

Suffolk Health and Wellbeing Board

A committee of Suffolk County Council

Report Title:	Suffolk Minds Matter – Annual Public Health Report 2016
Meeting Date:	26 January 2017
Chairman:	Councillor Tony Goldson
Board Member Lead(s):	Abdul Razaq Director of Public Health and Protection
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What is the role of the Health and Wellbeing Board in relation to this paper?

1. This independent report from the Director of Public Health and Protection describes some of the factors that can affect mental health at different stages of our lives and what we can do at an individual, community and service level to promote mental health and emotional wellbeing, prevent mental ill health, and ensure people lead happier, healthier lives for longer. This is a core part of the Suffolk Joint Strategic Needs Assessment (JSNA), feeds directly in to the Joint Health and Wellbeing Strategy (JHWS), and represents the first Suffolk annual report from Abdul Razaq in his role of Director of Public Health and Protection. The aim of this report is to promote debate and, more importantly, action, to make these ambitions and recommendations a reality for Suffolk.

Key questions for discussion:

2. The key questions for discussion are:
 - a) How can we improve mental health and emotional wellbeing in Suffolk?
 - b) How can we work together to improve mental health and, in doing so, reduce demand on the health and care system?

What actions or decisions is the Board being asked to take?

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| <ol style="list-style-type: none"> 3. It is recommended that the Board welcomes the report of the Director for Public Health and takes the opportunity to read the report (after the meeting) either in hard copy to be provided or by visiting: www.healthysuffolk.org.uk/JSNA. |
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Brief summary of report

4. The focus of the 2015 Annual Public Health Report was physical illness, specifically what could be done to prevent high levels of health and care need as the people of Suffolk grow older. The actions to be taken were not just for health and care services themselves, but for the wider Suffolk system. In last year's report we deliberately focused on physical health even though we are aware of

the overlaps between mental ill health and physical ill health – hence the focus on mental health this year.

5. A suite of products has been produced for this year's report: a summary report, an underlying evidence base, an action plan, a powerpoint presentation and a video of some of the local initiatives occurring to promote mental health and wellbeing across the county.

Main body of report

Background

6. Mental ill health can affect anyone at any age. The aim of this report is to paint a picture of mental health in Suffolk, including the number of people living with mental ill health at various life stages, and those who may be at risk of developing mental ill health in the future.
7. The burden of mental ill health is great. However, mental health services often receive less attention, and are frequently separate from services for physical illness. Suffolk is committed to valuing mental health equally with physical health, embodying the NHS England parity of esteem programme. It is important that residents in Suffolk have equal access to effective and safe care.
8. There are many factors that contribute to good mental health and emotional wellbeing, some of which are less modifiable such as gender and ethnicity. Others, such as our lifestyle and behaviours, are modifiable.
9. This report acts as a springboard for the Suffolk mental health promotion plan and Suffolk's five-year suicide prevention plan and strategy, Suffolk Lives Matter.

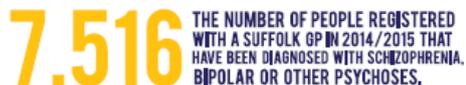
Suffolk Minds Matter: Ambitions for mental health in Suffolk

10. Good mental health is a fundamental human right for everyone. Suffolk residents with mental ill health should be able to live the life they want to lead, without stigma or discrimination.
11. Good mental health is essential for good physical health, and vice versa. It is therefore vital that mental health is valued equally alongside physical health in Suffolk (embodying parity of esteem).
12. Good mental health and the wider determinants of health are deeply intertwined. The Suffolk social determinants of health should be conducive to promoting good mental health including our housing, skills, education, jobs and lifestyle.
13. Every Suffolk child should have the best start in life. Their emotional health and wellbeing should be a priority to ensure they grow in a nurturing and nourishing environment.
14. Suffolk residents should be able to age healthily, with good cognitive brain health, enabling them to live longer, more independent lives.
15. Suffolk aspires to have the lowest possible suicide rate, an ambition embodied in the Suicide Prevention Strategy for Suffolk. People should receive the timely support and intervention they need to prevent death by suicide. Families should have access to the welfare and bereavement services to be able to cope with their loss.

Suffolk Minds Matter: The facts

16. People with mental health conditions experience poor physical health outcomes and higher mortality rates. Conversely, people with long term physical conditions experience high levels of mental ill health, as do informal and family carers supporting people at home.
17. People with mental ill health may not feel able to access preventive and general health care as readily as others.
18. Employers and staff may not have adequate knowledge, skills, awareness of pathways and provision, or even the equipment, to promote positive mental health and emotional wellbeing.
19. All of the above factors contribute to the substantial personal, societal and financial costs of mental ill health which we could potentially reduce.

Who is Affected?





THE AVERAGE NUMBER OF DEATHS BY SUICIDE IN SUFFOLK EACH YEAR.



Key Questions

20. As per items 2a and 2b.

Actions/decisions recommended

21. There are seven recommendations within the report:

- a) To work to promote mental health and to reduce stigma and discrimination.
- b) Promote emotional wellbeing and resilience in communities throughout Suffolk, by working to address the social determinants of mental health.
- c) Ensure those with physical health needs have good mental health,
- d) and that those with mental ill health have equal support to improve their physical health.
- e) Promote the mental health of women and ensure children have the best start in life.
- f) Ensure the effective recognition and treatment of depression in older people, especially those at increased risk.
- g) Work to promote active healthy ageing programmes to delay the onset of dementia at any age.
- h) Reduce suicide in Suffolk by 10% over the next five years using the 2012-14 data as our baseline.

22. These actions evolved from the evidence base and content of the report, and were developed as the report was refined, with input from across the Public Health and Protection team.
23. An action plan has been developed to facilitate delivery of the 5 – 10 Year recommendations to promote good mental health and reduce demand. Please see Appendix 1.

Why this action/decision is recommended

24. As mentioned previously, mental ill health can affect anyone at any age, and the burden of mental ill health is great. It is vital to embody the parity of esteem programme and promote good mental health across the county in order to increase resilience and emotional wellbeing.

Alternative options (if appropriate)

25. None

Who will be affected by this action/decision?

26. The content of this report will have a great impact on the whole population of Suffolk.

Sources of further information

- a) www.healthysuffolk.org.uk/JSNA
- b) <http://www.healthysuffolk.org.uk/projects/suffolk-lives-matter/>
- c) <http://www.healthysuffolk.org.uk/joint-strategic-needs-assessment-jsna/reports/reports/annual-public-health-report/>

Appendix 1: Action plan



Action plan to start to deliver 5 – 10 Year recommendations to promote good mental health and reduce demand

	Recommendation	Action	How we will measure success, and by when
1	To work to promote mental health and to reduce stigma and discrimination	<ul style="list-style-type: none"> Partners will work together to develop a programme to change negative attitudes and stigma 	<ul style="list-style-type: none"> Submit Time to Change Hub bid by December 2016 Include further actions in MH promotion plan by April 2017
2	To promote emotional wellbeing and resilience in communities throughout Suffolk, by working to address the determinants of mental health	<ul style="list-style-type: none"> PH will develop a 5 year evidence-based mental health promotion plan including wellbeing and resilience PH will further investigate inequalities across Suffolk Partners are asked to support the workplace wellbeing and emotional resilience plans Partners are asked to promote early intervention and support through the development of programmes for young people in education and learning settings Develop public health messages for mental health first aid e.g. Pharmacies, educational settings 	<ul style="list-style-type: none"> MH Plan to be developed by September 2017 Success measured through use of focus groups, and annual measures (e.g. Adult Hope Scale, Emotional Needs Audit, ONS wellbeing survey, HONOS) Audit of Time to Change workplace programme Evaluate the development by CYP of programmes for emotional resilience in education and learning being developed by September 2017, including audit of wellbeing (CYP) Using local information and evidence to develop clear mental health messages
3	To ensure those with physical health needs have good mental health, and, that those with mental illness have equal support to improve their physical health	<ul style="list-style-type: none"> PH will work to ensure equal access to health checks and screening for people with mental health difficulties PH will work with NSFT to address health needs of clients to reduce excess mortality Partners are asked to develop joined up care for people with long term illness and disability including those with learning disabilities to identify and treat depression Partners to identify and support families and parents/carers struggling with mental health issues due to variety of issues (hidden harm) to 	<ul style="list-style-type: none"> Audit of primary care and NHS health checks and screening programmes during 2017 Audit pathways in place (e.g. for smoking, weight management, exercise) for people living with mental illness by September 2017 Monitor mortality rates in people living with mental illness (PHOF) Ensure staff delivering mental health support within long term care and integrated care programmes promote mental health Audit to ensure commissioned services include evidence their support provided to



		reduce the impact on their children	<p>parents/adults with dependent children</p> <ul style="list-style-type: none"> • Most Active County focussed on people with mental health needs, including young people and older people
4	To promote the mental health of women and ensure children have the best start in life	<ul style="list-style-type: none"> • PH and partners will develop a pathway to recognise and support women at risk of or developing mental health problems during and after pregnancy • PH and partners will ensure universal screening for depression during and after pregnancy • Partners implement CYP Emotional and Mental Wellbeing Transformation Plan to ensure CYP receive timely assessment and support 	<ul style="list-style-type: none"> • Pathway will be developed by September 2017 by the Suffolk Maternal Mental Health Working Group • Audit referrals to IAPT (<i>Improving the access to psychological therapies</i>) of women in pregnancy against NICE standards during 2017 • Audit of screening in pregnancy and postnatally to ensure coverage and follow up effective during 2017 • Monitor Transformation Plan implementation
5	To ensure recognition and treatment of depression in older people, especially those at increased risk such as people with learning disabilities	<ul style="list-style-type: none"> • Partners are asked to improve recognition of depression in older people, especially those with LD and at risk with ill health and in care homes and ensure appropriate referrals to IAPT are made • Partners are asked to develop community activities, including befriending, to address loneliness and other risk factors for depression 	<ul style="list-style-type: none"> • Audit referrals of those aged 75 and over to SIAPT • CCGs asked to ensure that we identify and manage depression in care home residents • Request proposals from partners for community activities to address risk in older people during 2017 (<i>Note: Possible DPH grant funding option?</i>)
6	Work to promote active healthy ageing programmes to delay the onset of dementia at any age.	<ul style="list-style-type: none"> • PH will develop recommendations for prevention of dementia through lifestyle interventions 	<ul style="list-style-type: none"> • Develop a Dementia Prevention Strategy, including lifestyle measures, during 2017, based on the Prevention Strategy <i>The Time is Now</i>
7	To reduce suicide in Suffolk by 10% over the next 5 years	<ul style="list-style-type: none"> • Partners are asked to work together to identify risk factors that can be addressed and to deliver the plans outlined in <i>Suffolk Lives Matter</i> • PH and partners to develop proposals for evidence-based training for GPs and the wider population 	<ul style="list-style-type: none"> • Audit of suicide incidents (ongoing) • Delivery of first phase of suicide action plan in 2017 • Training programme implemented in 2017 (<i>Note: Possible DPH grant funding option?</i>)