OUR PEOPLE

Why is this important?

Some mental health conditions are more common in certain age groups. Dementia is much more common in older people, so that the health and social services in areas with high proportions of older people tend to have to cater for higher rates of people with dementia. Depression caused or aggravated by bereavement or increasing infirmity and associated isolation is also more prevalent in older people.

People in deprived areas generally suffer more health problems than those in less deprived areas. Children in poverty are especially vulnerable, falling prey to a range of physical and emotional problems.

Areas with high levels of unemployment have poorer health, in the same way as deprived areas but with the added complications of low self -esteem contributing to mental ill-health.

The physical and emotional health of people with lower educational attainment is poorer than that of people with higher attainment.

People who have experienced bullying (particularly at school or in the workplace) have an increased likelihood of mental ill -health, particularly if they feel they have no-one to talk to about it.

Looked-after children have worse health (both physical and emotional) than average. High numbers put strain on social services in particular.

Where parents misuse drugs or alcohol, their children are more likely than average to develop mental or emotional problems.

Lesbian, gay, bisexual and transgender people experience greater risk of depression than average. this can be compounded by bullying and fear of accessing services because of encountering prejudice.

People who have long-term physical conditions are at increased risk of suffering from depression. There is an increased risk also in people who are acting as carers, especially if they do not receive adequate support.

Mental ill-health, particularly depression and post -traumatic stress disorder, is more common in refugees and asylum -seekers and also in ex-service personnel. Racial harrassment can increase the problem in these groups and can also lead to depression in other non -white members of a community.

Living alone (especially for elderly infirm people) can lead to poorer emotional well-being, as can being a carer or a social care user who is not receiving enough support.

OUR STATE OF HEALTH

Why is this important?

Certain lifestyle behaviours lead to ill-health:
misuse of alcohol and/or drugs increases the risk of mental health problems; being overweight or obese can be linked with anxiety or depression, increase the likelihood of being bullied and lead to physical health conditions which themselves cause orexacerbate depression.
Depression can be linked to teenage pregnancy, with the risk increased by a likely associated low income

Premature mortality *in adults with serious mental illness might indicate that there is more need for health and social service action. If suicide is more than usually common in an area, a wide range of services might need to act to prevent it - this could include ensuring access to psychological counselling, preventive measures at suicide hotspots (including signage to agencies such as the Samaritans), educating front line service staff i(health and social services, police, etc.) n recognising depression and risk of suicide.*

Estimates and known sufferers. *There are sometimes differences between the estimated numbers of people suffering from conditions such as depression, autistic spectrum disorder or dementia and the numbers appearing on GP registers or recognized by Social Services.*

People with serious mental health problems are more likely to be victims of crime and are at risk of bullying and abuse, an issue which requires a whole-system approach to remove the stigma.

With certain conditions, including learning disability and serious mental health problems, there is a risk that physical problems will be overlooked.

High rates of emergency hospital admissions for mental health conditions might indicate that problems have not been recognized or treated early enough .

OUR SERVICES

Why is this important?

Prevention of more serious mental problems- *appropriate services, provided at the right time and at the right level, can reduce the likelihood of more serious mental problems arising. The provision of drug and alcohol services forms part of this preventive agenda.*

Early recognition and early access to treatment *- this is particularly important with depression, where early recognition and intervention (IAPT - Improving Access to Psychological Therapies) can solve the problem without the need for more resource-intensive treatments.*

Prevention of physical problems *- historically there were many instances where people with serious mental health problems were not properly assessed for physical problems, which could exacerbate their mental health problems.*

Improving quality of life *- although 'cure' is sometimes not likely, appropriate treatment can significantly improve the ability of a patient to cope with the condition and maintain quality of living. Such treatment might enable sufferers to return to work or education or to live in their own home with support.*

Helping carers - particularly as carers are themselves at risk of depression, support can provide respite.

Third sector organizations play a huge part across the spectrum of preventive and community-based activity. Provision of advice on benefits or housing or help to move back into employment, as well as initiatives to reduce loneliness and improve mental well-being or to support those with particular conditions and their carers, are vital to a community's overall well-being.

Our place

Three quarters of residents (75%) are satisfied with their local area as a place to live (2012). This is a drop from 2008, when 81% of residents were satisfied. Satisfaction varies by area: in the South East, only 65% were satisfied, compared to the North (82%) and the West (83%). *(Northumberland Resident Perception Survey 2012)*

With 97% of its land area classed as rural, the county is sparsely populated with 63 people per km^2. Over half of the county's population live in the 3% of urban land found in the south east of the county *(Northumberland Knowledge –rural urban map)*

Sense of community

Almost three quarters of residents feel strongly that they belong to their local area, with a similar pattern of variation across the four areas. Residents in the North and West of Northumberland appear to have more links with their local community than those living in the South East of the county.

About a quarter of Northumberland residents do some form of voluntary work at least once a month for group, club or organization. A larger proportion (40%) has given unpaid informal help at least once a month in the last 12 months to someone who is not a relative. Levels of volunteering vary across the county and tend to be lower in the more deprived areas (as is the case nationally). *(Northumberland Resident Perception Survey 2012)*

	North	***West***	***South East***
Formal volunteering at least once a month	*29%*	*29%*	*21%*
Informal volunteering at least once a month	*41%*	*43%*	*37%*

Over 10% of young people aged 13 to 19 in Northumberland participate in volunteering activities and that number is increasing annually. *(CYP mh strategy)*

Environment

Northumberland has very few complaints about noise. Only 1.8% of residents are exposed to road, rail and air transport noise of 65dB(A) or more during the daytime, compared to 5.2% in England. Only 2.6% are exposed to those noises at a level of 55dB(A) or more at night, compared to 8.0% in England *(PHOF - Public Health Outcomes Framework)*

Only 3.2% of mortality in the North East is attributable to particulate air pollution (compared to 4.7% in England *(PHOF – air pollution)*

Housing and homes

Only 2% of Northumberland's dwellings are overcrowded (with one bedroom fewer than would be recommended for the number of occupants), compared to 4.5% in England and Wales as a whole (2011) *(ONS LC4105EW Occupancy Rating (bedrooms) of -1 or less)*

For every 1,000 households, there is 1 homeless household (2015/16). This is lower than England's rate of 3 households per 1,000. *(PHOF- homelessness)*

Homelessness is expected to increase as a result of welfare reform and the under-supply of affordable housing *(A Housing Strategy for Northumberland 2013-18)*

In 2011, 32% of Northumberland's households lived in rented accommodation, a lower rate than England's *(PHOF - rented)*

Crime and the justice system

99% of Northumberland residents say they feel very or fairly safe living in their neighbourhood

The number of recorded crimes in Northumberland has reduced over past years from over 16,000 in 2008/09 to 10,000 in 2013/14here is a low rate of violent crime, compared to England (only 4.8 violent offences per 1,000 population in 2013/14, compared to England's 11.1). The county also has a low rate of alcohol-related crime. Antisocial behaviour incidents in the county have reduced from 18,144 in 2011/12 to 16,316 from 2012/13. *(Community Wellbeing – statistics for Northumberland)*

However, the rate of domestic abuse incidents (25.7 per 1,000 population in 2015/16) is higher than England's rate *(PHOF- domestic abuse)*

Since 2010, Northumberland's rate of first time entrants to the youth justice system has been lower than England's. In 2013 there were 408 first time entrants per 100,000 in Northumberland. *(LAIT – Local authority Interactive tool)*

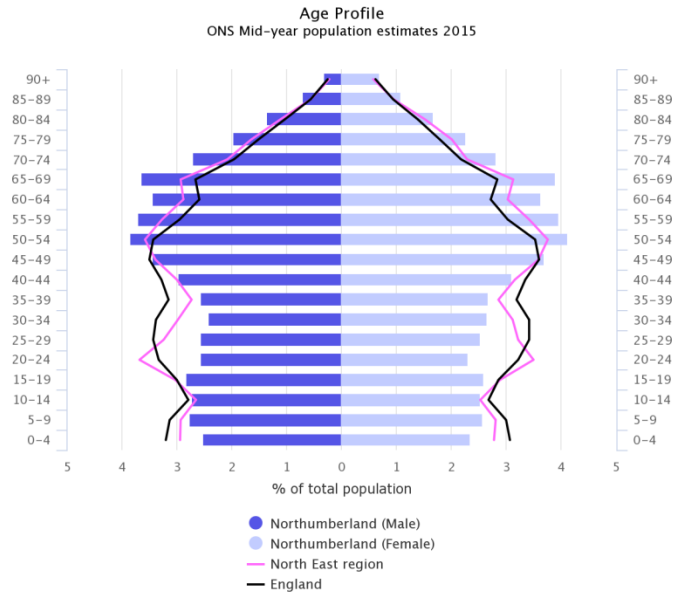
The rate of custodial sentences for young people was only 0.07 per 1000 receiving a conviction, much lower than England's 0.68 per 1,000 *(LAIT)*

Our people

Demographics

The birth rate per 1,000 pop in Northumberland, for 2015 was 9, which was lower than the figure for both the North East (10.8) and England (12.1).Northumberland's birth rate has been In 2016, there were 2820 births in Northumberland, a general fertility rate (the number of births per 1,000 women aged 15-64) of 57.1, lower than England's 62.3.

Northumberland in 2015 has a higher than average proportion of people aged 65+ (23.1% compared to 17.7%). The proportion of people aged 85+ is forecast to grow from 3% in 2015 to 7% in 2035. 51% of Northumberland's population is female.



2016 Mid year estimates

Age group %	Northumberland	England and Wales
<19	20.7	23.7
20-64	55.8	58.3
65-84	21.2	15.6
+85	2.9	2.4

2014 based Subnational Population Projections for Local Authorities

% Persons	2014	2020	2025	2030	2035	2039
0-19	21.0	20.2	19.9	19.3	18.9	18.7
20-64	56.4	54.4	51.9	49.6	48.2	47.7
65-84	19.8	22.1	24.2	26.1	26.4	26.4
85+	2.7	3.3	3.9	4.9	6.5	7.2

Socioeconomic factors

Levels of deprivation vary considerably across the county but Northumberland overall compares well with England as a whole: only 15.4% of the population live in one of the 20% most deprived areas of England, significantly better than England's 20.4% average (2013) *(IMD map by ward)* *(PHOF deprivation)* In Northumberland, 18.9% of children under 16 live in poverty. Even though this is a much lower proportion than England's 20.1% (2014), it still means that there are 9,780 children in poverty. *(PHOF – poverty).* Northumberland has a lower proportion than England of older people living in income deprived households (16% of people over 60) *(PHOF)* However, in 2014, 13.3% of Northumberland households experienced fuel poverty, worse than England's 10.6 % *(PHOF-fuel)*

Education and employment

At the end of reception year in 2015/16, 73.4% of children had achieved a good level of development. This was better than England's 69.3% *(PHOF)* These results vary by ward and CCG locality. *(PHOF – ward and CCG)* The provisional average for Northumberland in 2015 has increased to 65%. *(Director of Education Skills Presentation 2015 schools forum)*

5.0% of Northumberland's 16-18 year olds are not in education, employment or training (2015, above the average of the county's statistical neighbours. England's rate was 4.2% *(LAIT)*

55.3% of Northumberland's pupils gained 5 or more GCSEs at levels A* to C (including maths and English) in 2016 lower than any of its statistical neighbours and lower than England's 53.5%.*(LAIT – statistical neighbours)*

These results vary by ward and CCG locality *(Local Health)* In 2015, Northumberland's proportion increased to 57% but there was significant variation by individual school, by sex and by level of disadvantage *. (Director of Education Skills Presentation 2015 schools forum)*

In 2014, 27% of Northumberland's looked after children achieved 5+ A* to C grades GCSEs including maths and English. Although this is higher than England's 12%, it is much lower than the 53% (Northumberland and England) of the general population achieving those grades. *(LAIT)*

Among Northumberland's adults, 37.5% had no qualifications or level one qualification (2011), a higher rate than England's. *(PHOF-qualifications)*

In 2016, 7171 school age pupils in Northumberland had special educational needs (15.5% of pupils, similar to England's rate of 14.4%) *(PHOF-SEN)*

Although deprivation levels are less severe than average, Northumberland's long term unemployment rate is 6.2 per 1000 (Aug 16) , significantly worse than England's 3.7%.

Although Northumberland had a lower than England's proportion of households with dependent children where no adult is in employment (3.4%), there were 4,743 households in this position *(NOMIS)*

Vulnerable children

In 2017, Northumberland had 69 per 10,000 children under 18 who were looked after (compared to England's 62 per 10,000) *(LAIT)* . In 2016 there were 489.5 per 10,000 children in need, lower than England's rate). Among the new cases identified during 2016, 90 were in need due to abuse or neglect (a lower proportion than England's). (PHOF) In 2015/16, 185 children left care in Northumberland (a rate of 31 per 100,000, lower than the rate of 27 for England). (PHOF)

Almost 80% of Northumberland's looked after children were in foster placements in 2014 (higher than England's 75%) (*link to CYP strategy).* 6% of looked after children were in secure units, children's homes and hostels (lower than England's 9%) *http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#gid/1938132755/pat/6/ati/102/page/1/par/E12000001/are/E06000057/iid/90909/age/173/sex/4*

Northumberland had 60.9 per 10,000 children in 2016 who were the subjects of Child Protection Plans (compared to England's 43.1 per 10,000).

The same year saw 5002 referrals to Northumberland's Children's Social Services. This equates to a rate of 844 per 10,000, whilst England's rate was only 532 per 10,000. Only 0.3% of these referrals

were closed with no further action, whilst England (even with its much lower rate of referrals) closed 14% with no further action. *(LAIT)*

In 2011, over 65,000 people in Northumberland (21%, higher than England's rate) had long-term health problems or disability, with their condition limiting their day-to-day activities. There were 585 Northumberland households with dependent children where at least one person has a long term health problem or disability in 2011. This represents 4.22% of households, a lower proportion than England's. *(LAIT)*

In Northumberland in 2011, 544 children aged under 15 (1%, a lower proportion than England's) and 1,517 young people aged 16-24 (5%, similar to England's proportion) were providing unpaid care. Considerable care (20 or more hours of unpaid care per week) was provided by 107 children aged under 15 and 378 young people aged 16-24. *(LAIT)*

In 2015/16, Northumberland's 0.13% of state schoolchildren (52 children) were Gypsy or Roma. This is a lower proportion than the England figure of 0.29%. Unlike many parts of England, the county had no looked-after children who were unaccompanied asylum-seeking children. *(LAIT)*

Northumberland had a lower than England average rate of children whose parents were in drug treatment in 2011/12 (78 per 100,000, compared to 110 per 100,000). Its rate of children whose parents were in alcohol treatment (138 per 100,000) was similar to England's. *(LAIT)*

Other vulnerable people

Local data on former service personnel are not readily available. It is known that the North East in general provides a disproportionately high number of recruits to the armed forces, many of whom will return to settle in the area upon discharge *Northumberland Knowledge – former service personnel*

There is little evidence on the size of the lesbian, gay, bisexual and transgender (LGBT) population; people might be reluctant to answer questions on their sexuality, knowing that people who are LGBT often suffer discrimination and bullying. Government estimates have suggested that 5-7% of the population is lesbian, gay or bisexual.

As at September 2014, Northumberland's prisoner population was 1,329 *(The Government Strategy 'Preventing Suicide in England (2012) highlights that people at all stages within the Criminal Justice system, including people on remand and recently discharged from custody, are at high risk of suicide) (PHOF – prisoner)*

In Northumberland in 2011, 8840 people were providing substantial unpaid care, a rate of 2.8% (higher than England's rate) (PHOF) Almost 5,000 people aged 65 and over in Northumberland provided unpaid care to a partner, family member or other person, a rate of 14%, similar to England's. *(NOMIS)*

In Northumberland in 2011, 6.2% of households had lone parents with dependent children (lower than England's rate) and 11.9% of adults were either separated or divorced (higher than England's rate) *(NOMIS)*

5,000 residents (2%) classify themselves as non-white, with the greatest number of these being Asian *(NOMIS)* The proportion varies by ward and CCG locality *(Local Health)*

Northumberland's high proportion of white (British, Irish or other) residents contributes to its lower than average proportion of people who cannot speak English / speak it well (0.2% in 2011, compared to England's 1.7%. The proportion varies by ward and CCG locality *(Local Health)*

Northumberland's rate of migrant GP registrations is only 1.4 per 1000 resident population, compared to England's 9.6 per 1,000 (2016). The county has no supported asylum seekers (whereas England has a rate of 3.9 per 10,000 population). *(PHOF - migrant)*

The number of gypsies and travellers in the county is hard to ascertain. In January 2017 there were known to be 66 caravans in the county. *(gov.uk. traveller caravan count)* It had been hoped that the 2011 census would provide a more accurate picture but only 156 individuals self-identified in Northumberland, possibly due to long-held fears of persecution or racism. *(Strategy for Gypsies and Travellers in Northumberland 2013/16)*

In 2015/16 51.5% of Northumberland's adult social care users had as much social contact as they would like (better than England's 45.4%) and among adult carers, 48.7% had as much social contact as they would like (higher than England's 41.3%) *(PHOF).* This means that, although Northumberland is better than England for people feeling they have enough social contact, half of social care users and over half of carers still do not have enough social contact.

Our state of health

Risk/behavioural factors

An estimated 23.4% of Northumberland residents aged 16+ are increasing drinkers and higher risk drinkers (England 22.3%) *(PHOF)* Estimates also suggest that 29.8% of Northumberland's adults are binge drinkers, significantly higher than England's proportion *(LAPE).* is also variation by ward and CCG locality *(Local Health)*

The estimated rate of users of opiate and/or crack cocaine aged 15-64 was 6.5 per 1,000 population in 2011/12, significantly better than England's 8.4 per 1,000 *(PHOF)*

In 2015, 55.2% of Northumberland's adults achieved at least 150 minutes of physical activity per week, (not significantly different from England's proportion) *(PHOF)* and in 2014/15, 50.1% of Northumberland's population met the recommended '5-a-day' fruit and veg which was higher than England's proportion of 52.4% *(PHOF)*

In 2015/16, 9.8% of Reception children were classed as obese (similar to England's proportion) and 19.6% of year 6 children (aged 13-14) were classed as obese, similar to the England figure of 19.8% *(PHOF).* Rates of underweight children in 2015/16 were not significantly different from England's: 0.57% of reception year children and 0.85% of Year 6 children were underweight *(PHOF)*

In 2015, conception rates in under 18s (22.5 per 1,000), were not significantly different from the rate of 20.8 for England. For those under 16, there were 28 conceptions (5.6 per 1,000) in Northumberland which was higher than the rate of 3.7 for England *(PHOF)*

Mental and emotional well-being

According to the 2012 Resident Perception Survey, only 12% of residents had a low quality of mental well-being (using a more detailed set of questionnaires to that used in the ONS self-reported well-being estimates given below). Well-being scores varied across the county, following the pattern of general health, with a higher average recorded in the West and lower in the South East *(Northumberland Resident Perception Survey 2012).*

The 2015/16 ONS Integrated Household Survey found that, among Northumberland's respondents: 2.8% had low satisfaction with their lives (England 4.6%); 3.0% felt that, overall, the things they did in their lives were not particularly worthwhile (England 3.6%); 7.3% had not felt particularly happy the previous day (England 8.8%); 17.1% had felt quite or very anxious the previous day (England 19.4%) *.(PHOF)*

The emotional well-being of looked after children aged 5-16 years has been improving over the last few years

In 2014, 1231 Northumberland school pupils had behavioural, emotional and social support needs, a rate of 2.6% (higher than England's rate. *(PHOF)*

Mortality

Premature (under 75) mortality in adults with serious mental illness was 1565 per 100,000 population in 2012/13, higher than England's rate. For adults with serious mental illness, Northumberland's excess under 75 mortality ratio in 2014/15 was 394.4. *(PHOF)*

Northumberland had 105 deaths (79% of them in males) from suicide and injury of undetermined intent in 2013/15. This is a rate of 12.7 per 100,000, worse than the England rate of 10.1 per 100,000. The small number of female deaths means a valid rate is not calculable but the male rate (20.6 per 100,000) is higher than England's 15.8 per 100,000. *(PHOF)*

Northumberland's mortality rate from epilepsy from 2009-13 was 1.83 per 100,000 people aged 18-74, a higher rate than England's. However, the mortality rate from epilepsy for people diagnosed with the condition (899 per 100,000) is lower than England's. *(PHOF)*

In 2013/15, 136 people all ages died of alcohol-specific mortality, a rate of 14.3 per 100,000 (England's rate was 11.5). For alcohol related mortality in 2015, 167 people of all ages died of alcohol-related causes, which was a rate of 48.5 per 100,000 (similar to England) *(Local Alcohol Profile).*

Estimates are available of the increase in life expectancy at birth that would be expected if all alcohol-related deaths among males/females aged less than 75 years were prevented. Northumberland's males lose an estimated 13.6 months and females lose an estimated 6.6 months (with corresponding figures for England being 14.3 months for males and 6.7 for females).

Mental health conditions

It is estimated that in 2014/15, 14.4% of Northumberland's CCG population aged 16-74 have a common mental health disorder *(PHOF).*

The most common mental health disorder is mixed anxiety and depressive disorder, followed by generalised anxiety disorder. Estimates of the prevalence of particular conditions are currently not particularly reliable but are summarised here *(PHOF)*

Age	Date	Type	N/land	Eng
Estimated % of pop aged 16-74	2012	Prevalence of Mixed anxiety and Depressive disorder	7.3%	8.9%
	2012	Prevalence of Generalised anxiety disorder	4.3%	4.5%
	2012	Prevalence of Depressive episode	2.7%	2.5%
	2012	Prevalence of All phobias	1.7%	1.8%
	2012	Prevalence of Obsessive compulsive disorder	0.8%	0.5%
	2012	Prevalence of Panic disorder	0.8%	0.6%
Estimated % of pop aged 16+	2012	Prevalence of eating disorders	6.7%	6.7%
	2012	Prevalence of post-traumatic stress disorder (PTSD)	3.1%	3.0%
Perinatal mental health: Estimated number of women requiring support during pregnancy or postnatal period			?	?

Note: there are concerns or significant concerns about this data.

In 2015, there were an estimated 3,809 children aged 5-16 in Northumberland with mental health disorders (a rate of 9.4%). Among these, estimates suggest that 1,457 (3.1%) had social, emotional and mental disorders, 2,304 (5.7%) had conduct disorders and 616 (1.5%) had hyperkinetic disorders. The estimated number of young people aged 16-24 with potential eating disorders was 3,881 and ADHD was believed to be present in 4156 young people (2013) *(PHOF).* In 2014, there were around 1,110 children under 17 who required Tier 3 CAMHS and 45 who required Tier 4 CAMHS. *(CHIMAT)*

There were 24,577 people on the CCG's practices' depression registers in 2015/16 (9.3% compared to England's 8.3%). Prevalence (according to the registers) varies greatly by practice, from 2.1% to 19.6%. *(NHS QOF)* Among GP survey respondents in 2015/16, 13.3% of Northumberland patients reported they felt moderately or extremely anxious or depressed and 6.3% reported long-term mental health problems. These rates were similar to England's. *(PHOF)*

In 2015/16, Northumberland's GP practices had 2988 people on their dementia registers (0.93% compared to England's 0.76%). Prevalence (according to the registers) varies by practice, from 0.39% to 1.54% *(NHS QOF)*

In 2014/15 in Northumberland there were 1,856 patients aged 18 years and over with learning disabilities recorded on practice disease registers (0.6% of patients, higher than England's 0.5%). The local authority provided long term support to 840 adults (aged 18-64) with learning disability in 2014/15. In 2014, there were 1458 children with moderate learning difficulties, 217 with severe learning difficulties and 57 children with profound and multiple learning difficulty known to schools. *(PHOF).* In 2012, there were 100 people with Down's Syndrome known to social services.

Based on national prevalence rates, it would be expected that approximately 3,120 Northumberland residents would have an autistic spectrum disorder, 2,770 of whom would be aged 18 and over. From local authority data, only approximately 400 adults (over 18 years) were known to services in 2012 (250 in Community Learning Disability teams and 150 known to Mental Health teams).

There were 2,367 patients aged 18 years or over in the CCG receiving drug treatment for epilepsy in 2015/16. This is a rate of 0.90 %, compared to England's 0.8%. *(NHS QOF)*

In 2012, an estimated 839 people aged 16 and over in Northumberland CCG had a psychotic disorder. This is a rate of 0.32%, compared to England's 0.40%. *(PHOF)*. Across the CCG in 2013/14

there were 2714 patients with schizophrenia, bipolar affective disorder and other psychoses and other patients on lithium therapy. This is a rate of 0.85%, similar to England's 0.86% *(NHS QOF)*

Hospital admissions

In 2015/16 there were 64 mental health admissions to hospital in Northumberland, a rate of 108 per 100,000 population, higher than England's 85.9 per 100,000. In the same time period there were 27,712 contacts and daycare attendances and 145 mental health service users were inpatients in a psychiatric hospital. During 2012/13 there were 782 attendances at A&E for a psychiatric disorder (a rate of 247 per 100,000 population, similar to England's rate. (PHOF)

Northumberland's rate of admissions to hospital for mental health conditions in children aged 0-17 years is lower than England's. In 2015/16, there were 64 such admissions *(PHOF-admissions).* Rates of admissions for self-harm for those aged 10-24, were 498 per 100,000 pop (England rate 430), and 120 per 100,000 for substance misuse (aged 15-24) which was higher than the England figure of 95 *(PHOF-substance misuse)*

Although the overall admission rate for alcohol-specific condition (378 per 100,000) is similar to England's, the county has a high rate in young people aged under 18. There were 115 such admissions in 2013/14-15/16, a rate of 64.1 per 100,000, compared to England's 37.4 per 100,000 *(PHOF-alcohol admissions)*

From 2009/10 to 2011/12, 7.4 per 100,000 people aged 15 and over were admitted to hospital for unipolar depressive disorders. This was lower than England's rate of admission. However the rate of emergency admissions for neuroses (30.2 per 100.000) was higher than England's.) *(PHOF-unipolar)*

In 2015/16 among children aged 0-14, there were 633 admissions for unintentional and deliberate injuries (a rate of 130) which was similar to the England rate. The rate in young people aged 15-24 (572 admissions with a rate of 176) was higher than the England rate of 134. *(PHOF-injury)* . There is also variation by ward and CCG locality *(Local Health)*

In 2009/10 to 2011/12 Northumberland had 11 schizophrenia emergency admissions per 100,000 population, lower than England's rate of 57 per 100,000.Schizophrenia emergency admissions: Rate per 100,000 population *(PHOF)*

In 2015/16, there were 727 emergency admissions for intentional self-harm: in Northumberland, a rate of 251 per 100,000, higher than the England rate of 196. There were 240 hospital admissions for self-harm in young people aged 10-24, a rate of 494 per 100,000, again higher than the England rate. *(PHOF-self harm)*

For most of the more common neurological conditions, Northumberland had higher rates of emergency admissions than England as a whole in 2012/13. For example, there were 411 emergency admissions for headaches and migraine, a rate of 128 per 100,000 population, compared to England's There were 344 emergency admissions for epilepsy in people aged 18 and over, a rate of 132 per 100.000, higher than England's 31 per 100,000. *(PHOF-neurology profiles now suspended)*

Our services

Health services

As at the end of quarter 4, 2016/17, there were 5,045 people in contact with mental health services (CCG data). This is a rate of 1,971 per 100,000 population. England's rate was 2,411 but there were known concerns with data. *(PHOF-contact mental health)*

Among people with long term conditions visiting GPs in 2013/14, 67.4% felt they had had enough support from local services in last 6 months (a higher rate than England's 63.1%). *(PHOF-support)*

Of 49 children completing a Get Active Northumberland programme in 2014/15, two thirds had reduced their Body Mass Index on completion. *(HIMP Annual Report 2014-15)*

At the end of Q4 of 2016/17 there were 765 people receiving Northumberland's Care Programme Approach (CPA) in Northumberland CCG. The proportion of adults (aged 18-69) on CPA who are in employment (9.6% in 2016/17 Q4) is lower than England's 8.0%: The proportion of adults on CPA who are in settled accommodation is 54.4%, also lower than England's *(PHOF-CPA).*

In 2012/13, 45% of adults (aged 18-69) in contact with secondary mental health services and 80% of adults (aged 18-64) with a learning disability were living in stable and appropriate accommodation, compared to England's 59% and 74% respectively. *(PHOF)*

Social care services

In 2015/16, 68.3% of social care service users were extremely satisfied or very satisfied with their care and support, a higher proportion than England's. *(PHOF-satisfaction)*

In 2013/14, 860 adults with learning disabilities were supported by adult social care (a rate of 461 per 100,000, higher than England's 414 per 100,000). 440 adults with mental health problems were supported throughout the year (a rate of 236 per 100,000, lower than England's 391) *(PHOF-support).* Scores for both social care-related quality of life (ASCOF 1a) and carer-reported quality of life (ASCOF 1d) are similar to England's.

During 2013/14, 420 social care mental health clients received services. This is a rate of 225 per 100,000 population, lower than England's rate of 384 per 100,000. There were 550 new social care assessments for mental health clients aged 18-64 *(PHOF).*

In 2013/14 there were 85 social care mental health clients aged 18-64 in residential or nursing care, 115 receiving home care and 225 receiving day care or day services. For all of these services, Northumberland had higher than England's rates per 100,000 population *(PHOF-care).* A range of other services is also provided, including provision of disability equipment (for example, 18 social care mental health clients had short breaks in care homes and 79 took delivery of items of disability equipment supplied by the joint equipment store in 2012) *(Carers Northumberland)*

Community well-being

Public Health commissions the Health Champions Programme, a capacity building programme that works with the local community. The specialist health improvement team offers training and support to enable Health Champions to promote key public health and wellbeing messages within their

communities. The Health Champions can offer advice and support on healthy eating, physical activity, stop smoking, reducing alcohol intake and positive mental health, as well as signposting into other support services and promoting health promotion campaigns. In 2014/15 the Health Champion Programme was delivered to 15 participants. *(HIMP Annual Report 2014-15)*

Health Trainers offer tailored advice, motivation and guidance to people on a one-to-one basis or in a group work setting to support people who want help to adopt a healthier lifestyle (healthy eating, weight management, exercise and being more physically active, drinking sensibly and stopping smoking). Their work is focused within the most disadvantaged communities, particularly in the south-east corner of the county with its high levels of deprivation. In 2014-15 there were 425 one-to-one health trainer support sessions to make healthier lifestyle behaviour changes and 1,643 brief interventions delivered to people in a range of settings. *(HIMP Annual Report 2014-15)*

The public health team have been working with staff from partner agencies, and community members and champions, to deliver a World Café approach in the form of a 'Being Well' Café in Berwick. (*'Addressing Health Inequalities in Northumberland – An asset based public health approach')*

In South East Northumberland, an Arts Council award enabled more people of all ages to get creative and work alongside artists of all kinds over a three year period from spring 2013 (the *Bait* project, run by a consortium) *(Bait briefing and to Bait analysis June 2015).* Recent analysis suggests that it increases well-being scores.

Northumberland Adolescent Service works in a targeted way with schools using data on topics such as teenage pregnancy and youth offending.

The school nursing team provides input to pupils around sex and relationship education and the extended PSHE agenda.

In 2014-15 the Ageing Well programme *(Ageing Well programme Report 2014-15)* included supported walks for people with dementia, learning difficulties and other mental health issues.

Substance misuse

Drugs

- Good education through schools is taking place through the Drug Education consultant delivering sessions upon request from schools with a main focus on the effects of alcohol. *(Health and Wellbeing strategy promoting healthy lifestyles)*
- Schools are linking their drug education to other areas of the curriculum, particularly Sex and Relationships Education (SRE) *(Health and Wellbeing strategy promoting healthy lifestyles)*
- In 2015, 5.5% of opiate drug users successfully completed treatment, lower than the rate of 6.7 for England. Among non-opiate users, only 21.3% successfully completed treatment, worse than England's rate of 37.3% *(PHOF-opiates)*
- Two Drugs Awareness training programmes were developed and delivered in 2014/15, with 40 participants. *(HIMP Annual Report 2014-15)*

Alcohol

- Four Alcohol Brief Advice and Intervention training sessions were delivered in 2014/15, with 52 participants. *(HIMP Annual Report 2014-15)*

Both drugs and alcohol

- 90% of schools are now accredited with achieving the Healthy Schools standard which includes preventive education around substance misuse issues. *(Health and Wellbeing strategy promoting healthy lifestyles)*
- Specific sessions were delivered on drugs and alcohol to the RAF staff who have cultural practices relating to alcohol consumption. *(Health and Wellbeing strategy promoting healthy lifestyles)*
- Training was delivered to Macmillan Bereavement support services who note that clients often use alcohol and /or substance misuse as a coping strategy. *(Health and Wellbeing strategy promoting healthy lifestyles)*

Smoking

- Northumberland's rate of smokers who successfully quit at 4 weeks is 3917 per 100,000 smokers, better than England's rate of 3524 *(Local Tobacco Control Profile)*

Assessments and health checks

In 2014, 88% of looked after children had an annual assessment (similar to England's proportion) and 83% of eligible young (aged under 5 years) looked after children underwent emotional and behavioural health assessment, which was higher than England's rate *(PHOF-LAC).* In 2014 88% of looked-after children had an annual medical check (the same proportion as England) and 95% had a dental check (compared to 84% in England). *(Gov.UK Outcomes for looked after children).*

In 2013/14, 75 people who care for an adult with a mental health condition were assessed by social services. This is a rate of 29 per 100,000 population, lower than England's 64 per 100,000 (although there are some concerns over the data quality) *(PHOF-carers).* In the same year, 65 carers of mental health clients received services or advice or information. This represents 18% of mental health clients receiving community services, a similar proportion to England. *(PHOF-carers receiving services)*

In 2013/14, 83% of adults with a new diagnosis of depression had a biosocial assessment on diagnosis (higher than England's 76%) and 65% had a review 10-35 days after diagnosis *(PHOF – Common Mental health)* There is variation among GP practices in the rates of assessment *(Present a chart showing variation by practice (from QOF)*

Physical health checks for people with severe mental illness are also carried out. In 2014/15, Northumberland's proportions of people checked were higher than England's for a range of checks, including checking alcohol consumption in 80% of these patients, blood pressure in 80% and cholesterol levels in 73%. *(PHOF – health check)*

Other assessments include reviewing people who have been on CPA for more than 12 months (87% in quarter2 of 2016/17, higher than England's proportion) and a follow-up within seven days after discharge of patients on CPA (97%, similar to England). *(PHOF – CPA Follow up)*

IAPT (Improving Access to Psychological Therapies) *(IAPT website)*

2335 people were referred to IAPT in quarter 4 of 2016/17, a rate of 912 per 100,000 people aged 18 and over (higher than England's rate). The rate of referral for depression in 2014/15 was only 33 per 100,000 people aged 18 and over, lower than England. Similarly the rate of referral for mixed anxiety and depression (Mar 17) was only 20.5 per 100,000, higher than England's. In December 2014 16.3% of those estimated to have depression entered IAPT, a higher proportion than England's. *(PHOF – IAPT)*

In Northumberland in December 2014, 86.8% of referrals to IAPT waited less than 28 days for treatment (higher than England's proportion). *(PHOF – IAPT)*

Northumberland had a higher than average proportion of people completing IAPT treatment in quarter 4 of 2016/17 (434 per 100,000 population aged 18 and over). In March 2017, its proportion who completed and are 'moving to recovery' (47.2%) was lower than England's. *(PHOF – IAPT)*

In 2013/14 1.8% of Northumberland's psychosis care spells received psychological therapy, compared to England's 3.4%. (However, there are significant concerns about the data) *(PHOF-psychological therapy)*

Training and awareness-raising

Mental Health First Aid, Youth Mental Health First Aid and Suicide Awareness training has been delivered to a range of staff including Adult Social care, school staff, Family Recovery Team, Macmillan, Human Resources, voluntary sector workers and those working with Looked After Children.

Public Health commissions the Specialist Health Improvement service to support the local community by providing information and training in relation to mental health promotion.

- Mental health promotion courses and training sessions have been run across the county, including some for children and young people. Over 160 people have participated. *(HIMP Annual Report 2014-15)* Public Health works closely with the education sector, commissioning a Health and Wellbeing team to update teachers and support staff with regard to PSHE and generic health matters, including mental health and obesity

The Health and Wellbeing team works collaboratively with the HIMP team to provide sexual health training and support on safeguarding matters.

Prescribing

The average daily quantity of antidepressants prescribed in Northumberland was over 11 million in 2013/14. *(http://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders/data#gid/8000042/pat/46/ati/19/page/6/par/E39000027/are/E38000130/iid/90527/age/1/sex/4 for definition and http://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders/data#gid/8000042/pat/46/ati/19/page/1/par/E39000027/are/E38000130/iid/90527/age/1/sex/4 for source)*

Northumberland had a GP quarterly prescribing rate of drugs for psychoses and related disorders of 52 items per 1000 population (quarter 2 of 2014/15), a higher rate than England. *http://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness/data#gid/1938132719/pat/46/ati/19/page/1/par/E39000027/are/E38000130*

Examples of expenditure on mental health

Some of the health service's data on expenditure on mental health are currently only available as estimates from 2012/13 so we are not commenting on them here but readers can see summaries

(sources: blue=fingertips cmd,purple = fingertips semi, grey= http://fingertips.phe.org.uk/search/camhs#gid/1/pat/112/ati/19/page/1/par/N52/are/E38000130

Primary care prescribing spend on other mental health: rate (£000s) per 100,000 aged 18+ (mapped from PCT)
Secondary Care spend on other mental health: rate (£000s) per 100,000 aged 18+ (mapped from PCT)
Community care spend on other mental health: rate (£000s) per 100,000 aged 18+ (mapped from PCT)
Spend on Psychological Therapy Services (IAPT): rate (£000s) per 100,000 aged 16 - 64 (mapped from PCT)
Spend on Psychological Therapy Services (Non IAPT): rate (£000s) per 100,000 aged 16 - 64 (mapped from PCT)
Spend (£) on CAMHS: spend per head of population <18 (mapped from PCT)
% Spend on CAMHS: % of mental health spend categorised under CAMHS (mapped from PCT)
Spend (£) on CAMHS primary care prescribing: spend per head of population <18 (mapped from PCT)
Spend (£) on CAMHS secondary care: spend per head of population <18 (mapped from PCT)
Spend (£) on CAMHS community care: spend per head of population <18 (mapped from PCT)
Specialist mental health services spend: rate (£000s) per 100,000 aged 18+ (mapped from PCT)
% spend on specialist mental health services: % of all secondary care service spend categorised as mental health (mapped from PCT)
Spend on psychosis services: rate (£000s) per 100,000 population aged 18+ (mapped from PCT)
% spend on psychosis: % of all mental health spend categorised as psychosis (mapped from PCT)
Primary care prescribing spend on psychosis: rate (£000s) per 100,000 aged 18+ (mapped from PCT)
Secondary Care spend on psychosis: rate (£000s) per 100,000 aged 18+ (mapped from PCT) Cost of GP prescribing for psychoses and related disoders: Net Ingredient Cost (£) per 1,000 population (quarterly)

Expenditure on Local Authority children and young people's services (excluding education) was £46 million in 2013/14 (a rate of £7.5 million per 10,000 0-17 year olds). Expenditure on Sure Start Children's Centres and early years was £0.9 million per 10,000 0-17 year olds; expenditure on children looked after was £2.6 million per 10,000 0-17 year olds; expenditure on safeguarding children and young people's services was £1.7 million per 10,000 0-17 year olds.
http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#gid/1938132755/pat/6/ati/102/page/1/par/E12000001/are/E06000057/iid/90909/age/173/sex/4

JSNA key issues

The key issues in the JSNA are summarised in a separate 'issues table' *(hyperlink)*, which includes notes on the scale and effects of problems, the views of stakeholders, any relevant policies (national or local) and comments on inequalities related to the issue. In the table, we also outline current and planned activities to address the issues, along with additional useful actions.