Annual Public Health Report 2016

Breaking the Cycle

Improving outcomes for people who live challenging lives

Acknowledgements

This annual public health report has been written by Dr Caroline Dimond, Director of Public Health for Torbay, with contributions from the Public Health team.

This annual public health report has been written by Dr Caroline Dimond, Director of Public Health for Torbay, with contributions from the Public Health team, in particular:

- Doug Haines MSc – Analyst, Public Health Team, Torbay Council
- Bruce Bell MA (Hons) MA RN DipSW – Acting Consultant in Public Health, Torbay Council
- Nanette Tribble MA – Treatment Effectiveness Manager, Public Health Team, Torbay Council.

Special thanks to Nanette Tribble.

This document should be read in conjunction with the multi-media clip introducing this report, found here ADD LINK

Published by Torbay Council (2015)

Annual Public Health Report

2016

Breaking the Cycle

Contents

Introduction 4
This year's annual report 6
What do we know about the lives of people with multiple complex needs? 6
- Lives People Live 6
- Health people experience 7
- Services People Use 8

Why are some people especially vulnerable to developing complex needs? 9
What can and should we do to break the cycle? 10
- Recommendations for 2017 10

Review of challenges set in 2014 and 2015 12
Review of challenges 13
- 1. Shifting the focus to prevention 13
- 2. Creating Happy Healthy places and addressing deprivation and inequalities 15
- 3. Giving Children and young people a good start in life 16
- 4. Enabling older citizens to age well 17
- 5. Focus on emotional health and resilience across all programmes 18

Bibliography 19
- Websites 19

Appendix 1 20

Introduction

My role as Director of Public Health (DPH) is to improve health and reduce health inequalities for the population of Torbay.

Within Public Health we work to better understand needs and identify (or develop) robust interventions to help people achieve better outcomes. Partnership working is key; whether it be with colleagues in the Council, across the health and care system, the community and voluntary sector or with communities in the Bay. The following details our current key areas of work:

- Supporting people to make healthier lifestyle choices
- Commissioning a range of Public Health services
- Health visiting and School nursing
- Health checks for adults 40-74 years of age
- Sexual health services
- Services for people with Drug and Alcohol issues
- Working with others to:
    - Promote mental health
    - Promote diet and exercise and address obesity
    - Ensuring there are adequate services to protect people from communicable disease and environmental hazards
    - Ensuring screening and vaccination services are sufficient
    - Supporting the NHS with some of its knowledge and intelligence needs - known as the core offer
    - Working across the public and voluntary system to promote a focus on prevention, well-being and self-care
- Working across Council Departments to tackle the causes of poor health and promoting a focus on health when we make decisions about town developments.

Since I became DPH I have written two previous annual reports:

- The **2014 report** was called, **Turning the tide**. It outlined why we are experiencing year on year increasing demands on the health and care system and what we can collectively do to address this. Using a roadmap to look at opportunities to intervene across the life course, it points out, in particular, what front-line staff can do to "turn the tide of demand" You can download the 2014 report here.

- The **2015 report** was called, **Tackling the causes of Ill health**. The report looked in particular at the links between the economy and health and at how deprivation and inequalities can affect disability and health. It was a response, also, to the worsening relative deprivation position in Torbay. That year, I used images of Torbay to demonstrate how the way we plan our towns and how resources within our communities can influence health and what we can do to promote health and well-being. We used the evidence from the Marmot 2010 report on health inequalities to make recommendations to address both deprivation and inequalities. This was particularly directed to people who work in the "placed-based" side of Torbay Council who were encouraged to think about the role they have to improve health. You can download the 2015 report here.

The main focus of this year's report is **people and families facing multiple complex needs, and the need to 'break the cycle'.** The report also revisits the challenges I set out in the 2014 and 2015 reports in table 1 on page 13, looking at progress made and setting out recommendations for 2017.

This year's annual report

This year, the **2016 report, "Breaking the Cycle"** is about supporting people and families facing multiple life challenges. This group within our community is particularly vulnerable. They have multiple health issues and are often isolated, live in poverty and have poor social networks. Often these people grow up with poor life chances which may be passed down to the next generation. I consider here what we know about this group and what we need to do to break the cycle of poor outcomes for these individuals and families.

What do we know about the lives of people with multiple complex needs?

A person with complex support needs often has problems which compound one another. The following tells us a bit about the lives people live, the health problems they have and what their experience of services are like.

Lives People Live

People with complex support needs often

- experience several challenges in life at the same time, such as mental health problems, homelessness, problematic drug and/or alcohol use, criminality and domestic and/or sexual violence and abuse
- live with multiple exclusions, stigma and poverty
- live chaotic lives
- are lonely. This is a very common characteristic of people with complex support needs, often signalling broken relationships with family members, partners, children and friends
- high percentages of this group are out of work for long periods, have low income and are disproportionately affected by poverty.

Only 16% of people with two or three complex support needs feel they have good or very good quality of life, compared with 70% in the general population (LCF, 2015).

Health people experience

People with complex support needs often have life changes which are significantly reduced. For example, a recent survey found 41% of the street homeless population suffered from a long term mental health condition, compared to just 28% of the general population (LCF, 2015).

People with complex support needs:

- Are more likely to smoke tobacco and may have a poor diet
- Are more at risk of early, preventable death
- Are more likely to have a high number of years lived with a disability or long term condition
- May be homeless which is linked to physical trauma, skin problems, respiratory illness mental ill-health, infections and drug and/or alcohol use
- Often have health problems compounded by factors like, increased incidence of mental health disorders
- Unmet need amongst people with complex support needs contribute to some of the concerning health outcomes seen in Torbay:
  - High rates of hospital admissions for violent crime, including sexual violence
  - High rates of hospital admissions for alcohol related conditions
  - High rates of reported domestic violence and abuse – with pockets in Torbay where relationship violence is very high
  - Disproportionately high use of the local Sexual Assault Referral Centre and trend is increasing
  - Comparatively high numbers of street homeless people , when compared with Plymouth and Blackpool, and numbers are increasing
  - Rates of self-harm and suicide are high in Torbay, while self-reported wellbeing scores are lower than England averages
  - Numbers of drug related deaths are increasing, both nationally and locally.

Services People Use

Support needs span health and social factors; physical and mental health; parenting and relationships support; employment and housing needs; as well as general lifestyle behaviours like smoking, nutrition and physical activity.

However this group:

- often struggles to access primary health, dental services, housing, employment or specialist substance misuse support, meaning they tend to rely on emergency services and accommodation, including urgent healthcare
- is resource intensive because of their complex needs
- may already have contact with services to support their needs but this is often ineffective, as services often concentrate on one problem at a time
- often find services do not really meet their needs and therefore find it difficult to engage with them services in a meaningful way for long enough.

Appendix 1 summarises the results from an analysis of local data about the lives and health of people with multiple needs in Torbay.

However, as well as data, it is important that we listen to people with complex support needs in Torbay and learn about their lives. Some of these stories (with their permission) have been recorded and are available online using the links below. These conversations have been anonymised to protect identities and are read by actors.

I encourage you to listen to these stories – to understand more about the lives and challenges these people face but also those things that helped them to overcome these challenges and turn their lives around.

Troy's story ADD LINKS	Caroline's story	Lorrie's story	Sam's story	Emily's story

Why are some people especially vulnerable to developing complex needs?

We all experience pressures and challenges in life. Sometimes the cumulative impact of these challenges, or the sheer magnitude of a critical event, is too much and we need help. This can happen at any time in life. However, it is increasingly recognised that our resilience to resist these pressures and keep going is, in part, determined by experiences earlier in our childhood. For example, there is a strong association between childhood trauma and factors in the family environment, and the development of complex support needs as an adult (LCF, 2015). In particular the first one thousand and one days of a child's life (including the time the child spends in the womb) are increasingly recognised as the most significant in a child's development, both nutritionally and psychologically (First 1000 days, 2017. This explains why vulnerability can cluster in families and why complex and risky behaviour is often repeated between generations.

Traumatic experiences that occur in childhood are known as Adverse Childhood Experiences (ACE). These experiences range from direct verbal, mental, sexual and physical abuse, to being raised in a household where domestic abuse, alcohol abuse, parental separation or drug abuse is present. It is becoming increasingly recognised also how a child's brain can change as a result of ACEs and how brain development in the very early years is affected as a result. Mirror neurons (brain cells) for example in the brain allow us to understand intentions and the emotions of others, enabling us to regulate our behaviour. If a child experiences negative emotion and / or violence, they emotionally are more likely to mirror this behaviour in their futures life. Child development is also affected by experiences of fear or violence. This leads to overuse of the stress response and to sensitization to such inputs in later life, so children grow up with detachment from the impact of their actions (Public Health Wales NHS Trust, 2015).

Recent research (EIF, undated) indicates that children who are exposed to four or more adverse lifestyle factors when they are growing up will be much more likely to suffer from a range of negative physical and mental health outcomes than their non-affected peers. These factors are:

- Sexual abuse before 18 years
- Emotional abuse by a parent/loved one
- Physical abuse by a parent/loved one
- Emotional neglect by a parent/loved one
- Physical neglect by a parent/loved one
- Loss or abandonment of or by a parent
- Witnessed abuse in the household
- Substance misuse in the household
- Mental illness in the household
- Having a loved one incarcerated.

Children who score four or more out of these ten ACEs – in comparison with their non-affected peers – are:

- 2 x times more likely to currently binge drink and have a poor diet
- 3 x times more likely to be a smoker
- 5 x times more likely to have had sex while under 16 years old
- 6 x times more likely to have had or caused an unplanned teenage pregnancy
- 2 X more likely to be unemployed.

What can and should we do to break the cycle?

Recommendations for 2017

In order to break the cycle of issues that people and families who lead challenging lives face, there are two key areas we need to focus on:

1. Develop a joined-up holistic service for adults with challenging lives

Many people have significant reasons for their complex support needs derived from adulthood experiences. Health and social problems often compound each other and people can feel trapped in a cycle of chaos, unable to see a way out and often self-medicating to manage their symptoms of trauma. Services need to address both presenting issues but must also look at those physical, emotional, social and environmental factors that are driving demand.

A multi-agency group was formed in Torbay in 2016 with the aim of designing and commissioning better services for people with complex simultaneous support needs. The group aims to align current service contracts to provide more holistic support for people and identify and address any gaps in provision. There is a need to ensure that services are sustainable and that there is a focus on earlier intervention and prevention. The group is seeking to empower staff to make changes to how they deliver their service to improve outcomes. The group is also looking to identify people with complex support needs who are getting help from service in order to track their journeys and better understand what works for them so we can develop new initiatives based on what they have to say and test them to see if they work. Services need to be strengths based, based on the principle of "what matters to me" and enable a greater and more appropriate service reach through increased use of support and training from the community and voluntary sector.

This group will in particular focus on early intervention to improve mental health and develop emotional resilience, which includes services in the following areas:

- Domestic abuse and sexual violence support services
- Mental health services
- Drug and alcohol services
- Probation services
- Debt and housing services.

2. Work to break the origins of behaviours learned in childhood

We also need to address the underlying drivers of complexity and consider how issues such as poor mental health, violent behaviour and poor decision-making can be linked to behaviours learned within the family environment. As explained above, often the underlying reasons for vulnerability are found in adverse experiences in childhood and the early years. We need to demonstrate a genuine understanding of this and partners need to consider how they can work better together to break the inter-generational cycle of chaotic and often traumatic behaviours.

Both these initiatives are needed to break the cycle of vulnerability.

Review of challenges set in 2014 and 2015

This year I have decided to review priorities from both the 2014 and 2015 reports. These are grouped in the following areas:

1) Shifting the focus to prevention - *2014*

2) Creating 'Happy Healthy' places and addressing deprivation and inequalities - *2015*

3) Giving children and young people a good start in life - *2015*

4) Enabling older citizens to age well - *2014*

5) Focusing on emotional health and resilience across all programme areas – *2014*

To which can be added the 2016 challenge:

6) Breaking the cycle of vulnerability (2016)

Review of challenges

1. Shifting the focus to prevention		
Challenge set in 2014 or 2015	**Progress made**	**Aspirations / recommendations for 2017**
An increasing, tangible **focus on prevention** – within all plans across health and social care organisations, with all front-line staff considering prevention of ill health as a key objective. For example: • I would like to see the concept of "making every contact count" extended and embedded, whereby front-line staff are able to have meaningful and knowledgeable conversations with people about health-enhancing behaviours. • We need to further embed the work on **promoting assets within communities and in social prescribing** whereby alternatives to medicine are prescribed so that people can achieve "what matters to them". This requires exploring new ways of working and genuine partnership working with the community and voluntary sector • I would like to see issues such as alcohol and obesity becoming key issues across all organisations, not just public health.	Strategic agreement to work in partnership to promote prevention and early help is being embedded across the healthcare community. There is now a Prevention Board which meets monthly and reports to the health and care partnership System Delivery Group. A specific team across agencies is working on the following key areas: • A comprehensive workforce plan for paid staff and volunteers to introduce and embed strength based training and the "making every contact count" approach has been developed and is beginning to be delivered • Work has begun to develop information and community assets to support the new community based model of care. • Torbay CDT has established community builders within Torbay's neighbourhoods who are working with communities to develop assets • There are multi-agency Alcohol and healthy weight Strategies that are being operationalised. However capacity issues within some organisations have led to lack of progress in some areas of the alcohol strategy work	We need to consolidate plans and continue the work to roll out to all public and voluntary sector organisations Specifically we need to: ➢ Agree multi-agency priorities for roll out of the "making every contact count" approach to other sectors ➢ Explore the possibilities of social enterprise. ➢ Ensuring plans to evaluate the roll out across healthcare are meaningful and robust, and ensure that the associated learning from healthcare is generalisable across social care and other sectors. ➢ Address the shortfalls in the delivery of the alcohol strategy by taking a system wide approach based on potential cost savings

Challenge set in 2014 or 2015	Progress made	Aspirations / recommendations for 2017
We need **to improve take-up** of the public health offer, to reach the hundreds of people within our communities with **early signs of disease not known to health or care services**. For example, this includes people with early symptoms of diabetes, hypertension, dementia etc, so we can improve the quality and length of life a person may expect.	NHS Health Checks have been offered to the population 40 years+ which is an age profile at risk of cardiovascular or respiratory disease and diabetes, with improving levels of take up of the offer. The ongoing redesign of Healthy Lifestyles services has increased screening rates and numbers of people signposted into help. A local, regional and national approach to social marketing campaigns has taken place Health and well-being centres will include Health and well-being co-ordinates. These staff work should include the identification of unmet need	**In 2017, the work of the public health team and partners will include:** • **A new contract for the lifestyles service.** • **A greater digital offer of lifestyles advice linked to support in the community based on the Inform – Empower – Support model** ➢ **New health and wellbeing centres across Torbay must optimise opportunities for early intervention around lifestyle behaviours, like smoking, drinking alcohol excessively, poor diet, lack of physical exercise and lack of social connectedness.** ➢ **Services should be developed in these centres and within primary care to identify undiagnosed hypertension and diabetes** ➢ **Social marketing campaign should be delivered initially focusing on emotional health and well-being.** ➢ **Incentives should be developed within Primary care to encourage opportunistic identification of unmet need beginning with diabetes and hypertension.**

<table>
<tr><th colspan="3">2. Creating Happy Healthy places and addressing deprivation and inequalities</th></tr>
<tr><th>Challenge set in 2014 or 2015</th><th>Progress made</th><th>Aspirations / recommendations for 2017</th></tr>
<tr><td>Develop a multi-agency effort to promote wellbeing and tackle the causes of poor health and the delivery of programmes within the Healthy Torbay framework. For instance, I would like to see how those working in planning and transport, in sports and in tourism consider how, in their plans, they can deliver a healthier Bay and promote wellbeing. This should extend to healthy workplace initiatives across Torbay.

Create fair employment and good work for all

Ensure healthy standard of living for all</td><td>In 2014, Healthy Torbay Steering Group was established and joint working established, with membership across diverse local authority departments.
Successes include
• Embedding Public Health principles (which include the use of evidence-based best practice, and ensuring resources are targeted towards those most deprived communities) within systems to approve planning developments
• Torbay Council departments brought together under the Healthy Torbay banner to ensure efforts are joined up and health outcomes improved
• Action Plan agreed to embed a Public Health steer within transport, the built environment, social connectivity arenas.</td><td>2016 accomplishments should be built on during 2017, specifically:
➢ Establishing a Healthy Torbay brand for easy identification of messages, products and literature.
➢ Extent Healthy Torbay membership to include external agencies, businesses and the voluntary sector
➢ Develop flagship projects in the three priority areas and within the Healthy Torbay work streams –social, environment and enterprise. Projects may include:
• Reducing social isolation
• Promoting social enterprise
• Greenspace development
• Healthy Schools Programme
• Wellbeing at Work Programme using Torbay Council before focusing on small and medium enterprises.
➢ Further work needs to occur to promote employment especially in the more deprived neighbourhoods
➢ A specific programme of work to address deprivation also needs developing by partners</td></tr>
</table>

3. Giving Children and young people a good start in life		
Challenge set in 2014 or 2015	**Progress made**	**Aspirations / recommendations for 2017**
We need to ensure we deliver on the work we have planned for **children**, especially focussed on **emotional health and wellbeing** and deliver an offer for children which is truly joined up, financially sustainable and focussed on the early years.	The Healthy Learning framework has been established to offer support to schools, early years and colleges in order to help raise the achievement and health and wellbeing of children and young people. As part of this work public health and partners ran a successful Healthy Learning schools conference focused on Emotional Health & Wellbeing and PSHE – supporting local education settings to improve the support the children and young people in their care have for their emotional health and wellbeing. Contributory factors to improved emotional health and wellbeing in children and young people include diet, nutrition, physical activity and PSHE, have been brought together under the framework in an integrated way. St Margaret Clitherow Catholic Primary school, Brixham, was the first school to receive the annual Healthy Learning award, acknowledging the part the school played in the Healthy Learning project pilot. Clinical leads facilitated the roll out of a programme of peri-natal mental health awareness training among Health Visitors. This awareness training targets early identification of mental health issues in both pregnant women and mothers who have recently given birth, in order to support their attachment issues in bonding with their baby. This focus on maternal mental health will contribute to improved mental health outcomes in relation to the child's development, as he or she grows.	We now need to ensure these plans are embedded and built upon; specifically: ➢ The Healthy Learning Partnership Group should steer the development and embedding of the framework within education. This needs embedding in normal education practice to ensure that the model is financially sustainable ➢ Work towards an integrated public health nursing and children's centres contract. This will formulate a single 0-19 approach to children/young person commissioning and include universal, mandated and targeted services for children/young people up to their 19th birthday. ➢ Develop a forum where all those involved in commissioning services for children can be brought together. This should include for example discussions around Recommission of the Child and Adolescent Mental Health Service ("CAMHS") in Torbay.

4. Enabling older citizens to age well

Challenge set in 2014 or 2015	Progress made	Aspirations / recommendations for 2017
We need to facilitate a greater focus on **ageing well, positive ageing and addressing social isolation** to enable those in their later years to live fulfilling lives, healthier.	**Ageing Better Fulfilling Lives** is a 6 year project, funded by Big Lottery, which aims to reconnect communities and reduce social isolation amongst the 50+ generation across Torbay (45% of the population). **The Ageing Well** Programme is being delivered by Torbay Community Development Trust and has four main outcomes: To reconnect older people with friends and their communities by supporting creating a sense of neighbourliness. To enable more older people to feel their lives have value and purpose and contribute their time, skills and knowledge to their wider community. To ensure more older people have high, personal, learning and service aspirations and to co-design and to co-produce plans for new services. To ensure more local residents value older people, and that ageing is celebrated and viewed more positively. From this programme, there are now community builders across all of Torbay who are starting to connect with older people in our communities who are socially isolated and lonely. A number of new initiatives have been supported such as My Support Broker that are starting to make a difference to people's lives.	Work that should be taken forward in 2017, includes: ➢ Developing a new vision for Ageing in Torbay (led by TCDT) to support the Health and Wellbeing Board, to be presented and agreed in 2017. ➢ Following the 2-year test and learn process of the Ageing Better Fulfilling Lives project, the evaluation undertaken by University of Plymouth will be considered and implemented. ➢ Work should be undertaken to develop and improve the community offers emerging from the asset based community development approach.

5. Focus on emotional health and resilience across all programmes		
Challenge set in 2014 or 2015	**Progress made**	**Aspirations / recommendations for 2017**
Mental wellbeing must no longer be an afterthought and must be at the forefront of all we do. We need to consider mental health and wellbeing at every contact and focus on the promotion of mental health across all agencies.	In 2016, suicide prevention work has been achieved within the community of Torbay which has attracted a Faculty of Public Health award – working with barbers, taxi drivers, pubs and clubs, boxing clubs *etc* to give mental health awareness and suicide prevention training for outlets that see and have conversations with men. Further, work has been completed to engage with men to design suicide prevention messages for men, financially supported by the Arts Council.	In 2017, it is anticipated that work with the community of Torbay around suicide prevention for men will be embedded and made sustainable. However in 2017; ➢ Self-harm now requires strategic attention taking a life course. This will necessitate a joined up approach across commissioners of health, public health and social care. ➢ A focus is now needed on emotional health and well-being and the 5 ways to Well-being ➢ A transformational, preventative approach to Torbay's high rates of domestic and sexual violence and abuse is also needed, to ensure people and families are offered comprehensive help to support their resilience and their recovery from such violence and abuse.

Bibliography

Marmot, Professor Sir Michael (2010) *Fair Society Healthy Lives (The Marmot Review),* UCL Institute of Health Equity, England *here*

Bramley, Glen et al (2015) Hard Edges; mapping severe and multiple disadvantage, Lankelly Chase Foundation, England here

Websites

http://thousanddays.org/the-issue/why-1000-days/ [accessed online 03.03.17]

http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/$FILE/ACE%20Report%20FINAL%20(E).pdf [accessed online 10.03.17]

http://www.eif.org.uk/case-study/blackburn-with-darwen-ace-adverse-childhood-experiences-screening-pilot/ [accessed online 01.03.17]

Appendix 1 - Multiple Complex Needs in Torbay - November 2016

The purpose of this paper is to provide an overview of people facing multiple needs in Torbay. This paper presents a top level overview and collection of information to promote discussion.

The paper contains estimates around prevalence and activity pertaining to vulnerable complex adults and associated risk factors. The framework for this paper has been identified through MEAM (Making Every Adult Matter) with the addition of domestic abuse.

This paper looks at the following problems highlighted through the MEAM approach and includes information on domestic abuse. The MEAM approach identifies that many people experience multiple problems at the same time.

- Poverty
- Family breakdown
- Mental ill health
- Homelessness
- Substance misuse
- Offending and crime (including domestic abuse)

Each of the above listed problems is discussed in this paper and sections accordingly. Each section contains an overview where possible to contextualise the problems in Torbay; this has been sourced from the Public Health Outcomes Framework (PHOF). Each section is looked at in isolation and not as a set of multiple needs; this is because the data linkage across the system is not at a place that enables an analysis of multiple need.

Summary of findings presented in this paper:

- Torbay has high levels of relative poverty and deprivation
- Torbay has high levels of family breakdown
- The general population have less satisfaction and overall happiness
- There are high levels of self harm in the population
- There is an increasing number of rough sleepers
- There has been an increase in A & E attendances for those with no fixed abode
- Torbay has higher levels of alcohol related admissions to hospital
- Torbay has higher levels of violent crime

Poverty

An overarching measure of economic productivity (Gross Value Added) suggests that Torbay's economy is the weakest in the South West and amongst the weakest in England. Torbay has relatively high levels of out of work benefit claimants, a seasonal employment base and relatively low earnings.

The index of multiple deprivation identifies Torbay as the most deprived local authority area in the South West, and within the top 20% most deprived local authorities across England. 42,000 people resident in Torbay, a third of the population, live in areas within the top 20% most deprived in England.

Levels of child poverty in Torbay are relatively high, with the latest estimates (2014) suggesting that 23% of all children in Torbay are in poverty, this compares to 20% across England.

Family breakdown

Torbay has the third highest rate of divorce out of 326 district authorities in England (2011), 12.2% of all usual residents aged 16+, the England average is 9.0%. There are around 14,400 families in Torbay with dependent children, with 1 in 3 (33.2%) being a lone parent family with dependent children (2011). This is higher than the England average of 28.7%.

Mental ill health

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Those more vulnerable are more likely to experience levels of mental ill health. One-in-four adults and one-in-ten children experience mental illness during their lifetime. Table 1 shows a collection of mental ill health outcome indicators for Torbay compared to England.

Table 1: PHOF indicators relating to mental ill health

Public Health Outcomes Framework related indicators	Period	England	South West	Torbay		RAG
		Value	Value	Count	Value	
1.06ii - Percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation (Female)	2014/15	61.3%	54.4%	-	56.5%	not compared
1.06ii - Percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation (Male)	2014/15	58.4%	53.2%	-	70.0%	not compared
1.06ii - Percentage of adults in contact with secondary mental health services who live in stable and appropriate accommodation (Persons)	2014/15	59.7%	53.8%	-	62.9%	not compared
1.08iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (Female)	2014/15	59.3	62.8	-	64.7	not compared
1.08iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (Male)	2014/15	72.6	73.9	-	74	not compared
1.08iii - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate (Persons)	2014/15	66.1	68.2	-	69.3	not compared
2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	2014/15	109.6	111.1	249	121.2	
2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	2014/15	131.7	145	267	189.2	
2.10ii - Emergency Hospital Admissions for Intentional Self-Harm	2014/15	191.4	249.2	374	314.3	
2.23i - Self-reported wellbeing - people with a low satisfaction score	2014/15	4.8%	4.6%	-	6.9%	not compared
2.23ii - Self-reported wellbeing - people with a low worthwhile score	2014/15	3.8%	3.9%	-	4.9%	not compared
2.23iii - Self-reported wellbeing - people with a low happiness score	2014/15	9.0%	8.8%	-	10.5%	

Table 1. Continued

Public Health Outcomes Framework related indicators	Period	England	South West	Torbay		RAG
2.23iv - Self-reported wellbeing - people with a high anxiety score	2014/15	19.4%	18.8%	-	22.6%	
4.10 - Suicide rate (Female)	2012 - 14	4.5	5.9	10	*	not compared
4.10 - Suicide rate (Male)	2012 - 14	15.8	17	38	22.9	
4.10 - Suicide rate (Persons)	2012 - 14	10	11.3	48	13.6	

Source: http://www.phoutcomes.info/

Estimates suggest that around 12,000 people in Torbay have a common mental ill health disorder. Around 450 people with an antisocial personality disorder, 300 people with a psychotic disorder and 5,000 with two or more psychiatric disorders.

Interestingly, these numbers are expected to decrease in the coming years.

Table 2: Mental ill health estimates for Torbay

People aged 18-64 predicted to have a mental health problem, by gender, projected to 2030	2014	2015	2020	2025	2030
Males aged 18-64 predicted to have a common mental disorder	4,500	4,525	4,450	4,425	4,350
Males aged 18-64 predicted to have a borderline personality disorder	108	109	107	106	104
Males aged 18-64 predicted to have an antisocial personality disorder	216	217	214	212	209
Males aged 18-64 predicted to have psychotic disorder	108	109	107	106	104
Males aged 18-64 predicted to have two or more psychiatric disorders	2,484	2,498	2,456	2,443	2,401
Females aged 18-64 predicted to have a common mental disorder	7,427	7,368	7,309	7,230	7,033
Females aged 18-64 predicted to have a borderline personality disorder	226	224	223	220	214
Females aged 18-64 predicted to have an antisocial personality disorder	38	37	37	37	36
Females aged 18-64 predicted to have psychotic disorder	189	187	186	184	179
Females aged 18-64 predicted to have two or more psychiatric disorders	2,828	2,805	2,783	2,753	2,678

Source: http://www.pansi.org.uk/

Homelessness

Homelessness is associated with severe poverty and is a social determinant of health. It is also associated with adverse health, education and social outcomes, particularly for children. To be deemed statutorily homeless a household must have become unintentionally homeless and must be considered to be in priority need. As such, statutorily homeless households contain some of the most vulnerable and needy members of our communities.

Table 3: PHOF indicators relating to homelessness

Public Health Outcomes Framework related indicators	Period	England	South West	Torbay		RAG
		Value	Value	Count	Value	
1.15ii - Statutory homelessness - households in temporary accommodation per 1,000 households	2014/15	2.8	0.9	23	0.4	not compared

Source: http://www.phoutcomes.info/

The rate of homelessness per 1,000 households is lower in Torbay compared to the England average, as shown in figure 1. The rates, both nationally and locally appear to have stabilised over the last 6 years.

Torbay has seen a dramatic decrease in the proportion of decisions that have been accepted as homeless, from around 50% in 2005/06, to around 10% in 2015/16 (figure 2).

Figure 1: Rate of homeless households per 1,000 households

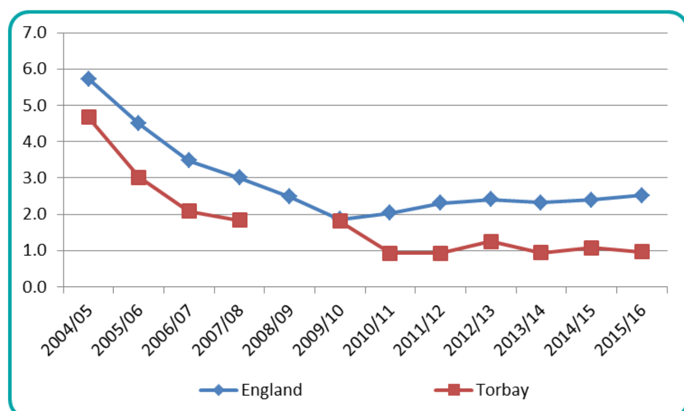
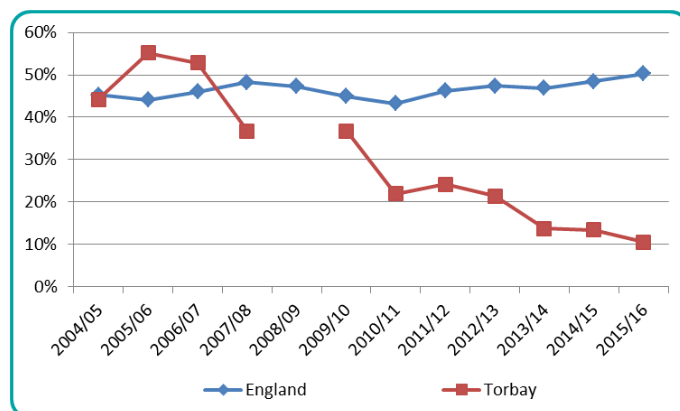


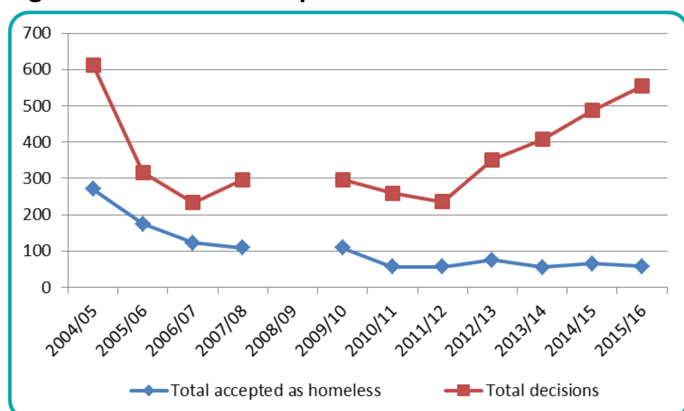
Figure 2: Proportion of total decisions that were homeless



Source: Gov.uk live tables on homelessness, table 784

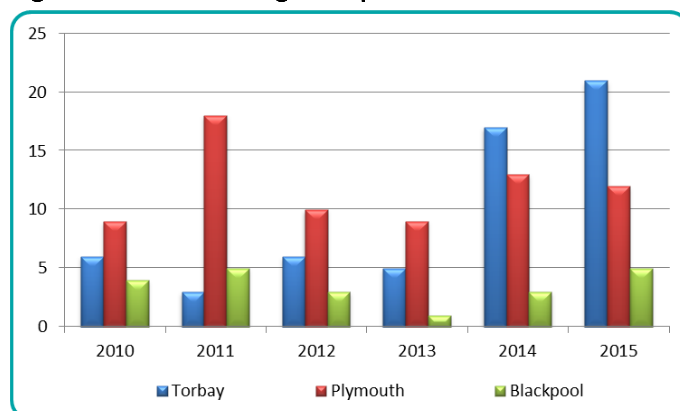
Since 2011/12 there has been a year on year increase in those eligible but not either intentionally, not in priority need or not homeless (total decisions in figure 3), while the total accepted as homeless has remained around 60 per year.

Figure 3: Homelessness provision - decisions



Source: Source: Gov.uk live tables on homelessness, table 784

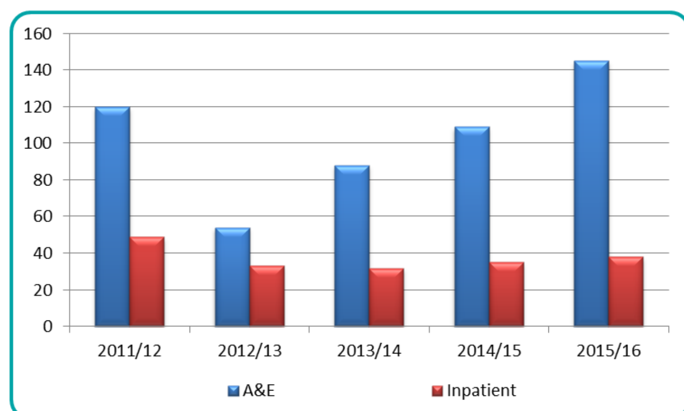
Figure 4: Count of rough sleepers



Gov.uk Rough sleeping in England: autumn 2015

The number of rough sleepers in Torbay has increased from around 5 a year up until 2013 to more than 15. This count of people is higher than both the authorities of Blackpool and Plymouth, figure 4.

Figure 5: Discharge destination is no fixed abode (ZZ9 3VZ)



Source: SUS

The discharge destination, as identified as ‘no fixed abode’ has remained fairly constant for those being discharged as an inpatient, however the numbers relating to activity at A&E have seen a steady year on year increase.

Substance misuse

Substance misuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Drug and alcohol misuse is a complex issue. While the numbers of people with a serious problem is relatively small, someone’s substance misuse and dependency affects everybody around them.

The PHOF indicators presented in table 4 show positive outcomes for those engaged with alcohol treatment services, with a significantly higher proportion completing. The rate of alcohol related admissions is significantly higher in Torbay compared to the England average.

Table 4: PHOF indicators relating to substance misuse

Public Health Outcomes Framework related indicators	Period	England	South West	Torbay		RAG
		Value	Value	Count	Value	
2.15i - Successful completion of drug treatment - opiate users	2014	7.4%	7.9%	39	7.4%	
2.15ii - Successful completion of drug treatment - non-opiate users	2014	39.2%	33.4%	55	34.8%	
2.15iii - Successful completion of alcohol treatment	2014	38.7%	37.6%	209	44.6%	
2.15iv - Deaths from drug misuse	2012 - 14	3.4	3.4	7	*	not compared
2.18 - Admission episodes for alcohol-related conditions - narrow definition (Female)	2014/15	474	510	428	600	
2.18 - Admission episodes for alcohol-related conditions - narrow definition (Male)	2014/15	827	784	635	965	
2.18 - Admission episodes for alcohol-related conditions - narrow definition (Persons)	2014/15	641	638	1,063	770	

Source: http://www.phoutcomes.info/

Estimates suggest that there are currently around 4,400 people alcohol dependent, and 2,500 drug dependent in Torbay.

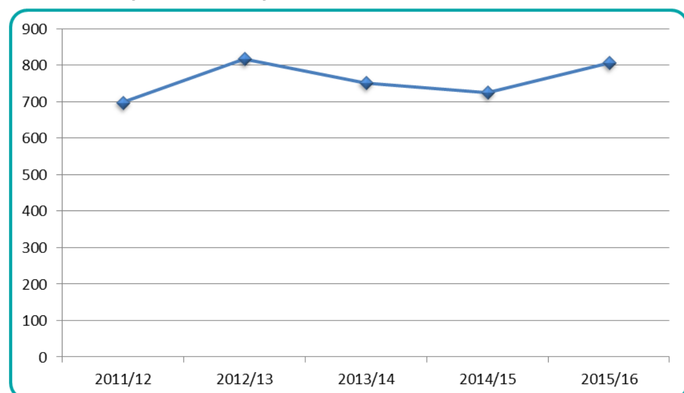
Table 5: Substance misuse estimates for Torbay

People aged 18-64 predicted to have a drug or alcohol problem, by gender, projected to 2030	2014	2015	2020	2025	2030
Males aged 18-64 predicted to have alcohol dependence	3,132	3,149	3,097	3,080	3,028
Females aged 18-64 predicted to have alcohol dependence	1,244	1,234	1,224	1,211	1,178
Total population aged 18-64 predicted to have alcohol dependence	4,376	4,384	4,321	4,291	4,206
Males aged 18-64 predicted to be dependent on drugs	1,620	1,629	1,602	1,593	1,566
Females aged 18-64 predicted to be dependent on drugs	867	860	853	844	821
Total population aged 18-64 predicted to be dependent on drugs	2,487	2,489	2,455	2,437	2,387

Source: http://www.pansi.org.uk/

An analysis of treatment data suggests that there is a level of unmet need. There are around 800 people within the service, and more than 800 are estimated to be dependent on alcohol or drugs – the dependent estimates do not identify any cross over. A count of people by financial year referred is presented in figure 6.

Figure 6: Counts of people referred into substance misuse services by financial year



Source: Torbay HALO system

During 2015/16 there were completed 555 episodes of care for people entering substance misuse services. Of the 555, 250 completed their treatment, 261 incomplete (dropped out, died or restarted their treatment) and 44 were transferred. The 555 episodes of care were for 523 individuals.

An analysis of need from a treatment perspective identifies that in 2015/16, of the 555 treatment completed episodes there was complete data for 535 episodes. This identified that within 122 episodes, there was a housing related issue; either no fixed abode or housing problem and that 32 episodes were also in the criminal justice system.

Offending and crime:

Table 6: PHOF indicators relating to offending and crime

Public Health Outcomes Framework related indicators	Period	England	South West	Torbay		RAG
		Value	Value	Count	Value	
1.12ii - Violent crime (including sexual violence) - violence offences per 1,000 population	2014/15	13.5	11.6	2,635	19.9	not compared
1.12iii- Violent crime (including sexual violence) - rate of sexual offences per 1,000 population	2014/15	1.4	1.3	270	2.04	not compared
1.13i - Re-offending levels - percentage of offenders who re-offend	2013	26.4%	25.4%	310	26.1%	not compared
1.13ii - Re-offending levels - average number of re-offences per offender	2013	0.82	0.79	961	0.81	not compared
2.16 - People entering prison with substance dependence issues who are previously not known to community treatment	2012/13	46.9%	46.7%	56	39.7%	

Source: http://www.phoutcomes.info/

Sexual Offenses have been increasing since 2010, with a noticeable increase following 2012. A proportion of the increase will be due to historical offenses being reported in light of operation yewtree.

Figure 7: Rate of sexual offences per 1,000 population

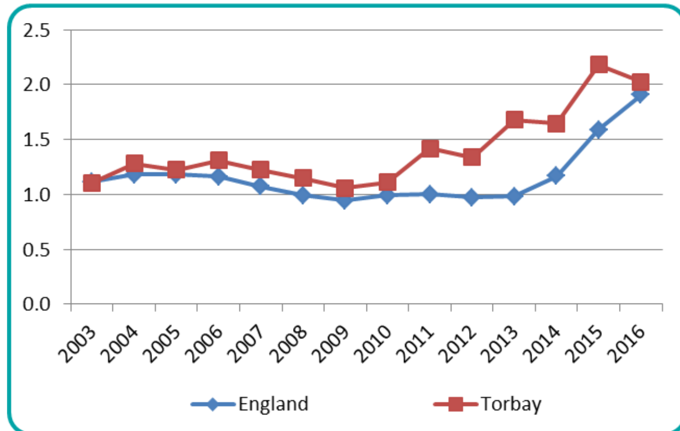


Figure 8: Count of recorded sexual offences in Torbay

Source: ONS Recorded crime data at Community Safety Partnership / Local Authority level

Shoplifting offences

Figure 9: Rate of shoplifting offences per 1,000 population

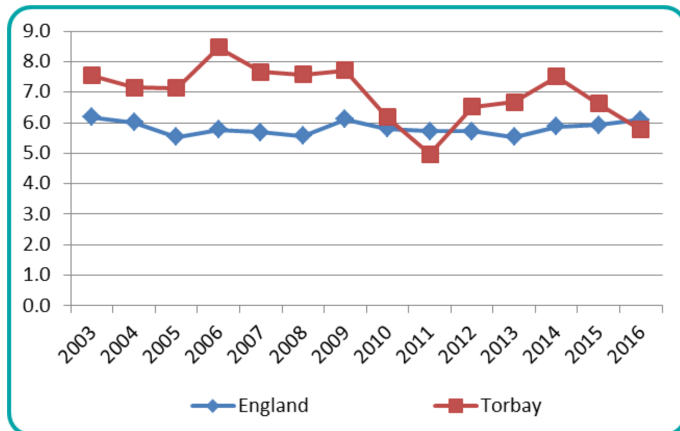


Figure 10: Count of recorded shoplifting offences in Torbay

Source: ONS Recorded crime data at Community Safety Partnership / Local Authority level

Violence with injury offenses

Figure 11: Rate of violence with injury offences per 1,000 population

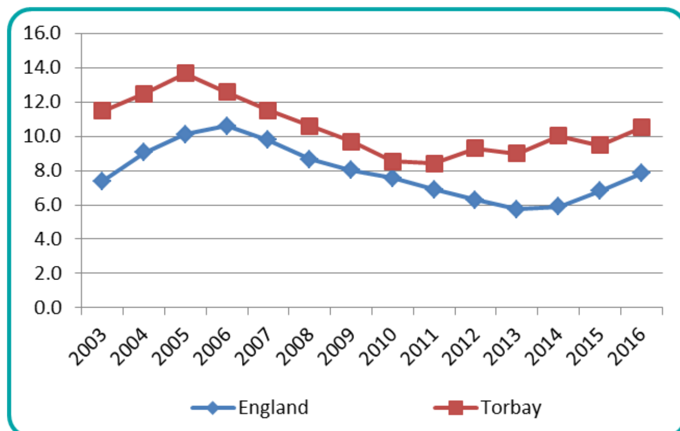
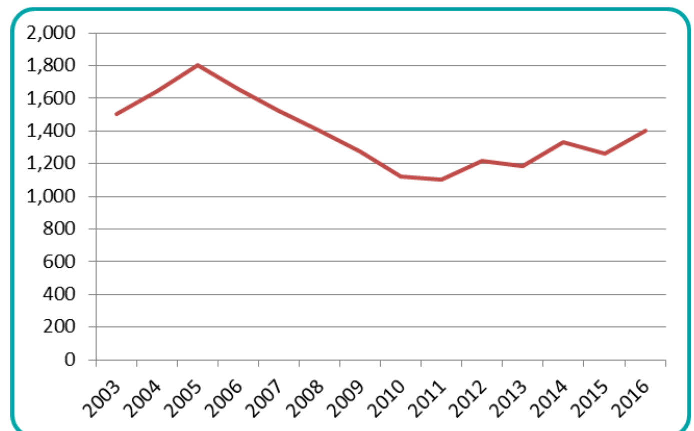


Figure 12: Count of recorded violence with injury offences in Torbay



Source: ONS Recorded crime data at Community Safety Partnership / Local Authority level

Violence without injury

Figure 13: Rate of violence without injury offences per 1,000 population

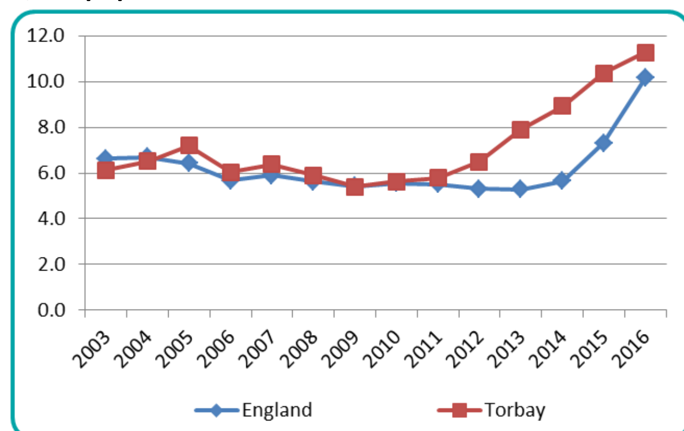
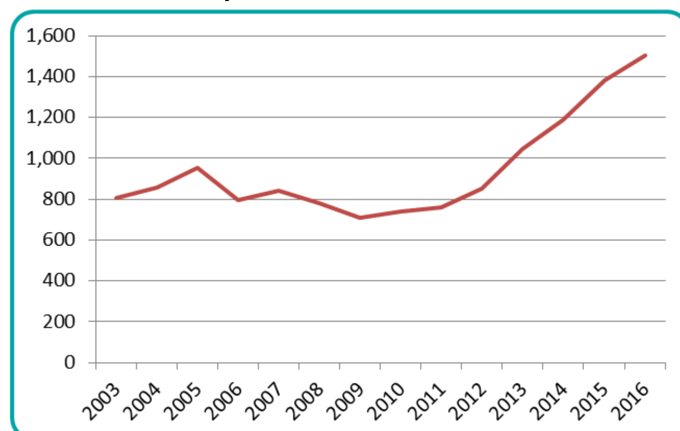


Figure 14: Count of recorded violence without injury offences in Torbay



Source: ONS Recorded crime data at Community Safety Partnership / Local Authority level

Domestic abuse

Figure 15: Rate of domestic abuse per 1,000 residents

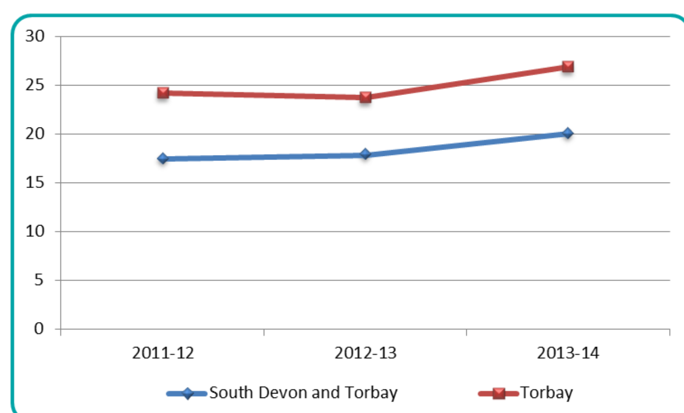
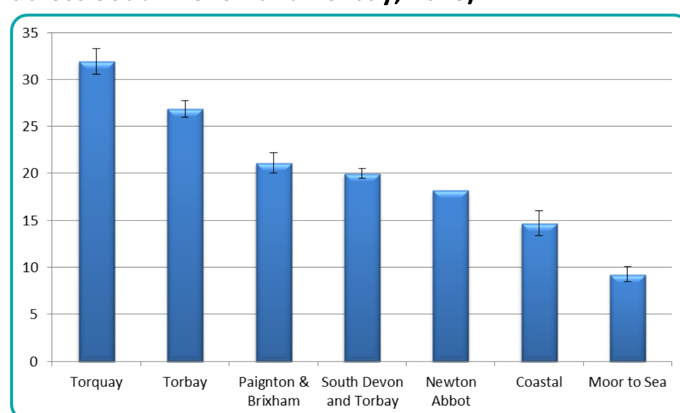


Figure 16: Rate of domestic abuse per 1,000 residents across South Devon and Torbay, 2013/14



Source: 2014/15 Joint Strategic Needs Assessment for South Devon and Torbay

PublicHealth