

## Appendix 2

### Key Themes from the Mental Health JSNA Peterborough 2015

The JSNA identified several key areas where the available evidence suggested there are risks to mental health and wellbeing or unmet need in terms of service provision.

A summary of the key themes that emerged from the JSNA are given as follows:

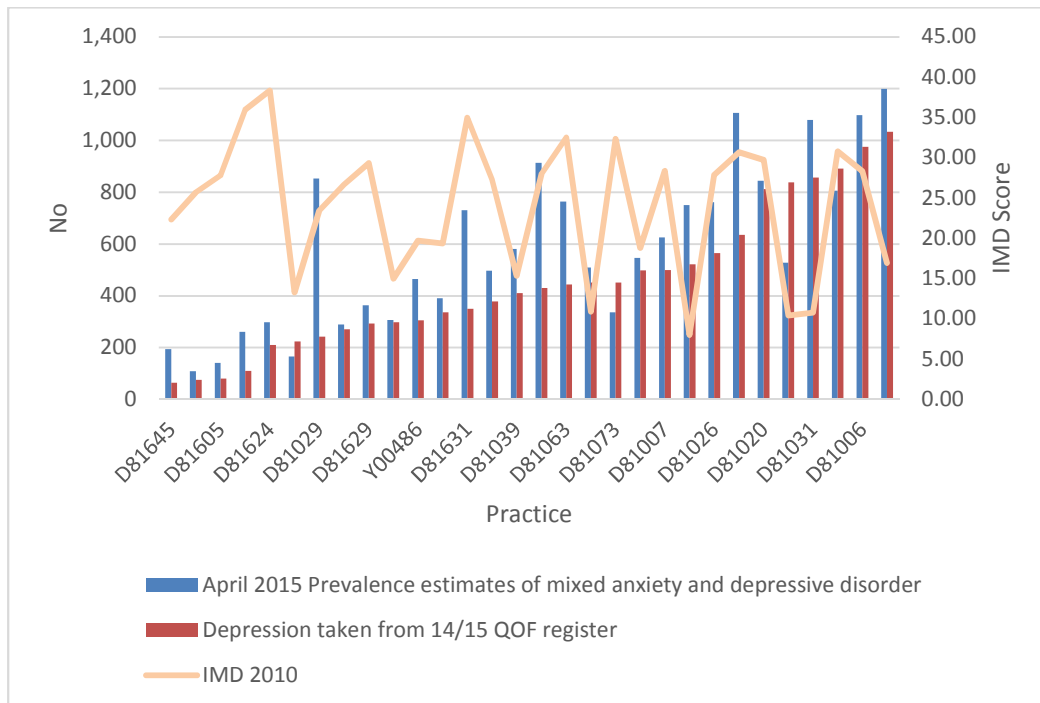
1. Peterborough faces potential challenges with promoting mental health and preventing mental illness. Many of the recognised risk factors for poor mental health are found at a higher rate in the Peterborough Unitary Authority area compared with England, East of England and Cambridgeshire. These risk factors include higher rates of socio-economic deprivation, children in care, violent crime, some types of drug misuse, homelessness, relationship breakdown, lone parent households and household overcrowding compared with East of England and most England averages. However, some protective factors for mental health such as access to green space are good in Peterborough.

#### General determinants of mental health risk Peterborough UA level data. source: Fingertips

	Looked after Children Rate per 10,000 <18 population 2015/16	Children leaving care Rate per 10,000<18 population 2014/15	Violent Crime Rate per 1,000 population 2015/16	Homelessness Rate per 1000 households 2015/16	Domestic abuse-related incidents recorded by police. Rate per 1000 Population 2015/16	Relationship breakdown: % of adults whose current marital status is separated or divorced (2011)	Lone Parent Households (%) 2011	Household overcrowding % of households with occupancy rating for bedrooms of -1 (2011)
Peterborough	75.4	35.4	21.2	6	18.9	13.6	7.9	5.3
East of England	48.7	23.1	15.6	2	20.5	11.8	6.2	3.6
England	60.3	26.8	17.2	3	22.1	11.6	7.1	4.8

2. Common mental illness such as depression is recorded at lower prevalence levels than would be expected given the higher prevalence of risk factors for mental illness in Peterborough. The depression prevalence data does not correlate with areas of deprivation, as would normally be expected.

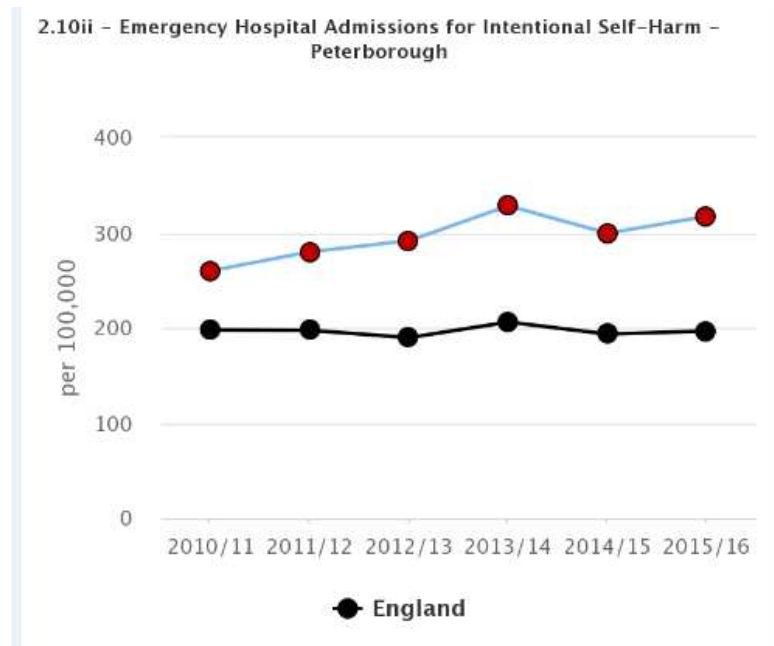
**Comparisons between estimated numbers of people with mixed anxiety and depression and actual numbers of people recorded with depression and deprivation index - by general practice**



Source: Quality Outcomes Framework 2014/15, Indices of Multiple Deprivation 2010

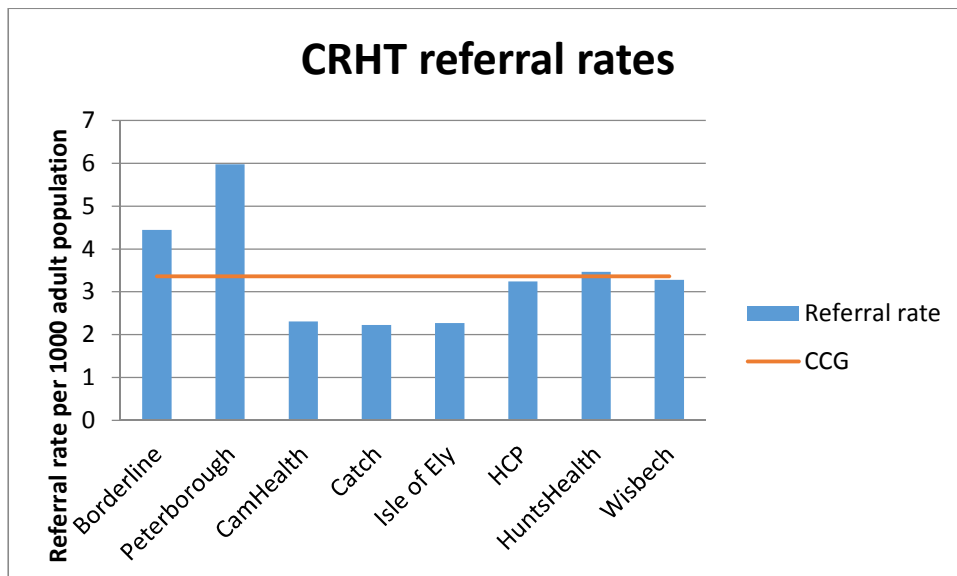
3. The JSNA highlights the need to reduce some of the negative outcomes of poor mental health including deterioration to mental health crisis, self-harm or suicide. This is reflected by the following data for Peterborough:
  - i. Hospital admission rates for adult self-harm in 2015/16 (the latest data available) were highest in the East of England.

**Emergency hospital admissions for self-harm. Directly age-sex standardised rate: Peterborough compared with England rates with trend**



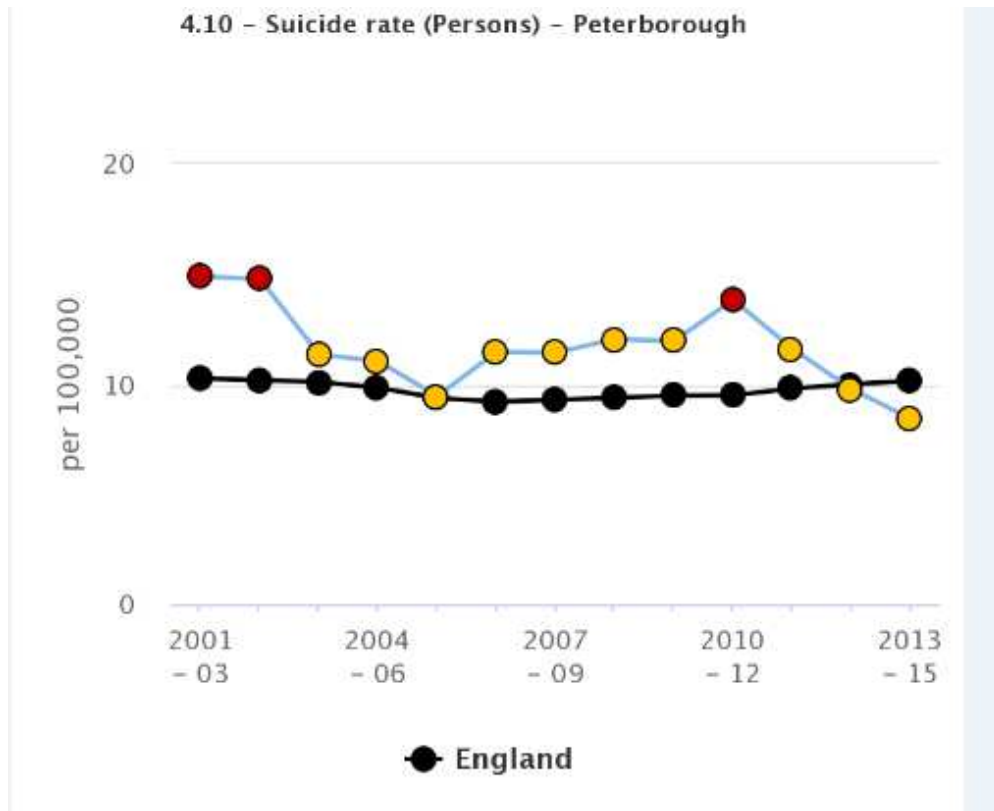
- ii. Referral rates to Crisis Resolution Home Treatment are higher than the rest of Cambridgeshire.

**Referral rates for CRHT per 1000 adult population for each LCG within the CCG 2014/15**



- iii. Suicide rates were consistently higher than England rates (although this was not always statistically significant) until a drop was seen in 2012/14. The most recent data - 2013/15 shows suicide rates below those for England.

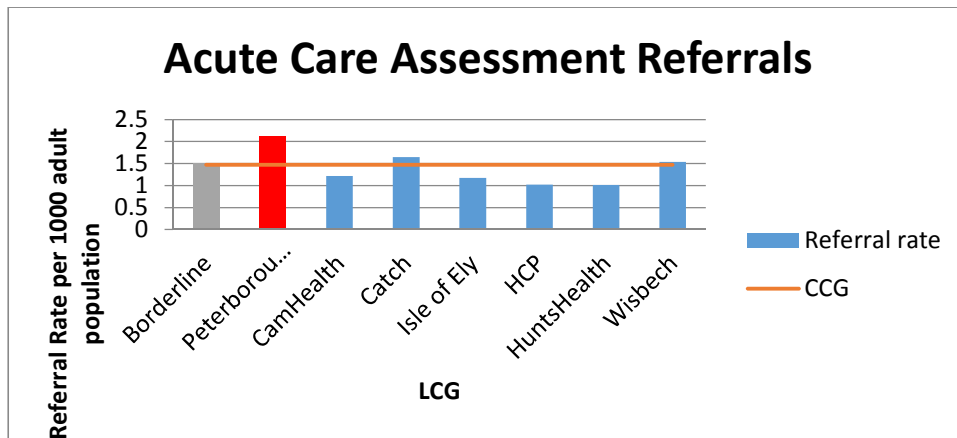
**Mortality from suicide and injury undetermined – Peterborough rate per 100,000 population**



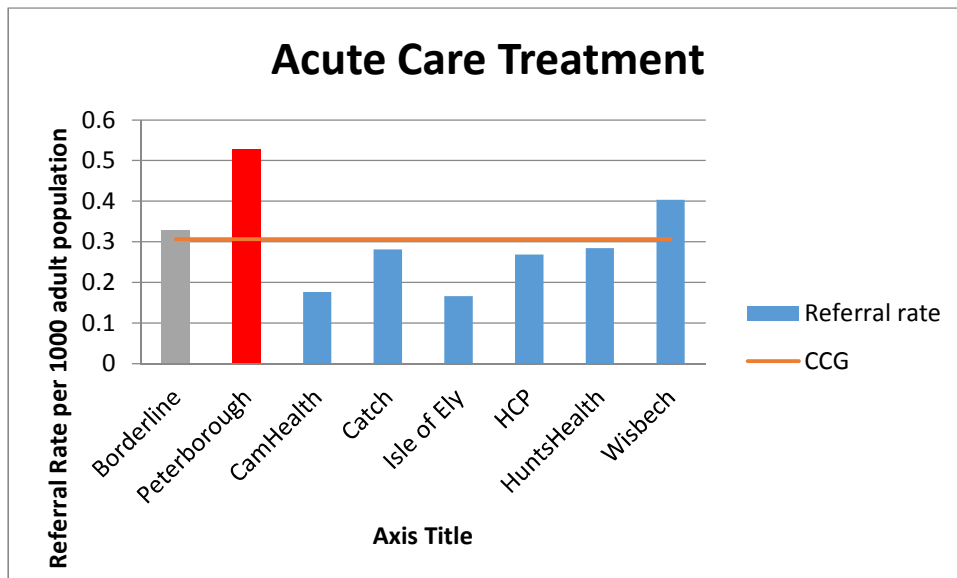
Taken from the Mental Health dementia and Neurology profiles. Source: Public Health England (based on ONS sourced data)

- 4. Data for 2014/15 showed that demand for mental health acute care occurred at a higher rate than all other areas in Cambridgeshire and mental health hospital admission rates were also higher.

Referrals for Acute Care Assessment 2014/15 as a crude rate per 1000 adult population comparing rates between the LCGs and the CCG average

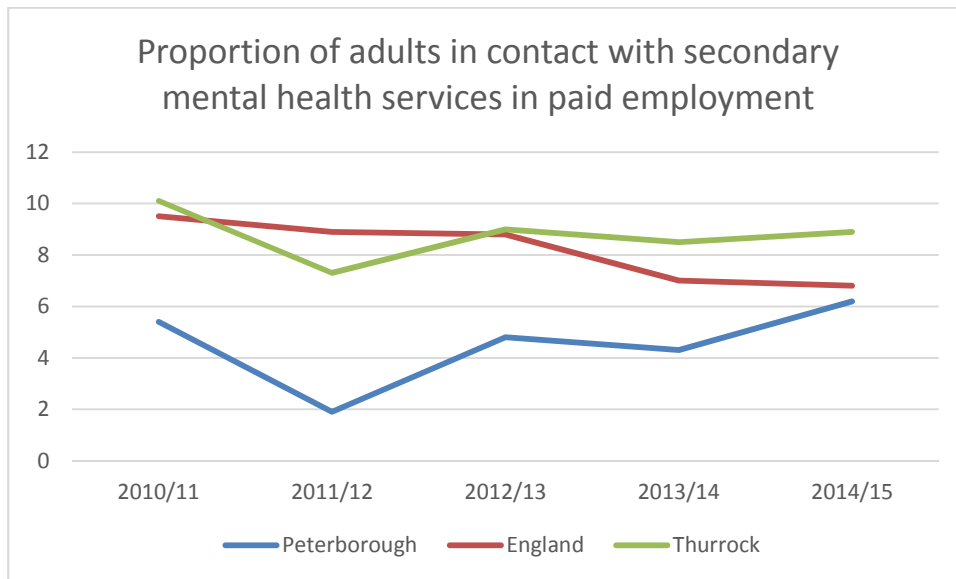


Admissions for CPFT Acute Care Treatment comparing crude rates between the LCGs within the CCG



5. Enablement of people with severe mental illness as reflected in the proportions achieving employment and living independently was consistently below the England rates, although recent improvement was noted.

**Percentage of adults in contact with secondary mental health services in paid Employment – Peterborough compared with England rates and trend, 2010/11 – 2014/15**



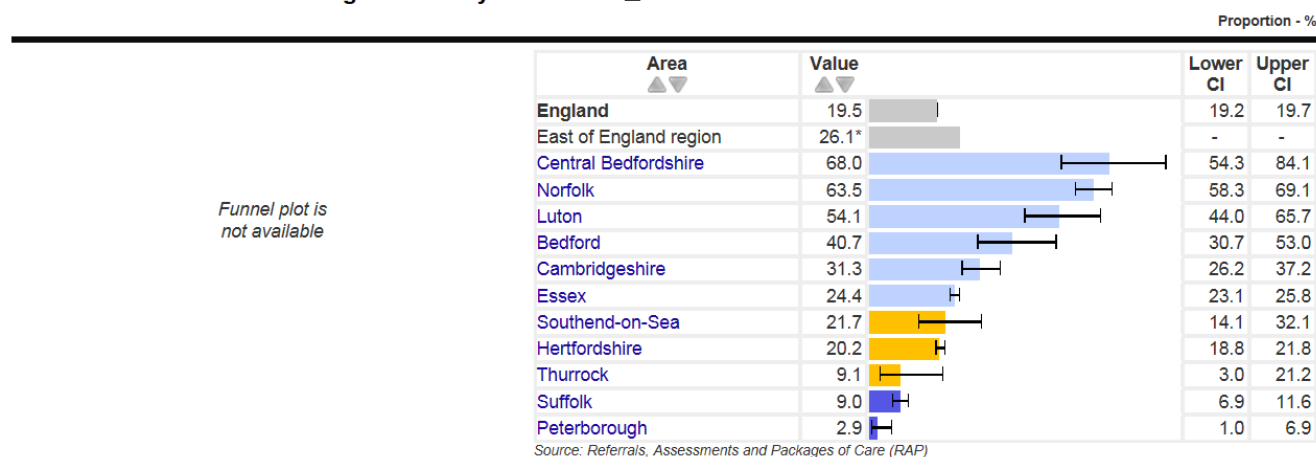
The most recent quarterly data from 2015/16 also reflects the improvement seen after a focus on improved data collection.

6. Support to carers of people with mental health disorders is another important area that influences enablement and helps to prevent mental health problems occurring in the carer. The JSNA data indicated that carers of people with mental health disorders in the Peterborough community have unmet needs for services, information and advice. In addition, user experience data indicates high rates of social isolation for adults with mental health related care and support needs, with only 30% stating they had as much social contact as they would like.

## The proportion of carers of people with mental health disorders in the community receiving services 2013/14

Compared with benchmark: Lower Similar Higher Not compared  
 Data quality: Significant concerns Some concerns Robust

Carers of mental health clients receiving services: carers receiving services or advice or information as % of mental health clients receiving community services 2013/14



Taken from the Mental Health dementia and Neurology profiles. Source: Referrals Assessments and Packages of care (RAP)

The key findings of the JSNA were used to inform recommendations for key performance indicators as part of the health and wellbeing strategy for Peterborough. These are given below along with an update on the performance narrative (as presented to the Health and Wellbeing and SPP programme Delivery Board in February 2017).

### 1. Suicide Prevention

**Metrics: Suicide Rates: Persons/Males/Females: Standardised rate per 100,000 population**

**Performance: All persons: 8.4% Decreasing, getting better and better than the England value (10.1%)**

- i) The Suicide Prevention Strategy is being refreshed with completion in the Autumn of 2017.
- ii) A key workstream within the refreshed strategy will be to seek support and sign up to a policy of Zero Suicide by organizations across Peterborough and Cambridgeshire. Work to progress this was initiated on 21.02.17. The initiative is based on East Of England Region approach and support for this target. More work is needed to refine and state what the objective means – is it an approach to quality and continuous improvement and/or a target for all across the health and social care system.
- iii) A bid for £45k investment to the STP to support delivery of the Suicide Prevention Strategy has been made. The proposal is to train GPs in suicide prevention, and a suicide bereavement counselling service.
- iv) The STOP suicide project commissioned from MIND is continuing.

## 2. Crisis Prevention

**Metric:** Rates of use of Section 136 under the Mental Health Act

**Performance:** Instances of use of Section 136 have decreased but this partly attributable to the closure of the Cavell Centre. The Constabulary suggests that the target should be based around use of police stations as a place of safety.

Significant work has been undertaken to improve the mental health crisis and acute pathway through the implementation of a 111 dial 2 for mental health crisis and First Response Service. In addition, mental health crisis 'sanctuaries' are now up and running – one of which is located in Peterborough.

## 3. Mental Health Housing and Accommodation

**Metric:** Adults in contact with mental health services in settled accommodation

**Performance:** Increasing (52.1%) – getting better although statistically worse than England (58.6%)

Housing and accommodation has been prioritised by Peterborough mental health commissioners. Significant work is being undertaken with providers to develop the market to increase both the range and choice of accommodation and the capacity available. This includes increasing capacity in the accommodation available for people stepping down from forensic/secure services.

## 4. Employment

**Metric:** Adults in contact with mh services in employment

**Performance:** 4.8%: Increasing – getting better although remains statistically significantly worse than England (8.8%)

Improvement of employment outcomes has been prioritised by PCC, CCC and P&C CCG which are working increasingly collaboratively.

- ii) The service currently commissioned for Peterborough residents from Richmond Fellowship is being closely monitored with action taken to address concerns relating to performance.
- iii) Employment services in Peterborough and Cambridgeshire are to be reviewed jointly with the CCG and CCC and re-specified as a key component of the wellbeing and recovery services that are also being reviewed and re-tendered.
- iv) Employment is being prioritised as part of the Devolution Bid. A workshop has been convened to bring agencies involved in improving employment opportunities for people with mental health issues together. A national procurement for a provider to support this work in Cambridgeshire and Peterborough is underway with commissioners from Peterborough and Cambridgeshire directly involved.

## 5. Stronger Links Between Commissioners

**Performance:** Performance is improving in 5 out of the 6 areas with meaningful measures

**Metrics:** Improvement in performance against the prioritised metrics

Work to develop a joint commissioning unit for mental health has been strengthened by the appointment of a Head of Mental Health for Peterborough and Cambridgeshire. The brief is to work with P&C CCG to align mental health commissioning and to explore the potential/benefits of establishing a joint commissioning unit. The outcomes, benefit and options for establishing a joint commissioning unit are being developed. Papers will be taken



through the internal governance processes of each organization when the scoping is complete

## **6. The Right Support, the First Time, at the Right Place, by the Right People**

**Performance:** *Performance is improving in 5 out of the 6 areas with meaningful measures*

**Metrics:** *Improvement in performance against the prioritised metrics*

- i) Links have been made between the MH social care service delegated to CPFT and with the PCC Customer Service to ensure that Peterborough residents with mental health issues have access to effective advice, information and signposting from both services and to minimise duplication and delays.
- ii) The social care role within the CPFT PRISM enhanced primary care mental health service is being developed as part of Phase 2 of the PRISM project. The purpose of PRISM is to ensure that people are assessed and offered the support they need as early as possible in the course of their illness and to ensure that they are signposted or referred to the appropriate information or services quickly.
- iii) The focus on both crisis and prevention and suicide prevention (above) and the workstreams within them, demonstrates recognition across Peterborough and Cambridgeshire of the importance of appropriate and effective early intervention.

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