Lancashire Health and Wellbeing Board
Meeting to be held on Tuesday, 19 July 2022

Corporate Priorities:
Delivering better services;
Caring for the vulnerable;

Happier Minds - Supporting Mental Health and Wellbeing

Contact for further information:
Chris Lee, Public Health Specialist, Lancashire County Council
Email: chris.lee@lancashire.gov.uk, Tel: 01772 535383
Clare Platt, Head of Health Equity, Welfare & Partnerships, Lancashire County Council
Email: clare.platt@lancashire.gov.uk, Tel: 01772 532780

Brief Summary

Our mental health and wellbeing through the whole life course is influenced by many issues including social, economic, and environmental factors.

This report discusses supporting mental health and wellbeing by working with partners across the whole system to address:

- Emotional health self-care (5 ways to wellbeing)
- Loneliness and social isolation
- Dementia
- Alcohol and drug use
- Self-harm and suicide

Recommendation/s

The Health and Wellbeing Board is asked to endorse:

(i) The development and coordination of plans across partner agencies in addressing the risk factors and inequalities in mental health and wellbeing across the life course; and

(ii) The establishment of a Lancashire Combating Drug and Alcohol Partnership to support the local delivery of the 10-year national drug strategy.

1. Background

The World Health Organisation (WHO) defines mental health as ‘a state of wellbeing in which the individual realises his or her abilities, can cope with the normal stresses of life, work productively and fruitfully, and is able to make a contribution to his or her community’.

Our mental health influences our physical health, as well as our capability to lead a healthy lifestyle and to manage and recover from physical health conditions.

Lancashire County Council

Mental health problems can start early in life, with around 50% of all mental health problems established by the age of 14, rising to 75% by age 24; impacting on the ability to thrive.

People with physical health problems, especially long-term conditions, are at increased risk of poor mental health - particularly depression and anxiety; with around 30% of people with any long-term physical health condition having a mental health problem too.

Together with alcohol and drug use, mental illness accounts for around 20% of the total burden of disease in England; with consequent and significant economic and social costs.

Mental health problems are common, with 1 in 6 adults reporting a common mental health disorder, such as anxiety, and there are close to 551,000 people in England with more severe mental illness such as schizophrenia or bipolar disorder.

A 2017 study by Stonewall found that over the previous year half of LGBTIQ+ people had experienced depression and three in five had experienced anxiety. One in eight LGBTIQ+ people aged 18-24 had attempted to end their life and almost half of trans people had thought about taking their life. Local action therefore needs to consider the mental health of specific groups.

Impact of COVID-19

The Office for Health Improvement and Disparities has been monitoring population mental health throughout the pandemic using a range of surveys close to real-time data. This shows that self-reported mental health and wellbeing at a population level (including anxiety, stress and depression) has worsened during the pandemic and remains worse than pre-pandemic levels.

The pandemic has been challenging for children, young people and young adults' mental health in particular, with 54% of 11–16-year-olds with probable mental health problems saying that lockdown had made their lives worse. 16% (1 in 6) of children aged 5 to 16 years have a probable mental health disorder, an increase from 11% (1 in 9) in 2017 (NHS Digital 2020).

Social risk factors include poverty, migration, extreme stress, exposure to violence (domestic, sexual and gender-based), emergency and conflict situations, natural disasters, trauma, and low social support, increase risk for poor mental health and specific disorders.

Across the UK, those in the poorest fifth of the population are twice as likely to be at risk of developing mental health problems as those on an average income.

2. EMOTIONAL HEALTH SELF-CARE (FIVE WAYS TO WELLBEING)

The Five Ways to Wellbeing is a set of evidence-based public mental health messages aimed at improving the mental health and wellbeing of the whole population. They were developed in 2008 by the New Economics Foundation as a report presented to the government commissioned Foresight Project, on communicating the evidence base for improving people's well-being.

The Five Ways to Wellbeing are:

Connect…
With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

Be active…
Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

Take notice…
Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

Keep learning…
Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

Give…
Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

Work is ongoing to improve the focus on self-help in communities as part of a broader effort on preventative help.

To reduce the stigma of poor mental health and support people to understand the issues, the county council and key partners continue to invest in mental health and suicide awareness and prevention including Youth / Adult Mental Health First Aid which is a programme to improve public mental health. It helps take the fear and hesitation out of starting conversations about mental health and substance use problems by improving understanding and providing an action plan that teaches people to safely and responsibly identify and address a potential mental illness or substance use disorder.

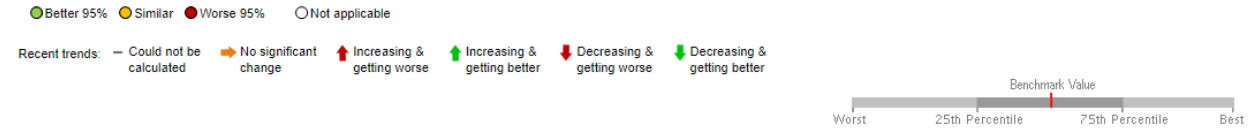
The county council also commissions Lancashire Emotional Health in Schools and Colleges, delivered by a team of clinical psychologists from Lancaster University. The service is focussed on ensuring staff in education establishments have the tools to provide early support to children and young people with mental health/behavioural issues and know how to refer into specialist services. It also promotes better wellbeing for the staff supporting these children and young people.

3. LONELINESS AND SOCIAL ISOLATION

Loneliness and social isolation impact significantly on health and social care systems, both directly, and indirectly due to long-term conditions.

The number of over-50s experiencing loneliness is set to reach two million nationally by 2025/6. Loneliness increases the risk of death by 26% and is on a par with health risks such as smoking and obesity. The Marmalade Trust is a charity specifically dedicated to raising awareness of loneliness. It provides relevant information and resources to help understand and address loneliness.

Local Context



Indicator	Period	Lancs			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Social Isolation: percentage of adult carers who have as much social contact as they would like (Persons, 18+ yrs)	2018/19	–	150	30.3%	32.4%	32.5%	11.7%		45.7%
Social Isolation: percentage of adult carers who have as much social contact as they would like (Persons, 65+ yrs)	2018/19	–	85	32.6%	35.5%	34.5%	11.1%		50.9%
Social Isolation: percentage of adult social care users who have as much social contact as they would like (Persons, 18+ yrs)	2019/20	–	5,025	40.1%	46.7%	45.9%	34.3%		56.6%
Social Isolation: percentage of adult social care users who have as much social contact as they would like (Persons, 65+ yrs)	2019/20	➡	2,835	38.5%	44.9%	43.4%	30.4%		53.8%
Loneliness: Percentage of adults who feel lonely often / always or some of the time (Persons, 16+ yrs)	2019/20	–	-	23.47%	22.90%	22.26%	36.28%		13.86%
Older people living alone, % of people aged 65 and over who are living alone (Persons, 65+ yrs)	2011	–	65,880	31.2%	-	31.5%	50.8%		25.9%

Hidden from View: Tackling Social Isolation and Loneliness in Lancashire is a report and toolkit aimed to provide practical information and advice on understanding and addressing social isolation and loneliness for local partner organisations and their employees in Lancashire. It is aimed at a range of people including professionals, and those working and volunteering in public and third sector organisations, who work with the population of Lancashire.

Whilst there is much overlap between social isolation and loneliness, although they are different and may be experienced differently, have different impacts on health and wellbeing and may require different responses. Social isolation is about lacking sufficient relationship quantity and quality, whilst loneliness is a subjective feeling which may or may not relate to observable isolation. People can be socially isolated without necessarily feeling lonely, and vice versa, although the two often go together.

The Lancashire Volunteer Partnership recruits volunteers to act as befrienders in the local community, offering not only valuable companionship and support to those feeling lonely or socially isolated, but also affording the volunteers with positive social interaction.

Lancashire Adult Social Care commissions a range of provision to support people who are at risk of social isolation including daytime supports and good day calls. However, the development of a strategy and joint approach could ensure services are better aligned to have the greatest impact.

4. DEMENTIA

Dementia is a syndrome (a group of related symptoms) associated with an ongoing decline of brain functioning. There are many different causes of dementia, and many different types. Alzheimer's disease is a type of dementia and, together with vascular dementia, makes up the majority of cases.

The symptoms of dementia may include problems with:

- memory loss
- thinking speed
- mental sharpness and quickness
- language, such as using words incorrectly, or trouble speaking

- understanding
- judgement
- mood
- movement
- difficulties doing daily activities

People with dementia can lose interest in their usual activities and may have problems managing their behaviour or emotions. They may also find social situations difficult and lose interest in relationships and socialising. Aspects of their personality may change, and they may lose empathy (understanding and compassion). A person with dementia may see or hear things that other people do not (hallucinations).

Because people with dementia may lose the ability to remember events, or not fully understand their environment or situations, it can seem as if they're not telling the truth or are wilfully ignoring problems. As dementia affects a person's mental abilities, they may find planning and organising difficult. Maintaining their independence may also become a problem. The symptoms of dementia usually become worse over time. In the late stage of dementia, people will not be able to take care of themselves and may lose their ability to communicate.

There are currently approximately 900,000 people in the UK living with dementia, with an estimated 1 in 14 people over 65 having dementia, rising to 1 in 6 for people aged over 80. People are also becoming more aware of young-onset dementia, estimated to affect 1 in 20 people below the age of 65.

Local Context

In Lancashire the recorded prevalence of dementia (4.22%) in ages 65+ is higher than the England average (3.97%). Estimates suggest there are 17,607 persons aged 65+ living with dementia in Lancashire, (63% are female) and this is projected to increase to 19,567 by 2025. Early detection and support for people with dementia are a vital component of maximising healthy life expectancy in Lancashire.

Adult Social Care commissions a range of dementia specific services including daytime supports, short term residential rehabilitation, dementia hubs, and dementia co-ordinators to support people when discharged from hospital or support people to avoid hospital admission. We are also expanding our use of technology to support people with dementia to remain in their own home safely for longer.

The dementia strategy - Dementia Friendly Lancashire is currently being refreshed, working with key partners to refresh the strategy and supporting action plan.

5. ALCOHOL AND DRUG USE

Nationally there were 275,896 adults in contact with drug and alcohol services between April 2020 and March 2021. Deaths from drug use have been rising since records began and alcohol mortality is rising (37.8 per 100,000 in 2020).

The alcohol and drug agenda is in the national spotlight following the release of the independent review of drugs by Professor Dame Carol Black, and the subsequent publication of the National Drug Strategy 'From Harm to Hope: A 10-year drugs plan to cut crime and save lives', leading to a renewed level of expectation and scrutiny of this agenda and local partnerships.

The national strategy calls for action in three key domains:

- Breaking drug supply chains
- Delivering a world class treatment and recovery system
- Achieving a generational shift in the demand for drugs

The Health Equity, Welfare & Partnerships team currently commissions a range of alcohol and drug treatment and recovery services through Public Health Grant. The national strategy requires an increase in drug treatment places for opiate, alcohol and young people, improved take up of treatment following release from prison and action to tackle drug related deaths. To support this, supplementary grant funding has been made available to local government through the Supplementary Substance Misuse Treatment & Recovery Grant and Inpatient Detoxification Grant, to ensure additionality to the current spend through Public Health Grant.

The funding is provided in three waves:

Grant	**2022/23**	**2023/24**	**2024/25**
Supplemental substance misuse treatment and recovery grant	£2,584,279	£4,230,000	£ 8,210,000
Inpatient detoxification grant	£220,493	£220,493	£220,493

Maintaining the national momentum, new quality standards are due to be published imminently, and the Home Office has recently published guidance for establishing new local drug partnerships.

The county council is working with partners to identify the most appropriate local structure to support the expectations set out in the National Drug Strategy, to be in place by August 2022. The new partnership must identify a senior responsible officer and develop a joint needs assessment covering the scope of the strategy by November 2022, and a delivery plan by December 2022.

Initial discussions suggest that the new partnership should report the Health and Wellbeing Board whilst also linking with other key strategic boards in Lancashire. The partnership will be coterminous with the administrative area of the county council but align with the unitary authorities to facilitate cross cutting work.

It is proposed for the purposes of Lancashire County Council, the Senior Responsible Officer be Dr Sakthi Karunanithi, Director of Public Health.

Local Context

It is estimated that the number of people with alcohol dependence in Lancashire is 14,364, with 84% not accessing treatment, compared to 82% nationally. In terms of drug use, Lancashire has an estimated 6,812 opiate and crack users, with 48% not accessing treatment compared to 53% nationally (National Drug Treatment Monitoring System).

The county council commissions alcohol and drug support services for children and young people and adults across Lancashire.

Successful completion of alcohol treatment has been reducing nationally although Lancashire is performing better than the England average at 48.1% (England 36.6%). Successful drug treatment completion (opiate) in Lancashire is similar to the England average (Lancashire 5.7%, England 5.0%).

During 2020-21 Lancashire had 8820 admission episodes for alcohol specific conditions (all persons) a rate of 729 per 100,000; significantly higher than the England rate of 587 per 100,000 and represents a generally increasing rate since 2008-09. Admission episodes for under 18's in Lancashire at 33.8 per 100,000 is falling but is still above the England average of 29.3 per 100,000.

The latest drug related death data from the Office of National Statistics below highlights an increase in deaths in England since 2015; and a reduction in Lancashire, although four districts showed a year-on-year increase in 2020. Local Real Time Surveillance data (suspected data – pre coroner verdict) however suggests there is a stable rate locally.

Number of Deaths Related to Drug Misuse

(persons by local authority, England and Wales, registered in each year between 2015 and 2020)

		2020	2019	2018	2017	2016	2015
Lancashire		**43**	**53**	**65**	**73**	**69**	**58**
	Burnley	8	5	9	8	13	7
	Chorley	5	3	11	6	7	3
	Fylde	5	6	5	3	3	6
	Hyndburn	6	2	3	2	6	6
	Lancaster	2	11	7	10	7	6
	Pendle	4	6	4	7	8	5
	Preston	2	5	7	14	9	7
	Ribble Valley	0	1	5	4	3	3
	Rossendale	0	4	2	3	3	3
	South Ribble	1	1	4	9	0	2
	West Lancashire	4	2	2	3	5	0
	Wyre	6	7	6	4	5	10
Blackburn with Darwen		10	10	19	11	13	13
Blackpool		29	29	28	16	25	32
England		2,830	2,685	2,670	2,310	2,386	2,300

The rate of drug related deaths in Lancashire is higher than the England average (all persons) in Burnley, Fylde, Chorley, Pendle, and Lancaster.

Rate of Drug Related Deaths by District (2018-2020; per 100,00 population)

Area	Female	Male	All Persons
Burnley	7.9	9.9	8.9
Chorley	-	7.5	5.6
Fylde	-	12.2	8.1
Hyndburn	-	8.8	4.8
Lancaster	-	8.0	5.4
Pendle	-	-	5.5
Preston	-	-	3.8
Ribble Valley	-	-	-
Rossendale	-	-	-
South Ribble	-	-	-
West Lancashire	-	-	-
Wyre	-	8.8	6.6
North West	**4.2**	**10.1**	**7.1**
England	**2.8**	**7.3**	**5.0**

The county council currently receives data on suspected drug related deaths from the real time surveillance system and from serious incident reports from commissioned services.

It is planned to establish a drug and alcohol related death panel and increase capacity across the system to support this work to ensure learning is used to improve prevention, focussing on near miss events, and working with NHS partners including Northwest Ambulance Service.

Dual Diagnosis

The term ‘dual diagnosis’ is used in a variety of ways by people working in health and social care in the UK. The interplay between substance use and mental illness is complex and can change over time. It can vary between people, and it may depend on the type of mental health problem and on the type and amount of substance used.

Someone may have:

- a mental illness that has led to substance use
- a substance use problem that has led to a mental illness
- initially unrelated disorders (a mental illness and a substance use problem) that interact with and exacerbate each other
- other factors that are causing mental illness and substance use, including physical health problems.

So generally dual diagnosis is defined as a severe mental illness combined with use of substances.

There has been a significant amount of work undertaken in reviewing the dual diagnosis protocol, working closely with Lancashire and South Cumbria NHS Foundation Trust to build links between the alcohol and drug treatment sector and mental health teams.

The following is currently in place:

- Dual diagnosis protocol signed by key partners

- Dual Diagnosis Steering Group, at the Integrated Care System level, bringing together key partners to improve co working and outcomes, based on an action plan agreed at the Mental Health Board.
- Multi-disciplinary teams meeting to review individual cases to ensure appropriate treatment at the right time.

6. SELF HARM AND SUICIDE

Self-harm is when somebody intentionally damages or injures their body. Some of the reasons that people may self-harm include:

- expressing or coping with emotional distress
- trying to feel in control
- a way of punishing themselves
- relieving unbearable tension
- a cry for help
- a response to intrusive thoughts

Self-harm may be linked to bad experiences that are happening now, or in the past. But sometimes the reason is unknown. The reasons can also change over time and will not be the same for everybody.

Self-harm is most often described as a way to express or cope with emotional distress. There are many possible causes of emotional distress. It's often a build-up of many smaller things that leads people to think about self-harm.

Self-harm is more common among young people than any other age group, with 25% of women and 9.7% of men aged 16-24 reporting that they have self-harmed.

In 2019 there were 5,691 suicides registered in England and Wales. Men are three times more likely to die by suicide than women, and suicide is the leading cause of death in men under 50 and women under 35. Only 28% of all suicides include people who had contact with mental health services in the 12 months prior to death, and those who are bereaved are at increased risk themselves. However, many people have had contact with other services.

Local Context

Across Lancashire and South Cumbria, there has been a total of 21,846 self-harm incidents between January 2021 and January 2022, of which 6361 involved under 25's

The rate of suicides in Lancashire is shown below: 13.4 per 100,000 population, higher than the England average of 10.4.

Indicator	Period	Lancs			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Suicide rate (Persons)	2018 - 20	–	421	13.4	10.7	10.4	18.8		5.0
Suicide rate (Male)	2018 - 20	–	315	20.3	16.6	15.9	28.5		5.5
Suicide rate (Female)	2018 - 20	–	106	6.7	5.0	5.0	10.3		2.8
Suicide crude rate 65+ years: per 100,000 (5 year average) (Male)	2013 - 17	–	63	11.6	11.6*	12.4	0.0		

In Lancashire-12 area between January 2019 and March 2022 (the latest month for which the suicide data are available) based on date of death, there was a total count of 374 suicides, all persons all ages. This included 278 (74%) males and 96 (26%) females.

Largest percentage of total deaths by suicide were in the 50–54 year age group at 12.0%.

Although nationally the trend looks relatively stable, local real time surveillance data (including suspected suicide – pre coroner verdict) suggests a small declining trend. However, district level data is more variable, with Preston, Chorley, Lancaster, Burnley, Hyndburn, and Rossendale showing higher levels.

Number of Suicides

(by local authority, England and Wales, deaths registered 2015 to 2019)

		2020	2019	2018	2017	2016	2015
Lancashire		**129**	**151**	**141**	**110**	**120**	**116**
	Burnley	13	11	10	9	3	8
	Chorley	17	20	19	12	16	10
	Fylde	8	8	4	7	6	10
	Hyndburn	11	6	7	7	13	7
	Lancaster	16	23	16	17	15	16
	Pendle	3	4	12	12	6	8
	Preston	18	19	21	10	13	16
	Ribble Valley	8	6	4	4	8	7
	Rossendale	10	14	10	4	3	11
	South Ribble	8	9	10	7	11	11
	West Lancashire	8	12	14	14	11	6
	Wyre	9	19	14	7	15	6
Blackburn with Darwen		15	10	11	12	14	20
Blackpool		21	25	17	16	18	17
England		4,912	5,316	5,021	4,451	4,575	4,820

Lancashire County Council established a Self-Harm and Suicide Prevention Partnership in 2018, as a vehicle to share data and intelligence, learning and develop best practice, between key partners.

The county council is a core member of the Integrated Care System Suicide Prevention Oversight Board progressing the agenda across Lancashire and South Cumbria. Key achievements of the Suicide Prevention Oversight Board include:

- Development of a logic model action plan covering the key 5 strands of activity (leadership, prevention, intervention, postvention and intelligence). (Linked in background papers.)
- Development of a real time surveillance tool, pulling in data from police and coroner on suspected suicides and drug related deaths (with a view to expanding to include alcohol deaths).
- An active communications function driving campaigns and social media messaging
- Development of a children and young people suicide contagion prevention protocol, utilising ‘near miss’ intelligence (overdose, suicidal ideation, or suicide

attempt) events, particularly in educational settings which supports the Joint Agency Reviews undertaken by Sudden Unexpected Death of a Child nurses on behalf of CDOP.

- Development of a sector led improvement programme in association with the Association of Directors of Public Health, the Local Government Association and the Department for Health and Social Care

The county council commissions a range of mental health and suicide awareness and prevention training through Positive Action in the Community; and has recently been successful in accessing support from the sector led improvement programme to support senior staff in educational settings who have experienced a young person suicide. The Zero Suicide Alliance online training is also promoted.

List of background papers

Wellbeing and mental health: Applying All Our Health Office for Health Improvement and Disparities (OHID) (Updated February 2022)

Lancashire and South Cumbria Suicide Prevention Logic Model / Action Plan