

RUTLAND HEALTH AND WELLBEING BOARD

23 April 2024

JOINT STRATEGIC NEEDS ASSESSMENT (JSNA): MENTAL HEALTH AND DEMENTIA - ADULTS

Report of the Portfolio Holder for Adults and Health

Corporate Priorities:	Support the most vulnerable	
Exempt Information	No	
Cabinet Member(s) Responsible:	Councillor Diane Ellison: Portfolio Holder for Adults and Health	
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Ward Councillors	N/A	

DECISION RECOMMENDATIONS

That the Committee:

1. Approves the Mental Health and Dementia JSNA for publication.
2. Supports the findings and recommendations of the JSNA.
3. Notes the contents of the JSNA.

1. PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to present to the Health and Wellbeing Board the Mental Health and Dementia (Adults) chapter of the Joint Strategic Needs Assessment for Rutland.
- 1.2 To seek approval for publication from the Health and Wellbeing Board of the Mental Health and Dementia JSNA and the recommendations for action.

2. BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 The development of a Joint Strategic Needs Assessment is the responsibility of the Health and Wellbeing Board. This responsibility is laid down in the Health and Social Care Act of 2012, with the expectation that the JSNA will inform the Health and Wellbeing Strategy.
- 2.2 The Mental Health and Dementia JSNA will be a chapter in a larger suite of reports where each has a specific theme. Chapters already completed and available for 2022-25 are Demography and Growth, Health Inequalities, End of Life Care and Support, Oral Health, Substance Misuse and Alcohol.
- 2.3 The previous Mental Health JSNA was updated in 2018 and there has been a delay in updating the JSNA as a result of the COVID-19 pandemic.
- 2.4 The 2022-25 Mental Health JSNA for Rutland includes a more detailed section on dementia than was available in the previous JSNA for Rutland.

3. SUMMARY OF FINDINGS

- 3.1 As proposed by the World Health Organisation, 'mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes.' Thus, mental health is a dynamic and evolving aspect of a person's life, influenced by various factors, including genetics, environment, life experiences and personal choices.

3.2 Demographics and Populations at Risk

- The population of Rutland is older than the national average, with a steeper projected rise in the older age groups than nationally over the next decade which is likely to have a significant impact on mental health morbidity and multimorbidity.
- Rutland is predominantly a rural county, with most of the population living in population sparse areas linked to issues of rural deprivation, social isolation, loneliness, poor access to services all with potential negative impact on mental health.
- Rutland is home to two British Army Barracks with a significant Armed Forces population.

3.3 Mental Health Needs

- **Common Mental Disorders (CMD)** - given the current population estimates, around 5,500 adult residents of Rutland could be suffering from a CMD, including 1,900 cases of general anxiety disorder (GAD), 1,100 cases of depression, 720 phobia sufferers and a similar number of those with dementia.
- In 2022/23 there were more than 3,940 adults with depression on Quality Outcomes Framework (QOF) registers, with 400 new cases every year, and just under 360 dementia cases.
- The rates of depression on QOF registers have more than doubled since 2013/14, in accordance with the national trend.
- **Dementia** - the prevalence rate of dementia on GP registers is significantly lower (worse) than the national average (49% of estimated cases in Rutland, vs. 63% nationally). This indicates that more than a half of dementia cases could be

undiagnosed and not receiving treatment. The rates of dementia on QOF registers remained stable since 2013/14.

- Dementia prevalence is projected to increase – between 2023 and 2040 the number of people aged 65 and over in Rutland with dementia is estimated to increase by nearly a half (49%), while in persons aged 85 years the increase is expected to be over 70%.
- **Severe Mental Illness (SMI)** - the estimated number of adults in Rutland suffering from an SMI is 790; with just over 310 patients having an SMI diagnosis on the GP register, according to the 2022/23 QOF figures. This rate of registered SMI in Rutland is significantly below the national average and suggests that a substantial number of people with SMI could be undiagnosed.
- The rates of physical illness in this group of patients are high, however only 45% of people registered with SMI across Leicestershire and Rutland have a full health check, below the national average of 52%. The uptake of breast screening for women with SMI is also low when compared to that in general population (34% screened vs. 72%).
- In 2019/20 there were around 7,750 attended contacts with community and outpatient mental health services in Rutland and 2,220 new referrals to secondary mental health services in the same time period.
- **Suicide and Self-harm** - the absolute numbers of suicides in Rutland are low (a total of seven between 2020 and 2022). The rate of emergency hospital admissions for intentional self-harm in Rutland seems to be significantly below the national average (106 per 100,000 population vs. 164/100,000 in 2021/22).
- However, it is estimated that the number of people having thoughts of self-harming and/or attempting suicide each year in Rutland could be in a ballpark of 2,000, suggesting a higher level of need in the population.
- **Neurodevelopmental disorders** – includes Autism Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) which can co-exist, and often persist into adulthood; ASD is regarded as a life-long disorder. It is estimated that as many as 700 adults could have ASD and 3,000 ADHD in Rutland. At the national level, the numbers of people of all ages waiting for an autism assessment have risen at least 6-fold since April 2019 and average waiting times were reaching 300 days in the last quarter of 2023. The local (East Leicestershire and Rutland) data suggest lower than national waiting times for adults (100 days vs. 300 days) and a higher proportion getting a first appointment in the NICE recommended time (under 13 weeks) – 26% rather than 5% nationally.
- **Access to Mental Health Services** - in 2022/23, there were 2,055 people in contact with NHS funded secondary mental health, learning disabilities and autism services for residents in Rutland. Of these, 40 (equivalent to nearly 2%) were admitted as an inpatient. There has been a 14% increase in the number of people in contact between 2021/22 and 2022/23 in Rutland, compared to a 10% rise nationally.
- The rate of mental health bed occupancy, expressed as the number of in-year bed days per 1,000 population was significantly lower in Rutland (65 per 1,000) than the national average (168 per 1,000).

3.4 Mental Health Services

- Mental health services for adults are provided through the NHS and other community organisations. The NHS services are traditionally grouped as primary,

secondary, and tertiary care, but transformation is ongoing to create integrated community mental health services.

- Services are primarily commissioned and operate across Leicester, Leicestershire and Rutland (LLR) and cover a range of talking therapies, mental health units and teams, inpatient and outpatient services, services for specific mental health conditions, services provided specifically for older people, support provided by police, mental health practitioner and substance misuse practitioner partnerships and voluntary and community-based services.
- Most of data on services are available at ICB or sub-ICB level.
- The report, and its expanded Appendix, describe details of services (inpatient, community, specialist and other), provided for adult residents of Rutland.

3.5 Identified Needs and Gaps

- Several issues relevant to the mental health of adults emerged from the examination of population trends, including a steep growth in numbers of older adults resulting in high projected prevalence of mental conditions, and multimorbidity, affecting both mental and physical health needs of adults in Rutland.
- The prevalence of dementia alone is likely to increase by 40% by 2040.
- There are gaps between the estimated prevalence of severe mental illness in the population and numbers of patients diagnosed and registered with on general practice registers, indicating a substantial gap in treatment.
- Only about half of people with severe mental illness are receiving full physical health checks; the rates of breast screening for women with SMI are generally low and premature cancer mortality in SMI patients is higher than expected.
- There is rising demand across all mental health services (potentially 14% year-on-year increase), and on specific services such as the perinatal services.
- The care for people with a personality disorder (PD) is fragmented, despite rising evidence of its effectiveness.
- There are perceived gaps in the continuity of care between emergency department and general practice for people self-harming, particularly those without a permanent local address.
- Although some work to understand the health and wellbeing needs of Rutland's armed forces population has been undertaken recently, the small numbers of respondents make it difficult to draw conclusions on the wider needs of this population, particularly as this population has recently changed.

4. RECOMMENDATIONS

4.1 Following a consultation with stakeholders, several recommendations were drafted, including:

- To seek opportunities for prevention and early detection of mental health conditions, including raising awareness of the risk factors of dementia and prevention measures for these.
- To monitor and improve uptake of physical health checks, particularly among those with serious mental illness or dementia.
- As Rutland is predominantly rural, issues of access to services and hidden pockets of deprivation should be recognised and address at a local level, through improved joint working.
- To enhance the continuity of care for self-harm, including emergency, primary, social care and other local services.

- 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 and armed forces populations.
- Further modelling of the impact of current demographic trends on future mental health needs and demand for health care, particularly for dementia and more granular and up-to-date local information on services provided for the Rutland population.

5. CONSULTATION

- 5.1 Consultation was undertaken with key stakeholders through the Rutland Mental Health Neighbourhood Group as well as a presentation of the data and the distribution of draft documents. This afforded the members of the group to comment, make additions and offer any supporting evidence for the JSNA.

6. ALTERNATIVE OPTIONS

- 6.1 JSNA development is a statutory requirement. Reducing health inequalities is a crosscutting priority in the Rutland Health and Wellbeing Strategy. The update to the Mental Health JSNA was undertaken to inform health and social care on the recent trends in mental health needs of the population, examine health inequalities, and to assess the impact of the COVID-19 pandemic. It aims to provide an evidence base for local mental health and care commissioning.

7. FINANCIAL IMPLICATIONS

- 7.1 Completion of the needs assessment was within existing capacity within the Public Health team, with partner support. Whilst the report findings do not carry any financial implications directly, its recommendations may require resources to deliver.

8. LEGAL AND GOVERNANCE CONSIDERATIONS

- 8.1 The JSNA is a statutory document. It must meet the requirements for production of such documents and must be approved by the Health and Wellbeing Board.

9. DATA PROTECTION IMPLICATIONS

- 9.1 All data presented in the report follow the data protection guidelines. The information is mostly derived from public domain sources, with any additional data on individuals rounded or suppressed, as appropriate.

10. EQUALITY IMPACT ASSESSMENT

- 10.1 An Equality Impact Assessment (EqIA) has not been completed; however, the report highlights the mental health needs of many population groups, including those with protected characteristics, and aims to reduce health inequalities locally. The recommendations will underpin service developments and updates to commissioning strategies which themselves will be subject to the Equality Impact Assessment process.

11. COMMUNITY SAFETY IMPLICATIONS

- 11.1 Not applicable.

12. HEALTH AND WELLBEING IMPLICATIONS

- 12.1 The report enhances awareness of current mental health issues in the adult population of Rutland, leading to more informed and equitable commissioning of services for the local population. Its recommendations aim to improve health and wellbeing outcomes for those most in need.

13. ORGANISATIONAL IMPLICATIONS

- 13.1 Environmental Implications: There are no direct environmental implications.
- 13.2 Human Resource Implications: There are no direct human resource implications of the report, however, implementation of some its recommendations may result in human resource implications in the future.
- 13.3 Procurement Implications: Not applicable.

14. CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

- 14.1 The report highlights specific issues affecting mental health of the adult population of Rutland, indicating increasing prevalence of mental health problems and increasing demand for services. Epidemiological estimates suggest that there could be substantial numbers of people with severe mental illness who are not diagnosed and not receiving treatment, highlighting a need for improvement in early detection and prevention. There is scope for improving prevention of physical disease in people with SMI, through increasing rates of health checks and cancer screening. For those diagnosed and accessing services, improvements in service provision through joint working, including enhanced continuity of care, improved transition between children's and adults' services, and of treatment of personality disorders are all recommended.

15. BACKGROUND PAPERS

- 15.1 There are no additional background papers supporting the report.

16. APPENDICES

- 16.1 Appendix A: Mental Health and Dementia – JSNA for Adults – Main Report
- 16.2 Appendix B: Mental Health and Dementia - JSNA for Adults – Appendix

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577