# Agenda Item 7

Leicestershire County Council

## HEALTH AND WELLBEING BOARD: 23<sup>RD</sup> MAY 2024

## REPORT OF THE DIRECTOR OF PUBLIC HEALTH

## JOINT STRATEGIC NEEDS ASSESSMENT CHAPTER – MENTAL HEALTH (ADULTS)

### Purpose of Report

1. The purpose of this report is to provide the Health and Wellbeing Board with a summary of the headlines, conclusions and recommendations arising from the recent Joint Strategic Needs Assessment (JSNA) chapter on the mental health of Leicestershire adults.

### Recommendations

2. It is recommended that the Health and Wellbeing Board:

   a) Supports the findings and recommendations of the Mental Health (Adults) Joint Strategic Needs Assessment Chapter and approves them for publication.

   b) Supports the relevant strategic leads taking forward the findings and recommendations of the Chapter via activity in commissioning plans, strategies, through partnership working, and via the mental health sub-group.

### Policy Framework and Previous Decision

3. The Health and Wellbeing Board considered a report on plans for the development of the JSNA in 2022, which proposed that the JSNA would be published in subject-specific chapters throughout a three-year time-period on an iterative basis, in line with Integrated Care System (ICS) and local authority commissioning cycles. This approach was supported with the JSNA outputs agreed as:

   - Subject-specific focused chapters/narrative on an assessment of current and future health and social care needs with recommendations; and
   - Accompanying Tableau data dashboards that are updated on a regular basis to allow users to self-serve specific data requests, and to add to the available key mental health indicators available through the Office for Health Improvement and Disparities (OHID) Fingertips dashboards.

**Background**

4. The County Council and Integrated Care Board (ICB previously Clinical Commissioning Groups) have an equal and joint statutory responsibility to prepare a JSNA for Leicestershire, through the Health and Wellbeing Board. The Health and Social Care Act 2012 amended the Local Government and Public Involvement in Health Act 2007 to introduce duties and powers for Health and Wellbeing Boards in relation to JSNAs.

5. The JSNA is best viewed as a continuous process of joint assessment and planning to help develop local evidence-based priorities for commissioning with an aim to improve the public's health and reduce inequalities. Local plans for commissioning services are expected to be informed by the JSNA and related chapters.

6. During the COVID-19 pandemic (2020-2022), analytical resources were prioritised towards the emergency response effort and hence it was not possible to maintain the JSNA refresh process. However, following the pandemic, work has progressed to assess local health needs across a range of topics.

**JSNA Chapter – Mental Health (Adults)**

7. Copies of the full JSNA Chapter and its Appendix is included in the links attached (Appendices 43 and 44). The summary below provides the key findings and recommendations.

**Policy Context**

8. Poor mental health and wellbeing has a profound impact on people's lives, often compounded by stigma and discrimination and poor access to services. Lack of resources, shortage of mental health professionals resulting in long waiting times and problems with public perceptions have long been recognised as problems facing mental health services.

9. A number of national strategy documents were published since previous publication of the JSNA in 2019, including the Long-Term Plan (2019), Advancing Mental Health Equalities Strategy (2020), National Disability Strategy (2021), Right Care Right Person Partnership (2023), Suicide Prevention Strategy (2023), A Mentally Healthier Nation (2023) and NHS Long Term Workforce Plan (2023).

10. Local strategies addressing mental health include the County Council Strategic Plan for 2022-26, Leicestershire Health and Wellbeing strategy (2022-2032), Leicester Leicestershire and Rutland (LLR) Suicide Prevention Strategy (2020-2023), LLR Joint Living Well with Dementia Strategy (2024-2028) and a series of Community Health and Wellbeing Plans in development across Leicestershire.

11. Current policy aims to prevent mental ill-health, provide early intervention and improve the mental wellbeing of the population while managing increasing need for services.

**Who is at Risk?**

12. The population of Leicestershire is older than the national average (21% aged 65 or over, compared to 18.5% across England) and shows faster growth in older age groups. Demographic trends alone point toward a significant rise in the numbers of people with several chronic conditions (both mental and physical) in the near future, with an additional 20 thousand more people suffering from three or more conditions by the year 2032.

13. Despite lower levels of socio-economic deprivation across Leicestershire, there are pockets of rural deprivation with problems of loneliness and social isolation, as well as poor access to services.

14. Several population groups were identified as higher risk for mental health problems in Leicestershire, including people with disabilities and carers, LGBTQ+ communities, women in the peri-natal period, prison populations, traveller and migrant populations, armed forces veterans, and students.

15. Although remaining under 30, the number of people sleeping rough in Leicestershire has almost doubled in 2023 when compared to previous years. Though statutory homelessness rates in Leicestershire are lower than the national average.

16. It is estimated that around 2,400 people in Leicestershire could suffer from severe multiple disadvantage (SMD – overlapping vulnerabilities, usually homelessness, substance use, crime and mental health problems).

17. Risk factors identified as important locally include wider determinants of health such as: employment and the 'cost of living' crisis, problems with housing and transport, low educational attainment, rurality and loneliness, negative impacts of social media, or disrupted social ties.

18. An analysis of recent crime trends in Leicestershire suggests rising incidence of violence against the person, and, to a lesser degree, rural crime and domestic incidents.

**Mental Health Needs**

19. The total prevalence of common mental disorders (CMD) such as depression or dementia in Leicestershire was estimated in 2017 to approach 78,000 (all ages), with nearly 12,000 among those aged 65 and above. With other CMDs considered (e.g., anxiety, panic disorders, phobias), the total estimate rises to just under 99,000 people in 2022.

20. In 2022/23 nearly 89,000 people were registered with GPs with a diagnosis of depression and nearly 6,000 with dementia.

21. With the estimated number of people with dementia in Leicestershire standing at nearly 10,000, only 63% were registered, suggesting that a large proportion of people who could benefit from treatment are not currently doing so. The operational target for Quality and Outcomes Framework (QOF) coverage in December 2023 was 68.5% and the districts of Harborough and North West Leicestershire (NWL) had QOF prevalence of dementia significantly below that target at 57.7% and 55.7%, respectively.

22. The rates of contact with community or out-patient services, as well as in-patient admissions, for people with CMD were lower than the national average.

23. The local access to NHS Talking Therapies is just around 13,000 referrals per year (less than 70% of the planned target) which may indicate a gap in provision, although there could be a number of reasons for this relatively low demand. The annual spend in 2022/23 for LLR as a whole was at 80% of the target, significantly below the national average.

24. In Leicestershire the rates of referral to memory services (for patients 65 and above) were lower than the national average (17/1,000 vs national 19/1,000); and with some variation - lowest in NWL (13.3/1,000) and highest in Oadby and Wigston (21.1/1,000).

25. In 2022, over 870 people died of dementia across Leicestershire, however rates of dementia mortality have been similar to national figures in recent years.

26. The estimated number of adults with neurodevelopmental disorders in Leicestershire is nearly 60 thousand. In December 2023 waiting times for first

appointments were significantly shorter than the national average and within the NICE-recommended standard.

27. The estimated prevalence of severe mental illness (SMI) is 15,000 in Leicestershire (a minimum of 12,500), against just 6000 registered on GP registers. The rate of registration in 2022/23 was 7.9/1,000 in East Leicestershire and Rutland and 8.4/1,000 in West Leicestershire, significantly below the 10/1,000 national rate.

28. The gap in registration is further highlighted by the point that over 7,500 adults with SMI accessed community mental health services in 2022/23; the rate of access to these services being higher than the national average.

29. The rates of premature mortality among people with SMI, appear to be relatively high in Leicestershire, particularly that of premature cancer mortality. Of note in this context are very low coverage rates for breast cancer screening - less than a third of eligible women with SMI are screened, compared to 70% of those in the general population.

30. Only a half of people with severe mental illness receive full physical health checks (50% in West Leicestershire and 45% in East Leicestershire and Rutland), against the current 60% performance target.

31. The rate of suicide in Leicestershire was comparable to the national average based on data for 2020-22; while the admission rates for self-harm were lower. There are around 55-60 suicides in Leicestershire every year and an estimated 40,000 people self-harming and/or attempting suicide. Surveillance of suspected suicide (real time suspected suicide surveillance system) is on-going.

32. Nearly 33,000 adults registered with Leicestershire practices accessed secondary NHS mental health services in 2022/23, with the rate increasing year on year; women were 40% more likely to be in contact than men, although they were also 30% less likely to be admitted as inpatients. Overall, about 2.5% of adults in contact were admitted as inpatients.

33. The rate of occupied bed-days in Leicestershire was significantly below the national average (105/1,000 vs 168/1,000).

**Impacts**

34. The employment gap between those in contact with mental health services and the general population seems to be wider in Leicestershire than is the national average (78% vs 69% in 2021/22), which suggests a higher economic impact on the local population with mental health issues.

35. Furthermore, a relatively low proportion of people in contact with secondary mental health services lived in stable and appropriate accommodation in 2021/22 (11% vs 26% nationally).

36. Mental health interventions can bring significant <u>return on investment</u> - evidence indicates that there is a positive return of around £5.30 on every £1 spent on mental health interventions in the workplace, and £15 of cost saved for every £1 invested in the early intervention in psychosis (EIP) programme.

**Services**

37. Most of the local mental health services for adults are commissioned and operate across LLR.

38. Rather than a comprehensive service directory, a summary of services provided by the NHS, voluntary, community and social enterprises (VCSE), local authority and other organisations is provided in the report.

**Summary of Identified Needs, Gaps and Recommendations**

39. The identified needs, gaps and areas of improvement are summarised as follows:
    - Fast older population growth impacting on future levels of morbidity and multimorbidity.
    - Issues of loneliness, social isolation and access to services linked to rurality.
    - Apparent recent increase in local crime rates.
    - Nationally the levels of mental ill-health among students have been increasing sharply.
    - Increasing numbers of women accessing community perinatal mental health services.
    - Estimated 2,400 people with severe multiple disadvantage (SMD) in Leicestershire with high mental health needs.
    - Perceived lack of flexible mental health outreach for people who sleep rough.
    - Potential gap in provision of services; disparity between estimated prevalence and demand for services such as Talking Therapies.
    - Perception that the current 'cost of living' crisis and housing and transport issues are impacting on more people and leading to higher demand for services, particularly in some neighbourhoods.
    - Less than a half of people estimated to have a severe mental illness are registered with GPs or accessing community mental health services.
    - Higher rates of premature mortality among people with SMI, with cancer mortality seemingly contributing to this in Leicestershire.

- Very low coverage rates for breast cancer screening and only half of people with SMI get full physical health checks.
- Care for people with personality disorder (PD) perceived to be fragmented with gaps in service provision.
- Perceived gaps in the continuity of care for people self-harming, between emergency care and primary care.
- Increasing rates of access to secondary NHS mental health services, albeit remaining lower than the national average.
- Wide employment gap between those in contact with mental health services and the general population, with a lower-than-expected proportion of those in contact in stable and appropriate accommodation.
- It is recognised less than a third of children with a mental health condition have an appropriate intervention at a sufficiently early age.

40. The main recommendations include:
- To undertake further modelling of the impact of current demographic trends on future mental health needs and demand for health care to enhance planning of future services.
- Issues of social isolation, access to services and hidden pockets of deprivation in rural areas should be recognised and addressed at a neighbourhood level, through improved joint working. This should include the needs of at-risk groups such as unpaid carers, prisoners, travellers, vulnerable migrants, and armed forces veterans should also be assessed at a neighbourhood level.
- To enhance local data collection on mental health inequalities, prevention and services, including mapping of services and patient pathways, particularly for vulnerable groups such as pregnant women, veterans or students.
- To seek opportunities for prevention and early detection of mental health conditions, particularly for those in high risk groups.
- Continue raising awareness of the risk factors of dementia and prevention measures for these.
- Work should be undertaken to target individuals with Severe and Multiple Disadvantage (SMD) with access to support and services, particularly at a neighbourhood level.
- To explore opportunities for developing flexible mental health outreach for people who sleep rough.
- To develop a prevention programme as part of the Prevention Concordat to promote mental health and wellbeing to the wider population. To include wellbeing support and access to services, and interventions to mitigate, where possible social factors (wider determinants of health) which are contributing to poorer mental wellbeing.

- To explore opportunities to further understand and address, as appropriate, premature cancer mortality among people with severe mental illness (SMI) which may be linked to low breast screening coverage.

- To improve the uptake of breast screening for women with SMI and to monitor and improve the uptake of physical health checks, particularly among those with SMI.

- To explore opportunities to improve awareness of and access to effective treatments for personality disorders (PD).

- To enhance the continuity of care for people who are self-harming, including emergency services, primary and social care and other local services.

- Continue to support and develop interventions to enable people in contact with mental health services to engage in employment and have access to stable and appropriate accommodation.

- To improve access to mental health services particularly in communities where there may be a stigma attached to living with a mental health problem.

- Improve the transition from children's services such as CAMHS into adult services, with a focus on prevention. The ICB is leading on this piece of work and the system plays a key part in shifting the focus from separate children and adult services into considering children's mental health as part of the preventative offer across the whole life course.

*PLEASE NOTE: All information contained in the report is up to date as of end of March 2024 when the Chapter was finalised by the working group.*

*The JSNA for Mental Health in Children and Young People is available here: https://www.lsr-online.org/children-and-young-people-mental1*

## Consultation and Patient/Public Involvement

41. The JSNA Chapters draw on a wide range of research and consultation evidence in forming their conclusions. Further details are set out in the detailed chapters attached in the links to the report.

## Resource Implications

42. The recommendations in the report and JSNA Chapters are aimed at informing commissioning plans and associated budgeting processes for relevant health and care agencies. Particular recommendations may well have implications for the prioritisation of budgets across services.

## Circulation Under Local Issues Procedure

None

## Appendices

43. Leicestershire JSNA 2024: Mental Health – Adults:
https://www.lsr-online.org/uploads/adult-mental-health-chapter.pdf?v=1715239010

44. Leicestershire JSNA 2024: Mental Health - Adults (Appendix):
https://www.lsr-online.org/uploads/adult-mental-health-appendix.pdf?v=1715239045

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**Relevant Impact Assessments**


Equality and Human Rights Implications

45. The JSNA chapters take due regard to the equality and human rights of different population groups. In particular, the Chapters examine sources of health inequalities and recommendations are designed to help alleviate issues created through identified Inequalities.


Partnership Working and Associated Issues

46. A number of partners and stakeholders are involved in supporting the agenda in Leicestershire around mental health. The stakeholders have been consulted and contributed to this JSNA chapter throughout its development via the Leicestershire Mental Health Place Based Group (HWB Subgroup).

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