



**Northamptonshire  
Health & Wellbeing Board**

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# **JSNA Summary 2013**

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## **Mental Health and Wellbeing**

**Delivering meaningful, healthier, longer lives for the people of Northamptonshire**

## Introduction

- Mental health is not just the absence of mental disorder; it is a state of well-being. Therefore mental health promotion is crucial.
- Nearly a quarter (23%) of the total burden of disease in the Northamptonshire is attributable to mental disorder.

## Key Points

- This report provides evidence on mental health need in Northamptonshire.
- The aim of the report and its linked resources is to support the development of the evolving mental health commissioning strategies in Northamptonshire. It provides data, resources analyses and commentaries.
- The overall population of Northamptonshire is projected to increase from about 710,400 people in 2013 to 775,000 in 2021, about 1.2% per year. The estimated number of people aged 16+ meeting defined criteria for any psychiatric disorder is estimated at about 128,000 for 2012 rising to 133,500 by 2018, as a result of changes in the number of people in various age groups and overall increase in population.
- Some age groups are projected to rise much faster, e.g., the 75+ group, than others. This has implications for the need for mental health care for disorders which have relatively high prevalence in specific age groups, e.g., dementia in the 75+ group. Some Northamptonshire Districts' populations, e.g. Northampton, will increase faster than others, such as Daventry.
- Suicides rates in Northamptonshire are similar to the England average and have generally fallen between 1993 and 2010. Corby had generally higher rates than the Northamptonshire average.
- There are risk factors for poor mental health, such as under- and over-weight, low levels of physical activity, drug abuse, tobacco and alcohol consumption, and homelessness. Northamptonshire is about average or better except for homelessness, which is higher than the England average.
- Various interventions exist for which there is evidence of effectiveness for promoting mental health and wellbeing and managing mental illness. In particular, there is authoritative evidence that educational sessions by occupational therapists, exercise and other activities, are positively associated with mood, emotion and psychological well-being in adults and older adults. There is also evidence that mass media health promoting campaigns can have a beneficial effect on attitudes to and knowledge of, mental health.
- Only nationally-sourced data on mental health service use in Northamptonshire could be obtained. Such data did not allow analysis of appropriate and inappropriate service use. Further data are required for commissioning strategy development: individual person-based local service activity data (essentially anonymised) and data on clinical severity thresholds of referral and entry to a service, to estimate inappropriate service use.
- From IAPT key performance indicator data from 2012-13 year end, 12.4% of those estimated to have anxiety or depression were counted as having accessed the Improving Access to Psychological Therapies (IAPT) programme with a diagnosis of

depression. It is likely that some general practices refer relatively many more patients to IAPT than others.

- General Practice Quality and Outcomes Framework (QOF) data are not valid estimates of prevalence and should not be used for this purpose. They are, however, very useful in comparing general practices for access to general practice mental health care. Analysis showed a very wide variation between general practices in the proportion of cases of depression diagnosed, compared to the number expected from epidemiological estimates. Out of 74 general practices from Corby and Nene CCGs, 34 had diagnosed at least 70% of the expected number of cases, but 18 practices had diagnosed 40% or less.
- From Spend and Outcome Toolkit data, Northamptonshire had a greater spend per head on mental health services than many other areas (£224 per head), compared to the England average of £212, ranking the County in the top third in England. No sub-Northamptonshire analyses were possible. Nationally compiled Commissioning for Value (CfV) packs for Nene and Corby CCGs indicate that it might well be possible to obtain better value for money from some mental health services, but there are limitations to the CfV analyses.
- This review contributes various original analyses using specially developed mental health service commissioning support tools. These provide investment and service reconfiguration option appraisals for geographical and clinical pathways between primary-care based, specialist community, and specialist secondary mental health services.

## Recommendations

1. *Prevent mental ill-health by developing mental health and well-being promotion interventions*
  - Implement the effective and cost effective mental health promoting interventions noted in the section the evidence-base for interventions.
  - Assess the cost effectiveness of carrying out a mental wellbeing impact assessment (MWIA), using the [tool kit for MWIA](#) so as to decide whether to carry out such an assessment.
  - Invest in community development work in mental health by training community development workers who would also reduce barriers to accessing services.
  - A suicide prevention strategy should be part of an evolving mental health commissioning strategy, especially for the 16-24 age group, and suicide rates should be monitored.
2. *Use PHAST tools and analyses to support the development of commissioning strategies*
  - Collect individual person-based local service activity data from local mental health service providers.
  - Use the unique PHAST-NHS conceptual framework for health service commissioning when developing commissioning strategies.
  - Survey levels of clinical severity thresholds of referral, entry and admissions, to mental health services
  - Use the Northamptonshire commissioning support tool developed for this report, to support mental health commissioning strategy development.

- Investigate differences in geographical access to services
  - After assembling local programme budgeting data, marginal analysis should be carried out, which should be based on the cost effectiveness principles and economic evaluations set out in these commissioning and ethical-legal frameworks.
  - Develop and use for community and inpatient mental health services, the service use and costing and other tools which were developed previously for acute hospital planning.
3. *Support the further development of the existing Northamptonshire mental health commissioning strategy for developing expert primary mental health services*
- The present Northamptonshire mental health commissioning strategy aims to promote an expert integrated primary mental health service including single point-of-access to services. Therefore use the analysis developed for this report, which indicates the likely intensity of engagement with mental health services for each general practice, to work with those practices where greater involvement is needed.
  - Take part in the local development of the general structure and organisation of general practice, including by initiating a programme to train GPs in mental health specialisation. Where general practices are not large enough to have GPs specialising in various specialties, including mental health care, facilitate co-ordination between smaller general practices to achieve this.
  - As part of a commissioning strategy for acute care, develop a proposal to the Northampton General Hospital NHS Trust to initiate a psychiatric liaison service at the hospital.

### Key early priorities are:

- Work with general practices to increase the number of patients in need who access general practice based and specialised mental health services with the already existing Northamptonshire mental health commissioning strategy.
- Collect and analyse detailed data on local mental health service use.
- Collect and analyse data on clinical severity thresholds of referral, entry and admissions, to mental health services.

This needs assessment should be read in conjunction with the report on mental health.