Mental Health

Needs Assessment

Joint Strategic Needs Assessment
Mental Health - Health Needs Assessment
Introduction

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."
World Health Organisation

Mental illness refers to a diagnosable state or condition that significantly interferes with an individual's cognitive, emotional or social abilities, and caused by social, psychological, biochemical, genetic or other factors, such as infection or head injury/trauma.

Introduction
The Joint Strategic Needs Assessment (JSNA) Steering Group commissioned a mental health needs assessment (HNA) to support mental health improvement and the development of services.

Key areas requiring information from HNA are listed below:

- To support the delivery of the Health and Wellbeing Board (H&WB) Strategy Outcome Four
- West Suffolk and Ipswich and East Suffolk Clinical Commissioning Groups (CCGs) to underpin their commissioning plans
- Adult Social Care Outcomes Framework domains
- The main mental health service provider, Norfolk and Suffolk Foundation Trust, is undertaking a reorganisation of services and commissioners need to understand the possible impacts of this
- The Public Health Outcome Framework includes specific targets on mental health issues.

What are the objectives of this health needs assessment?
The objectives are:

- To provide a picture of mental health in Suffolk to inform strategies for promoting mental health, reducing inequalities and commissioning services.
- To inform partnership working, with stakeholders and the community, through a shared understanding of needs.
Which population is this health needs assessment about?
The health needs assessment (HNA) will cover the County of Suffolk, and will be complementary to a needs assessment for Norfolk and Waveney already produced (Mental Health Needs Assessment 2013 NHS Norfolk and Waveney Public Health).

The work will cover adults aged 18 and over mainly. A health needs assessment for Children and Young People has just been completed by the Suffolk public health team. The work will include inequalities and marginalised and vulnerable groups, the prison population and there will be a section on Armed Forces.

A health needs assessment for dementia is currently underway as a separate exercise. Learning disability was recently addressed so will not be considered in detail (Learning Disability, Suffolk Public Health 2012). Maternal mental health will also be addressed as this has been identified as a priority by both the CCGs mental health and children and young people’s working groups and in the recent Maternity health needs assessment (Suffolk Public Health 2013).

Other conditions e.g. drugs and alcohol, long term and complex conditions will be covered as necessary.

Detail will be given by CCG and local authority area where applicable and available. The report will address the Public Health Outcomes Framework (PHOF) indicators.

Steering Group
The JSNA group asked partners to suggest representatives for the steering group which will:
- Ensure the needs assessment delivers the requirements of key organisations
- Provide input and information as needed

The steering group includes the CCGs, ACS, voluntary sector, Healthwatch, the Health and Wellbeing Board lead, public health information team lead. The current steering group is attached as appendix 1.
What will be included in the HNA?

There are several distinct areas to be considered:

- Using available information identify the level of mental health problems, including incidence and prevalence of conditions, risk factors and the needs of specific groups. A list of issues to consider is attached as appendix 2
- Identifying existing services and activity including expenditure
- Learning from user and carer experience and views
- Analysing the evidence of best practice from research and experience elsewhere.

This is a large project and the aim is to establish an initial baseline of relevant information allowing conclusions to be drawn and recommendations to be made. Inevitably some areas have become more ‘urgent’ due to the needs of commissioners and those pieces of work have been done first, e.g. episodes of mental health crisis and suicide and self harm. Also as new information becomes available sections will be updated and revised. Some issues may then need to be addressed in more depth, for example, maternal mental health or Armed Forces. The HNA will necessarily be an ongoing project.

What will be the output?

It is intended to deliver the HNA report in sections which can be downloaded and updated as necessary. The needs assessment will be available online through the JSNA and in hard copy. This will allow easy revision and access for users. It is hoped to develop the capacity for users to adapt the information to provide their own adhoc reports.

The HNA report will be summarised in sections, either:

- By life stages – young people, adults and older people
- By services – prevention, intervention and rehabilitation
- Other

Suggestions and comments are welcome on this issue, as all others.

Progress on the HNA and drafts as appropriate will be shared with:

- JSNA Steering Group
- Mental Health and Learning Disability Joint Commissioning Group
- Health and Wellbeing Board mental health working groups
- West Suffolk and Ipswich and East Suffolk Clinical Commissioning Group mental health working groups
- Great Yarmouth and Waveney CCG
- Other working groups within partner organisations as required.

Rosie Frankenberg & Janine Potter
Public Health Support to Health and Care Commissioning, Suffolk County Council

March 2014
Appendix 1

HNA Steering Group Volunteers (as at Jan 2014)

Amanda Dunn (IESCCG)
Anna McCreadie
Annie Topping (External)
Belinda Godbold
Carolyn Tester (IESCCG)
David Skevington (Ext)
Deborah White
Elspeth Gibson
Eugene Staunton
Hazel Pidsley
Janine Potter
Jason Joseph
Jep Ronoh
Jim Brown
John Hague
Krisztina Nemeth
Mark Crawley
Michael Bamford (Babergh)
Natacha Bines
Rosalind Tandy
Rosie Frankenberg
Sharon Jarrett
Stephen Patterson
Sue Gray
Tanya Kimber
Tibbs Pinter
Wendy Marsh
Appendix 2

List of available data and evidence base

Data is available on the following issues. However HNA requires that the conclusions from data need to be considered in the light of evidence of unmet needs, of user and carer views and evidence of best practice.

Data available on/from:

1. Community Mental Health Profile (North East Public Health Observatory)
2. Public health outcomes framework (PHOF) data
3. GP Quality and Outcomes Framework (QOF) data on severe mental illness and depression
4. Benefits data – links to prevalence of mental health/risk factors
5. Estimates of prevalence of mental illness based on research data, including eating disorders
6. PANSI (Projecting Adult Needs and Service Information System)
7. Admissions information and Mental Health Minimum Dataset, (ie provider activity data)
8. Mortality from causes linked to mental health (such as dementia)
9. Suicide and self harm data from deaths registrations
10. Prisoners needs assessment
11. Information about marginalised and vulnerable groups, including gypsy and travellers, asylum seekers, homelessness
12. Ethnicity information, which can link to risk factors and access issues
13. Those who abuse alcohol and drugs
14. Levels of learning disability and links to mental health issues
15. Carers needs
16. Maternal mental health issues
17. Autism and Aspergers syndrome
18. ADHD
19. Mental health and links to chronic ill health/long term conditions
20. Armed forces
21. Episodes of mental health crisis
22. Expenditure, programme budgeting and outcomes
23. Benchmarking