



# North Lincolnshire Annual **Public Health Report**

# 2014





# 'MINDFUL OF HEALTH'

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# Foreword by the Director of Public Health

This is a departure from previous Annual Public Health reports in that the focus is specifically on public mental health and resilience with a specific evidence element of the report in Appendix 2. Chapter 3 highlights examples of the work being done locally to develop resilience and promote public mental health, which is funded by the Public Health Outcomes Fund in 2014. This is not intended to be a comprehensive picture of all mental health and resilience work underway in North Lincolnshire, but gives a flavour of some of the work being undertaken by the local authority and partners. Appendix 1 gives an update on public health in North Lincolnshire since 2013.

There are good reasons for focusing on mental health this year. We know that positive mental health is vital to population health and wellbeing, enabling individuals, families and communities, to stay well, navigate their way through life's challenges and fulfil their potential throughout life.

For individuals, good mental health can begin with a better understanding of ourselves, our own thoughts and feelings and the world around us. This is known as 'mindfulness'; knowing directly what is going on inside and outside ourselves, moment by moment. Being aware is one of the five evidence-based steps we can all take to improve our mental health. (see Appendix 2). Good mental wellbeing also means feeling good about life and ourselves, and being able to get on with life in the way we want.

Public mental health is also fundamental to the delivery of some of our key health and wellbeing priorities, including ensuring every child has the best start in life, tackling obesity, smoking and harmful drinking in the population, narrowing the gap in health outcomes, preventing and delaying the onset of long term conditions, as well as enabling people with significant support needs to have more choice and control over their lives.

There are compelling economic arguments for investing in public mental health and wellbeing. Currently we spend a great deal of money dealing with the consequences of mental health problems. £32.75 million a year was spent by the NHS alone in 2012/13 on treating mental illness in North Lincolnshire, with treatment costs projected to double by 2026. This is money which could be spent on preventing some of the causes of mental ill health, and identifying and treating problems as they arise.

There is also evidence that some mental health problems are becoming more prevalent in the population. Nationally, it is reported that more young people are presenting with emotional and behavioural problems than previously, whilst the growth in our older population is likely to increase the number of people living in the community at risk of social isolation, depression or dementia.

There are strong social justice arguments for investing in public mental health. Left untreated, mental health problems can reinforce cycles of deprivation, widening inequalities and increasing the risk of physical ill health. People with chronic mental health problems are at particularly high risk of poor physical health, and in North Lincolnshire have a much higher premature death rate from potentially preventable diseases such as chronic heart, lung and liver disease. At the same time people with chronic physical health problems, disabilities, chronic pain and sensory impairments have a higher risk of mental health problems. Hence the Government's ambition for 'parity of esteem' between mental and physical health, set out in the public mental health strategy for England, 'No Health Without Mental Health', (2011).

This will take on greater urgency locally, as the prevalence of lifestyle risks and long term conditions in the population are above the national average in North Lincolnshire. Recent consultations with residents, patients, user and carers' groups across North Lincolnshire have highlighted the critical importance people place on mental wellbeing in enabling them to reduce risks to their health, seek appropriate help and manage their physical conditions more effectively. (See NHS North Lincolnshire CCG's work on 'Experience Led Commissioning'.)

Local authorities have always had a key role in promoting public mental health. However, mental health improvement is not the responsibility of one agency alone. Families, communities, employers, and front line staff across all sectors, not just mental health services, all have a role to play in improving public mental health across the life course, and in all settings.

On a number of key indicators of mental health, North Lincolnshire outperforms its regional and near neighbours. But, there is still much to do, not least reducing the stark gap in life expectancy between those with serious mental illness and others. Currently in North Lincolnshire, excess premature deaths amongst people in contact with mental health services are five times higher than the rest of the population, and largely from preventable diseases, such as chronic heart disease lung disease and liver disease.

That is why all my recommendations this year focus on strengthening our joint efforts to:

- Promote mental health across the population
- Prevent mental illness and suicide
- Improve the quality and length of life of people with mental illness



**Frances Cunning**  
Director of Public Health  
North Lincolnshire Council

*Frances Cunning*

# Acknowledgements

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A blurred crowd of people at night, with many lights creating a bokeh effect. The image is out of focus, showing a dense group of people in various colors, with bright lights scattered throughout, creating a sense of a large gathering or event.

**What is**

**Public Mental Health?**

# Chapter 1: What is Public Mental Health?

Before we can measure public mental health in North Lincolnshire we need to define some terms.

## **Mental health and wellbeing**

The Public Health White Paper defines mental wellbeing as 'a positive physical social and mental state. ...not just the absence of mental ill health'. People must have a sense of purpose and must feel able to achieve things in order to have wellbeing. In that sense, wellbeing is more than just happiness. It means having a sense of belonging, and connectedness to others, and having the confidence to flourish and do well in life.

It is possible for people to feel sad, depressed or anxious without having a diagnosable mental disorder, just as people with a severe mental health illness may still feel very happy and fulfilled. The Office of National Statistics has published some indicators of public wellbeing which give us some insight in to levels of public wellbeing and conversely stress and anxiety at national and local authority level. The data for North Lincolnshire is available on page 17.

## **Mental ill health**

Mental ill health on the other hand, refers to a variety of clinical illnesses and disorders. Data about some of the most common mental illnesses in North Lincolnshire are presented on pages 15, 19 and 20.

## **Material and environmental wellbeing**

Research shows that the economic and environmental conditions in which we live can have a direct impact on our mental health. Living and participating in a strong and diverse economy, with strong family and community networks, accessible transport, health provision, and access to leisure as well as the natural environment, all help make us feel good about our lives, and help us reach our potential. Conversely, living in poor quality environments, where there are high levels of unemployment, geographic inequalities, or high levels of crime or anti-social behaviour can undermine our health and capacity to flourish.

Extreme environmental factors such as flooding, fuel shortages, terrorist threats or epidemics can also present significant risks to public health, whether people are directly affected by these crises or not.

## **Emotional wellbeing**

People's sense of where their life is going, how much control they feel they have over their lives, how valued by and socially connected to their neighbours, work colleagues and family they feel, also impacts on mental health.

## Resilience

Resilience refers to the ability of individuals or communities to cope positively with change, and challenge, and still function, even when faced with extreme stress. Those who are resilient tend to cope better with adversity and tend to have more fulfilling lives, whilst those who are less resilient tend to have poorer outcomes and poorer mental health. There is also evidence that school based emotional wellbeing programmes can improve children and young people's attendance at school, depression symptom scores and educational attainment.

## Predictors of positive mental health

- Strong social relationships are fundamental to positive mental health. Key to this are strong parent-child and family relationships.
- The quality of people's relationship with their partners and friends is also important. Those in happy relationships tend to have higher wellbeing and are generally more resilient.
- People with higher mental health tend to have more positive relationships, and feel more supported.
- Resilience at the level of the individual and the community tend to feed off and mutually support each other, with resilient communities tending to contain individuals who are trusting and supportive.
- Levels of mental health tend to vary across the life course, and can dip in the teenage years, at midlife and again amongst the oldest old. These are key points in our lives when, for example, our relationships with our family, work, partners, peers and friends may be challenging, disrupted or broken, or when our physical development, functional ability or health changes.
- Developmental transition points at school and puberty are particularly sensitive times for children and young people, when they may be vulnerable to the impact of trauma. Adult life is full of developmental challenges, and for under 25s may be particularly difficult, as this is a time when young adults are establishing financial independence, starting careers, and navigating relationships.

Whilst vulnerability to poor mental health may in part be genetically determined, resilience is not something that occurs naturally at birth. Nor is it a static state. Resilience can be built, topped up and restored at any point across the life course, given the right conditions.

## Some factors which can help promote mental health and build resilience

- **Individual assets:** positive child-parent/caregiver relationships; at least one secure attachment; academic ability; social skills; a secure base; expressiveness; warmth and affection; high self esteem; a sense of identity; ability to establish and maintain relationships and access networks of support; capacity for problem solving.
- **Community assets:** strong social support networks; positive community relationships; cultural participation; opportunities to control personal and family outcomes; learn new skills and participate in work; opportunities for inter personal contact; physical security; sufficient income to meet basic needs; and valued social position. Supportive infrastructures such as adequate transport, community spaces, adult learning, communication networks, accessible green spaces and adaptable community facilities.

## Some factors which can impede resilience building and threaten mental health

- **Individual risks:** growing up in a low warmth high criticism environment; separation; loss and bereavement; growing up in abusive families; experience of abuse and maltreatment; discrimination, or peer rejection; chronic illness and disability.
- **External risks:** homelessness; poverty; debt and low income; migration; loss or uncertainty about status; employment or income; poor community networks; lack of infrastructure to enable social and economic participation; as well as wider environmental crises such as flood, economic recession, or threat of terrorism.

## Inequalities in mental health

The factors which drive or challenge mental health are not evenly distributed in the population. Some people may live in better quality housing and environments than others, have fewer money concerns, have stronger family, community and social support networks. Some may feel more valued than others and respected in a way that others do not, whilst some have more time and resources to engage in activities that help promote mental health.

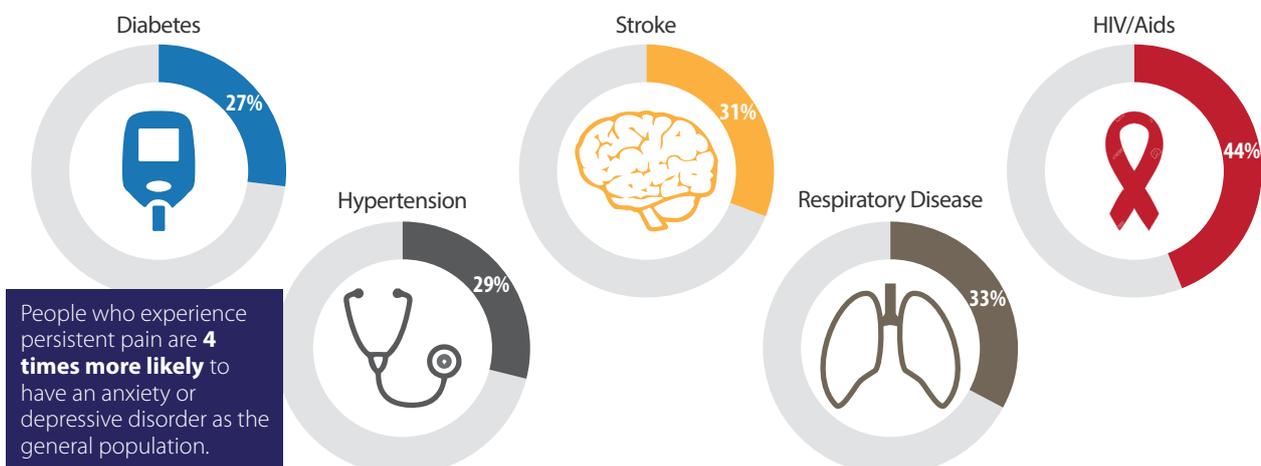
Those who face the most adversity often have the least resources necessary to build resilience. Adverse mental health outcomes are 2-2.5 times higher amongst the most deprived 20% of the population, compared with the least deprived 20%. Those at greatest risk include people living on very low income, those who are long term unemployed, are homeless, have experienced trauma, loss, discrimination or abuse, have limited or no family or social support networks, as well as asylum seekers and refugees.

Those living with a disability, chronic long term condition or a mental health problem are also at highest risk of poverty and low income. This is referred to as a 'double burden' and contributes directly to health inequalities.

## Physical and mental ill health

Physical and mental ill health are strongly associated. It is estimated that approximately a quarter of people with a physical illness develop mental health problems as a consequence of the stress of living with physical condition. This is so for virtually any long term condition. People with long term conditions such as diabetes, hypertension and coronary heart disease have at least double the rate of depression compared with the general population, whilst those with chronic lung disease, stroke and other chronic condition have triple the rate. People with two or more long term physical conditions are seven times more likely to have depression. Self-care and management of chronic illness can also be adversely affected by depression.

### % with various illnesses affected by depression



Source: A call to action: Achieving parity of esteem, Transformation Ideas for commissioners. NHS England 2014

Depression is also a risk factor for physical illness, with major depression doubling one's lifetime risk of developing type 2 diabetes and heart disease. People with schizophrenia and bipolar disorder have higher rates of respiratory, cardiovascular and infectious disease and have higher rates of obesity, diabetes, cancer and other physical diseases than the general population. Nationally, premature mortality is 3.5 times higher among people with serious mental illness compared to those without.

The presence of mental ill health also increases the likelihood of substance misuse and increased risk taking. Conversely, substance misuse can result in mental ill health, including depression or psychosis. People with poor physical health are at higher risk of experiencing mental health problems.

### **Risk-taking and mental ill health**

- Nationally it is estimated that just over a fifth of men, 21%, and 14% women, exceed the recommended daily consumption of alcohol by at least twice. This risk increased with 2 or more stressful life events.
- Rates of smoking are 3 times higher for people with a mental disorder than the general population. Nationally it is estimated that almost half of all tobacco consumption is by those who have a mental disorder.
- Obesity is more common in people with major depression, bipolar disorder, panic disorder and agoraphobia.
- An estimated 3.2% of the adult population meet one of two criteria for problem gambling, whilst 0.7% meet 3+ criteria.

### **Benefits of good public mental health**

Research has shown that good mental health has positive health, social and economic benefits for individuals, families, communities and the population at large.

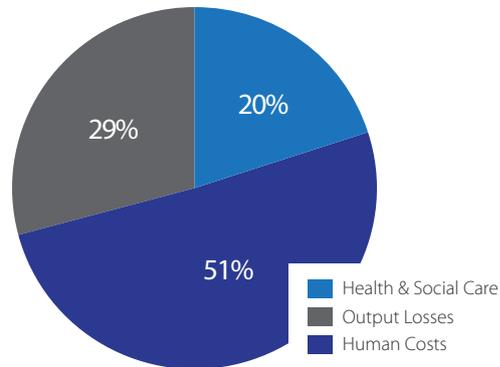
Benefits include:

- Better physical health
- Reductions in health damaging behavior
- Greater educational attainment
- Improved productivity
- Higher incomes
- Reduced absenteeism
- Less crime
- More participation in community life
- Improved physical functioning
- Better self care and improved take up and compliance with treatment programmes
- Reduced premature deaths

## The costs of poor mental health and well being

In 2012/13, the cost of treating mental illness in North Lincolnshire was £32.75 million, accounting for 12% of NHS North Lincolnshire’s budget. However, the total costs of mental illness extend well beyond the NHS alone, imposing a huge economic burden on individuals, families, employers as well as other public sector agencies. The most significant costs are the lost earnings and lost output associated with lower rates of educational attainment amongst young people, and higher rates of worklessness amongst adults with common mental disorders.

Costs of mental health



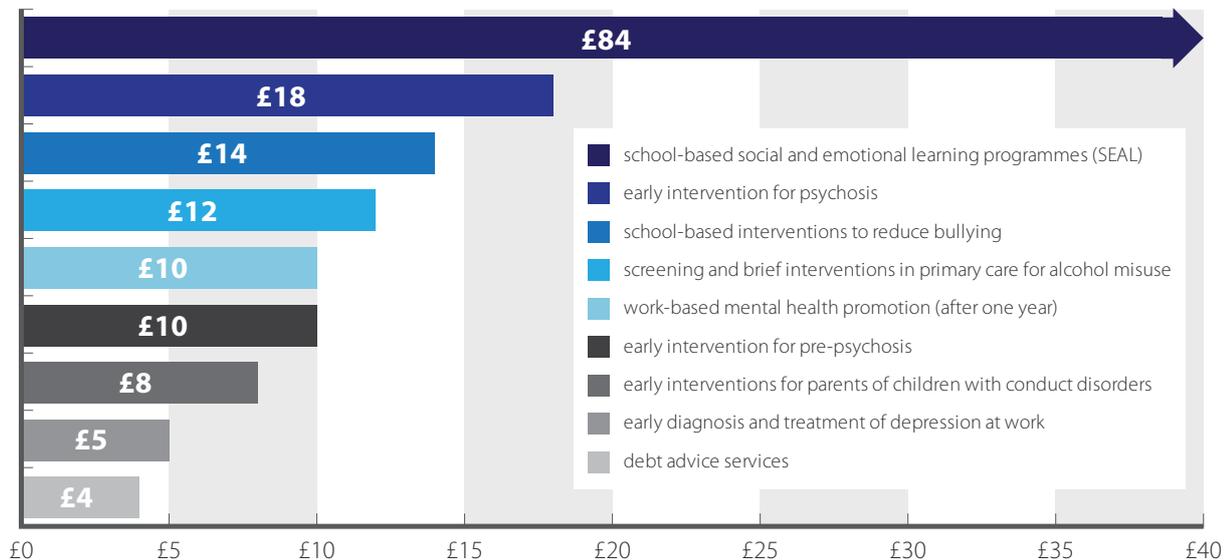
Source: *The economic and social costs of mental health problems, Centre for Mental Health (2010)*

In 2014, an estimated 39% of claims for Employment Support Allowance, and 16% of claims for Disability Living Allowance were mental health related.

There are a wide range of effective evidence-based interventions that can help build individual and population resilience, prevent problems starting or developing further and improve mental health outcomes. Some of these interventions are summarised in Appendix 2. There is also robust evidence that these interventions can reduce costs.

The Department of Health report ‘Mental Health Promotion and Mental Illness Prevention: The economic case, (2011) highlighted that, for every £1 invested in any of the following public mental health programmes, the net annual savings were:

### Average net return against each pound (£) invested (2011)



Source: *Mental Health Promotion and Mental Illness Prevention (2011) DOH.*

A man in a dark suit, light blue shirt, and blue tie is leaning over a desk, looking intently at a large map. He is wearing glasses. The map shows a detailed urban layout with streets, buildings, and some highlighted areas in red and orange. A hand is visible on the right side of the map, pointing to a specific location. The background shows an office setting with a chair and a door.

**How do we measure  
the mental health of  
our communities?**

# Chapter 2: How do we measure the mental health of our communities?

A lot of work has been undertaken nationally to help national and local policy makers understand the different dimensions of mental wellbeing and resilience, measure this amongst different population groups, and compare trends over time.

These measures are commonly divided into:

- **Objective measures** of mental health, which focus on those conditions that may help promote or may threaten the development of subjective mental health and resilience in the local population. Some of these wider determinants of public mental health are monitored at regional and local authority level and are publicly available at [fingertips.phe.org.uk/profile-group/mental-health](http://fingertips.phe.org.uk/profile-group/mental-health). These are referred to below as assets or threats to mental health.
- **Subjective measures** of mental health, which focus on people’s perceptions of their mental health, life satisfaction and happiness. Some of these measures are included in the Public Health Outcomes Framework and are also available at regional and local authority level, enabling comparison with other places, [fingertips.phe.org.uk/profile-group/mental-health](http://fingertips.phe.org.uk/profile-group/mental-health).

## Children and young people

### *Objective indicators of mental health in our communities*

Assets	Risks
<ul style="list-style-type: none"> <li>● Lower rates of family homelessness</li> <li>● Higher rates of readiness for school</li> <li>● Higher rates of pupil attendance</li> <li>● Higher rates of GCSE attainment</li> <li>● Lower rates of youth offending</li> <li>● Lower rates of looked after children</li> <li>● Lower rates of hospital admissions for self harm</li> <li>● Higher rates of health assessments for looked after children</li> <li>● Falling rates of teen conceptions</li> </ul>	<ul style="list-style-type: none"> <li>● Higher than average rates of child poverty (under 16) especially in our most deprived areas</li> <li>● Higher rates of children living with separated or divorced parents</li> <li>● Higher rates of teen parenting in our most deprived areas</li> </ul>

### Subjective measures of mental health amongst children and adolescents

The Office of National Statistics has developed a provisional set of measures of wellbeing for children and young people between the ages of 10 to 15 years. This is not yet available at local authority level, but includes measures such as life satisfaction, bullying, fear of crime, happiness and future aspirations.

In the meantime, we can turn to the results of North Lincolnshire's primary and secondary school lifestyle surveys for some local measures. The latest surveys of 9-17 year olds in North Lincolnshire were completed between 2013/14, and show that the majority of children and young people in our communities have a positive outlook on life, are happy and confident, and feel they have a lot to be proud of. More information from these surveys is available at [nldo.northlincs.gov.uk/IAS\\_Live/sa/surveys](http://nldo.northlincs.gov.uk/IAS_Live/sa/surveys)

- 68% 11-15 year olds agreed they have a good life
- 60% felt they had a lot to be proud of
- 70% felt reasonably happy with their appearance
- 77% of 9-10 year olds and 62% of 11-15 year olds find easy to talk to parents about their worries
- 70% 9-10 year olds say they find it easy to discuss problems with school staff
- 95% 11-12 year olds say they settled into their secondary school right away or within a few weeks

Source: North Lincolnshire Adolescent Lifestyle Survey, 2013/14

On the other hand, some young people, albeit a minority, expressed concerns and worries about a number of issues in their lives.

- 38% 11-15 year olds said they worry a lot about reaching their potential at school
- 18% 11 year olds with disabilities worry a lot about being bullied
- 5% 11-15 year olds report feeling sad or tearful everyday
- 7% 11-15 year olds felt lonely or left out
- 7% 11-15 year olds felt anxious or depressed

Source: North Lincolnshire Adolescent Lifestyle Survey, 2013/14

The most common daily negative feeling was 'feeling stressed'.

**Table 1: % 11-15 year olds who say everyday they feel...**

	WORRIED	SAD	STRESSED	ANGRY/BAD TEMPERED	LONELY	ANXIOUS/ DEPRESSED
Boys	5%	3%	10%	10%	5%	4%
Girls	11%	8%	17%	12%	9%	10%
Disability	13%	10%	20%	16%	13%	12%
No disability	7%	5%	12%	10%	6%	6%

Source: North Lincolnshire Adolescent Lifestyle Survey, 2013/14

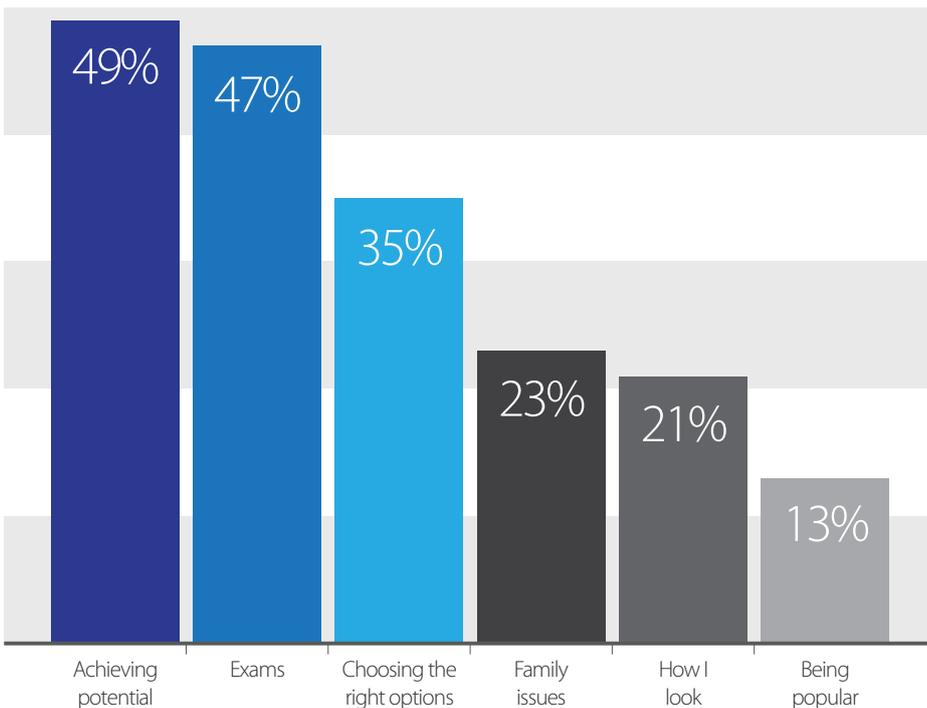
Reports of daily sadness, loneliness and anxiety were much more common amongst girls, and children with disabilities. 8% girls said they felt sad or tearful every day, compared with 3% boys.

Young people were asked how worried they had been in the last month about a range of issues. Overall, levels of worrying appear to be lower than in previous surveys. Across all age groups, chief concerns are achieving their potential at school, worries about exams and tests, and making the right choices of subject options. These anxieties increase with age and are higher amongst girls than boys.

Girls are also far more likely than boys to say they worry a lot about their appearance - 47%, compared with 18% boys. The majority of children and young people said they found it easy to talk to a parent or other trusted adult about their worries and problems, and were aware of where to get help.

Children with disabilities or long term conditions were more likely to say they felt sad or lonely every day, 13% compared with 6% with no disabilities. 20% of children with disabilities said they felt stressed every day, compared with 12% with no disability.

**What 15 year olds worry about most**



Source: North Lincolnshire Adolescent Lifestyle Survey, 2013/14

## Mental illness

### Children and young people

Most adult mental health problems develop relatively early in life, often in the school years and adolescence, although diagnosis and treatment may not occur until much later, when treatment may be more difficult and more costly. According to national estimates, an estimated 10% of children and young people aged 5-15 years have a clinically recognised mental disorder. In North Lincolnshire this equates to about 2,100 children and young people at any one time. Mental health problems are associated with increased risk taking behaviour, poor educational outcomes, unemployment, low earnings, teenage parenthood and criminal and antisocial behaviour.

**Table 2: Estimated number of children affected by mental illness in North Lincolnshire**

NUMBER OF CHILDREN	% OF CHILDREN	ILLNESS
1,236	(5.8%)	conduct disorders
700	(3.3%)	anxiety disorders
200	(0.9%)	depression
320	(1.5%)	hyperkinetic disorders such as ADHD
200	(1%)	less common disorders

Source: Investing in children's mental health. A review on the costs and benefits of increased service provision. Centre for Mental Health.

High risk groups include looked after children, children with physical health problems, young carers, children who have experienced abuse, neglect, bullying, or witnessed domestic violence, homeless young people and asylum seekers. Children of parents with mental health problems are also at greater risk. Children with mental health problems are at greater risk of physical health problems. They are also more likely to engage in health damaging behaviours. Children with physical health problems also need their mental health needs supported.

### Selfharm

Suicide amongst children and young people is relatively rare. Self harm, is more common, estimated to affect about 6% of 11-25 year olds, with the average age of onset being about 12 years of age.

### Maternal mental illness

Mental health begins in the first days, months and years of life, and the impact can be felt across a lifetime. Measuring the emotional and mental health of infants and pre-schoolers can be challenging. That is why it is useful to look at measures of maternal mental health, and ill health as this can interfere with the development of the mother-child and parent/care-giver relationship.

Nationally, between 10-20% of new mothers will experience mental ill health during pregnancy or in the first year after birth. This equates to 190-380 women each year in North Lincolnshire. A larger number will experience some of form of adjustment disorder or distress.

**Table 3: Estimated number of women affected by perinatal mental illness in North Lincolnshire each year**

NUMBER OF WOMEN	% OF WOMEN	ILLNESS
285-570	(15-30%)	adjustment disorders or distress
190-285	(10-15%)	mild to moderate anxiety and depressive illness
60	(3%)	post traumatic stress disorder
60	(3%)	severe depressive illness
38	(2%)	chronic serious mental illness
4	(0.2%)	postpartum psychosis

Source: All Babies Count: Spotlight on perinatal mental health, NSPCC 2014

Not all of these women will require specialist support, or appropriate onward referral. The NICE benchmark rate for perinatal mental health provision is 12% of deliveries, which in North Lincolnshire equates to 225 women a year. This includes 4% of deliveries to women with severe and/or complex needs, (76), and 8% (150) of women who may require and take up psychological therapies.

Assets	Risk Factors
<ul style="list-style-type: none"> <li>● Positive role models</li> <li>● Access to positive social support networks</li> <li>● Universal services that can detect women and families at risk and intervene early</li> <li>● Timely access to IAPT services</li> <li>● GP and midwifery training</li> <li>● Access to specialist perinatal mental health workers</li> <li>● A local champion for perinatal mental health in midwifery services</li> </ul>	<ul style="list-style-type: none"> <li>● History or family history of mental illness</li> <li>● Lone parenting</li> <li>● Low levels of social support</li> <li>● Teenage parenthood</li> <li>● Early trauma/abuse</li> <li>● Poverty</li> <li>● Poor/temporary housing</li> <li>● Domestic abuse</li> </ul>

Source: All Babies Count: Spotlight on perinatal mental health, NSPCC 2012

## Adults

### Objective measures of mental health

Assets	Risks
<p>Compared with the national average, North Lincolnshire compares well for a number of key indicators that promote mental health including:</p> <ul style="list-style-type: none"> <li>● Lower rates of population churn</li> <li>● Higher levels of employment</li> <li>● Higher rates of home ownership</li> <li>● Better quality housing and lower rates of homelessness</li> <li>● Better access to open spaces</li> <li>● Higher than average access to mental health interventions in primary care</li> <li>● Higher than average rates of employment of adults receiving mental health treatment</li> <li>● Lower rates of social isolation reported amongst social care users</li> </ul>	<p>At the same time, North Lincolnshire performs worse than average for a number of indicators of risks or threats to adult mental health:</p> <ul style="list-style-type: none"> <li>● Higher rates of youth unemployment</li> <li>● Higher rates of marital breakdown</li> <li>● Higher rates of unpaid carers with significant caring responsibilities</li> <li>● Higher rates of adult obesity and physical inactivity</li> <li>● Higher rates of opiate/and or crack cocaine use</li> <li>● Lower levels of qualifications amongst adults</li> <li>● Lower contact rates of mental health service users with drug or alcohol services</li> <li>● Higher levels of disability and long term conditions in the adult population</li> <li>● Higher than average premature death rates of people with serious mental illness</li> </ul>

Source: [www.fingertips.phe.org.uk/profile-group/mental-health](http://www.fingertips.phe.org.uk/profile-group/mental-health)

### Subjective measures of public mental health

Since April 2011 the national Annual Population Survey has included four key questions which are used to monitor adult mental health in the UK and enable comparisons between and within countries.

They include the following questions:

- 1) How satisfied are you with life these days?
- 2) To what extent do you feel things you do in your life are worthwhile?
- 3) How happy did you feel yesterday?
- 4) How anxious did you feel yesterday?

Since these measures were first introduced in 2011, North Lincolnshire residents have consistently scored in line with or above the national average for happiness, and below average for anxiety, with annual improvements recorded against each of the wellbeing domains over the last 3 years.

**Table 4: Adult wellbeing scores 2013/14**

2013/14 WELLBEING SCORES	NORTH LINCOLNSHIRE (%)	ENGLAND (%)
% low anxiety	65%	63%
% high happiness	75%	73%
% high life satisfaction	78%	78%

Source: ONS, 2014

## Mental illness in working age adults

Many mental disorders have their onset in childhood and adolescence and continue to present in adults, with adversity in childhood, including experience of abuse or neglect, being a key risk factor for adult mental ill health. There are also some less common, but severe and enduring mental illnesses which do not present until early adulthood, such as bi polar disorder and schizophrenia.

In England, it is estimated that about 1 in 6 people aged 16-64 years have suffered a common mental health disorder, (eg anxiety or depression), in the last week. Common mental health disorders are more common amongst women, (21.5%), than men (13.5%) of working age, amongst people in their middle years and amongst people on low incomes.

**People living in cold homes, and those who are in debt have higher odds of mental illness, even after controlling for low income. Carers are twice as likely as others to suffer from depression, especially those caring 20+ hours a week.**

The prevalence of mental illness peaks at middle age, (people in their 40s and 50s), as problems persisting from childhood accumulate, with new onsets of other problems. Some key risk factors include, caring responsibilities, work-related stress, unemployment and marital breakdown, the menopause and exposure to violence.

Social and family relationships have significant implications for mental health – both positive and negative. People with smaller social networks are more likely to suffer from mental illness following stressful life events, than those with larger social networks. Nationally, it is estimated that domestic abuse accounts for 7% of mental illness in women. People with extensive experience of physical and sexual violence are 5 times more likely than those with little experience of violence to suffer from mental illness.

The association between alcohol and substance misuse and mental illness is well known. Nationally it is estimated that the prevalence of alcohol dependence in those with psychiatric disorders is almost twice as high in the general population. Alcohol use is also strongly related to intentional self injury and other risk taking behaviours, with the risk of suicide being 8 times greater amongst those who are alcohol dependent.

Within the drug treatment population it is estimated that prevalence of:

- Severe depression is 10 times greater than in the general population
- Psychosis is 9 times greater
- Personality disorder is 9 times greater

Whilst there is no single accurate local measure of mental ill health in the North Lincolnshire population, national estimates (modelled from what we know about known community assets and risk factors, and based on national epidemiological studies) suggest that the incidence and prevalence of common mental health disorders in the working age population, such as anxiety, depression, phobias, panic and obsessive compulsive disorders, are all either in line with, or below the national and regional average in North Lincolnshire.

**Table 5: Estimated number of working age adults living with mental illness in North Lincolnshire**

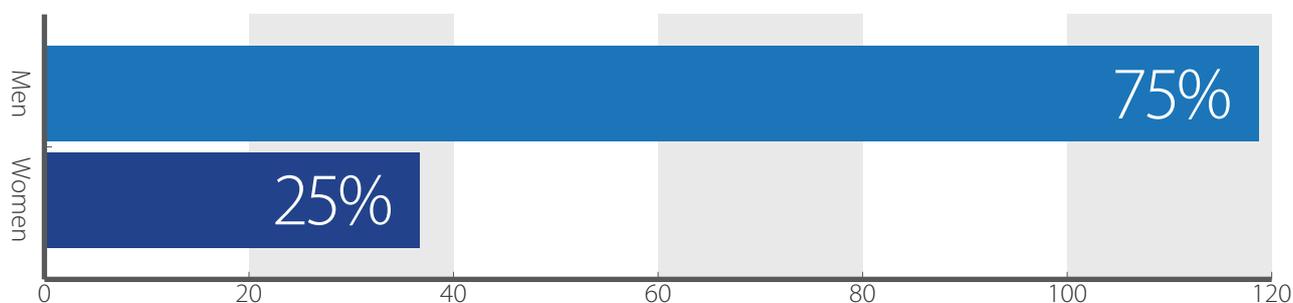
NUMBER OF WORKING AGE ADULTS	% OF WORKING AGE ADULTS	ILLNESS
7,680	(6.2%)	Mixed anxiety depressive disorder
4060	(3.3%)	Generalised anxiety disorder
2,360	(1.92%)	Depressive episode
1400	(1.14%)	All phobias
775	(0.63%)	Panic disorders
550	(0.44%)	Obsessive compulsive disorder
620	(0.5%)	Psychotic illness
370	(0.3%)	Anti-social personality disorder
250	(12%)	Mothers with perinatal mental illness that require intervention
7400	(6%)	Alcohol dependent
1350	(1.1%)	Opiate and or crack drug use

*(Note: These numbers should not be added together as people may have more than one condition)*

### Suicide and self-harm in adults

Between 2011-13 there were 56 registered suicides in North Lincolnshire, giving a 3 year average per 100,000 population of 11.2, which is slightly higher than the national average. Many more people attempt suicide, or self harm with the intention of killing themselves. Death by suicide is more common amongst men, with three times more men dying each year by suicide than women. The peak age for suicide amongst men is 35 to 54 years.

#### Suicides in North Lincolnshire (2003-13)



Self harm is a critical risk factor for suicide. At least half of people who die by suicide have self harmed previously, often shortly before their death. Other high risk groups include people with depression, people who misuse drugs or alcohol, are facing economic difficulties, are going through divorce or separation, or have a long term physical illness. Nevertheless, self harm is far more common than suicide, with an estimated 30-40 presentations to A&E per suicide each year.

In North Lincolnshire, there are on average 250 admissions to hospital each year as a result of self harm. This is below the national average per head of population.

### Older age

It is often assumed that mental illness is the ‘norm’ in older age. However, most older people do not go on to develop mental health problems. Moreover, the onset of mental illnesses can be prevented or delayed, and managed when it does occur.

However, older people are at risk of mental ill health due to a number of factors, including transitions from work to retirement, loss of status and income, and increasing frailty, as well as social isolation, separation from family and bereavement.

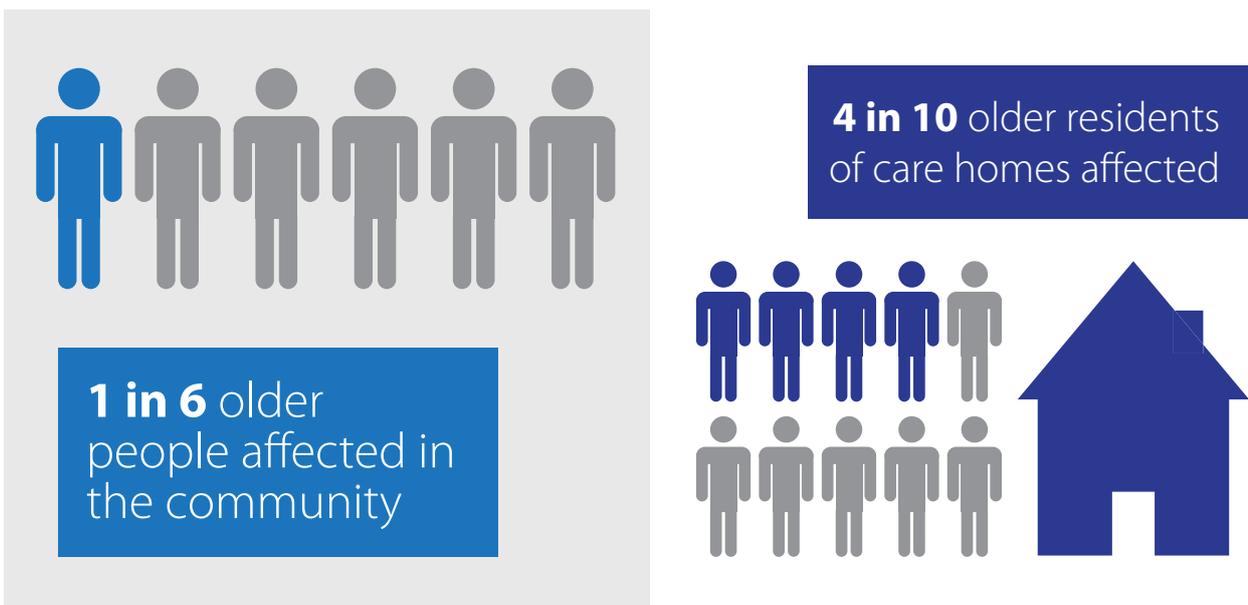
Although mental illness in older age responds as well to treatment as in younger adults, it can be under diagnosed and may present with other physical and neurological conditions which can mask mental ill health.

**Table 6: Estimated numbers of older adults living with mental illness/dementia in North Lincolnshire**

NUMBER OF PEOPLE AGED 65+	% OF PEOPLE AGED 65+	ILLNESS
(3259 - 5200)	10-16%	depression
(650- 1300)	2-4%	severe depression
(2260)	7%	dementia
(1140)	3.5%	diagnosis of dementia
	20%	develop psychotic symptoms by 85
(415)	40%	care home residents have depression
(515- 830)	50-80%	care home residents have dementia
(310)	30%	care home residents have anxiety
	33%	of people who care for those with dementia have depression

From national data we know that depression affects up to 1 in 6 (16%) older people living in the community and up to 2 in 5 (40%) living in care homes.

### Depression in older age



An estimated 70% of new cases of depression in older people are related to poor physical health, with depression being 7 times more common in older people with 2 or more chronic physical conditions. Caring for others can also lead to poorer mental wellbeing. It is estimated nationally, that 1 in 3 carers of people living with dementia have depression.

Social isolation is another key cause of depression in older people, and is a particular risk factor for older people from minority ethnic groups, those living in rural areas and for people aged 75+ who may be widowed or living alone.

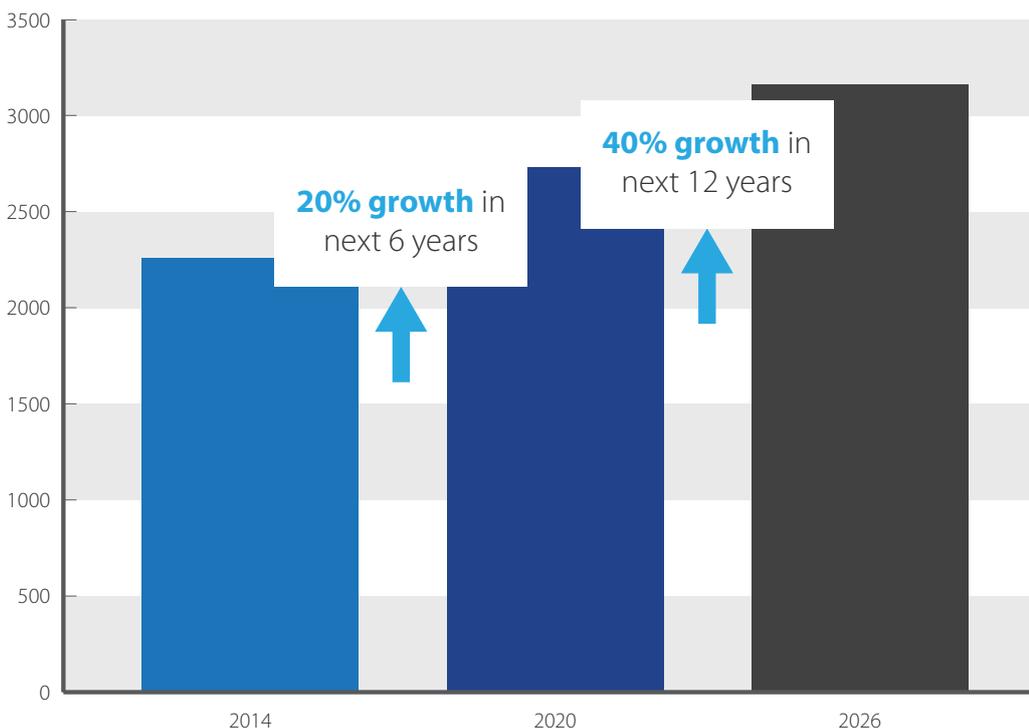
## Dementia

Whilst four fifths of people over the age of 50 fear that they will develop dementia (PHE, 2014), less than 1% of 60+s are newly affected by late onset dementia each year, although this proportion rises with age. This fear is often associated with lack of understanding about the disease, its prevention and treatment, as well as lack of information about the services available to support people with dementia. Yet an estimated 42% of the population know someone with the disease.

Currently there are an estimated 2,260 residents of North Lincolnshire living with dementia, (1.3% of the total population, and 7% of 65+s), with a further 30 older people newly developing the condition each year. This number is likely to increase in the coming years, and at a faster rate than nationally, due to the older profile of North Lincolnshire’s adult population.

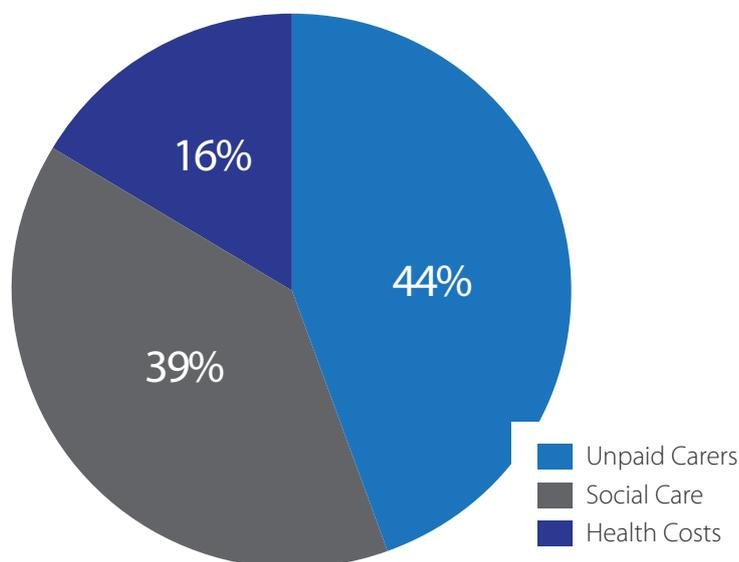
The earlier that dementia is diagnosed the more information people will have regarding treatment and care options that are available. Currently it is estimated that 55% of people with the disease have a mild form of dementia, 32% a moderate form and 13% a severe form. In March 2015, 1302 people were registered with the disease in North Lincolnshire. This represents 58% of those GP patients who are estimated to have the disease. Assuming no change in current prevalence of late onset dementia in the older population, we should expect the number of people living with dementia to rise by 40% in the next 12 years.

### People affected by late onset dementia in North Lincolnshire 2014-2026



### Costs of dementia

Nationally it is estimated that dementia costs society £32,250 per person per annum. This costs more than the annual costs of cancer, heart disease or stroke. These costs are expected to double in the next 35 years.



### Future challenges

With rising life expectancy, we can anticipate an increased burden on both physical and mental health services for the foreseeable future, including more older people presenting with complex needs, and more people in their middle and retirement years taking on informal caring responsibilities. Both trends are likely to require integrated approaches to the prevention, detection, management and treatment of both physical and mental ill health.

Whilst there is no evidence to suggest that the incidence of dementia is higher in North Lincolnshire than elsewhere, many of the lifestyle related risk factors associated with vascular dementia in the adult population, including smoking, excessive alcohol consumption, and obesity are higher in North Lincolnshire.

Growing numbers of older people living alone with long term conditions, chronic depression or dementia may increase pressure on social care agencies, as well as on family carers. Family carers already have an increased risk of unemployment, and poor physical and mental ill-health, and may require more support to help them fulfil their potential, and stay well.

In the future, as more people take advantage of self-directed, person centred, health and social care, we need to ensure that local services can effectively prevent, detect and treat both physical and mental health needs and that people with mental illness have equal opportunities to exercise choice and control over their care and treatment.

A photograph of three young children standing in a field of falling autumn leaves. The child on the left is wearing a grey and black long-sleeved shirt and blue jeans. The child in the middle is wearing a blue cable-knit sweater and blue jeans. The child on the right is wearing a dark blue long-sleeved shirt and dark blue jeans. The background is a soft-focus forest with trees and many leaves falling through the air, creating a warm, golden atmosphere.

# The Public Health Outcomes Fund

# Chapter 3: The Public Health Outcomes Fund

In October 2013, local services were asked to submit applications to the Director of Public Health for funding to support initiatives that would make a positive impact on the health and wellbeing of North Lincolnshire residents. Applications were accepted for 18 projects which encompass a range of public health domains and priorities, but which all contribute to promoting mental health, and building community resilience. These range from evidence based initiatives to increase family prosperity and reduce the negative impacts of low income, raise literacy amongst young children, prevent domestic abuse amongst young adults, raise physical activity amongst high risk adults, re-engage homeless people with primary and secondary care services, as well as establishing volunteer buddy schemes to support isolated vulnerable adults.

A number of these projects are summarised below.

## **Addressing poverty and reducing the impact on people in North Lincolnshire**

The Health & Wellbeing Board Strategy 2013-18 sets out five Strategic Priority Actions to deliver improvements and reduce inequalities in the health and wellbeing of North Lincolnshire residents. Key Priority Action 2 is "Addressing poverty and reduce the impact on people". The North Lincolnshire Council Poverty Working Group (PWG) was established in January 2014 to identify the position in North Lincolnshire and to develop a local response. A submission to the Public Health Outcomes Fund comprised of three distinct projects.

### ***Project 1: To undertake a robust "Needs Assessment Considering the Provision of Advice Services and the Impact of Poverty in North Lincolnshire"***

The aims of the needs assessment were to:

- describe poverty in North Lincolnshire and provide a comprehensive assessment of the health and social needs of individuals and families, particularly those living on low incomes.
- ascertain the current service provision of social welfare law advice and related support services and make recommendations to develop excellent practice locally.

### ***Project 2: Public Health Benefits Advice Workers***

People often cope well with low income. However, if their emotional and material reserves are stretched, a sudden unexpected event such as becoming ill, unemployed or even a delay in benefit payments, can mean people quickly find themselves in debt, and so a cycle of deprivation and poor mental and physical health can begin. Nationally, we know that 45% of people who are in debt have mental health problems, compared with only 14% of those who are not in debt.

This project, based in the local Citizens Advice Bureau, complimented the current provision of advice workers, providing an additional 1.5 whole time equivalent staff, with North Lincolnshire Homes providing a further 0.5 post. These workers were also trained to recognise and act on opportunities for health improvement, provide stop smoking brief interventions, facilitate access to other public health interventions, including Health Checks, and signpost people to health promotion information.

***Project 3: To reduce loss of income and employment caused by back and musculoskeletal injury.***

This project developed a new Manual Handling training programme, including a new model for manual handling awareness. This was offered internally within North Lincolnshire Council and also to contractors as an income generating and self-sustaining programme. The aim was to roll this out as part of the Healthy Workplace Scheme. Twelve individuals participated in 'train the trainer' manual handling instruction, nine from North Lincolnshire Council and three from the voluntary sector. The roll out of the programme has been completed and absences monitored.

***Next steps***

The local needs assessment highlighted the extent of poverty and low income in North Lincolnshire and its impact on residents. The report makes a number of recommendations about the direction of advice and support services:

- the development of more initiatives aimed at helping people access further training and education, and quality work experience and apprenticeships
- additional areas for focused attention, including consideration of the 'living wage', benefits and universal credit issues, fuel poverty, homelessness and rural poverty.



# Improving literacy

## **'Imagination Library'**

Supporting all children to learn to read and to enjoy reading is an important way to help develop children's resilience, and to prepare them for formal learning. Children who read daily are more likely to have above average vocabulary than children who read less. Good literacy levels are also key to raising average educational attainment and to narrowing the achievement gap amongst those on the lowest incomes, or with poor English. Yet according to a national reading survey (2011) whilst the majority of children and young people enjoy reading, and enjoy being read to, 19% of young people say that they had never received a book as a present, 12% had never been to a bookshop and 7% had never been to a library.

The Imagination Library is just one of a number of exciting projects which are part or wholly funded by the Public Health Outcomes Fund in North Lincolnshire. Children aged 0-4 years are eligible to register through their local Children's Centre, Schools, day nurseries, pre-schools, childminders, health visitors, midwives and local libraries and once registered receive a FREE book through their door with their name on. Then every month after, the child will receive a book appropriate to their age. If a family has more than one preschool age child, each child may participate. All children from North Lincolnshire can now register for this (go to [www.northlincs.gov.uk](http://www.northlincs.gov.uk)).

Since its launch in February 2013, 8,500 children have been registered, which is over three quarters of children under five within North Lincolnshire and is the fastest rate of Imagination library registrations in the country. This success has been due to the buy-in and support by early years settings and services. The project has also contributed to increased Children's Centre registrations and North Lincolnshire's position in the top national quartile nationally for Early Years Foundation Stage (EYFS) 'good levels of development'.

The Early Years and Best Start Team have also developed 'Book Chatter' training: a bespoke training and development programme for practitioners in early years settings to support parental engagement and the importance of quality interaction and communication. Most importantly, the training considers how to engage parents and carers in the Imagination Library as they are pivotal in supporting their child's learning from birth. Imagination Library Lead Champions have also been appointed to develop practice, head parent partnership events, book chatter and book sharing including environments, displays and Imagination Library Book Chatter diaries.

## **Next Steps**

Building on the success of the Imagination Library, programmes are now being developed to support children older than 5, these include 'Literate and Numerate communities', 'Ready Steady Read', and engagement with the National Literacy Trust.

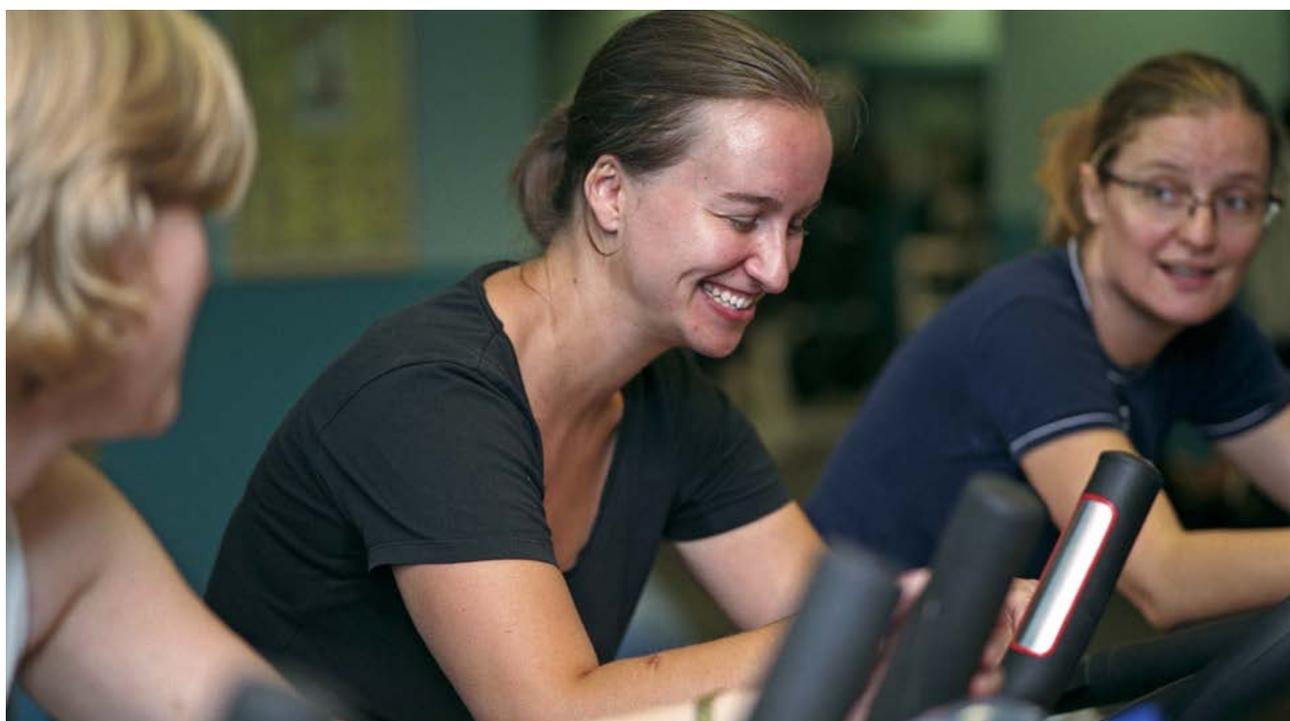
## Supporting young victims of domestic abuse

In 2014 Public Health Outcomes funding was employed to appoint an additional worker in the Safer Neighbourhoods Team to support young victims of domestic abuse. This involves working alongside local schools, colleges, and children and young people's services in familiar settings, providing educational sessions, and promotional materials to those who work with young people to raise awareness and help them identify young people who may be at risk of domestic abuse. This worker is able to respond to referrals from schools and colleges and carries a caseload of young clients, employing resources adapted specifically for this younger age group. As a result of this targeted work, the domestic abuse service now provides an 8 week therapeutic programme for young people aged 13-19 years who have experienced, or are vulnerable to domestic abuse.

## Improving physical health

### **'Active Together'**

Being physically active is important for maintaining physical health, but also has an impact on our mental health, lifting our mood and giving us a sense of being in control. For mild depression, physical activity can be as good as antidepressants or psychological treatments like Cognitive Behaviour Therapy. Taking part in organised activities also provides opportunities for social interaction, building up our support networks. Activities that take place outdoors also provide the opportunity to access green spaces, which can reduce symptoms of poor mental health and stress.



Raising levels of physical activity in the population is a key priority for North Lincolnshire. Sport England's Active People Survey 7 showed that in the year up until October 2013, just over half (53%) of adults in North Lincolnshire did no physical activity in the previous week, compared with 47% nationally, with rates of inactivity rising with age, from 48% of 35-54 year olds, to 70% of those aged 55+. The results also show that some social groups are far less active than others, including teenage girls, those from Black and Minority Ethnic (BME) groups, and those with disabilities. The Start Active, Stay Active report shows that targeting those adults who are significantly inactive (i.e. engage in less than 30 minutes of activity per week) will produce the greatest reduction in chronic disease.

The aim of the Active Together programme, is to increase levels of physical activity across North Lincolnshire. The programme focuses on getting those individuals that currently do no physical activity at all, to do a minimum of 1 session of 30 minutes a week. The programme operates using a hub and spoke model, whereby existing leisure centres are the hubs, with activities being taken out into communities (spokes). A variety of activities are being developed, based on engagement with the target audience and will be free to people who are currently inactive. The programme targets the following groups:

- Looked After Children
- Adults/Young people with additional needs
- Physically inactive adults
- Pre-school children
- Pregnant and nursing mothers
- Obese adults and children
- Young people, especially girls

The aim is to remove some of the recognised barriers to participation, such as location, by providing activities close to where people live and in venues that they feel comfortable attending.

The aims are to:

- Engage with a total of 1,940 participants over the lifetime of the project
- Achieve a total throughput figure of 64,350 over the lifetime of the project

Broader outcomes are to prevent ill health, support the recovery of residents who have suffered ill health, achieve better joined up working with a range of professionals and volunteers, and to educate and raise awareness of the health benefits of taking part in regular physical activity.

The first few months of the project have involved working with stakeholders to ensure that the programme is delivering the right kind of activities to the right groups, and ensuring that staff are recruited and trained to deliver the activities that people want to take part in. This has resulted in good engagement from some target groups in the area, with an exciting programme of activity starting to emerge.

The first six months of the programme have led to a committed multi-agency Steering Group being formed to direct the programme. This has ensured that there are key structures in place to ensure that we can measure success. Work has also commenced early to undertake a return on investment exercise. Active Together sessions are now regularly running for people with mental health problems, ethnic minority women, the over 50s, and pregnant women.

Feedback from Nicky Robinson, Deputy Service Manager at MIND following a physical activity taster session with mental health service users:

*"It's safe to say that yesterday afternoon was a huge success! The service users loved it and I must pass on how brilliant the staff leading the session were with the service users, they quickly built trust and although the service users were fairly quiet to begin with the centre was so loud by the end of the session. As soon as they left we had a quick centre meeting to gain feedback and opinions to whether the service users wanted it more regularly - the answer was yes, they would love it to be more regular!"*

Following on from these taster sessions Active Together is now running a regular weekly session at MIND and will be introducing further activities outside the centre, encouraging and supporting people to progress towards accessing mainstream leisure facility activities through an Active Card.

### **Next Steps**

The next steps are to expand the programme of activities to reach more of the target groups. The programme will engage with participants to understand what activities they would like to participate in, and will horizon scan to ensure that we can offer the most up to date initiatives in physical activity. The key to success will be working with partners to ensure engagement with the programme continues.

## Improving the health of under-represented and vulnerable groups

**'The Big Hit'**, aims to improve the health of substance misusers in treatment through increasing their participation in sport and physical activity. One service user has reached his goal of losing weight, achieving a loss of 1.5 stone, and because of this he has now been accepted for a hip operation. He uses the gym 4 times a week, feels more motivated as well as being the healthiest he has been for a period of years.

*'It gives me something to look forward to doing each week, I don't have a lot of money left after paying my bills so I would never be able to pay to go to the gym. I feel this has given me a new lease of life.'*

**'THE BIG HIT' SERVICE USER**

### **V - News - Engaging under represented BME communities in health promotion**

Voluntary Network Empowering Women in Scunthorpe (V-News) was established in 2013 to provide a forum for women in North Lincolnshire to meet talk and share their experiences without fear of discrimination and to provide a confidential network of professional and social contacts. In 2014, public health funding was provided to help V News engage under-represented groups in healthy living activities. This includes the provision of culturally specific sport sessions, as well as themed health promotion activities, and targeted health screening.

To date, 190 people are registered with the group, although more than this number have attended local events. The aim is to increase participation on a weekly basis by a larger group of people. Additional funding has been secured from Safer Neighbourhoods to sustain some of the work of the group beyond 2015, with plans to mainstream some of the activities in leisure and sports services.



## 'Place of Change'

The risks to health of being homeless are well known, with much greater levels of both mental and physical illness recorded amongst the homeless population. These additional health needs can be both a cause as well as a consequence of homelessness. People who are homeless have 40-50 times higher rates of mental ill health than the general population. They are also 40 times less likely to be registered with a GP. It is therefore essential that we improve access to, and uptake of universal primary and secondary mental health services amongst homeless people and that other services, including welfare and benefits advice, housing support, training and employment opportunities, are designed with their needs in mind.

Place of Change is a housing support service that works directly with single homeless people who are hard to house, and people with complex problems, to help them get into permanent accommodation and employment. A large proportion of these young adults have drug and alcohol problems, as well as mental and physical health needs. Whilst many of them may be registered with GPs, or have been referred to secondary care for treatment, many struggle to engage consistently with health services because of their housing situation.

The aims of this Public Health Outcome Fund project are to

- Help clients to re-engage with primary and secondary health services and/or substance misuse treatment programmes,
- improve their general health and self management, which may include better management of long term conditions such as liver disease, diabetes, COPD, as well as Hepatitis C,
- reduce avoidable A&E attendances and emergency admissions amongst this group, by signposting them to alternative provision,
- help them re-engage with training, employment and/or volunteering.

When clients are referred to Place of Change, the housing provider captures baseline information about their physical and mental health needs and current engagement with health services. This is monitored at regular intervals via a custom made self assessment tool. If successful, the aim is to develop this model and use the learning to inform other housing and care related services.

In the first 6 months of the project (February to August 2014) almost half of the 26 new clients had re-engaged with dental health service, 81% with either specialist drug treatment or mental health services, whilst 3 had made positive moves to independent living, (almost all clients were already registered with GPs, and were in receipt of prescribed pharmacological drug and alcohol treatment).

Clients' physical and mental health and wellbeing have also benefited from dedicated health trainer support with lifestyle issues, cook and eat sessions, as well as physical activity sessions.

### *Next steps*

As a new service, there is still a lot to learn. Whilst it was always expected that some residents would take time to commit to change, there have also been some inappropriate referrals from agencies, although these are improving. The length of time that people have been sleeping rough, or have disengaged from health services can also mean that by the time they receive treatment for their conditions, the outcomes are not as positive as they could have been. Hence the need to roll out these lessons to other housing support and care providers, who may have opportunities to intervene with these vulnerable groups earlier.

## 'Volunteer Buddy Scheme'

Social connectedness is a key factor in increasing resilience in individuals and communities. Poor mental health can also contribute to people becoming socially isolated. Social isolation can be a problem at any age, but older people are particularly vulnerable due to separation from family, loss of relatives and friends, and reduced levels of mobility and income.



Social activities, social networks, keeping busy and 'getting out and about', good physical health and family contact are all frequently mentioned by older people as important to their mental wellbeing.

The Volunteer Buddy scheme, another Public Health Outcomes funded project, is one of the new services on offer via North Lincolnshire's 5 locality based Wellbeing Hubs. The service is coordinated by two Community Outreach Workers whose role is to liaise with existing and new community groups and individuals, to promote volunteering and to facilitate befriending relationships.

The aim is to reduce the social isolation of older people living in communities across North Lincolnshire by:

- identifying recruiting and supporting local volunteers and befrienders
- enabling older people to access local activities through these volunteers
- providing support to socially isolated older people in their own homes

### *Next steps*

The project is still at an early stage but will monitor the number of volunteers recruited and trained; referrals received and individuals supported; the number of over-75 wellbeing checks undertaken and registrations with the Wellbeing Hubs; as well as the impact on the broader public health outcomes.

A young woman with long dark hair, wearing a black hijab and a dark blue long-sleeved shirt, is seated at a table. She is looking down at a document held by a healthcare professional whose back is to the camera. The professional is wearing a light blue striped shirt and is holding a pen over the document. The background is a blurred indoor setting, possibly a clinic or office, with a bookshelf and a bulletin board visible.

# Health Protection

# Chapter 4: Health Protection

Health protection includes public health activities intended to protect individuals, groups, and populations from infectious diseases, environmental hazards such as chemical contamination, and from radiation. There has been a resurgence of infectious diseases in the last three decades, both globally and nationally, with new risks and challenges to population health emerging each year, whether it be in the form of new viruses, multi-drug resistant bacterial infections, environmental hazards or the threat of terrorist attacks.

North Lincolnshire Council's Public Health team, Public Health England and the local health community work together to assess the risks and develop interventions to mitigate against those risks.

Our health protection roles can be broadly grouped into:

- Preventing communicable disease
- Infectious disease notification and surveillance
- Preparedness for and management of major incidents and outbreaks
- Implementation of national guidance and action plans



In 2014 new challenges have included:

- Responding to the major outbreak of Ebola disease in West Africa
- Implementation of a new shingles vaccination amongst older people in England

## **Ebola**

Ebola virus disease (EVD) (formerly known as Ebola hemorrhagic fever) is a severe disease caused by a virus, which occurs in humans and other primates. The World Health Organization [situation report](#) of 04 February 2015 reported a total of 22,495 confirmed, probable, and suspected cases of Ebola Virus Disease (EVD) associated with the West African outbreak, with a total of 8,981 deaths. While the majority of reported cases were from Guinea, Liberia and Sierra Leone, cases have also been reported from Mali, Nigeria, Senegal, as well Europe and the USA.

There is no specific treatment or vaccine available for Ebola virus disease, although new vaccines and drug therapies are being developed and tested.

The risk of Ebola infection to the UK public remains very low. Ebola can only be transmitted by direct contact with the blood or bodily fluids of an infected person or animal.

We are not expecting a major outbreak in this country, with only a small handful of British healthcare workers so far confirmed with the disease. The UK also has some of the most developed and well-tested systems for managing infectious diseases, and whilst UK Border Control were asked to deliver testing at major airports, it is recognised that the risk of Ebola is low for most travellers. Malaria is much more common in West Africa and can have similar early symptoms.

In North Lincolnshire there are a number of nearby international ports including Humberside Airport and Immingham docks. Working together with Port Health colleagues and Public Health England we remain vigilant, and continue to ensure that staff are well trained in recognising signs and symptoms of Ebola, in the use of Personal Protective Equipment and are fully conversant with the latest national guidance and local actions plans.

## Shingles Vaccine

Shingles can be an incapacitating illness, presenting with a rash which can be very painful. It is caused by the reactivation of the herpes zoster virus varicella which causes chickenpox, and the pain may last for several months after the rash has disappeared (known as post herpetic neuralgia).

The risk and severity of shingles increases with age, with the annual incidence for those aged 70 to 79 years estimated to be around 790 to 880 cases per 100,000. In North Lincolnshire this equates to an average of 228 cases amongst this age group a year.

Following recommendations by the national Joint Committee on Vaccine and Immunisation (JCVI), a national shingles immunisation programme was introduced nationally on 1 September 2013 to reduce the risk and severity of shingles in older people and the length of time that people are likely to be affected. Almost 62% of 70 year olds and 60% of 79 year olds received the shingles vaccine in England during the first few months of the programme. In North Lincolnshire, the comparative figure was 59% for both age groups.

The impact of the programme on the incidence of Post Herpetic Neuralgia will be monitored by Public Health England, as will vaccine effectiveness (VE) against clinically diagnosed shingles.

More information about the incidence and prevalence of some communicable diseases, including sexually transmitted infections and vaccine preventable diseases in North Lincolnshire can be found at [www.gov.uk/health-protection/infectious-diseases](http://www.gov.uk/health-protection/infectious-diseases).

### Shingles vaccine coverage in North Lincolnshire and England by age cohort 1 September 2013 to August 2014

CCG NAME	PER CENT OF GP PRACTICES REPORTING ANNUAL DATA	VACCINE COVERAGE FOR ROUTINE COHORT			VACCINE COVERAGE FOR CATCH-UP COHORT			VACCINE COVERAGE FOR FUTURE CATCH-UP COHORTS (67-69 YEARS AND 71-78 YEARS)		
		NUMBER OF REGISTERED PATIENTS AGED 70 YEARS IN REPORTING PRACTICES	NUMBER OF PATIENTS AGED 70 VACCINATED	% OF AGE COHORT VACCINATED TO END AUGUST	NUMBER OF REGISTERED PATIENTS AGED 79 YEARS IN REPORTING PRACTICES	NUMBER OF PATIENTS AGED 79 VACCINATED	% OF AGE COHORT VACCINATED TO END AUGUST	NUMBER OF REGISTERED PATIENTS IN REPORTING PRACTICES-FUTURE CATCH-UP COHORTS	NUMBER OF PATIENTS VACCINATED	% OF AGE COHORT VACCINATED TO END AUGUST
NHS North Lincolnshire CCG	95.2	1,524	892	58.5	897	531	59.2	15,189	167	1.1
England	89.9	439,294	271,472	61.8	269,924	160,790	59.6	4,207,705	42,199	1.0

Source: Public Health England, 2015



**Healthcare Population  
Health and Premature  
Mortality**

# Chapter 5: Healthcare Population Health and Premature Mortality

## **Commissioning public health services for under 5s**

The early months and years of a baby's life are critical to them growing up to be resilient and mentally and emotionally well. The period from conception to 2.5 years is widely recognised as a critical period in the development of babies' brains. The quality of the care and nurturing they receive during this time and their attachment to their parents has longstanding implications for their social and emotional development.

In 2015, the commissioning responsibility for public health services for under 5s, including health visiting and the Family Nurse Partnership (FNP), is due to transfer from NHS England to local authorities. Work has been ongoing during 2014 to develop effective collaborative commissioning arrangements between North Lincolnshire Council and NHS England in the lead up to the transfer, and to plan for the transfer itself. All of this has happened in the context of a considerable amount of local work to more closely integrate services for children, young people and their families, with a particular focus on those aged 9 months to 2 years.

The health visiting service has not only achieved their target for increasing health visitor numbers this year, (as part of the national Health Visitor Implementation Plan), but has also exceeded it, with an additional six health visitors appointed in 2014. They have also continued to improve their performance against the five core contacts with families, which local authorities will be mandated to deliver as part of their new commissioning responsibilities in 2015.

The local FNP programme has continued to go from strength to strength in North Lincolnshire, demonstrating wide ranging benefits to young parents and their babies, through reduced smoking, increased rates of breastfeeding, more involvement of young fathers, improved parenting skills, and higher parental mental wellbeing and self esteem amongst those young parents that participate in the programme. The local FNP programme has also expanded this last year, increasing its capacity in North Lincolnshire to work with an additional 25 clients at any one time.

### **Next steps**

Ongoing work to continue to improve and integrate services for under 5s, including addressing poor perinatal and maternal mental health, is critical to giving babies and children the foundations to become resilient young people and adults.

## Integrating services for the Frail and Elderly through the Better Care Fund

Currently there are 32,510 people aged 65+ resident in North Lincolnshire including, 14,440 aged 75 years and older and 4,030 aged 85+. This older population is growing faster than nationally and this trend looks set to continue as life expectancy continues to rise for both men and women.

North Lincolnshire already has a higher than average proportion of the population with 'health challenges', 26%, compared with 16% nationally, including some of the highest levels of smoking, the lowest levels of physical activity and healthy diet, and the highest levels of 'elderly ailments'. This latter group includes older people with 2 or more age related conditions, including musculoskeletal conditions, such as osteoarthritis, heart disease, failing eyesight and diabetes.

North Lincolnshire's older residents are also more likely than their national peers to experience an emergency hospital admission. In 2013/14, 65+s made up 19% of the population in North Lincolnshire, but more than a third of all non-elective admissions to hospital. They are also more likely to be admitted for 'ambulatory care sensitive conditions,' i.e. chronic or acute conditions that are considered as manageable within community settings.

Consultation and engagement with older residents, carers and local communities tells us that older people want to be

- supported to maintain their independence for as long as possible and feel confident about living at home for longer,
- feel in control of their long term conditions, and helped to manage them appropriately
- feel safe at home and part of their community
- have their health and care needs met closer to home in community settings,
- supported back into community services following an episode of treatment
- continue in their caring role and enabled to care for their loved ones for as long as possible

Against this backdrop of challenges and needs, the Better Care Fund plan overseen by the Joint Board for Health and Social Care (Frail and Frail Elderly) and the Frail and Elderly Strategy sets a vision to support our elderly population, whilst changing the way we use our resources, shifting resources closer to home and the community and away from hospital and residential care, increasing self-care and independent living.

Over the next five years more services will be delivered in the community at the lowest possible point of support and intervention. A Single Organisational Model approach is being used to ensure that support and services are delivered according to need and people are safeguarded and protected with timely and effective support to reduce crises, and to support a return home / community in an integrated way.

Hospital admission will only take place where there is a clear clinical reason and re-ablement and discharge arrangements will enable people to return to their own home or a care home as soon as possible.

We also want to ensure that whenever it is safe and deliverable, the majority of healthcare services are provided as close to people's homes and communities as possible. We also know that we need to make the best use of the money we have to spend on health and social care, in the face of a very challenging financial environment.

The Better Care Fund projects will help us to achieve these ambitions, through:

- Community Well Being Hubs: The opening of 4 Wellbeing Hubs during the last 6 months across the localities has immediately enhanced and strengthened the local well being offer. These hubs include all preventative services commissioned and provided by the local authority and will be developed in consultation with the community and those that require preventative support. Wellbeing hubs are also a key resource in tackling social isolation amongst older people.
- 7 day social care service/Hospital Social Work Team: Implementation of accessible health and social care practitioners and services working 7 days a week.
- A new RATL and Locality Team: the development of a Rapid Assessment Time Limited Service (RATL) which will provide the bridge between primary/ community and secondary care. This service will be needed to underpin the planned shift of care from the secondary care settings.
- Care Home Support Service: an integrated Care Home Support Service to support both nursing and residential homes across North Lincolnshire. The service will be set up during 2014/15 on a pilot basis.
- Frail and Elderly Assessment Unit: based at Scunthorpe General Hospital. The primary purpose of the unit will be to reduce the number of older people who are admitted for a non-elective episode of care when this could, otherwise, be managed in a non-hospital environment.
- A new RAID/Mental health liaison service: this multi-disciplinary service will provide assessment and interventions for acute hospital inpatients and those presenting at the Urgent Care Centre over the age of 16.

In addition, 'Living Well with Dementia - The Joint Commissioning Strategy for Dementia Care Services in North Lincolnshire 2012-2016' sets out the strategic direction and commissioning intentions for how services will be designed and delivered for people with dementia and their carers. This is subject to annual review and consultation with all stakeholders as part of a regular process of engagement.



### *Next steps*

The next steps are to roll out of the Better Care Fund Plan to full implementation by 2017. This includes ongoing evaluation of the projects and their effectiveness in delivering better outcomes. Central to this is an open dialogue with older people and carers in our communities.

The Dementia Strategy sets out to promote awareness and encourage people who are worried about their memory to access appropriate advice and a timely and accurate diagnosis. It also aims to support people who are already in the care system or who are approaching the end of life, and their carers. It encompasses early onset dementia including those with learning disability, alcohol related dementia, vascular dementia and older people with dementia.

This Strategy will include looking at universal services and how they can be improved to become more dementia-friendly. This may include improved information and advice to staff, professionals, service users, carers and the wider North Lincolnshire community on prevention and early intervention. This will help to inform individuals of the benefits of timely diagnosis and care, promote awareness of dementia and reduce social exclusion and discrimination.

Looking to the future, we need to consider the wider living environment of North Lincolnshire and those factors that may help or hinder the lives of the frail and elderly living in our communities. This includes the consideration of how 'Dementia Friendly' and 'Age Friendly' North Lincolnshire is, and what actions we can take to facilitate improvements in the independence, participation, health and wellbeing of older people, and, in so doing, reduce social and health inequalities.

### **Dementia care pathway and Experience Led Commissioning**

In reviewing the local Dementia Commissioning Strategy North Lincolnshire CCG, North Lincolnshire Council and partner agencies wanted to understand better local peoples' experiences of living with dementia, and to make sure their views were reflected in any review of local services. User and carers' insights were gathered through the Experience Led Commissioning Programme. The aim of this programme is to develop a person centred approach to service delivery which reflects those outcomes that matter most to users and carers.

#### **Suggestions for improving local services included:**

- More comprehensive awareness training across the health and social care sector and the development of Dementia Friendly Communities.
- Development of a first aider model of training on dementia awareness for staff working in key public access points including supermarkets.
- A one stop shop for information about where people can get help, including those who plan to self fund their care.
- A centralised 'one stop shop' for assessment and diagnosis, with pharmacies potentially offering first instance screening to improve access to early diagnosis.
- The development of a joining pack or communication passport at the point of diagnosis to ease relatives' and carers' access to timely advice and support and to reduce crises.
- Development of a local campaign to improve the take up of advanced care planning for people with dementia.
- Improved access to information about personal budgets.
- Implementation of a minimum set of standards for dementia training and competencies of care home and home care staff.
- Increased opportunities for integrating the commissioning and delivery health and social care services for people with dementia.

## Acute mental illness care pathway and Experience Led Commissioning

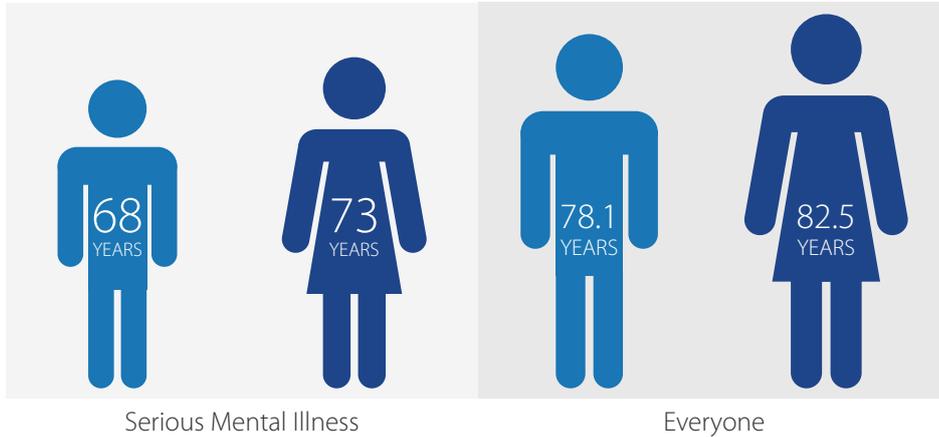
NHS England, in its planning guidance 'Everyone Counts; Planning for patients 2014/15 to 2018/19' highlighted the need to ensure CCG plans give parity of esteem to mental and physical health needs. In order to inform this planning, in 2014 the CCG commissioned a review of care pathways for people with acute mental health needs, in collaboration with service users, carers and other stakeholders. Employing the approach known as Experience Led Commissioning the aim was to understand more deeply how people feel about current services and how services could be delivered to meet people's needs effectively. Consultation took place between November 2014 and January 2015 and will report by April 2015. This information will be used to redesign services and develop person centred outcome measures for inclusion in provider contracts.



## Premature mortality of people with serious mental illness

Inequalities in mental health remain stark. Currently there is a significant gap in life expectancy between those in contact with mental health services and the rest of the population.

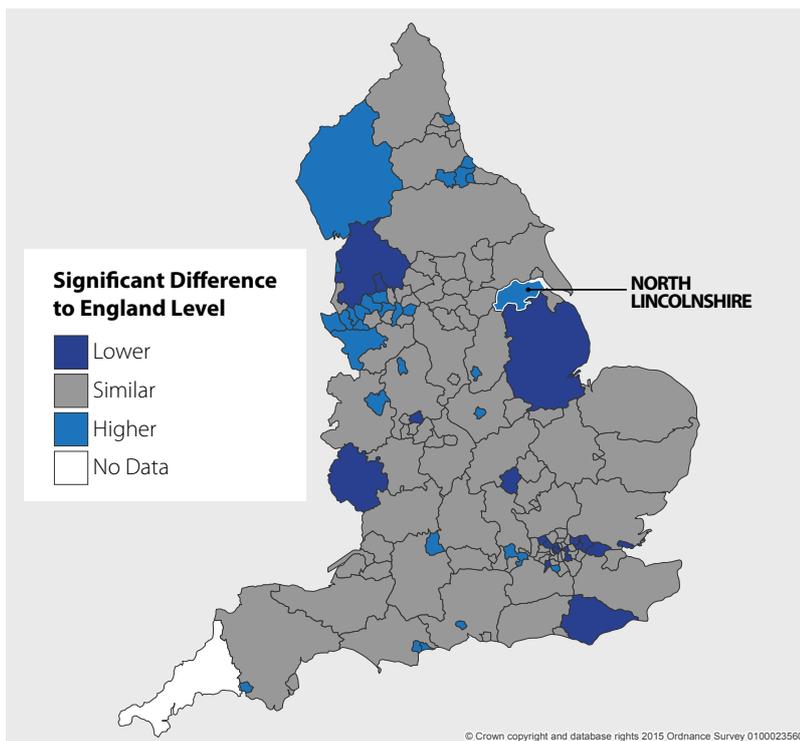
### Life expectancy at birth



Across England as a whole, premature death rates, (under the age of 75 years) are just under 3.5 times higher amongst people in contact with mental health services than in the general population. This equates to people in contact with services dying on average 15-20 years earlier than average.

In North Lincolnshire the excess death rate amongst this group is even higher, with premature death rates 5 times higher for people in contact with mental health services in North Lincolnshire, compared with the rest of the population. This places North Lincolnshire amongst the top 10 local authorities nationally for this indicator of premature deaths.

### Excess premature mortality rates in people with serious mental illness, (SMR) 2012/13



Source: NHS England, PHE, 2014

People with serious mental illness are 5 times more likely to die prematurely:

- 1.7 x **cancer**
- 4 x **liver disease**
- 3 x **heart disease**
- 5 x **lung disease**

Much of this difference is accounted for by higher rates of lifestyle related illnesses and higher rates of early deaths from smoking, alcohol and substance misuse related diseases.

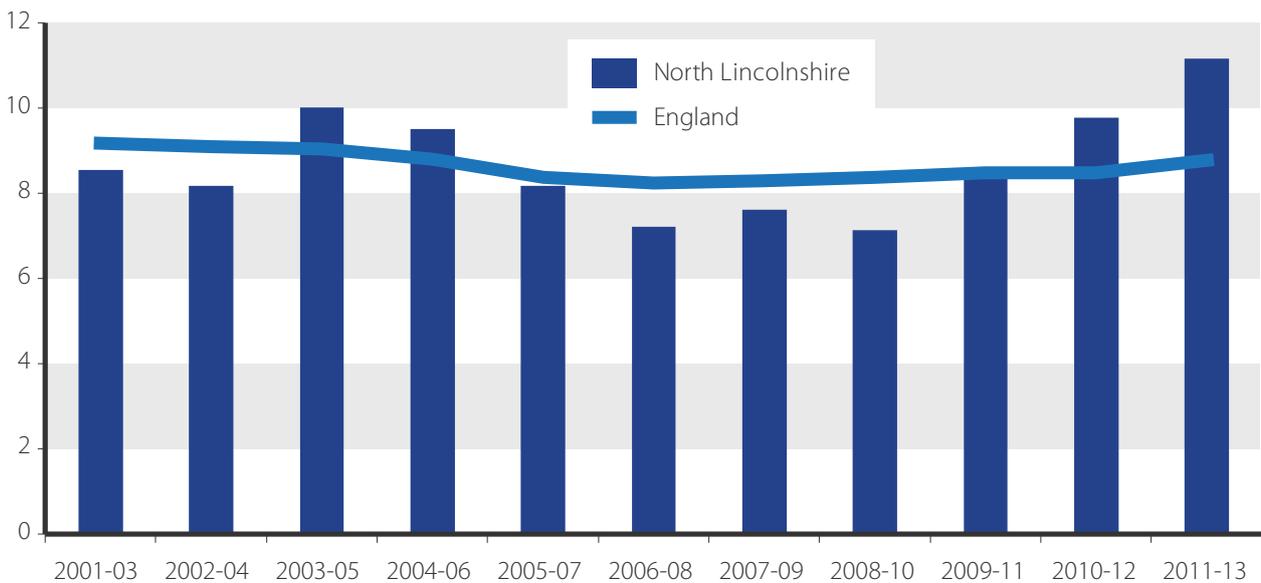
### Suicide Prevention

In England, one person dies every two hours as a result of suicide. When someone takes their own life, the effect on their family and friends is devastating. Many others involved in providing support and care for the individual and their family are affected also.

Suicide is often the end point of a multitude of complex risk factors and distressing events. Preventing suicide is enormously difficult for this reason. Many of those who take their lives have no previous history of mental illness and may not be known either to mental health or health services.

Between 2011 and 2013, 56 people took their own lives in North Lincolnshire and were registered as suicides. The number of registered suicides ranged from 13 in one year to 22 in another. Because of these annual fluctuations, 3 year pooled rates are used to monitor trends. The latest published 3 year pooled data for North Lincolnshire suggest no statistically significant change in suicide trends in North Lincolnshire in the last 10-15 years, although local rates rose slightly above the national average in 2011-13. In 2014, 12 deaths were registered as suicides in North Lincolnshire.

#### Trends in suicide in North Lincolnshire, 3 year suicide rates 2001-2013



Source: PHE, 2015

The National Suicide Prevention Strategy 2012 has two objectives, to:

- reduce suicides
- improve support for those bereaved or affected by suicide

It also identifies 6 key areas of action:

- reducing the risk of suicide in high-risk groups
- tailoring approaches to improve mental health in specific groups
- reducing access to the means of suicide
- providing better information and support to those affected by suicide
- supporting the media in delivering sensitive approaches to suicide and suicidal behaviour
- supporting research, data collection and monitoring

In North Lincolnshire a multi-agency panel has been established which seeks to ensure that every suicide is reviewed and lessons are learned. The group are responsible for surveillance and developing a suicide prevention strategy with supporting action plans as recommended by “No health without mental health: a cross-government mental health outcomes strategy for people of all ages”(DH 2011) [www.gov.uk/government/publications/the-mental-health-strategy-for-england](http://www.gov.uk/government/publications/the-mental-health-strategy-for-england) and Closing the gap: priorities for essential change in mental health (DoH February 2014).



# Chapter 6: Progress with last year's recommendations

## Recommendation 1

### **Public Health and Planning & Regeneration work more closely together to develop a physical environment which is more health improving and to enable health improvement through regulatory processes**

Public Health and Planning and Regeneration have worked together on producing a Supplementary Planning Document for Health. This document sets out how potential developers can address health issues through the built environment. It ensures that health promoting environments are a key consideration of developments rather than an after thought. The Document is currently in draft form and the next step is to gain approval for this document to be used as part of the planning process.

## Recommendation 2

### **North Lincolnshire Council to develop new ways and opportunities to deliver a stepped change in narrowing inequalities gap in public health outcomes, as part of a One Council approach**

The Best Start and Developing Well profiles show the gap between the proportion of free school meal (FSM) eligible children and non-FSM children achieving a good level of development at 5 years of age narrowed in North Lincolnshire has and is now below the national average. The attainment gap has also narrowed for children at key stages 1, 2 and 4, narrowing by over 5 percentage points for the 'gold standard; 5+ A\*-C including English and mathematics measure - whereas nationally the gap widened slightly in 2013/14.

We know that people from lower socio-economic groups are more likely to smoke and have poorer health outcomes as a result. During 2014/15 we have been piloting an approach to help young people who smoke to quit, and to prevent young people from starting. There is very little evidence nationally on what works with this age group, so we are working with schools and young people to understand their motivations for smoking, and exploring the messages that have resonance with them. We hope that the information we gather in this project can form the basis for a wider programme across all schools in North Lincolnshire.

A New and Emerging Communities Group has been established to collate system-wide intelligence of the needs and pressures arising from both migrant and established minority groups in North Lincolnshire. An action plan is in development to address issues including knowledge gaps, new approaches to partnership working, communications, and employment.

The NHS Health Check is a key intervention in reducing premature mortality and addressing health inequalities. From 1 April 2013, the responsibility for providing Health Checks transferred to local authorities, expanding to an alcohol assessment and dementia awareness-raising among people aged 65 to 74 years.

The tests, measurements and risk management interventions that make up the NHS Health Check can be delivered in different settings by different healthcare professionals. In North Lincolnshire providers include the majority of GP practices and a Community Service.

To reduce the inequalities gap the Community Service has a remit to focus on:

- communities with higher levels of inequalities,
- workforces comprising manual workers or low paid who are less likely to be able to attend during working hours.
- ethnic minority group and new entrants
- those not registered with a GP.

### Recommendation 3

**North Lincolnshire Council develop a robust public health assurance framework across all public health functions, that is fit for the future.**

The Director of Public Health not only has roles and responsibilities in protecting the health of the population but also in "assuring" that other organisations and professional groups work well together to protect population health. Following the significant organisational changes of April 2013 new systems had to be put in place to manage Health Protection and Emergency Planning.

The DPH Health Protection Assurance Group now provides a forum for the North Yorkshire, York and Humber area Directors of Public Health to assure themselves of the planned new duties to protect the health of the population. Included within the scope of the assurance group are:

- Infection prevention and control including healthcare associated infections (HCAI)
- Commissioning of Immunisation programmes
- Environmental hazards and control, biological, chemical, radiological and nuclear
- Communicable and non-communicable disease control: managing outbreaks
- TB/Hepatitis commissioning
- NHS & Public Health Emergency preparedness, response and resilience
- New and emerging infections, including zoonoses but not animal health
- Screening programmes - Cancer, Infectious disease and others

### Recommendation 4

**North Lincolnshire CCG and Northern Lincolnshire & Goole NHS Foundation Trust (NLAG) work together to refocus practice on prevention and deliver the ambitious behind the Healthy Lives Healthy Futures review, (HLHF)**

The Northern Lincolnshire Health and Social Care system, which includes NLaG and NHS North Lincolnshire CCG, have committed to a new model of leadership for HLHF. This has been signed up to by all Accountable Officers and means that one Chief Executive leads the system on behalf of the whole. This approach has been taken to ensure there is system ownership of the issues and that there is a single governance and reporting structure across the programme of work. In addition there is a single clinical lead for the whole system - Dr Robert Jaggs Fowler.

Specifically for North Lincolnshire there are a number of work streams and groups which are cross system including a joint management board which has representatives from all commissioning and provider organisations. This has allowed for the development of coherent and commonly owned plans (for example the recent Better Care Fund submission) and for this to be linked into the wider HLHF programme.

## Recommendation 5

### **NL CCG develop a programme of work to reduce unwarranted variation in primary care outcomes**

NHS North Lincolnshire CCG continues to implement a programme of work aimed at reducing unwarranted variation in primary care outcomes. Over the past 12 months this work has included a review of clinical pathways to ensure consistency of care and ensuring that GPs have improved access referral criteria and thresholds. Reviewed pathways have included heart failure, chest pain, palpitations and atrial fibrillation. The CCG have also developed Cellulitis and DVT pathways for local use, and are also working closely with practices to identify any unwarranted variation in outcomes for patients. Where variation is deemed unwarranted, the CCG works closely with colleagues in primary care to develop action plans to improve outcomes and reduce any variation. This programme of work is on-going and will continue into 2015/16, with the support of the Public Health Intelligence team in North Lincolnshire Council.

## Recommendation 6

### **The Health and Wellbeing Board is uniquely placed to inspire our population to significantly raise our aspirations**

Considerable work and progress has been made in the last year in raising the aspirations of children and young people within North Lincolnshire.

- The Education and Economic Engagement Partnership (EEEP) has been developed to provide governance for the work streams on raising aspiration, employability skills, apprenticeships and raising participation age,
- An Education Standards Board has been established to provide the local framework of accountability,
- A peer review of local authority school improvement functions has been undertaken and there is a Narrowing the Gaps action plan,
- Continued rolling-out of the Imagination Library, with 85% of 0-5 year olds in North Lincolnshire receiving an age appropriate book each month by September 2014,
- A Careers Fair took place in October 2014 with large numbers of young people from secondary age schools and settings attending,
- a Joint Arrangement for Careers, Information, Advice and Guidance Team (IAG) provision with schools and colleges has been renegotiated,
- Work with the Young Mayor and students from North Lindsey College has led to the production and trialling of a Raising Aspirations Project - 'Trent's Story'. This activity for use in both Primary and Secondary schools aims to raise aspiration and ambition unpinned by the story of the new economy of North Lincolnshire,
- The numbers of young people (age 16-19) in North Lincolnshire that are 'In Learning', that are 'Not in Education, Employment or Training and Not Known', and the participation rates for year 12 and 13 were all better than regional and national rates,
- The latest Adolescent Lifestyle Survey found that 97% of pupils recognised the importance of getting good exam results, either to secure a good job or to pursue higher education and overall 75% said it was very important to them. This is a significant increase on previous years.

# Chapter 7: Recommendations for 2015

- 1) Advice North Lincolnshire and North Lincolnshire Council lead the development of an action plan to deliver the recommendations of the recent poverty needs assessment, 'A Needs Assessment Considering the Provision of Advice Services and the Impact of Poverty in North Lincolnshire' (2015).
- 2) North Lincolnshire Council work with partners to ensure there is adequate access to consistent, timely and high quality universal and targeted public mental health services, (including peer support, brief interventions, counselling), and specialist mental health services for all children and young people in North Lincolnshire.
- 3) The Health and Wellbeing Board drive the development of an 'age friendly' conversation in North Lincolnshire, consolidating and expanding efforts to combat and support the social isolation, loneliness and dementia agendas for older people, and incorporating a wider environmental approach.
- 4) Public Health in North Lincolnshire Council and partners develop a public mental health strategy for North Lincolnshire with a robust suicide prevention plan.
  - The physical health needs of people with serious mental illness are given higher priority.
  - Public Health commissioned stop smoking services and weight management services target and work with people with serious mental illness.
  - Primary Care and mental health services ensure that physical health monitoring commences when a person is diagnosed with a serious mental illness.
  - NHS North Lincolnshire CCG, North Lincolnshire Council and RDASH and partner agencies review pathways between services to ensure that the needs of people with dual diagnosis are identified and met.
- 5) The Strategic Assessment Group (SAG) ensure that all services and actions follow the best available evidence base in terms of approaches, quality, outcomes, and value for money. Where knowledge gaps have been identified in the JSA (such as perinatal, children's, and parental mental health) these should be prioritised within the SAG work plan.

# Appendix 1: Public Health Update 2014

## 2014 Health and wellbeing update

### Population update

The latest midyear population estimates for North Lincolnshire, (2013, ONS), suggest that 168,700 people live in the local authority district. This represents more than a 10% growth since 2001 and an annual growth of between 800-1000 more people a year.

The largest growth has been in our market towns and rural settlements. According to ONS definitions, Barton ward, which encompasses the market town and surrounding area, is now designated as an urban rather than a rural settlement, as its populations exceeds 10,000.

The number of patients registered with NHS North Lincolnshire CCG's 21 GP practices is slightly higher than this, at 170,080, (April 2014, HSCIC).

Between now and 2020 the population is projected to rise by a further 4%, and between 2020 and 2037 by an additional 5%. More than half of this growth will occur in our rural localities and most of it will be accounted for by a growth in the 70 plus age group, which is growing faster in North Lincolnshire than nationally.

### Population Trends



The number of live births has remained steady at an average of 1850 a year, and is projected to remain slightly below this level for the rest of the decade. This means we should expect a continuing growth in the primary school population, and towards 2017, a growth in the teenage population.

Compared with the national average, North Lincolnshire has an older population, with more people in their middle years and a growing number of people aged 85 years and older. Rising life expectancy means that the number of the 'oldest old' is increasing faster in North Lincolnshire than nationally, and is projected to rise further.

Scunthorpe is the main centre for jobs, shopping and colleges, with a higher than average number of children and young people. More than half of the population, 52% live in North Lincolnshire's market towns and villages, where much of the recent growth in our older population has occurred. However this spatial profile is likely to change over the next two decades as new employment and training opportunities, housing and leisure developments come on stream.

For more information go to [North Lincolnshire's Strategic Assessment](#).

### Economy update

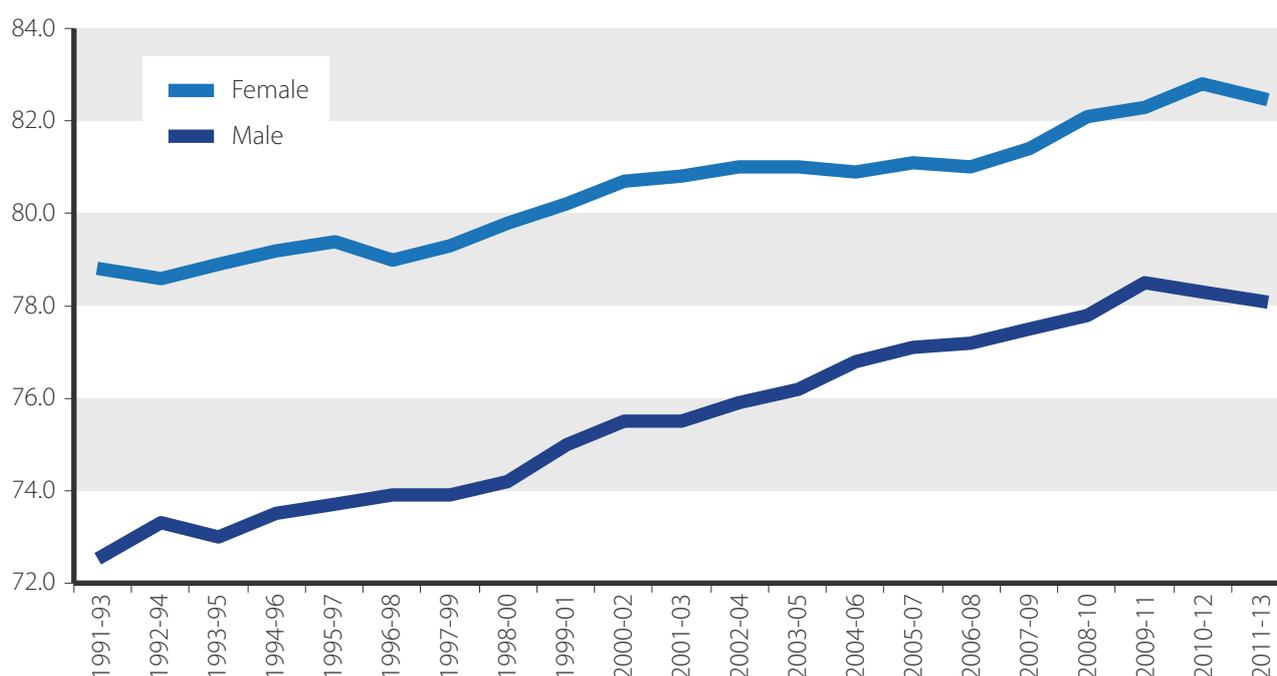
More people are in employment in North Lincolnshire than regionally or nationally, and employment rates increased again last year, with further growth expected in alternative energy technology, engineering and logistics within the Able Marine Energy Park on the South Humber Bank which was given the go-ahead for development in 2014.

Unemployment rates have fallen faster in North Lincolnshire than nationally and are currently below national rates. Youth unemployment (18-24 year olds) is also falling, with an increasing number completing apprenticeships and achieving NVQ level 3 skills.

### Public Health Update

Headline results for 2013/14 show continuing improvements in public health and wellbeing in North Lincolnshire. Currently life expectancy at birth for men in North Lincolnshire is 78.1 years and for women it is 82.5 years. This represents an improvement of more than 2 years since 2000, although local rates still lag slightly behind the national average.

#### Life Expectancy at birth in North Lincolnshire

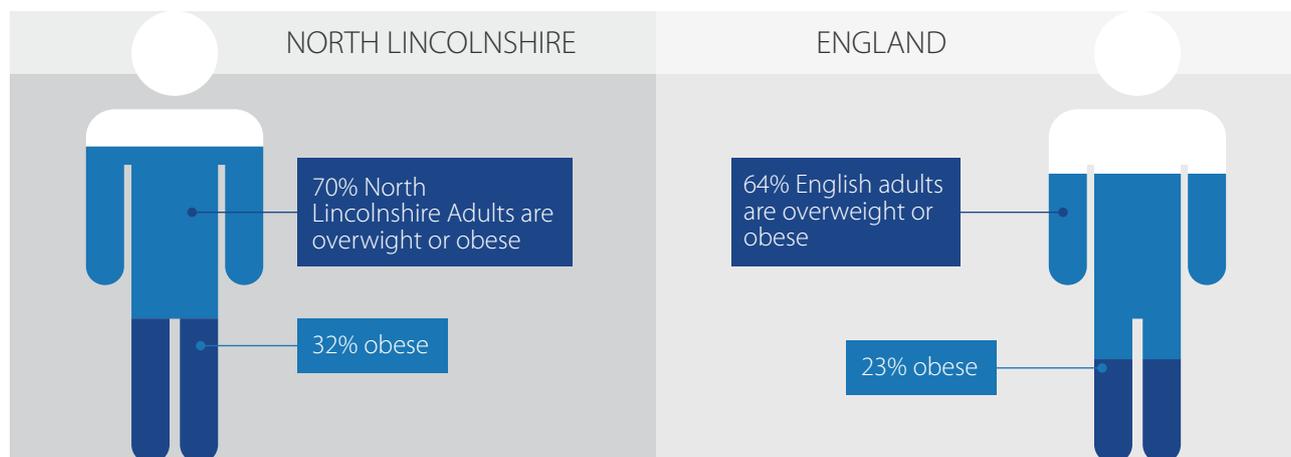


Other positive improvements in public health outcomes include:

- An increasing proportion of women initiating breastfeeding at birth, which at 66% is more than 4 percentage points higher than in 2011/12.
- A sustained decline in teenage risk taking behaviours, reflected in:
  - A further fall in teen conception rates, which are now at their lowest level for 2 decades, and having fallen by 44% since 1998.
  - A sustained and steep decline in the number of young people entering the youth justice system; now at its lowest level for more than a decade.
- Rising take up of health checks and more GPs offering health checks.
- A rise in chlamydia detection rates
- A rise in successful treatment outcomes for drug users
- A further fall in premature death rates from heart disease, stroke and cancer.

However, we still face some significant public health challenges in North Lincolnshire. The greatest threat to our community's long term health and wellbeing is the much higher levels of excess weight amongst our resident adults, which ranks amongst the worst 10% of unitary authorities in the country, and our lower rates of physical activity.

#### Adult Obesity in North Lincolnshire 2012



This is reflected in our higher than average incidence of:

- Diabetes and liver disease, and rising deaths from obesity related liver disease
- Lower than average healthy life expectancy, with men spending an average of 16 years of their longer lives in poor health, and women 19 years
- Significant and enduring within area health inequalities including higher than average premature death rates amongst people with serious mental illness

The legacy of smoking and higher than average (although declining) adult smoking rates in North Lincolnshire, including amongst pregnant women, is also reflected in:

- higher than average incidence of smoking related diseases, and premature deaths from respiratory diseases, which, whilst falling remain significantly above the national average in North Lincolnshire

- rising incidence of lung cancer and lung disease amongst women

The higher incidence of these and other lifestyle diseases are reflected in higher than average rates of:

- potentially preventable deaths
- premature death rates amongst people with serious mental illness\*\*

Other public health challenges include:

- Lower than average reach of NHS health checks and take up of AAA screening and diabetic retinopathy, a falling uptake of breast cancer screening, lower coverage of HPV vaccine and falling uptake of flu vaccinations
- A growing risk of social isolation amongst older people

Data for the whole set of Public Health Outcome indicators is refreshed at quarterly intervals with the latest available data, and is available on line at [www.phoutcomes.info](http://www.phoutcomes.info)

\*\* Outcome indicators shared with the NHS OF and CCG frameworks

## Health inequalities

Health outcomes are not distributed evenly in the population and whilst every social group has enjoyed health improvements over the last two decades, there are significant and enduring inequalities in health outcomes between our most and least well off residents. This is reflected in North Lincolnshire's 8 and 9 year gap in life expectancy for men and women living in the most deprived 10% neighbourhoods, compared with those living in the least deprived 10% neighbourhoods.

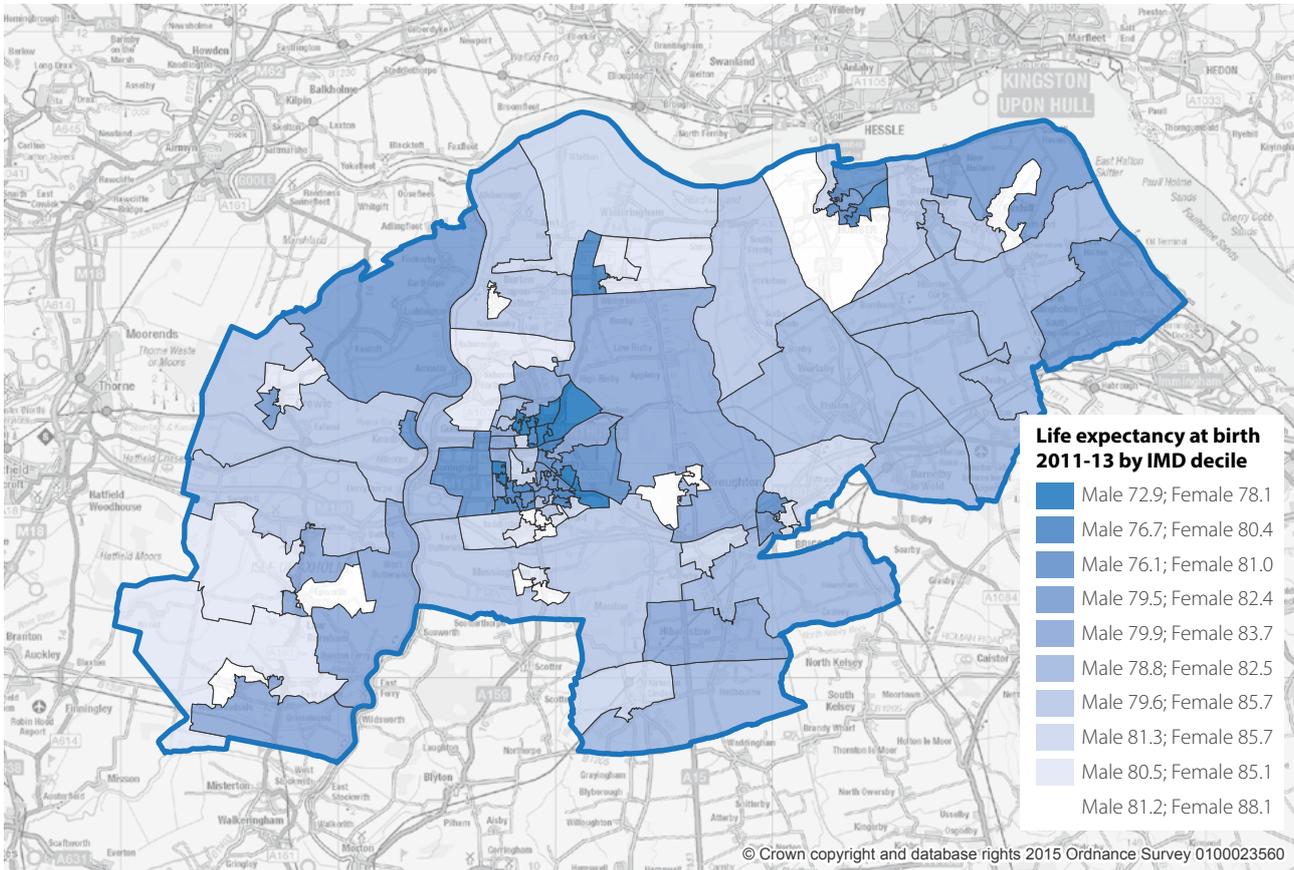
The latest life expectancy segment tool shows that the greatest gains to be made in closing this gap are in reducing smoking and other lifestyle related diseases, specifically lung cancer, chronic lung disease and heart disease in low income men and women, which remain above national rates. The inequality gap in deaths from stroke and CHD deaths amongst women now exceeds that for men in North Lincolnshire, suggesting that more needs to be done to target low income women at risk of early death from circulatory diseases.

### Life expectancy gap between the most deprived and least deprived quintile of North Lincolnshire

CAUSE OF DEATH	MALE			FEMALE		
	NUMBER OF DEATHS	NUMBER OF 'EXCESS DEATHS'	NUMBER OF LIFE EXPECTANCY YEARS GAINED	NUMBER OF DEATHS	NUMBER OF 'EXCESS DEATHS'	NUMBER OF LIFE EXPECTANCY YEARS GAINED
CHD	67	21	0.43	64	25	0.82
Stroke	18	0	0.09	46	17	0.38
Other circulatory	18	-6	-0.10	40	15	0.52
Lung cancer	44	19	0.58	32	19	0.56
Other cancer	116	30	0.36	75	2	0.07
Pneumonia	16	-1	0.17	29	12	0.33
COPD	42	30	0.63	46	33	0.85
Other respiratory	42	30	0.63	26	11	0.27
Chronic liver disease	15	13	0.51	5	3	0.12
Other digestive	22	11	0.33	19	5	0.13
Suicide	9	3	0.14	1	-2	-0.02
Other external causes	32	12	0.37	15	8	0.31

Inequalities in health outcomes can be observed right across the life-course, from birth to end of life, and are reflected locally in significant differences in population health and wellbeing indicators at locality, ward, GP practice and neighbourhood level.

**Life Expectancy in North Lincolnshire by LSOA, 2011-13**



Source: North Lincolnshire Council

## NHS and CCG Outcomes

Positive improvements in NHS and CCG Outcomes include:

- Better than average rates of detection of diabetes, heart disease and dementia in primary care
- Improving survival rates from cancer, heart disease and stroke
- Better recovery rates of people with fragility fractures to previous levels of mobility
- Better than average patient reported outcomes (PROMS) for knee hip and varicose vein procedures
- Better than average quality of inpatient care for patients with stroke

### *Outcomes which continue to present challenges, as well as opportunities for health improvement*

- Higher than average emergency admissions of children under the age of 15 years with gastro-enteritis
- Higher than average admissions for under 19s with asthma, diabetes and epilepsy
- Higher than average urgent admissions of older adults with chronic and complex conditions
- Higher than average emergency readmissions into mental health services within 30 days
- Lower than average adult access to NHS dental care

Data for the whole set of CCG and NHS indicators can be found at [indicators.ic.nhs.uk](http://indicators.ic.nhs.uk).

A CCG report benchmarking North Lincolnshire with 10 similar CCGs and authorities can be found at [www.england.nhs.uk](http://www.england.nhs.uk).



**Public health outcomes by GP practice**

PUBLIC HEALTH OUTCOMES	PRACTICE LIST SIZE JANUARY 2015	% PATIENTS AGED UNDER 5 2014	% OF PATIENTS 75+	DEPRIVATION IMD SCORE 2010	LIFE EXPECTANCY 2011-13 (YRS) MALE	LIFE EXPECTANCY 2011-13 (YRS) FEMALE	SMOKING AT DELIVERY 2013/14	WOMEN AGED UNDER 20 AT TIME OF BOOKING 2013/14	BREAST FEEDING AT BIRTH 2013/14	BREAST FEEDING AT 6-8 WEEKS 2013/14	% PATIENTS WHO SMOKE 2013/14	% PATIENTS AGED 65+ REGISTERED WITH A DIAGNOSIS OF DEMENTIA (MARCH 15) 2013/14	ALL AGE EMERGENCY ADMISSIONS PER 100 PATIENTS 2013/14	UNDER 75 ALL CAUSE MORTALITY PER 10000 2014 DSR	CANCER MORTALITY <75 YRS PER 100K (PERSONS) 2014, DSR	CVD MORTALITY <75 YRS PER 100K (PERSONS) 2014, DSR	RESPIRATORY DISEASE MORTALITY <75 YRS PER 100K (PERSONS) 2014, DSR	
South Axholme Practice	14,664	4%	10%	13.1	83.3	84.8	12.5%	3.3%	67.2%	33.3%	15.1%	3.3%	8.3%	2328	98.5	58.6	24.8	
Trent View Medical Practice	11,843	5%	9%	20.3	79.7	83.7	20.7%	9.6%	71.3%	38.9%	20.9%	4.5%	10.1%	3079	155.9	83.7	33.0	
Dr Webster And Partners	9,719	4%	10%	14.6	79.7	88.3	13.0%	7.7%	76.9%	44.4%	17.7%	2.9%	8.8%	3692	157.8	101.1	15.6	
Dr R M Jaggs-Fowler And Partners	16,663	5%	9%	18.7	78.3	83.6	13.4%	5.5%	73.2%	30.4%	18.7%	3.6%	8.9%	3043	131.5	56.3	55.7	
Dr Bhorchi	1,219	6%	5%	19.8	85.8	85.7	16.7%	7.7%	69.2%	NA	27.9%	3.2%	8.2%	2338	116.9	116.9	NA	
West Town Surgery	2,888	5%	7%	18.8	79.2	91.3	22.2%	0.0%	66.7%	35.0%	22.1%	2.9%	8.4%	2610	115.9	76.0	31.6	
Dr Yora	2,963	4%	8%	15.1	83.0	83.4	5.3%	0.0%	73.7%	36.0%	16.1%	2.3%	6.4%	1145	83.7	-	30.8	
Dr J R Burscough And Partners	12,256	4%	10%	15.0	80.4	82.9	14.6%	8.1%	73.7%	34.0%	14.7%	3.3%	9.8%	3495	151.7	55.5	31.0	
Bridge Street Surgery	6,593	4%	10%	14.8	78.7	82.7	11.1%	4.3%	78.3%	42.5%	17.1%	3.6%	9.1%	3072	108.7	59.3	44.3	
Kirton Lindsey Surgery	5,507	5%	9%	13.1	NA	NA	5.9%	8.3%	72.2%	44.9%	16.1%	3.8%	9.1%	1253	77.6	15.4	-	
Church Lane Medical Centre	8,720	6%	10%	27.2	79.7	82.1	13.7%	9.2%	67.0%	35.7%	19.4%	4.05%	10.7%	3019	134.8	50.0	13.6	
The Birches Medical Practice	8,794	9%	5%	37.5	84.4	85.7	20.0%	6.5%	77.0%	43.4%	32.1%	3.9%	10.6%	4646	140.1	144.7	43.0	
Oswald Road Medical Surgery	4,507	6%	8%	31.2	81.8	85.9	20.4%	3.7%	61.1%	36.2%	24.9%	5.7%	11.8%	3951	200.6	83.4	90.1	
Market Hill	5,051	10%	1%	39.8	84.7	91.2	35.0%	11.3%	58.1%	27.0%	43.8%	5.4%	13.3%	731.2	338.6	169.0	169.0	
Ancora Medical practice	17,322	6%	8%	31.2	75.0	79.4	19.0%	12.4%	59.7%	35.0%	28.3%	6.8%	11.6%	532.6	215.3	114.9	71.2	
Cedar Medical Practice	6,277	6%	9%	31.1	75.2	78.4	17.7%	19.0%	68.3%	34.8%	25.7%	5.6%	13.5%	5158	235.4	53.0	118.8	
Dr S Shambhu & Ugargol*	NA	NA	NA	30.9	76.2	81.6	28.8%	11.5%	54.9%	19.4%	31.7%	NA	11.0%	NA	NA	NA	NA	NA
West Common Lane Teaching Practice	5,246	7%	7%	35.9	80.5	85.5	25.4%	11.8%	45.9%	15.9%	29.7%	6.1%	10.7%	325.1	126.8	108.4	-	
Ashby Turn Primary Care Partners	12,542	6%	9%	27.1	78.2	82.2	11.5%	5.1%	68.1%	33.0%	24.6%	5.1%	12.0%	3451	106.1	127.5	9.8	
Dr S Balasanthiran	2,606	5%	11%	27.6	77.8	85.9	12.0%	0.0%	61.5%	47.6%	23.0%	1.5%	11.8%	6208	98.8	215.6	88.7	
Cambridge Avenue Medical Centre	14,899	5%	11%	19.5	81.0	84.8	9.7%	6.5%	64.2%	35.1%	17.6%	3.8%	10.8%	2220	135.5	52.5	13.9	
CCG	170,279	5%	9%	21.8	78.1	82.5	17.4%	8.2%	66%	34.6%	21.6%	3.8%	10.2%	342	152	84	43.6	

LOCALITIES	INTERNAL RANKING
Axholme	Data is significantly better than the North Lincs Average
Barton & Winterton	Data is Not Significantly different from the North Lincs average
Brigg & Wolds	Data is significantly worse than the North Lincs Average
Scunthorpe North	
Scunthorpe South	

\* Dr S Shambhu & Ugargol practice closed in October 2014.

# Appendix 2: What works to build resilience and strengthen public mental health

## What can we do as individuals?

At an individual level, mental wellbeing and resilience is best viewed as a journey, or a process, rather than a static position. Just as life's challenges can change over time, so do the opportunities to learn new ways of dealing with them and to 'top up' our physical, social and emotional reserves and adapt to change.

Characteristics that support resilience in individuals are those that build strong interpersonal relationships. Empathy, intelligence, interpersonal skills, humour, the ability to ask for help, and knowing how to identify and navigate appropriate sources of help, are the building blocks of social capital.

It can be extremely difficult to alter the personal attributes that make us who we are, but there are things we can do and small ways in which we can act to boost our positive mood and become more resilient. The following steps have been researched and developed by the New Economics Foundation as ways that individuals can promote their own mental wellbeing.

For more information go to [www.nhs.uk/conditions/stress-anxiety-depression](http://www.nhs.uk/conditions/stress-anxiety-depression).

### **Connect**

There is strong evidence that feeling close to, and valued by other people is a fundamental human need and one that contributes to functioning well. Strong relationships with family and friends can allow us to share our feelings and know that we are understood. There's also evidence that wellbeing can be passed on through relationships, so that being around people with strong mental wellbeing can improve your mental wellbeing. The belief that despite life's difficulties there is a network of care, support and advice available from family members, friends neighbours and colleagues can also act as a buffer against mental ill health for people of all ages.

This might mean:

- Making time each day to spend time with your family.
- Arrange a day out with friends you haven't seen for a long time
- Speak to someone new
- Visit a friend neighbour or family who needs company or support
- Give your time to a voluntary activity

For more information about volunteering in North Lincolnshire go to [www.northlincs.gov.uk/community-advice-and-support/citizens-advice/voluntary-work/](http://www.northlincs.gov.uk/community-advice-and-support/citizens-advice/voluntary-work/)

### **Be active**

There is evidence of a link between being physically active and positive mental wellbeing. Physical activity is thought to cause chemical changes in the brain, which can help to positively change our mood. Some scientists think that being active can help improve wellbeing because it brings a greater sense of achievement and self-esteem.

This does not mean spending hours in a gym. Its important to find activities that you enjoy and to fit them into your life. For more information go to [www.northlincs.gov.uk/people-health-and-care](http://www.northlincs.gov.uk/people-health-and-care)

### *Keep learning*

Learning new skills can be useful, and can positively affect our mental wellbeing, giving us a sense of purpose and enabling us to connect with others. Learning is also associated with greater optimism and satisfaction. It doesn't necessarily mean studying for qualifications, it might mean learning new skills, such as cooking, DIY, or pursuing a hobby. Setting goals and targets and achieving them can create positive feelings of accomplishment and achievement.

### *Take notice*

Paying more attention to the moment, taking time to consider your own thoughts, feelings and surroundings can improve your mental wellbeing. Some people call this mindfulness. Being aware of the present moment can help us to enjoy the world around us and make us understand ourselves better, break our daily routines and help us to live outside our heads. Some activities can positively help people practise mindfulness. They include meditation, yoga and tai chi.

For more information about how to become more mindful go to [www.nhs.uk/conditions/stress-anxiety-depression/pages/mindfulness.aspx](http://www.nhs.uk/conditions/stress-anxiety-depression/pages/mindfulness.aspx)

### *Give*

Small acts of kindness towards individuals, or larger ones such as volunteering can help give people a sense of purpose and make you feel happier about life. Brain science has also shown that giving to others and cooperating with them, can stimulate the reward areas in the brain, helping to create positive feelings. It also helps to strengthen relationships or build new ones.



# What others can do to build resilience and promote public mental health

Whilst we all have a role to play, public mental health cannot be created through the actions of individuals alone. Nor can resilience be built solely by a single agency.

Community development, economic policy, and the provision of accessible services, including access to transport and green space, all have a role to play, as well as personal traits, family networks and individual skills. The issue is how local agencies can promote the conditions necessary for positive wellbeing and resilience.

There is robust evidence that a wide range of interventions are effective in preventing mental ill health, promoting wellbeing and strengthening resilience at an individual and community level.

At a community level they include:

- Universal interventions to promote parental mental health and intervene early
- Pre school and early education
- School based emotional wellbeing and mental health promotion
- School based interventions to tackle bullying
- Parenting interventions for children with persistent conduct disorders
- Adult learning programmes
- Prevention of violence and abuse
- Early intervention for psychosis
- Screening and brief interventions for alcohol misuse
- Promotion of healthy lifestyle behaviours
- Preventing substance misuse, and collaborative care for people with a dual diagnosis
- Getting more people in to work
- Promotion of health and wellbeing in the workplace
- Tackling debt
- Enhancing social cohesion
- Population level suicide awareness and training
- Safety measures for suicide prevention
- Befriending older adults
- Collaborative care for people with mental illness and with chronic long term conditions

Source: 'No health without mental health: A cross-government mental health outcomes strategy for people of all ages', DoH 2011

## Summary of evidence

All of the evidence suggests that the early years are key to promoting positive mental health throughout life and that people's responses to adverse situations are shaped by their early life experiences. For example, there is a significant body of evidence that demonstrates the importance of sensitive attuned parenting on the development of the baby's brain and in promoting secure attachment and bonding.

With half of all lifetime cases of diagnosable mental illness beginning by the age of 14, and three quarters by the age of 25, there is considerable scope for intensive action to support children and families across infancy, childhood and adolescence.

### Parenting and early intervention

Promoting the conditions for positive parenting to flourish is a key way of improving public mental health. Risks to good parenting might include, low income, poor housing, low aspiration, alcohol and substance misuse, domestic abuse, and parents' own experience of poor parenting.

Early identification and intervention of these problems, through for example, targeted parenting programmes, can help reduce the potential for these risk factors to escalate into more serious concerns and to impact on parental and child mental wellbeing.

A recent evidence review suggests that a suite of actions may be required to improve parenting, not all of which may be seen as 'parenting programmes'. This includes the provision of universal services such as maternal health services, Children's Centres, and health visiting, as well as targeted parenting interventions for young vulnerable, first time, parents, such as the Family Nurse Partnership which is a home visiting programme for teenage mothers, as well as schemes which aim to encourage parental reading.

*Source: 'Good Quality Parenting Programmes.' Health Equity Briefing 1a. PHE, 2014*

### Perinatal mental health

There is also growing evidence of the benefits to children's mental health of earlier identification of maternal mental health problems during pregnancy and within the first year after childbirth. Nationally, perinatal mental health problems are estimated to affect at least 12%, and up to 20% of women at this time, and potentially impacting on at least 1 in 12 infants. If left untreated, perinatal mental illness can inhibit a mother's ability to provide her baby with sensitive, responsive care, and can negatively impact on the infant's mental health, which can be long lasting and severe.

There are significant economic benefits to prevention, earlier identification and treatment of perinatal mental ill health. For example, it is estimated that the average cost to society of one case of perinatal depression is around £74,000, of which £23,000 relates to the mother and £51,000 to the impacts on the child. Perinatal psychosis costs at least £53,000 per case, of which £47,000 relates to the mother, twice the equivalent costs for perinatal depression and anxiety.

*Source: 'Prevention in Kind: Spotlight on perinatal mental health', NSPCC 2012.*

### **Home to school transition**

The time when children make a transition from home or nursery to school can also be a critical period in their development, their engagement with school, their social and emotional skills and their future attainment. Good home to school transition programmes, particularly for high risk groups, such as children with special needs, or children for whom English is an additional language can also help reduce inequalities in wellbeing and educational outcomes. Support for parents during this transition period can also be helpful in reducing anxiety and social isolation.

*Source: 'Improving the home to school transition.' Health Equity Briefing 1b. PHE, 2014.*

### **School based programmes**

These programmes increase emotional awareness and relationship skills enhancing behavior and educational attainment. Reviews of 'social and emotional learning' (SEAL) programmes show improvement in social and emotional skills, attitude about self and others, social behaviour and academic performance in children as well as reduced emotional distress and confidence problems. It is estimated that for every £1 invested in such programmes, £84 are saved in the first year by the public sector, with £39 of that related to NHS costs.

*Source: 'Promoting children and young people's emotional health and wellbeing'. A whole school/college approach, PHE 2015.*

### **School-based interventions to reduce bullying**

Bullying can lead to both mental and physical ill health, poor educational attainment and low life time earnings. Averaged across all children whether bullied or not, the economic savings of school-based bullying prevention programmes are estimated at £1,080 per pupil, with an intervention cost of approximately £20 per pupil.

### **Adult learning**

Adult learning can have direct and indirect positive impacts on public mental health, through improving social connectedness, health behaviour, skills and employment outcomes. It has been estimated that the lifetime return on investment of level 1 courses for those aged 19-24 years is £21.60 for every £1 invested. There is also a social gradient in need for adult learning - with people in more disadvantaged groups tending to have fewer qualifications, lower levels of education and lower skill levels.

Local authorities have a key role both as a provider of learning and in partnership with local businesses, job centres, the education and training sector as well as community and voluntary agencies.

### **Active labour markets**

Increasing employment, volunteering and learning opportunities for older people, especially those in disadvantaged groups, may also reduce inequalities in outcomes in older age. Unemployment is linked with poor mental and physical health, and those who retire early tend to experience greater declines in physical, mental and self assessed health compared to those still in work in their 50s and 60s, with the adverse effects increasing with the number of years spent in retirement. For those with significant caring responsibilities, there may be no option but to leave employment, which itself can have an adverse effect on mental and physical health.

### **Support networks**

National research has also shown how important family is throughout life. Of those asked, 60% said they would turn to immediate family as their first port of call for advice and support, compared with 47% who said they would turn to friends. As people get older, they can become isolated from family and friends, which can increase the risk of poor mental health and can exacerbate existing physical conditions. The prevalence of loneliness among older people has been estimated at between 5% and 16% nationally. Befriending interventions for older people are often organised by the voluntary sector, using volunteers. A research study by the LSE shows that preventing loneliness could reduce health service use by older people and lead to substantial savings. This is based on befriending programmes developed by 'Brighter Futures'.

### **Building community capacity**

Developing social capital through projects that build community capacity can benefit the community at large, as well as individuals, recipients and providers involved in such initiatives. Time banks use hours of time rather than pounds as a community currency. Participants contribute their own skills, practical help or resources in return for services provided by fellow time bank members.

*Source: Knapp M (2010) 'Building community capacity: Making an economic case.'*

### **Work-based mental health promotion**

The promotion of mental well-being of employees can have economic benefits for businesses, from increased commitment and job satisfaction, staff retention, improved productivity and reduced staff absenteeism. Multi-component health promotion programmes have been shown to significantly reduce the risk of stress, giving a 9-fold return on investment in a year.

*Source: NICE 'Promoting mental wellbeing at work' (2009).*

### **Debt management and advice**

The annual report of the Confidential Inquiry into Suicides (2013) called on services to do more for people facing debt, housing problems and unemployment. Debt can be caused by and can result in mental health problems. A guide for health and social care workers to support people with debt and mental health problems written by the Royal College of Psychiatrists is available at [www.rcpsych.ac.uk/pdf/FinalDemandcf.pdf](http://www.rcpsych.ac.uk/pdf/FinalDemandcf.pdf)

For more information on local debt issues go to [nldo.northlincs.gov.uk/IAS\\_Live/sa/jsna/](http://nldo.northlincs.gov.uk/IAS_Live/sa/jsna/)

### **Prevention of violence and abuse**

Interventions which prevent violence and abuse reduce subsequent risk of mental ill health and promote resilience. This includes school based interventions to reduce physical emotional and sexual abuse and exploitation, as well as efforts to improve relationship skills.

### *Suicide prevention*

Suicide prevention is a major government priority, the goals being to reduce risk in high risk groups, reduce availability of suicide methods, improve reporting of suicidal behaviour and improve monitoring.

Effective interventions include:

- Tailored approaches to improved mental health in specific groups
- Restricting access to suicide hot spots
- Restricting the sale of amounts of certain drugs such as paracetamol
- Education programmes for the general public health and social care professionals
- Improved media reporting

Source: 'Preventing Suicide in England', HM Government 2012

Men aged 35-54 years are now the group with the highest suicide rate. Understanding and addressing the factors associated with suicide in men, or working to limit their negative impact will help to reduce population suicide risks. Key factors include depression, especially when it is untreated or undiagnosed, alcohol or drug misuse, unemployment, family and relationship problems, including marital breakup and divorce, social isolation and low self esteem.

Men in particular may benefit from many of the broad measures on suicide prevention, including action on alcohol or drugs, efforts to reduce self harm and suicide in men in contact with the criminal justice system, and treating depression in primary care.

Community outreach programmes into traditional male environments can also be effective in engaging men.

### **Some useful References**

'Future in mind. Promoting, protecting and improving our children and young people's mental health and wellbeing' (2015). Department of Health England.

'Mental Health Promotion and Mental Illness Prevention: The Economic Case' (2011). Department of Health England.

'Annual report of the Chief Medical Officer 2013. Public Mental Health Priorities: Investing in the evidence.' (2014). Department of Health England.

