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Rutland County Council  
**Mental Health and Dementia – Adults**  
**Joint Strategic Needs Assessment**  
**March 2024**

*The JSNA is the means by which local leaders work together to understand and agree the needs of local people. It informs the joint health and wellbeing strategy, setting out priorities for collective action.*

## Who's at risk?

- **Older adults** - Compared to nationally, Rutland has an older population – with a steeper projected rise in the older age groups in Rutland than nationally likely to exacerbate this difference in the future.
- **Those suffering with Hypertension, Stroke and Coronary Heart Disease** – Rutland has higher than national prevalence of these conditions, which are risk factors for dementia.
- **Traveller communities** - The proportion of Rutland residents identifying as Gypsy or Irish Traveller at the time of the 2021 Census was significantly larger than the proportion across the East Midlands.
- **Rurality** - Rutland is predominantly a rural area with low population density.
- **Prison population** - Stocken prison in Rutland had a population of 1,055 in June 2023, with an inspection of the prison in January 2023 suggesting that around 85 prisoners were referred for mental health assessment each month.
- **Armed forces personnel** – The proportion of Rutland's population aged 16 and over that reported previously serving in the UK armed forces in the 2021 Census was significantly larger than the proportion in England.
- **Women in the perinatal period** - Similarly to the national pattern, the number of women accessing community perinatal mental health services has been increasing in Leicestershire and Rutland.

# Mental Health Needs – Common Mental Disorders

- Almost four thousand adults with depression recorded on GP registers within Rutland, almost 12% of the total practice list size - significantly lower than the national average (13%).
- There were just over 350 cases of dementia recorded on GP registers in Rutland, 0.8% of the total practice list size which was significantly higher than the national average (0.7%). Almost all dementia in older age groups (65+).
- More than half of those living with dementia could be undiagnosed and not receiving treatment.
- Dementia prevalence is projected to increase.

Indicator	Time period	Rutland		CIPFA value range	England value
		Value	Count		
Depression: QOF Prevalence (18+ years)	2022/23	11.7%	3,944	11.2% -15.7%	13.2%
Depression: QOF incidence (18+ years) – new diagnosis	2021/22	1.2%	401	0.9% - 2.2%	1.5%
Dementia: QOF Prevalence (all ages)	2022/23	0.8%	352	-	0.7%
Dementia: Recorded prevalence (aged 65 years and over) (%)	2020	3.38%	348	3.38% - 4.33%	3.97%
Estimated dementia diagnosis rate (aged 65 and older) (%)	2023	48.5% <sup>1</sup>	346	48.5% - 67.9%	63.0%

<sup>1</sup> Benchmarking against goal: > 66.7% (significantly) similar to 66.7% < 66.7% (significantly)



Significantly higher than the national average	
Significantly lower than the national average	

Recent trend over most Recent five time periods:  
 Increasing  
 No significant change

## Mental Health Needs – Severe Mental Illness (SMI)

- The number of people on GP practice disease registers across Rutland with a diagnosis of schizophrenia, bipolar disorder and other psychosis was just over 310 (0.74% of the total practice list size). This was significantly lower than the national average of 1.00%.
- People experiencing SMI are more likely to have adverse health outcomes, with higher rates of premature mortality, including due to cancer.
- As of 30<sup>th</sup> June 2023, less than half (45%) of people registered with SMI across Leicestershire and Rutland had completed a full NHS physical health check in the previous 12 months.
- In East Leicestershire and Rutland, the breast cancer screening coverage for women with SMI compared to the general population was relatively low (34% compared to 72% in Q3 2023/24).
- Rates of contact with community mental health services for adults with SMI in 2022/23 in East Leicestershire and Rutland were higher than the national average.



Indicator	Time Period	Rutland		CIPFA range	England value
		Value	Count		
Premature mortality in adults (18-74 years) with severe mental illness (SMI) – directly standardised rate, per 100,000 population	2018-20	55.9	55	55.9-111.0	103.6
Excess under 75 mortality rate in adults with severe mental illness (SMI) – excess risk (%)	2018-20	445.8%	-	269.2-615.1	389.9%
Premature mortality due to cancer in adults with severe mental illness (SMI) – directly standardised rate, per 100,000 population	2018-20	13.9	15	11.1-23.4	20.2
Excess under 75 mortality rate due to cancer in adults with severe mental illness (SMI) – excess risk (%)	2018-20	157.1%	-	51.0-241.6	125.8%

Not significantly different to the national average	
Significantly better than the national average	

## Mental Health Needs – Suicide and Self-harm

- There were 45 emergency hospital admissions due to intentional self-harm in Rutland in 2021/22. This equates to a rate of 106.4 per 100,000 population which was significantly better (lower) than the national average.
- The number of suicides in Rutland was low, there were a total of seven suicides in Rutland between 2020 – 22.
- However, estimates indicate that the number of people having thoughts of self-harming and/or attempting suicide each year in Rutland could be much higher – suggesting a higher level of need.

Indicator	Time Period	Rutland			CIPFA range	England value
		Value	Count	Recent trend		
Emergency hospital admissions for intentional self-harm, directly standardised rate per 100,000 population	2021/22	106.4	45	-	102.9 – 279.3	163.9
Hospital admissions as a result of self-harm (10-24 years), directly standardised rate per 100,000 population	2022/23	241.9	15	→	216.4 – 662.3	319.0

Not significantly different to the national average	
Significantly better than the national average	

Recent trend over most recent five time periods:

- No significant change
- Could not be calculated

## Services

- The report covers mental health services for adults provided through the NHS and other community organisations.
- The 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.
- Access rates of NHS Talking Therapies in East Leicestershire and Rutland Sub-ICB in 2022/23 were similar to the national average but below the target set for these services.

## Identified Needs and/or Gaps

- Population trends and projections point towards increased mental health needs in the future.
- Need for further assessment of the mental health needs of Rutland's armed forces population, particularly with the recent change in this population.
- In adults with SMI, both the breast cancer screening coverage and the proportion receiving a full physical health check were relatively low.
- Gaps between the estimated prevalence and the number of patients in contact with health services may indicate unmet need for dementia, severe mental illness and self-harm/suicide.
- Perceived gaps in the continuity of care between emergency department and general practice for people self-harming, particularly those without a permanent local address.
- Perceived lack of flexible outreach for people sleeping rough.
- Perceived low uptake of treatment for people with personality disorders.

## Recommendations

- 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.
- Monitor and improve uptake of physical health checks and cancer screening, particularly among those with severe mental illness.
- As Rutland is predominantly rural, issues of access to services and hidden pockets of deprivation should be recognised and addressed at a local level, through improved joint working.
- Enhance the continuity of care for self-harm, including emergency, primary, social care and other local services.
- Improve access to mental health services, particularly in communities where there may be a stigma attached to living with a mental health condition.



## Recommendations continued

- The effectiveness of the Rutland Women's Hub service currently being mobilised should be assessed and monitored to ensure that this service is meeting the needs of women in Rutland.
- 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.
- The needs of some at risk groups such as prisoners, travellers and armed forces personnel should be assessed in more detail at a local level.