Joint Strategic Needs Assessment 2018-21

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Outline

- Introduction
- Chapter timetable
- Infographics
- Health specific chapter example:

  Mental Health of Adults

  - Intelligence overview
  - Current services
  - Conclusions
- Questions

Introduction

- LA and CCGs have equal and joint statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Leicestershire, through the Health and Wellbeing Board and The Health and Social Care Act 2012.

- A JSNA examines current + future health and care needs of local populations to inform, guide planning, commissioning of health, well-being and social care services within LA area.

- *'should be viewed as a continuous process of strategic assessment and planning with the aim to develop local evidence-based priorities for **commissioning** which will improve the public's health and reduce inequalities.'*

JSNA Approach

- Last JSNA published 2015
- Due for refresh
- Develop subject-specific chapters over a 3 year time period
  - Online infographic
  - Online Tableau self-serve dashboard (regular update)
  - Narrative with recommendations (pdf format)
- Timetable linked to CCG commissioning cycles and local strategic priorities
- JSNA is evidence base for commissioning local services

Timetable of chapters

- Published in August 2018:
  - Supporting information: Demographics, Deprivation, Economy
  - Mental Health in Children and Young People
  - Children's Oral Health
  - Mental Health in Adults
  - Oral Health in Adults

- Published by the end of 2018/19:
  - Supporting information: Housing
  - Best Start in Life (0-4 years)
  - Substance Misuse, Alcohol

What is mental health?

'..a state of well-being in which every individual realizes his/her own potential, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her/ his community……' *WHO 2001*

- Absence of mental illness
- Positive mental health
- Mental well-being

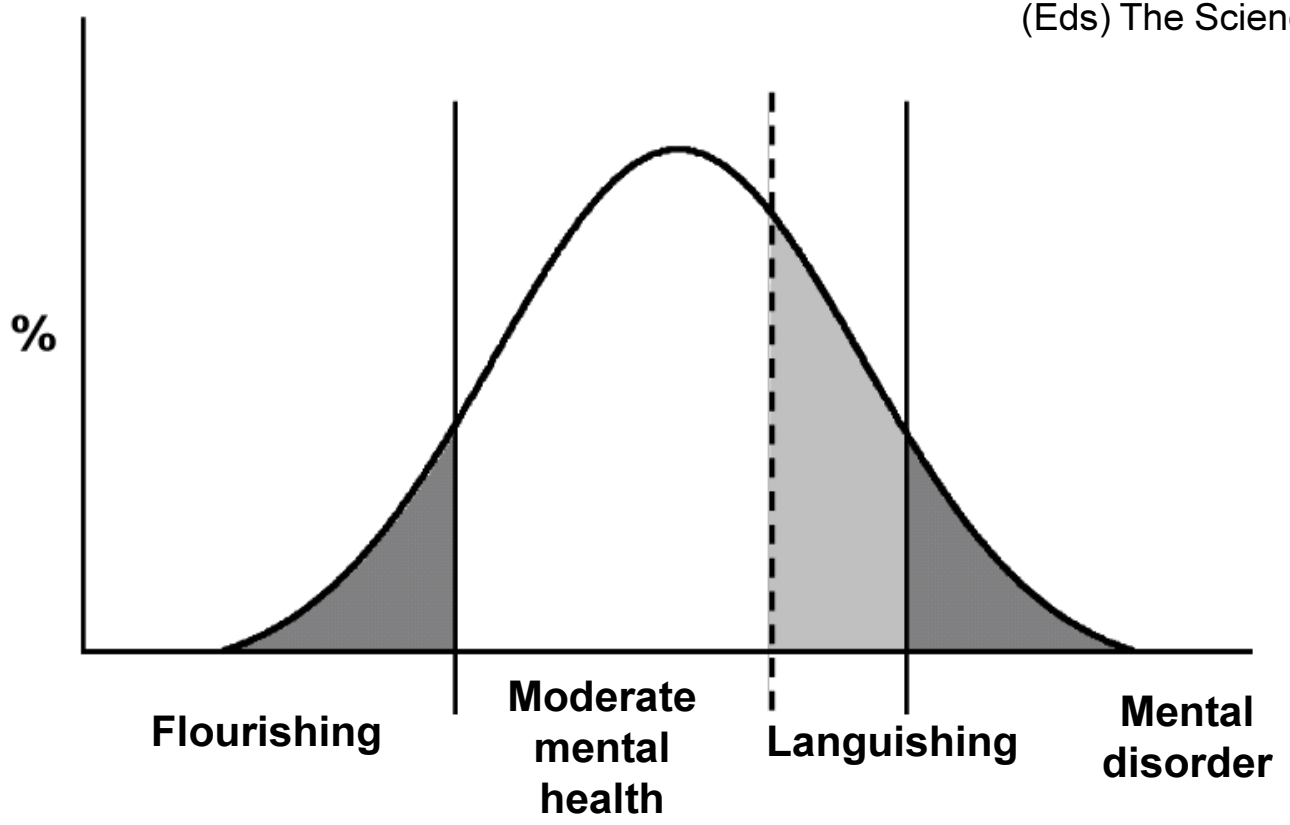
Mental health builds ‘wellbeing’…
What do we mean by Wellbeing?

"The subjective state of being healthy, happy, contented, comfortable and satisfied with one's quality of life. It includes physical, material, social, emotional ('happiness'), and development and activity dimensions.”

DOH, Commissioning Framework for health and wellbeing, 2007 p 99

The mental health spectrum

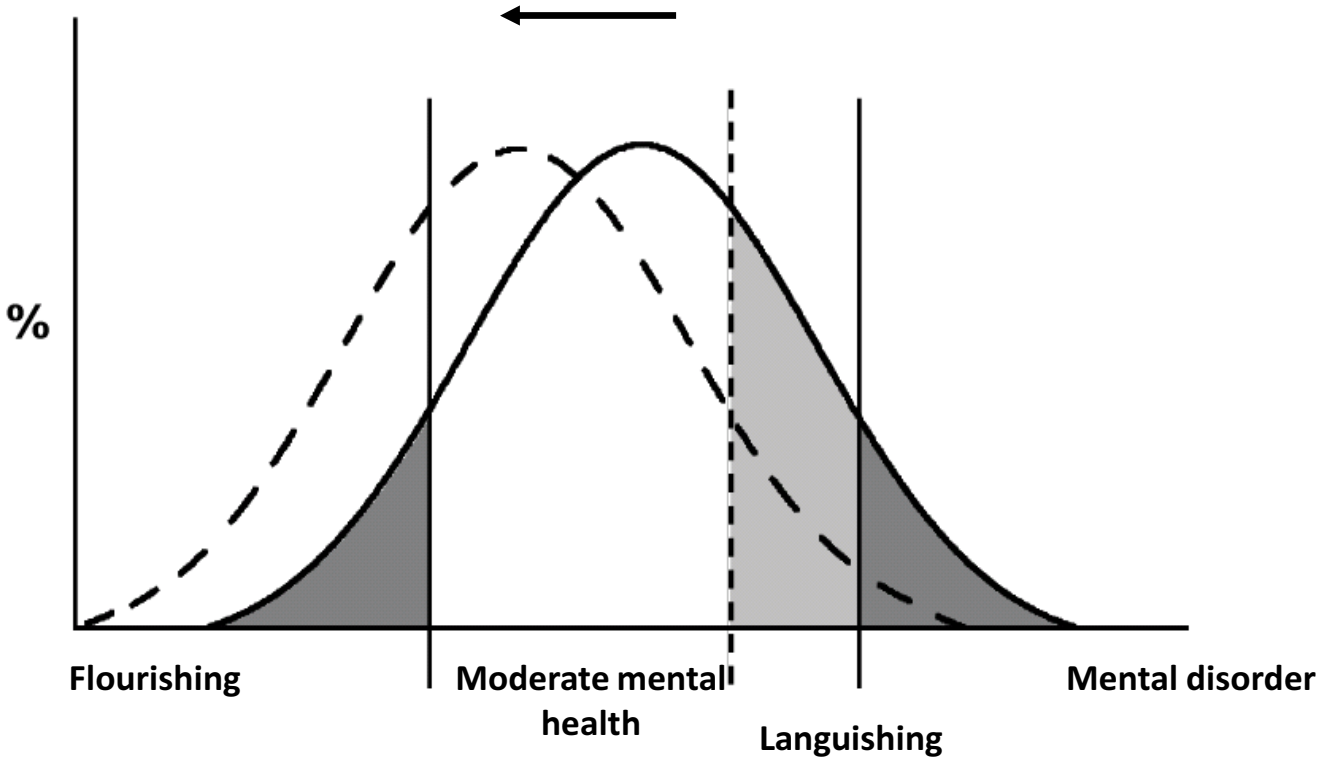
From: Huppert Ch.12 in Huppert et al. (Eds) The Science of Well-being



Number of symptoms or risk factors

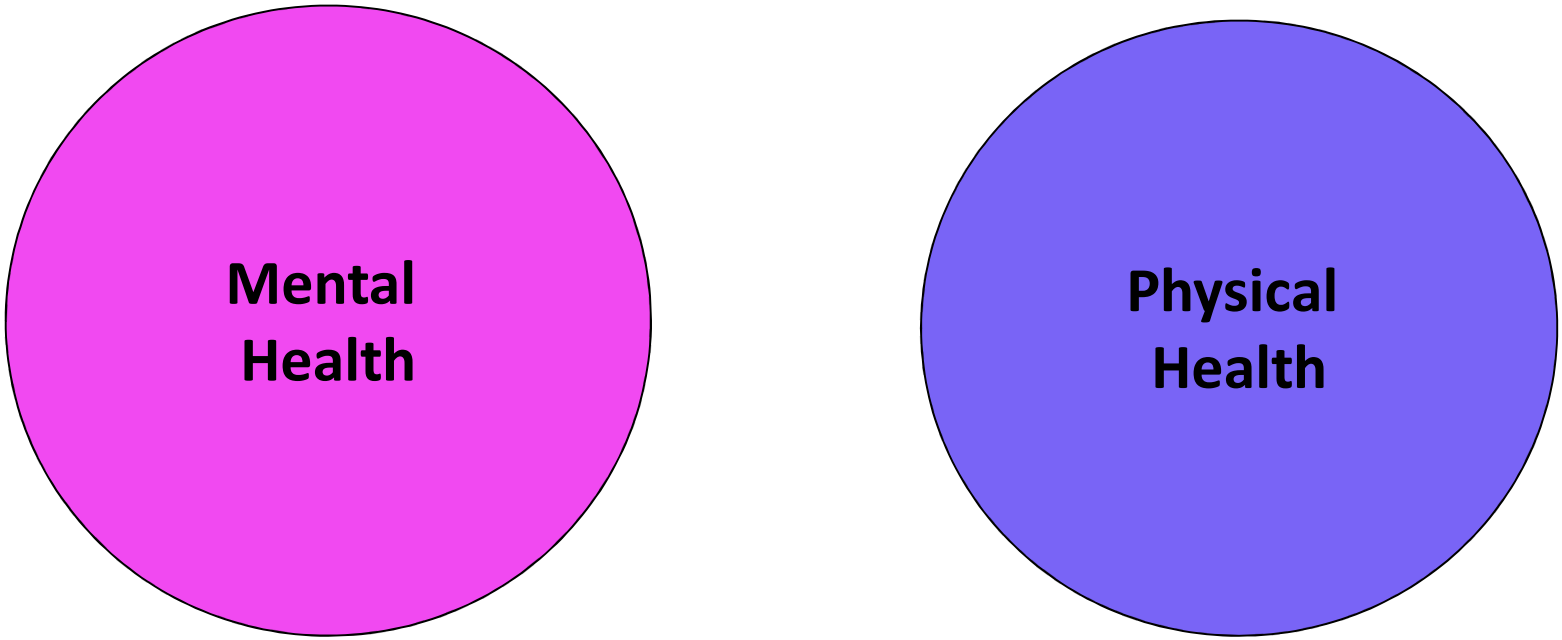
The effect of shifting the mean of the mental health spectrum

From: Huppert Ch.12 in Huppert et al. (Eds) The Science of Well-being



Physical V Mental Health, ? Separate

Historically, mental and physical health have been seen as separate and non- interacting domains, resulting in separate treatment approaches and policies



An integrated view of health

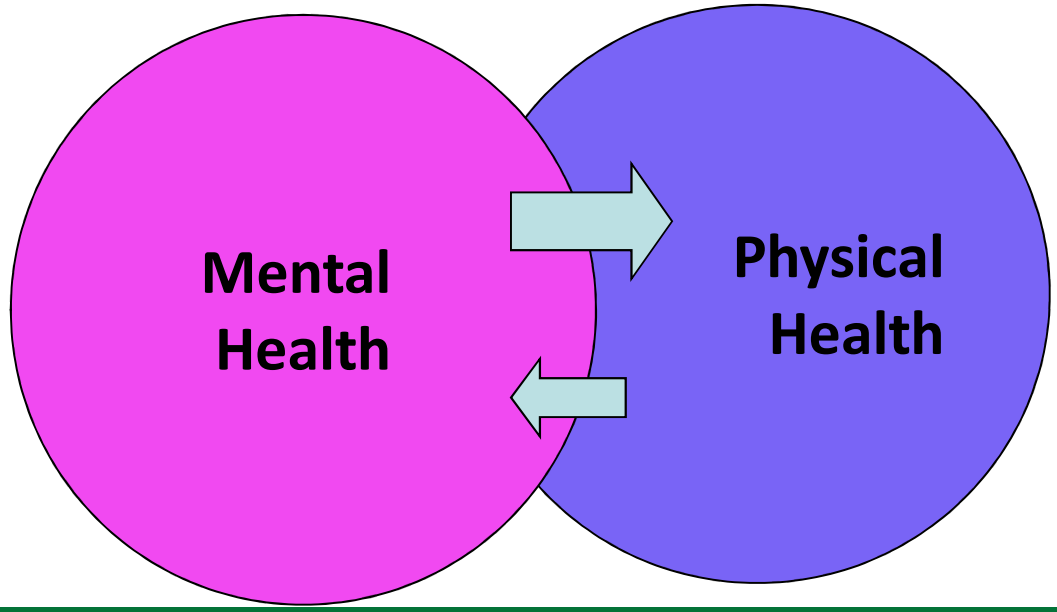
In reality, there is considerable overlap and interaction between physical and mental health

Poor mental health is probably a larger contributor to health risk behaviours and poor physical health than the other way round

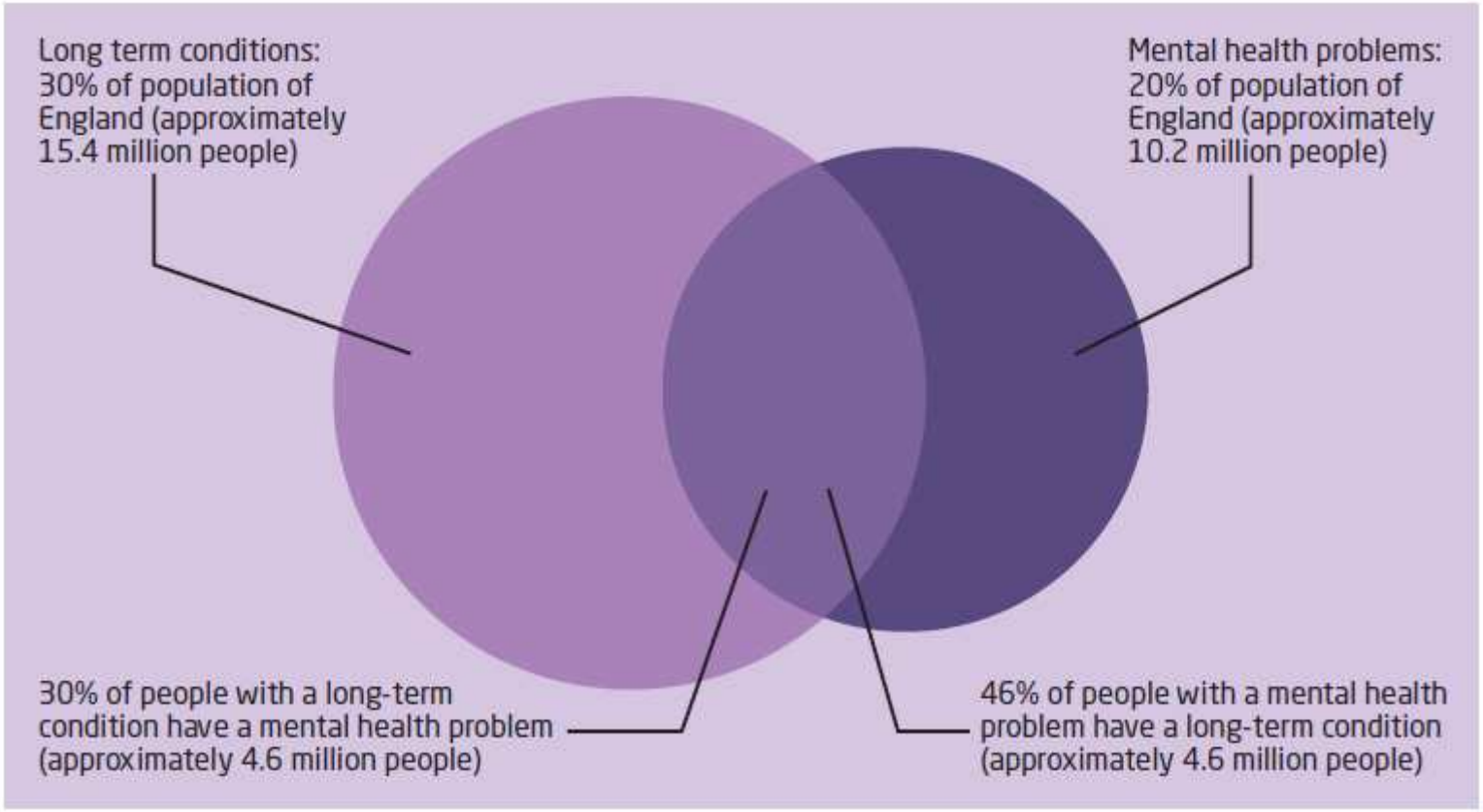
Of people with physical long term conditions,

1 in 3

also have mental illness, most often depression or anxiety



The overlap between long-term conditions and mental health problems



Who is at risk 1?

- ACEs
- Poor physical health
- Socio-economic deprivation
- Wider determinants-debt, unemployed, poorly educated, loneliness
- Lifestyle
- Prisoners/offenders
- LGBT
- Rurality
- Etc

Who is at risk 2?

- **Physical health and disability:** In Leicestershire **16.2%** have a LTC or disability that limited their day-to-day activities - significantly lower than England average (17.6%), but variation in districts e.g. Harborough 14.6% and NW Leicestershire 18.1%.

- **Education, learning and development:** 2011 Census showed **35.5%** of Leicestershire's population aged 16+ had no qualifications or low level of education, significantly lower than England average (35.8%). District variation: Blaby, NWL and H&B significantly higher (36.8%, 39.2% & 38.7%) whereas Charnwood and Harborough significantly lower proportion (32.6% & 31.3%).

- **Lifestyle:** Smokers are significantly more likely to have mental health problems compared to non-smokers. The Annual Population Survey (APS) estimated that **13.5%** of adults smoked in Leicestershire in 2016, significantly lower than England **15.5%**.

Level of need – Common Mental Health Conditions

- Almost **1 in 4** adults in the UK experience at least one mental health problem each year, with **1 in 6** experiencing a common mental health problem (CMD), such as anxiety or depression, in any given week.

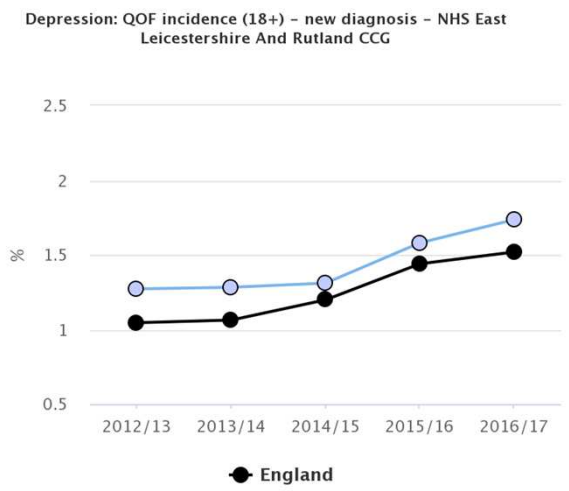
- Nationally, highest estimated prevalence of CMDs is in 16-24 age group. Local estimates indicate that females aged 45-54 present highest proportion of CMDs in Leicestershire.

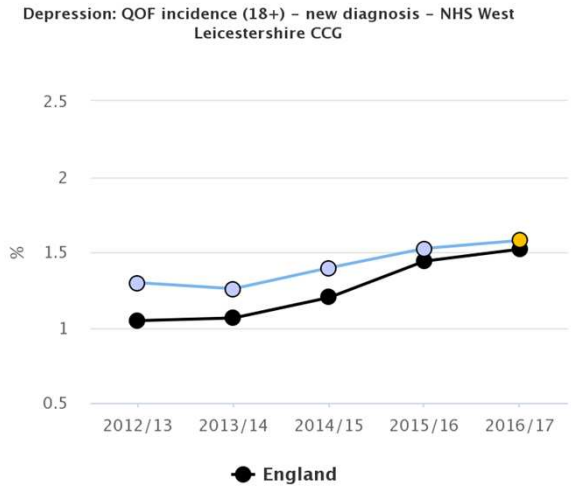
- The Improving Access to Psychological Therapies (IAPT) service provides psychological assessment and treatment for CMD. Data (2016/17) shows highest % of referrals in ELR CCG in 18-35 age group (47.9%) and in WL CCG 36-64 age group (43.3%).

- The lowest % of referrals overall in 16-17 age group for both ELR CCG (3.0%) and WL CCG (2.7%). This reflects national average, although locally, proportion of referrals for 16-17s is more than double the national average for both CCGs.

Level of need – Depression

- In 2016/17 over 1/10 of each CCG's registered population had diagnosis of depression according to the QOF (10.3% for ELR CCG, 10.7% for WL CCG. Both significantly higher than England average (9.1%).
- Incidence looks at the rate of new, or newly diagnosed, cases of a particular disease. The QOF examined the recorded incidence of depression in the 18+ registered population. For the last five years, both CCGs have seen a significant increasing trend in incidence.





Level of need – Severe Mental Illness

- Severe, enduring mental illness (SMI) refers to schizophrenia and psychosis, bipolar but also to other chronic functional disorders.

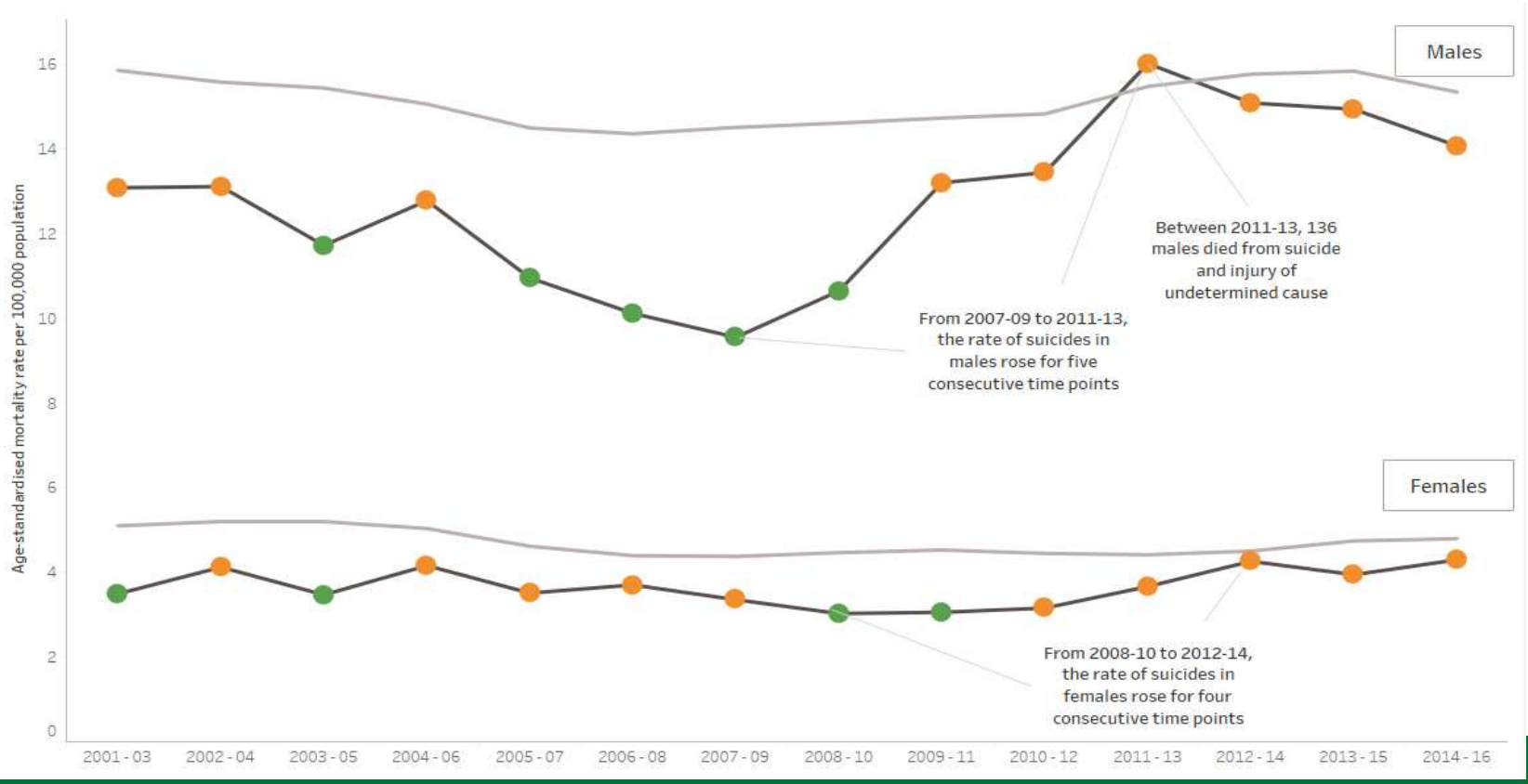
- In 2016/17, 0.77% of practice population were on GP SMI registers – lower than England's 0.92%. This follows a gradually increasing trend, in line with national trends since 2013/14.

- In 2015/16, LPT recorded 169 acute mental health admissions per 100,000 adult population i.e. significantly lower than England average (20 per 100,000 population). LPT also recorded 7,574 acute mental health bed days per 100,000 i.e. higher than England average (7,063 per 100,000 population). This suggests that those admitted stay longer than average.

- Furthermore, only 37.0% of Leicestershire's adults who were in contact with secondary mental health services lived in stable and appropriate accommodation significantly lower than England's 54.0%.

Level of need – Suicides

- Suicides and ‘injury undetermined’ are seen as an indicator of underlying rates of mental ill-health. There are approx. 60 deaths from suicide per year in the county. Suicide remains the biggest killer of men under 50 and the leading cause of death in people aged 15–24. Males are three times more likely than females to die as a result of suicide.



Level of need – 'dual diagnosis'

- A significant proportion of people in England with mental health problems have co-occurring problems with drug or alcohol misuse.

- In Leicestershire and Rutland, 15.2% of those entering substance misuse treatment services were also receiving mental health support services for a reason other than their substance misuse in 2016/17 (lower than England's average - 24.3%)

- In 2016/17, % in concurrent contact with mental health services and substance misuse services for alcohol misuse in Leicestershire and Rutland was 21.5%, similar to the England average of 22.7%.

- This should not be regarded as a comprehensive measure of dual diagnosis as it only captures whether individuals are receiving mental health treatment at a given point in time based on those entering treatment, rather than at any point in time.

Current services

- There is partnership work ongoing at a strategic level to deliver improvements across MH services, aimed at shifting focus to prevention and recovery, and delivering services on a locality based model.
- The strategic direction driven by the national Five Year Forward View for Mental Health and the local LPT Transformation Programme is to ensure the right level of care in the right place at the right time, with the emphasis on prevention and recovery.
- The approach is layered with a continued emphasis on people being supported towards greater independence. It is summarised in the pyramid below:

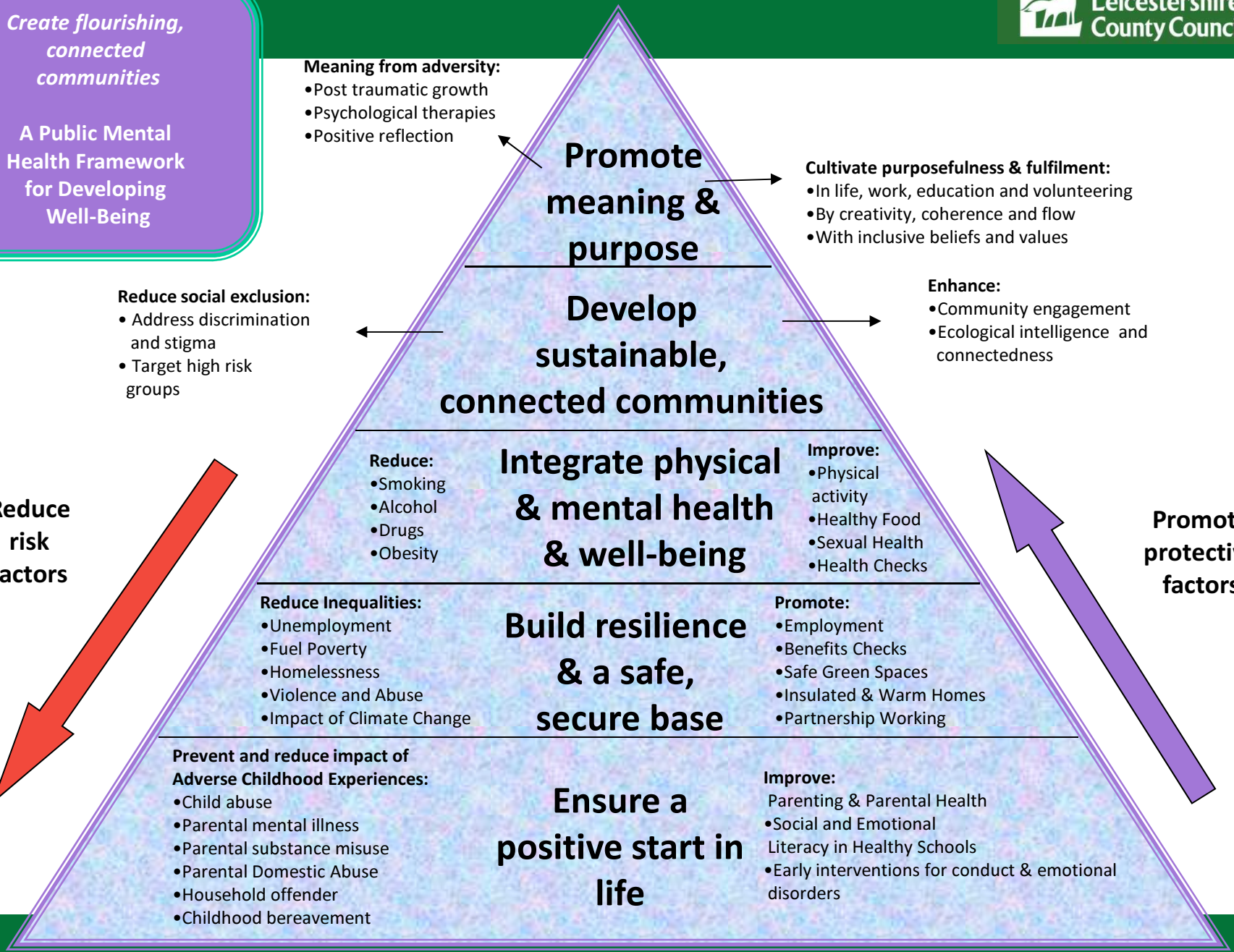
Some of our local treatment services

- Voluntary and Community Sector Services
- IAPT – Let's Talk Wellbeing
- Leicestershire Partnership Trust
  - Inpatient Adult Mental Health
  - LPT Community Mental Health Services
- PAVE Team (Pro-Active Vulnerability Engagement)
- Local Authority Mental Health Services
- Mental Health Wellbeing & Recovery Service
- Specialist Substance Misuse Treatment Services
- Local Authority – Public Health

So what to do?

Create flourishing, connected communities

A Public Mental Health Framework for Developing Well-Being



Nurse J 2008

Recommendations

Leicestershire County Council

Wider Determinants of Mental Health

- Implement the local 'Prevention Concordat for Mental Health'

- Encourage GPs/primary care, wider health/care services to be aware of and help tackle wider determinants that often contribute to poor wellbeing/mental health (e.g. financial problems/debt, unemployment, and work and relationship problems), consider use of social prescribing approaches including First Contact+

- Target action across health, social care and local districts/boroughs to improve the range and suitability of accommodation to include care and support options for people with mental health needs

- Consider targeted interventions to tackle other potential causes of poor mental health e.g. loneliness, social isolation

Five ways to well-being

Encourage and support our population to engage in activities known to protect mental health and wellbeing e.g. Five Ways to Wellbeing

Foresight

Government Office for Science

Recommendations - services

Leicestershire County Council

- CCGs/primary care to increase the numbers of people with common mental disorder who are detected and treated using IAPT services

- Capitalise on the growing understanding of links between poor mental health and wellbeing and physical health. Increase uptake of IAPT to include supporting people with Long Term Conditions (LTC) and Medically Unexplained Symptoms (MUS)

- Develop a joint programme of work across primary and secondary care to tackle the poor health outcomes in people with serious mental illness

- Provide targeted support for patients with mental illness to address poor lifestyle factors including smoking, substance/alcohol abuse and inactivity

- Ensure that at least 60% of people with first episode psychosis start treatment with a NICE-recommended package of care with a specialist early intervention in psychosis (EIP) service within two weeks of referral

Recommendations Services (2)

Leicestershire County Council

- Develop a ‘Core 24’ liaison mental health team within the main local acute provider (UHL) (as recommended in The Five Year Forward View For Mental Health) - to include support for patients with dual diagnosis
- Increase access to specialist perinatal mental health support, delivering NICE recommended interventions
- Take action to understand (including better data) and to address rising levels of self-harm – especially among young females
- Ensure that groups at high risk of mental ill health have their needs properly understood and addressed (e.g. as part of procurement processes). This includes socio-economically deprived individuals and groups e.g. offenders, people with disabilities, BME, LGBT
- Specifically address the psychological support and intervention needs of deaf people and the needs of individuals whose first language is not English
- Mental Health recovery services should incorporate more involvement of people with lived experience in design and delivery of recovery services. Increase opportunities for peer support, and self-care

Recommendations: Suicide Prevention

Leicestershire County Council

- Get cross-organisational support for the LLR Suicide Audit and Prevention Strategy and Plan and the ‘STOP Suicide LLR’ campaign
- Improve the real time monitoring of suicides
- Develop a sustainable programme of suicide prevention training that meets the needs of the different professional groups
- Develop the new service to support those bereaved by suicide.

Questions for you

- What can we as partners in the health and care system do to address the gaps and recommendations identified in the JSNA?

- How can we embed the JSNA further in commissioning? Do you have any examples you can share where this is currently happening?

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