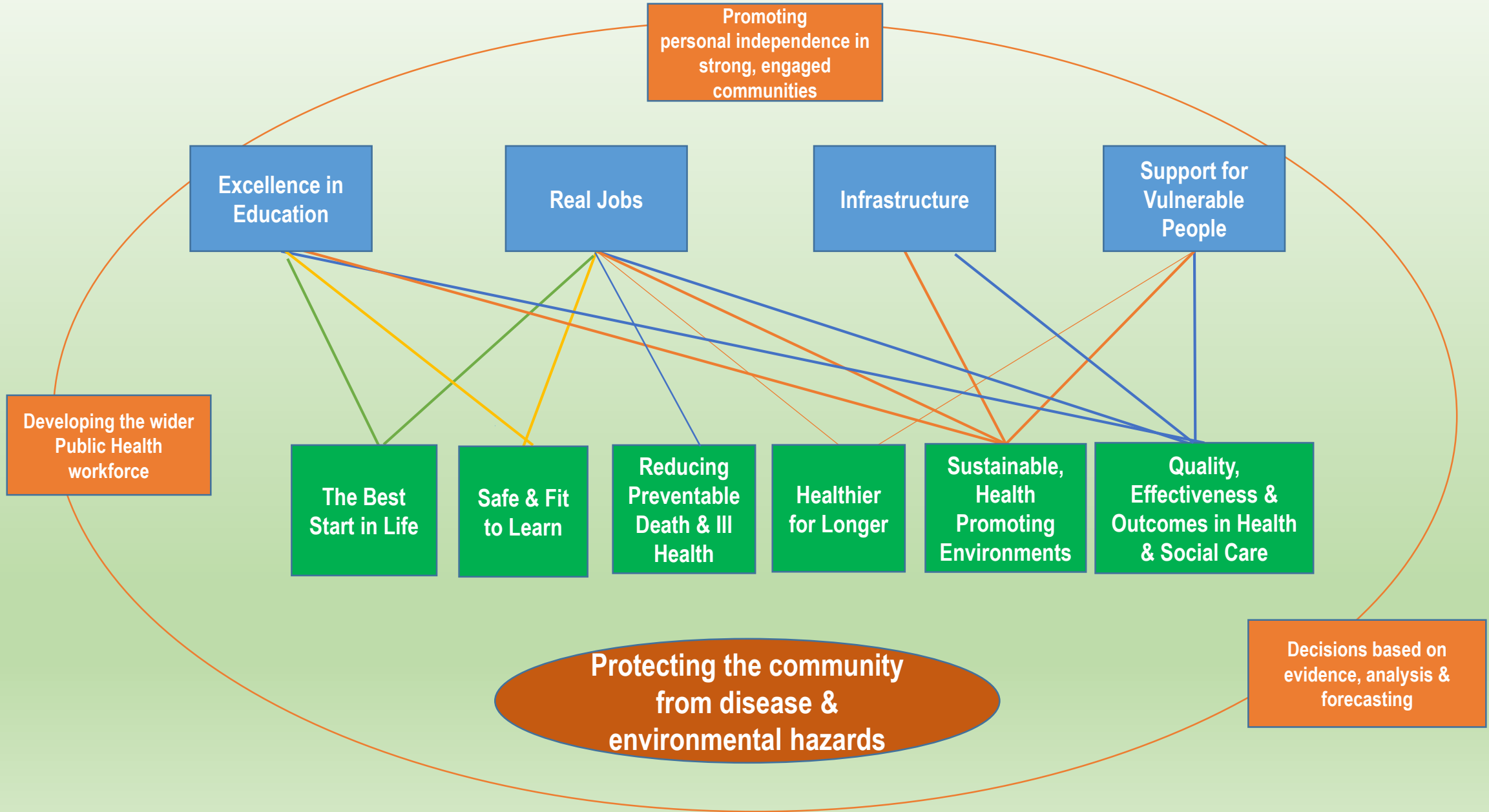


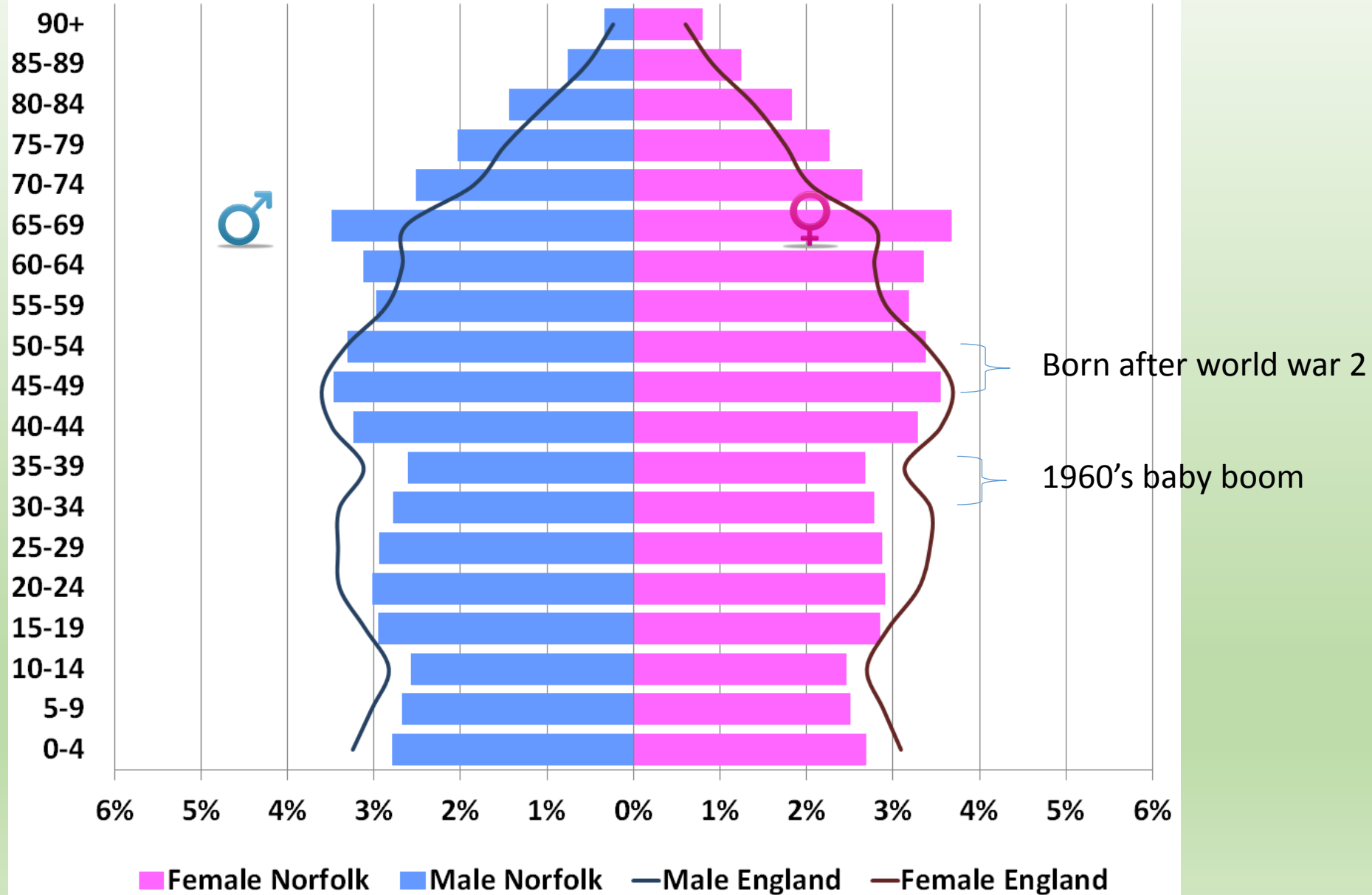
Report of the Director of Public Health 2014

Lucy Macleod, Interim Director of Public Health

Re-imagining Norfolk, how Public Health outcomes relate to the priorities



Norfolk 2013 population compared to England (ONS resident population)



Population Projections

- Norfolk population is expected to increase by about 79,000 people between 2012 and 2025
- About 72,000 of the increase will be in the 55 and over
- About 7,000 of the increase will be in the under 55s
- By 2025 over 65s will just over 26% of the total

Norfolk 2014 – The Headlines

Excellence in Education- The best start in Life

- ✓ Child poverty – still an unacceptably large gap between the most and least deprived
- ✓ Smoking in Pregnancy – improving, but not enough
- ✓ School Readiness – all measures improving, but still below national average
- ✓ Excess Weight in 4-5 year olds – levelling off and average
- ✓ Excess Weight in 10-11 year olds – level and better than average
- ✓ 15 year olds smoking – national figures falling sharply for “regular”, but static for “occasional”.
- ✓ Infant Mortality – slight upward trend – requires observation

Excellence in Education - Safe and Fit to Learn

- ✓ Hospital Admissions for injuries – 0-4 and 0-14 Norfolk is above the national average, worst in Region and appears to be rising. For 5 -25 year olds better than national average.
- ✓ Emotional Wellbeing of Looked After Children – Considerably improved and now slightly above average
- ✓ First Time Entrants into the Criminal Justice System (10-17) – still poor
- ✓ Adult Alcohol Related Admissions to Hospital – Has risen for both sexes, but especially women. Potential implications for child safety and for Foetal Alcohol Syndrome
- ✓ Hospital Admissions for Child Self Harm – better than average, but rising
- ✓ Teenage Mothers (12-17 year olds) – decreasing, but still above national and regional average
- ✓ Children in Care with up to date immunisations - remains below average
- ✓ Permanent Exclusion from Secondary School – Above Regional and National average

Real Jobs –Reducing Preventable Death & Ill Health

Introduction of a 'living wage' generated the largest beneficial impact on health, and led to a modest reduction in health inequalities. (ScotPHO – December 2014)

- ✓ 16-18 year olds not in employment , education or training – falling, but still higher than average
- ✓ Gap in employment level compared to overall rate – Considerably above average for those with Long Term Health Conditions and Mental Health Conditions. Slightly above average for those with Learning Disability. For those with mental health conditions the problem is particularly accentuated for women.
- ✓ Sickness Absence in Norfolk is average but increasing slightly
- ✓ Death from circulatory disease in younger women (<75) is not falling as fast as the national average.
- ✓ Early death (<75) from preventable liver disease is rising for women
- ✓ Excess early death in adults with serious mental illness is rising

Real Jobs – Healthier for Longer

The review "Is work good for your health and wellbeing" (2006) concluded that work was generally good for both physical and mental health and wellbeing. The strategy for public health takes a life course approach and this indicator provides a good indication of the impact limiting long-term illness has on employment among those in the "working well" life stage.

- ✓ Norfolk has a higher than average proportion of overweight and obese adults
- ✓ Recorded diabetes is higher than average
- ✓ Preventable sight loss from 3 major causes is falling
- ✓ Norfolk has a high rate of people of working age claiming Disability Living Allowance
- ✓ Unemployment is average, but long term unemployment relatively low
- ✓ 40.6% of adults in Norfolk have no qualifications or level one qualifications. This is higher than national or regional averages.

Infrastructure

- ✓ The rate of people killed and seriously injured on the roads remains high
- ✓ Health and social care systems are under considerable pressure. It is important to project the impact of proposed housing growth.
- ✓ Going forward the increase in over 55s will be considerably more than in younger age groups
- ✓ People in Norfolk are less likely to report being unhappy than the average or elsewhere in the region
- ✓ The percentage of people using outdoor space for leisure or exercise is average

Vulnerable People

- ✓ Although the percentage of people with learning disability who have stable and appropriate accommodation is average overall, the numbers for women are below average,
- ✓ The percentage of people in contact with secondary mental health services who have stable and appropriate accommodation is below average particularly for women
- ✓ Flu vaccination rates remain low.
- ✓ The rate of falls in Norfolk is better for all age groups than the average
- ✓ Suicide rates are similar to the national average, but higher than the Region.
- ✓ Excess winter deaths measured over a three year period are higher than average in women and particularly in the over 85s
- ✓ The rates of admission to residential care overall and to residential and nursing homes for 18-64 year olds are the highest in the country. For 18-64 year olds the rate has more than doubled since 2011/12
- ✓ Nearly half of Norfolk deaths are at home.

Mental Health in Norfolk

The Case for a Systems Approach

Why?

From the Report of the Chief Medical Officer 2013.....

- Mental illness is the largest single cause of disability and represents 28% of the national disease burden in the UK.
- It is the leading cause of sickness absence in the UK, accounting for 70 million sick days in 2007.
- Since 2009 sick days lost to “stress, depression and anxiety” have increased by 24% and “serious mental illness” has doubled
- In 2013, 40.9% of Employment and Support Allowance recipients had “mental and behavioural disorders”.
- There is an unacceptably large ‘premature mortality gap’: people with mental illness die on average 15–20 years earlier than those without, often from avoidable causes.

Signs that all is not well in Norfolk...

- Adult Emergency Admissions for Self Harm – Rate (DSR) 26% above national - 2113 people in 2013/14
- Children and young people 10 – 24, Emergency Admissions for self harm above regional, below national, but rising
- Suicide rate average, but around 75 people per year
- 1669 children aged 0-14 in 13/14 admitted for injuries, rate above average and highest in Region
- % of adults on Care Pathway Approach (CPA) in employment below national average lowest in Region and not noticeably improving
- % of adults on CPA in settled accommodation below average
- Premature mortality in adults with serious mental health illness is above average and rising
- Generally high prescribing of antidepressants across the county

Factors in Norfolk relating to Mental Ill Health and Suicide

Positive

- Low Long Term Unemployment
- Low Overall Deprivation
- Low Statutory Homelessness
- High Self reported wellbeing
- High Self reported happiness
- Low Lone parent households
- Low Overcrowding

Negative

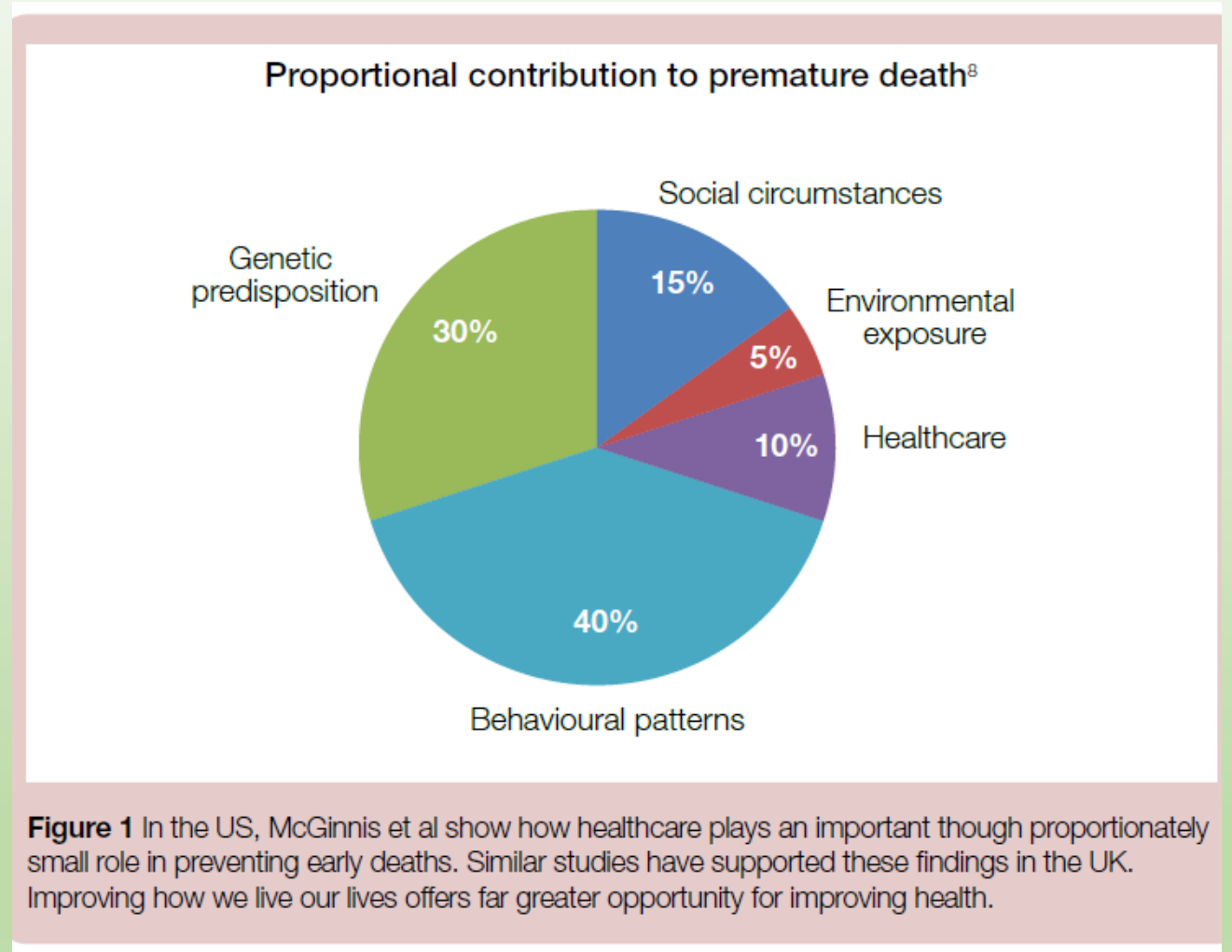
- High Long term health problems
- High Children in youth justice system
- High rate of looked after children
- High Adults separated or divorced
- High People living alone
- High Unpaid carers
- High Adults with low educational attainment
- High Parents in alcohol treatment
- High Numbers of adults in care homes

Why Systems not Services?

There is a very significant overall treatment gap in mental healthcare in England, with about 75% of people with mental illness receiving no treatment at all.

(CMO 2013)

And also...



Concepts of Mental Health Improvement

- Mental health is an integral part of health.
- Mental health is more than the absence of illness.
- Mental health is intimately connected with physical health and behaviour. (WHO 2004)

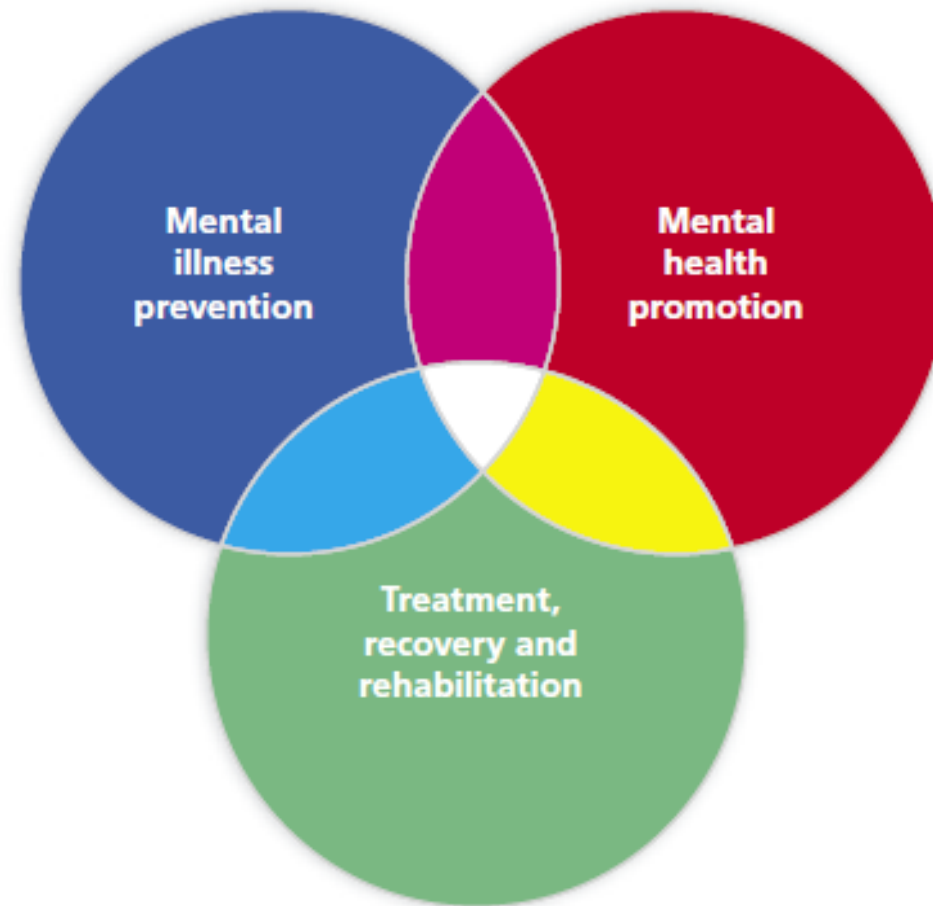
Common mental disorder (including anxiety and depression), affects nearly 1 in 4 of the population,

Severe mental illness, such as psychosis affects 0.5–1% of the population.*

According to the 2007 Adult Psychiatric Morbidity Survey

A complex system....requiring an integrated approach

Figure 1.1 Public mental health: a conceptual model derived from the WHO Public Mental Health framework



Davies and Mehta (2014)

Mental Health Promotion.....

- is primarily concerned with the **determinants of mental health**,
- the creation of individual, social and environmental conditions that enable optimal psychological and psychophysiological development.
- initiatives involve individuals in the process of achieving positive mental health, enhancing quality of life and narrowing the gap in health expectancy.
- is an enabling process done by, with and for the people

Examples:

- Workplace Health Initiatives
- Reducing Social Isolation
- 'whole school' approaches to children's social and emotional wellbeing
- Debt management support
- Improvement of housing conditions

Mental Health Disorder Prevention....

- aims to reduce the incidence, prevalence and recurrence of mental disorders and the time spent with symptoms
- aims to reduce the risk conditions for mental illness, preventing or delaying recurrences and also decreasing the impact of illness in the affected person, their family and society

Examples;

- preventive and protective interventions for children of divorce
- Initiatives which prevent bullying
- Mindfulness-based cognitive therapy (MBCT) developed with a specific focus on preventing relapse/ recurrence of depression
- preventive interventions in mentally ill parents to reduce impacts on the mental health of the offspring
- Domestic abuse advocacy and support
- Specialist services for adult survivors of childhood sexual abuse

Key Statistics from the CMO Report - Children

- More than 75% of adults who access mental health services had a diagnosable disorder in prior to the age of 18. Most adults with mental illness experience their first episode of mental illness before the age of 16.
- Children and young people with poor mental health are more likely to have poor educational attainment and employment prospects, social relationship difficulties, physical ill health and substance misuse problems and to become involved in offending.
- Bullying worsens childhood and adult mental health and is experienced by between a third and half of British school children and young people
- Children and young people from the poorest households are three times more likely to have a mental health problem than those growing up in better-off homes.
- **There are effective, evidence-based clinical intervention and prevention strategies**
- Evidence-based practice may reduce costs by up to 35% and duration of treatment by up to 43%.
- Early intervention may reduce the risk of later disorder and save money.

Key Statistics from the CMO Report - Adults

- It is estimated that a quarter to a third of the burden of adult psychiatric disorders is attributable to the effect of childhood abuse.
- Adversity in childhood increases the likelihood of mental illness in adulthood: e.g. non-consensual intercourse before the age of 16 increases the odds of psychosis in adulthood 10-fold.

Other Factors increasing the probability of poor mental health:

- long-term conditions
- being a victim of sexual or domestic violence in adulthood
- extensive experience of physical and sexual abuse as a child and or an adult
- cold homes
- debt
- carers who are caring more than 20 hours

Key Statistics from the CMO Report – Older Adults

- Of people who use specialist mental health services (excluding dementia), 34% are aged 65 and over, yet only 16% of the general population are in this age bracket. *(This is the English figure – the Norfolk figure is projected to rise to 26%)*
- Mental disorders in older people reduce quality of life, increase use of health and social care facilities and are associated with a range of adverse outcomes when co-occurring with physical disorders.
- Around 10–20% of people aged 65 and over in the community have depression, as do 20–30% of those in care homes or on general hospital wards. *Norfolk has a higher than average rate of people over 65 in care homes.*
- Some 20% of men and 10% of women aged 65 and over are drinking alcohol in harmful quantities. These data represent increases of 60% and 100% over the past 20 years.

Summary

- Safe, integrated mental and physical healthcare is crucial to achieve parity of esteem and outcomes in mental and physical health.
- This includes the mental health of people with physical illness and the physical health of people with mental illness.
- Improving the mental health of people in Norfolk is clearly much broader than service commissioning or delivery by one sector or one organisation
- Lack of integration is costing money throughout the public sector, the third sector and local business...
- ...and more importantly opportunities are being missed to prevent mental ill health or to address problems at an early stage. Individuals are suffering as a result.
- The 2013 CMO Report provides a framework for integrated strategic planning in relation to mental health and provides an evidence review of interventions and programmes that have been shown to be effective.

Recommendations

1. That a public mental health strategy should be developed for Norfolk which aims to;
 - provide comprehensive, integrated and responsive mental health and social care services in community-based settings
 - implement strategies for promotion, prevention and rehabilitation in mental health
2. Service user representatives and providers, including third sector services, should be included as equal partners in the planning process
3. That the Health and Wellbeing Board should take ownership of an ambition to deliver an integrated approach to public mental health in Norfolk, providing effective leadership and governance to a systems approach