Mental Health: Public Health outcomes and prevention priorities for the system. Integrated Care Partnership (ICP) meeting, 8th November 2023.

Inequality across Norfolk and Waveney in life expectancy

A male can expect to live to 83.3 years in Loddon but only 75.1 years in Great Yarmouth. A female can expect to live for 86.4 years in Southwold but only 81 years in King's Lynn.

The market town life expectancy gap is 8.2 years for men and 5.4 years for women, but between the most deprived and least deprived communities it is 9.2 years for men and 7.2 years for women.

Source: Local Public Health Intelligence calculations using NHS Digital Civil Registration Data and Fingertips https://fingertips.phe.org.uk/profile/local-health/

Norfolk and Waveney Map of Deprived areas

There are 42 communities across Norfolk and Waveney where some or all the population live in the 20% most deprived areas in England. However, none of these communities are in Broadland or South Norfolk.

Breckland

In Breckland there are six communities where some of, or all the residents in the community live in the 20% most deprived areas. These are:

- Dereham Central & Toftwood
- Swaffham
- Thetford North
- Thetford South
- Watton
- Wayland, Ellingham & Great Hockham

Great Yarmouth

In Great Yarmouth there are nine communities where some of, or all the residents in the community live in the 20% most deprived areas. These are:

- Caister on Sea
- Gorleston North
- Gorleston South & Beach
- Gorleston West
- Hemsby & Ormesby
- Southtown & Cobholm
- Yarmouth Central & Northgate
- Yarmouth North
- Yarmouth Parade

King's Lynn and West Norfolk

In King's Lynn and West Norfolk there are seven communities where some of, or all the residents in the community live in the 20% most deprived areas. These are:

- Fairstead & Springwood
- Gaywood Chase & Old Gaywood
- Hunstanton
- North Lynn
- Terrington & Clenchwarton
- Town, South Lynn & West Lynn
- Upwell, Delph & Emneth

North Norfolk

In North Norfolk there are two communities where some of, or all the residents in the community live in the 20% most deprived areas. These are:

- Cromer
- North Walsham

Norwich

In Norwich there are twelve communities where some of, or all the residents in the community live in the 20% most deprived areas. These are:

- Bowthorpe & West Earlham
- Catton Grove & Airport
- City Centre East
- City Centre West
- Earlham
- Heartsease & Pilling Park
- Lakenham & Tuckswood
- Mile Cross
- New Catton & Mousehold North
- Thorpe Hamlet & Mousehold South
- Town Close
- University & Avenues

Former district of Waveney

In the former district of Waveney there are six communities where some of, or all the residents in the community live in the 20% most deprived areas. These are:

- Beccles
- Gunton West
- Lowestoft Central
- Lowestoft Harbour & Kirkley
- Normanston & Oulton Broad East
- Pakefield North

Mortality in people with severe and long-term mental illness (SMI)

- People with SMI die around 20 years earlier than those without SMI.
- The proportion adults with SMI have a 383.3% higher risk of premature mortality compared to those without SMI in Norfolk.
- People living with SMI experience some of the worst inequalities, with a life expectancy of up to 20 years less than the general population.
- In England women with a learning disability have an average life expectancy of 67 years – 17 years lower than those without, men an average life expectancy of 66 – 14 years lower (2018) (NHS Digital 2020).
- Socio-economic outcomes are often poorer for people with mental health conditions such as SMI.

Additional unplanned hospital admissions

- the core 20 population (most deprived 20%) experience 6,090 more admissions for patients with SMI conditions compared to the ICB average.
- This also places extra demand on the system.

Addressing inequalities is an opportunity to improve outcomes for those from the most deprived areas and reduce the demand on the urgent and emergency care pathway.

Emergency admissions and correlation with Primary Care Networks (PCN)

There is a strong correlation with primary care network income deprivation and emergency admissions.

There is an association with overall deprivation where people live rather than the PCN to which they are registered.

PCN variation in Mental Health emergency admissions Norfolk & Waveney

There were about 3,795 emergency admissions between 2017/18 and 2019/20 each year in Norfolk & Waveney.

If the practices in red had admissions as expected, we could potentially avoid about 470 emergency admissions per year.

7 PCNs had higher admissions than expected.

Self-harm and excess alcohol and drug use account for about half of emergency admissions for Mental Health conditions.

The table shows average number of admissions per year for the last three years for each condition:

- Alcohol and drug use – 620
- Anxiety and depression – 375
- Bipolar Disorder – 90
- Delerium – 390
- Dementia – 225
- Eating Disorder – 75
- Other SMI – under 5
- Personality Disorder – 130
- Schizophrenia – 140
- Self Harm – 1,605

Source: Hospital Episode Statistics 2019/20

Mental health issues that occur together in emergency admissions, Norfolk & Waveney. Addressing one might impact the other. What works for these?

In 2016/17 for residents of Norfolk and Waveney there were about 164,000 people admitted to hospital, of these about 48,000 people had a mental health related diagnosis on the admission record.

Of those, 22,735 with a diagnosis of anxiety and depression 7,150 also had a diagnosis related to drug or alcohol use and 2,130 were admitted due to self-harm.

The number of people admitted with an alcohol or drug related diagnosis on the admission record was about 25,290 people.

Depression

The proportion of the population diagnosed and newly diagnosed with depression is lower than the England average. However, areas with the higher proportion of people diagnosed with a mental health condition also have a significantly higher proportion with depression.

Source: GP Practice Profiles: https://fingertips.phe.org.uk/profile/general-practice

Anti-depressant prescriptions

The anti-depressant prescribing rate from primary care in Norfolk & Waveney is higher than in England, and there is variation in the rate of anti-depressant prescribing across the area which could be addressed.

Suicide

Depression is a major and treatable risk factor for suicide, there are also opportunities for prevention in this area. The Norfolk Suicide Audit identified higher rates of people dying by suicide in Norwich and areas of higher deprivation, as well as higher risk cohorts such as middle-aged and very old men.

Self-Harm:

- There are cohorts in Norfolk and Waveney who are more likely to self-harm compared to the national average.
- Females and young people are recorded to self-harm in greater numbers than the rest of population.

Alzheimer's disease or dementia:

- The proportion of population diagnosed in Norfolk is higher than the England average and is likely to almost double in the next 20 years.
- Most of these new cases will be in people aged over 85.
- Approximately 14,800 people living with dementia in Norfolk now; forecast to double to by 2040.
- Almost 3 out of 4 of these additional diagnoses will be in those aged over 85.
- These older people with dementia may have high care needs, and their carers are also likely to be older, possibly with high care needs of their own.

Care plan for dementia:

- Around 50% of patients have had their care plan reviewed in the previous 12 months.

- As low as 30% in Primary Care Network areas such as West Norfolk Coastal or Ketts Oak.

Source: GP Practice Profiles: https://fingertips.phe.org.uk/profile/general-practice

Care plan and health checks for people with mental health conditions

In Norfolk and Waveney there are opportunities for improved care of people with diagnosed mental health conditions, e.g., increasing the proportion with a comprehensive care plan or with a blood pressure / BMI check where this is lower than the England average.

For example, Gorleston has a relatively high proportion of people diagnosed with mental health conditions, and there is an opportunity for around 200 extra patients with SMI to have a comprehensive care plan to increase this to the England average.

Source: GP Practice Profiles: https://fingertips.phe.org.uk/profile/general-practice

Mental Health and risk of physical illness

People with long term mental health conditions, especially from more deprived areas, are at substantially higher risk of physical illness such as obesity, asthma, diabetes, COPD and cardiovascular disease. This disparity is largely due to modifiable risk factors such as smoking, obesity, substance misuse and inadequate medical care.

For example, people with SMI from more deprived backgrounds are more likely to have comorbidities and alcohol dependence than those from less deprived areas.

Mental health issues generally start young. Across Norfolk and Waveney we might be able to target resources at certain localities to reduce the likelihood of young people requiring services in future.

CAMHS (target population = expected number with common mental health disorder):

- % children in low income families
- Observed / expected any mental health related admissions
- One or more risks prevalence from assessment of children exposed to one or more risks from Missing / Gangs / CSE / CCE / Trafficking / DV / adult MH
- % Child Protection or Looked After Children

Highest priority groups:

The Norfolk & Waveney mental health & wellbeing JSNA briefing has also identified the following groups as highest priority:

- People with low incomes living in areas of deprivation or Parents with young children
- Looked after children
- Children involved with youth justice system
- Men's wellbeing
- Unemployed
- Homeless
- Adult social care users
- People who access drug and alcohol services

Areas within Norfolk and Waveney which have higher levels of need:

In terms of self-reported mental illness and use of emergency mental health services:

- Lowestoft, South Waveney, Gorleston and Norwich.

Opportunities to reduce variation - examples

- The proportion of the population diagnosed and newly diagnosed with depression is lower than the England average. However, the PCNs with the higher proportion of people diagnosed with a mental health condition also have a significantly higher proportion with depression.
- The demand and need is not evenly distributed across Norfolk and Waveney. The demand for support with mental health is generally higher in Norfolk and Waveney and there are opportunities for improved care of people with diagnosed mental health conditions and dementia. For example:
- The proportion of diagnosed mental health patients with a comprehensive care plan, record of blood pressure check, a BMI check and a record of alcohol consumption in the preceding 12 months is lower than England. This appears to be the case in some of those PCNs with higher proportion of patients diagnosed.
- The proportion of diagnosed patients with dementia with a dementia care plan that has been reviewed is lower.
- Both of the above indicate that in some areas demand or need is higher AND care might be improved.
- There are opportunities identified for depression and prescribing, self-harm, and suicide prevention.
- For clinical care, the demand and need are not evenly distributed across Norfolk and Waveney. The demand for support with mental health is generally higher in Norfolk and Waveney and there are opportunities for improved care of people with diagnosed mental health conditions and dementia. For example:
- The proportion of diagnosed mental health patients with a comprehensive care plan, record of blood pressure check, a BMI check and a record of alcohol consumption in the preceding

12 months is lower than England. This appears to be the case in some of those PCNs with higher proportion of patients diagnosed.

- The proportion of diagnosed patients with dementia with a dementia care plan that has been reviewed is lower.
- Both of the above indicate that in some areas demand or need is higher AND care might be improved.

Summary of MH inequalities intelligence

Outcomes

- MH emergency hospital admissions and early deaths are higher for people with diagnosed mental health conditions.
- The top three reasons leading to higher rates of admissions are self-harm, excess alcohol and drug use and anxiety and depression.
- Comorbidities are more likely for people with diagnosed mental health conditions who live in the most deprived areas.
- All diagnosed mental health conditions are worse for people who live in areas of deprivation.

Access and experience

- Care planning and management of diagnosed mental health conditions and dementia could be an area for targeted action.
- There is less variation when comparing care plans by deprivation (equal doesn't mean equitable).
- More needs to be understood about patient experience.

Potential actions

- There are opportunities to improve healthy behaviours and reduce variation between most and least deprived.
- Increase community-based services to avoid hospital mental health admissions, which primarily are self-harm, alcohol and drug use, and anxiety and depression.
- Assess impact – perhaps through logic modelling.
- Utilise PHM approach to understand barriers to accessing services.

Next steps

- The data included in this report focus on recorded information about people with mental health conditions that are in contact with health services.
- Patients known to GP and secondary care are therefore overrepresented in our understanding of local mental health and wellbeing.
- We are identifying gaps in our knowledge locally, especially relating to variation in mental wellbeing and opportunities to improve.

- For example, prevention could be targeted at people who increasingly struggle to manage their mental wellbeing and seek medical interventions to cope.
- There could be a focus on closing the quality and prevention gap and moving away from ‘medicalising’ managing wellbeing.

Officer Contact:

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