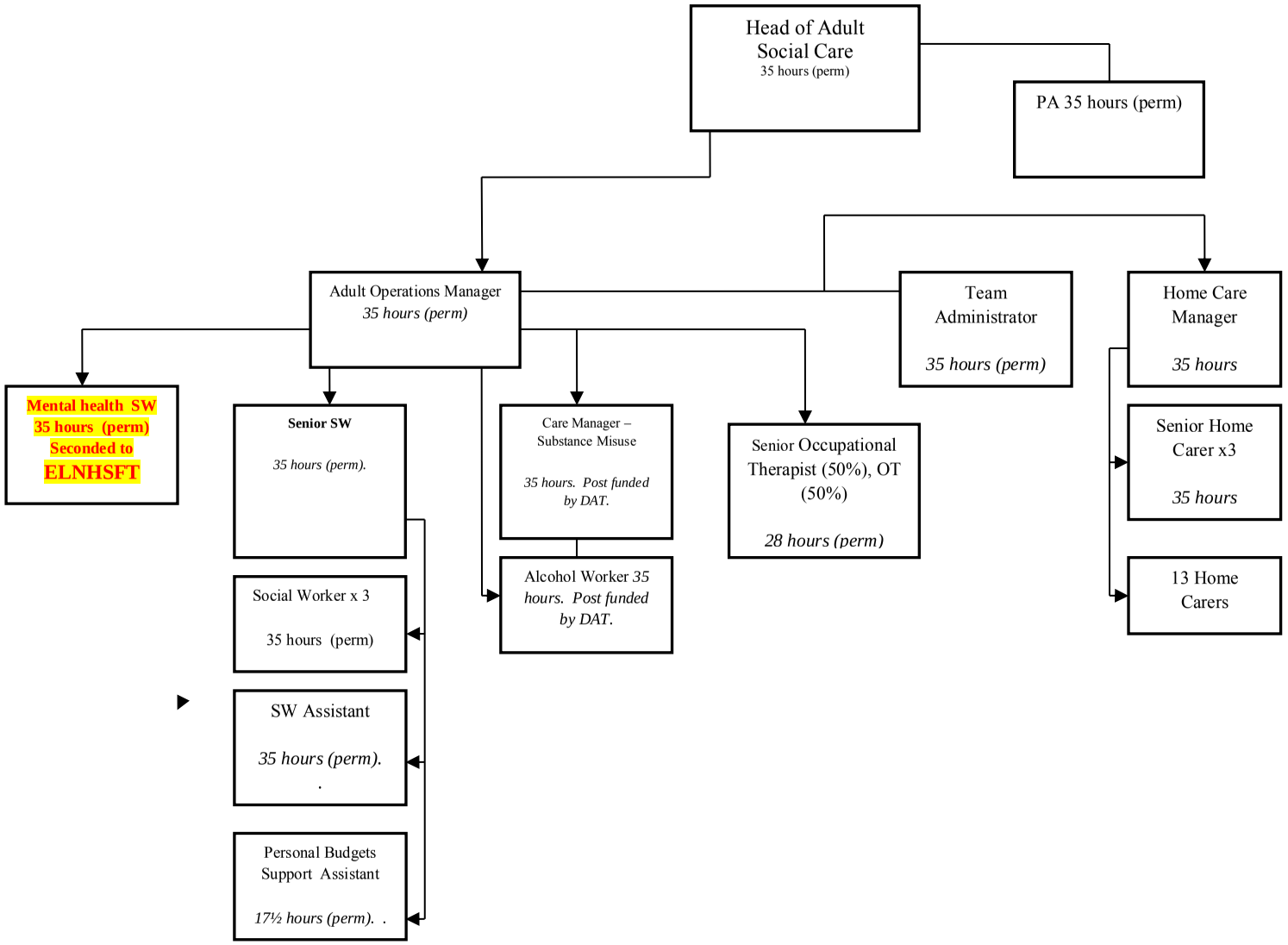
During 2010, there were eighty-three (n=83) referrals to the above into mental health services (NHS or non-NHS), sixteen (n=16) re-referrals and fourteen (n=14) 14 mental health assessments (source: DCCS, Barbican Estate Office, 2010).

Rough sleeping and homelessness within the Square Mile are reportedly caused by a relatively low resident street-level population, in comparison with other London boroughs, thereby causing a lack of street-level surveillance that maybe facilitates an increased incidence and prevalence. The latter also could explain the increased street-level vigilance by the City of London Police, who must meet central government targets for reducing the incidence of homelessness and rough sleeping within the Square Mile.

It may appear to some that this social phenomenon is seen as a 'security issue' when a case study about a schizophrenic rough sleeper was published in the autumn 2010 edition of 'City Security' (Armstrong 2010), the magazine of the City of London's Crime Prevention Association. This magazine is marketed as "essential reading for anyone connected with crime prevention, security and community safety". This view might be further bolstered by the fact that this particular issue (number 37) included coverage of the Square Mile's anti-fraud and anti-terrorism drives. Yet the humane, educative and informative nature of that article would also indicate otherwise.

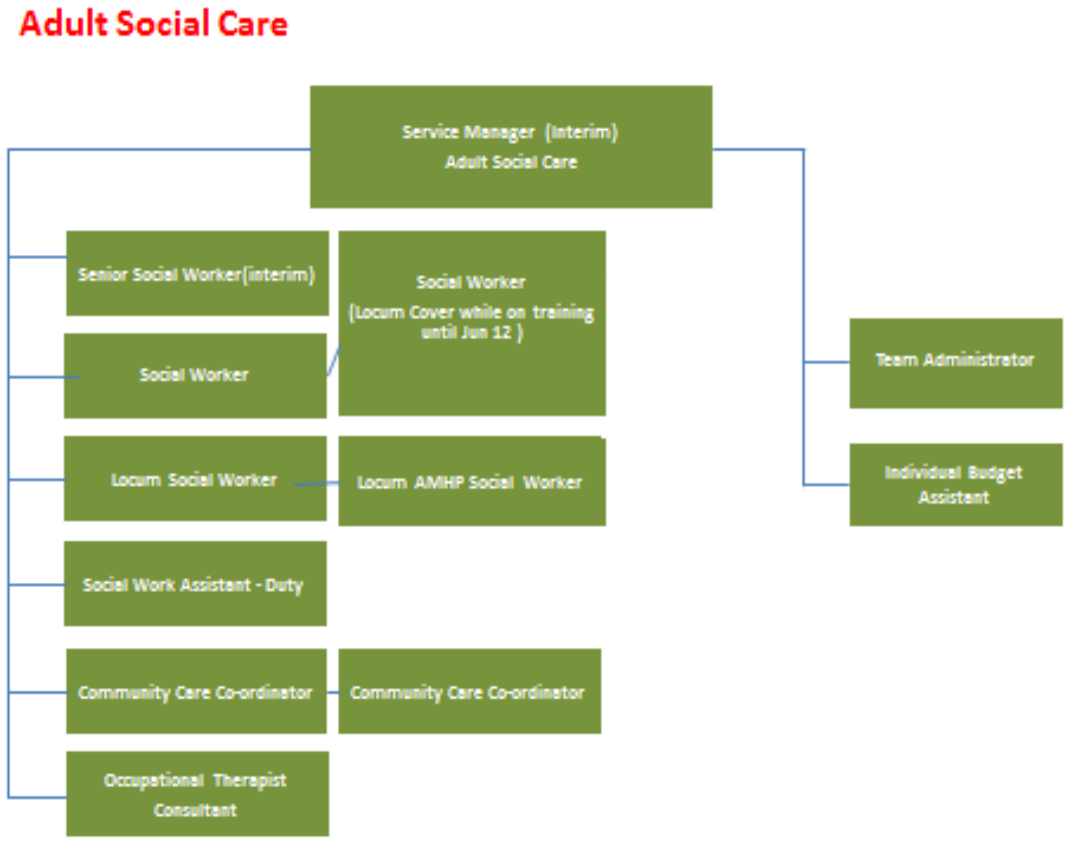
Table 24 shows the newly proposed structure of DCCS. It shows the line management structure and the permanent secondment of a social work post into the East London NHS Foundation Trust, the main provider of statutory mental health services. This new model would align the structure of the statutory mental health services for the Square Mile with the community mental health locality structure found in other London boroughs.

Table 24. Structure of Adult Social Services: proposed 2010



[Source: DCCS, City of London Corporation 2010]

Table 25. Structure of Adult Social Services: actual 2012



[Source: DCCS, City of London Corporation 2010]

Summary of findings on service users

a) Data analysis showed a downward trend for **2006-10** in the number of:

   i. Existing mental health clients in the 18-64 age group who had received a community review

   ii. New mental health clients in the 18-64 age group who had received a community review

   iii. Mental health clients in the 18-64 age group receiving community-based services

   iv. Mental health clients in the 65+ age group receiving community-based services

b) Data analysis showed an upward trend for **2006-10** in the number of:

   i. Existing mental health clients in the 65-74 age group receiving community-based services

   ii. Existing mental health clients in the 75+ age group receiving community-based services

   iii. New mental health clients in the 65+ age group who had received a community review

c) The total number of City residents referred to the East London NHS Foundation Trust increased by 12% (n=29) for 2008-09 and decreased by 29% (n=81) for 2009-10, respectively. **This is an overall decrease of 21% (n=52) for 2008-10.**

d) The total number of City residents admitted as in-patients by the East London NHS Foundation Trust increased by 29% (n=4) in 2008-09 and decreased by 67% (n=12) in 2009-10, respectively. **This is an overall decrease of 51% (n=8) for 2008-10.**

e) For the **period 2008-10** there was an **overall decrease** in the number of City residents referred to, or admitted as inpatients by, the secondary care NHS mental health services of the East London NHS Foundation Trust.

f) This trend in e) was not matched in the period **2008-10** by **corresponding increases** in community provision. There was **no increase** in either the numbers of new or existing mental health clients in the 18-64 or 65-74 age groups who received a community review. There was a **37% decrease** in the number of existing clients in the 18-64 age group who received a community review and **a 29% decrease** in the number of clients in the 65+ age group who received community-based services. The above mismatch in trends appears anomalous, given

the Trust's policy of reducing hospital admissions in favour of increased community-based care, and also given the national/local policy drive for greater locality-based care.

g) For 2008-10, there was an **11% increase** in the number of mental health clients in the 18-64 age group who received community-based services, as well as a **5% increase** in the number of new mental health clients in the 75+ age group who received a community review.

h) The number of City residents referred to the ELNHSFT by non-health professional sources (including self-referrals) initially increased by 4% (n=5) during 2008-09 and then decreased by 26% (n=31) during 2009-10, respectively.

i) The number of City residents referred to the ELNHSFT by healthcare professionals showed an initial increase of 18% (n=24) during 2008-09 and then a decrease of 31% (n=50) during 2009-10, respectively.

j) The use of the London Ambulance Service in 2009-10 within the Square Mile shows a 32.5% increase over 2008-09 in code 40/41 incidents both relating to mental health. This was a lower volume of incidents compared to the London Borough of Hackney and other London Boroughs for that same period only.

k) The CoLC dedicated Community Psychiatric Nurse allocated from the ELNHSFT works alongside the Broadway outreach team for the homeless, coordinates mental health assessments and care coordinates fourteen (n=14) people, works joint shifts with the outreach team, attends inpatient ward rounds and other meetings as required.

l) The numbers of homeless people with mental health problems in contact with the City of London services can be quantified through statistics kept by the City of London Police, Broadway and the CPN homelessness service. One CPN work shift could consist of the CPN seeing on average 5-10 (n=5-10) rough sleepers with multiple contacts with the same professional carers. Therefore, over a three year period, the statistic could be as high as twelve hundred contacts (n=1,200).

m) During 2010, there were eighty-three (n=83) referrals to the above into mental health services (NHS or non-NHS), sixteen (n=16) re-referrals and fourteen (n=14) 14 mental health assessments (source: DCCS, Barbican Estate Office, 2010).

REFERENCES

Alzheimer's Society (2010) Services in Hackney and City. London, Alzheimer's Society.

Armstrong, J (2010) Rough Sleeper. City Security 37, p.13.

British Sociological Association (2002) Statement of Ethical Practice For The British Sociological Association. Available at: www.britsoc.co.uk (Accessed: January 2010).

City and Hackney Carers Centre (2010) Carers Support Groups. Dalston, City and Hackney Carers Centre.

City of London Corporation, London Borough of Hackney, NHS City and Hackney (2010) 'Joint Strategic Needs Assessment' City & Hackney 2010 Health and Wellbeing Profile. London, NHS City and Hackney.

City.COMM (2010) Portsoken Health and Community Centre. London, City.COMM.

City Together (2008) The City Together Compact. London, City Together (City of London Corporation). City of London Corporation website. Available at: www.cityoflondon.gov.uk (accessed January 2011).

City of London Corporation (2005) Supporting People. Five Year Strategy 2005-2010. Refreshed 2008. Guildhall, City of London Corporation. Available at: www.cityoflondon.gov.uk (accessed January 2011).

City of London Corporation (2010) Health and Social Care Scrutiny Sub (Community Services) Committee. Minutes. 24 November. Available at: www.cityoflondon.gov.uk (accessed January 2011).

City of London Corporation and City & Hackney Teaching Primary Care Trust (2007) Resident Population Analysis. Executive Summary. London, City of London Corporation.

Corbett, K. (2009) Review of Advice, Advocacy and Volunteering Services. A report prepared for The City of London Corporation Department of Community and Children's Services. Guildhall, City of London Corporation Department of Community and Children's Services.

Denzin NK, Lincoln YS (1998) Collecting and interpreting qualitative material. Sage, Thousand Oaks, California.

Department of Health (2010) Ordinary residence: Guidance on the identification of the ordinary residence of people in need of community care services, England. London, Department of Health.

Department of Health (2010) Equity and excellence: Liberating the NHS (White Paper). London, Department of Health.

Department of Health (2011) Impact Assessment for Exemptions for Failed Asylum Seekers. Impact Assessment Number 6040. London, Department of Health.

Department for Business Innovation and Skills (2011) What is Corporate Responsibility? London, UK Department for Business Innovation and Skills. Accessible at: http://www.bis.gov.uk/policies/business-sectors/low-carbon-business-opportunities/sustainable-development/corporate-responsibility [accessed 11.02.11].

East London NHS Foundation Trust (2009) City and Hackney Mental Health. Inpatient Services Relocation. London, East London NHS Foundation Trust.

Foley, R, Platzer, H. (2007) Place and Provision: Mapping mental health advocacy services in London. Social Science and Medicine 64 (3) 617-632.

Gray, A. (2009) The social capital of older people. Ageing & Society 29 (1) 5-31.

Greater London Authority (2010) Round of Demographic Projections. Strategic Housing Land Availability Assessment Revision. London, Greater London Association, September.

Hazelhurst, J (2010) Wellbeing in the workplace is on the agenda in the Square Mile. City A.M. "ASK THE EXPERTS", Issue 1,271, Thursday 25th November, 31. Available at: www.cityam.com

Krippendorf K (2004) Content Analysis: An Introduction to its Methodology. Thousand Oaks, CA, Sage.

Manchester Evening News (2011) Walk-in clinic closure makes me sick says MP Tony Lloyd. Manchester Evening News, February 25th.

Miesen B, Jones G (2004). 'The Alzheimer café concept: a response to the trauma, drama and tragedy of dementia'. In Jones G, Miesen B eds Care-giving in Dementia – Research and applications, Volume 3. London/New York: Brunner/Routledge, 301-327.

Office for National Statistics (2008) Subnational Population Projections by sex and quinary age. London, Office for National Statistics.

Office for National Statistics (2010) Business Register and Employment Survey. London, Office for National Statistics.

Silverman D (2001) Interpreting Qualitative Data. Methods for Analysing Talk, Text and Interaction. London, Sage.

Spitalfields Life (2010) Patricia Niven's Golden Oldies. Spitalfields Life. Available at: http://spitalfieldslife.com/2010/12/13/golden-oldies/

The Guild Church of St. Margaret Pattens (2011) The Guild Church of St. Margaret Pattens. London. Accessible at: www.stmargaretpattens.org/

Wilkins, J. (2010) Annual Plan 2010-2011. Report to the Board of the East London NHS Foundation Trust. London, East London NHS Foundation Trust, Directorate of Performance and Business Development.

APPENDIX ONE: Consultation event for City residents **(press release from East London NHS Foundation Trust).**

East London NHS
NHS Foundation Trust

Press Release

Have Your Say!
Local People to Influence NHS Mental Health Care

On Tuesday 1 Feb 2011, residents of Hackney and The City of London can participate in a free consultation event organised by East London NHS Foundation Trust. The event will take place at Hackney Town Hall in Committee Room 102 from 17.30-19.30.

The Trust wants to involve local people at an early stage to discuss priorities for mental health services in the borough to go into a plan for 2011-2012. The Trust wants to hear the views of local people and is keen to learn how it can develop and improve its mental health services.

Now in its third year, the Annual Plan Consultation Events are a unique opportunity for local people, service users, carers and Trust members to influence directly how mental and community health services are delivered to their communities.

Trust Borough Leads and Council Members who represent Tower Hamlets residents in the Trust will also be attending these events so they can hear the views of local people and represent these views.

Consultation events will take place in Tower Hamlets and Newham as well. A second Trust wide meeting will take place on Monday 7 March 2011 at Toynbee Hall in Aldgate from 17.30-19.30. This will focus on the main themes raised in the local consultation events.

For more details and to register call 0800 032 7297 or email your request to foundation@eastlondon.nhs.uk.

For information about East London NHS Foundation Trust go to http://www.eastlondon.nhs.uk

19 January 2011 **Ends**

Notes for Editors

About the Trust
East London NHS Foundation Trust is a health trust which provides mental and community health services to the City of London and the London Boroughs of Hackney, Tower Hamlets and Newham.

APPENDIX TWO: Flyer for 'Profiling Mental Health within the Square Mile'

Current Services

- Identify the current provision of Mental Health services (including community services/inpatient/outpatient/primary/secondary/tertiary).
- Identify any future plans for services commissioned wholly and/or partly by the City of London Corporation or NHS City and Hackney.
- Identify the support services available to workers within the Square Mile by investigating a sample of services that businesses provide for their workers.

Current Service Users

- Identify the social demographic of services users
- Identify how service users access delivery either through General Practitioner referrals, self referrals and/or Accident and Emergency Services within the Square Mile or via neighbouring boroughs.

Failure to Access Services

- Identify potential groups of service users who are not accessing services currently.
- Explore barriers to service uptake for non-users and lack of full access to a range of services for existing users.

(Dr Kevin Corbett, October 2010)

The City of London Local Involvement Network is hosted by Voluntary Action Westminster, a registered charity (no 1068824). For more information, please visit www.vawcvs.org