

Report of: Lucy Jackson, Consultant in Public Health

Report to: Inner East Community Committee - Burmantofts & Richmond Hill, Gipton & Harehills and Killingbeck & Seacroft

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Key issues around Mental Health and Social Isolation

Purpose of report

1. To bring key health and wellbeing issues to the attention of the Inner East Community Committee.
2. Improving health and wellbeing is one of the 4 commitments in the Leeds Joint Health and Wellbeing Strategy. The Mental Health Framework for Leeds was agreed across Leeds City Council, the 3 Clinical Commissioning Groups, Leeds and York Partnership Trust and Volition, earlier this year. One of its key areas is to focus on keeping people well-to build resilience and self- management.
3. To explore the issues of mental health in relation to social isolation and generate further ideas and activity that can help improve community mental health and experience of services.

Main issues

4. Mental health and social isolation needs to be set within the context of overall health and wellbeing, because poor health can restrict day to day life, independence and wider wellbeing. In the case of Inner East Leeds, self-reported health and wellbeing appears fairly good , compared to the overall Leeds rate, but is worse than some other e.g. Inner North East Community Committees. Recorded illness and pre mature deaths however, are much higher, when compared to other Community Committees in Leeds.

What people think-Self reported health

5. In terms of general health, a greater proportion i.e. 45% of people in Gipton and Harehills Ward say they are in very good health, compared to 43% in both Burmantofts and Richmond Hill Ward and Killingbeck and Seacroft Ward. This is compared to 48% of people in Leeds as a whole.

At the other end of the scale, across the whole Community Committee, although a small proportion, 1.7% of people report very bad health, when compared to Leeds as a whole (1.2%).

Dying Early

6. "Individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely. Social networks have a larger impact on the risk of mortality than on the risk of developing disease, that is, it is not so much that social networks stop you from getting ill, but that they help you to recover when you do get ill." (Marmot (2010) Fair Society Healthy Lives, Final Report).
7. In the three Wards making up Inner East Leeds, a baby born today in Burmantofts and Richmond Hill or Gipton and Harehills could expect to live until 75 years, in Killingbeck and Seacroft 77yrs, compared to the average for Leeds overall, which is 80yrs.
8. More people under 75 years die early from conditions including cancers- in Burmantofts and Richmond Hill (210 per 100,000 people), in Killingbeck and Seacroft 155 per 100,000 people and in Harehills and Gipton 140 per 100,000 people, compared to 112 per 100,000 people in Leeds as a whole.
9. As well as there being higher rates of disease overall across the Community Committee area, there is variation within it. For instance, females in Seacroft South have higher (all ages all causes) mortality and females in Gipton South higher under 75yrs mortality rates. Females in Gipton North have almost twice as many under 75yrs deaths at 80.2 per 100,000 than Leeds as a whole (42 per 100,000) and above that of Leeds deprived (71 per 100,000).
10. Lincoln Green and Ebor Gardens has particularly poor outcomes, with all ages all causes deaths higher than both Leeds and Leeds deprived. Male death rates are twice that of Leeds as a whole, and female rates are high. Male cancer mortality and coronary heart disease is very high for men (all ages) and for women aged under 75years. Deaths from chronic obstructive pulmonary disease are also high in this neighbourhood.

Living with ill health

11. Diabetes is a key concern in a number of Inner East neighbourhoods. The Harehills Triangle, in particular has a standardised rate of diabetes which is three times that of Leeds as a whole and twice that of Leeds deprived. Harehills MSOA and Gipton North, also have high diabetes rates.
12. GP recorded ill health is higher than many other Community Committees. Of particular note is GP recorded cancer in Seacroft South, Gipton South and Cross Green/East End Park and coronary heart disease in Seacroft South and Harehills Triangle.

Factors that influence our health

13. All of the Inner East MSOAs are amongst the least wealthy MSOAs in Leeds. Taken on a series of measures, this means fewer people in work, lower educational attainment for children, lower income levels for adults and fewer people in stable housing. This results in a cycle of poverty, deprivation and inequity, all of which lead to poor physical and mental health experience for many of our community members, compared to the rest of Leeds (Leeds Mental Health Framework 2014-17).
14. Mental ill health and social isolation have been identified as key issues in the Inner East area. These issues can be strongly connected, often developing as a result of layers of disadvantage, but disadvantage can also be created by mental ill health and social exclusion. For instance, families supported through the Troubled Families programme, face on average nine different serious problems, with 71% of those concerned suffering from poor health and 46% having a mental health condition.
15. Poor mental health affects the likelihood of gaining and keeping employment. In Lincoln Green/Ebor Gardens, in the first quarter of 2014, 160 people had been claiming Employment Support Allowance (ESA) for 1 year and up to 2 yrs. 280 people (50% of the proportion of all ESA claimants in the area) had mental health issues.
16. In Cross Green/ East End Park, 155 people had been claiming ESA between 1 and 2 years and 260 people had a coding of mental health (54% of the total). In Harehills and the Comptons 150 people were claiming ESA between 1 and 2 years, 265 people with mental health issues (52% of the total) and in Gipton South there were 135 people claiming between 1 and 2 years and 235 people with mental health issues (53% of the total).
17. Being in paid work has positive effects on self-esteem. It is a highly valued activity, producing many more outcomes than those of financial reward, including security of housing and sufficient money to live, which in turn enables an individual/family to eat healthily and take part in mainstream social activities, all of which protect and promote mental health and wellbeing.
18. However, poor mental health is often identified as a reason for tenancy breakdown, which then impacts on security of income. Gaining and keeping employment is more difficult for people who do not have settled accommodation.

Social isolation

19. All these factors, which are commonly experienced by people in disadvantaged communities, can individually, or collectively lead to people becoming cut off from others, not leaving their house unless absolutely necessary, not seeking company, or joining groups and becoming socially isolated. Social isolation can be defined as

“The virtual absence of interaction with others, outside of that required to perform basic life functions, such as food shopping, transportation, work and entertainment. Social isolation is common in the disabled, divorced and elderly, as well as in those with mental disorders and alcoholism, and is a risk factor for both suicide and deaths from all cause” (Segan’s Medical Dictionary 2012).

20. Joseph Rowntree found that social isolation often takes us by surprise, or can follow naturally in the wake of one of life’s transitions, for instance bereavement, redundancy, illness, or some other change of circumstance, such as moving house, starting school or university.

Key groups at risk of social isolation

Older People

21. Leeds City Council has agreed that ‘Making Leeds the Best City to grow old in’ is one of its key ambitions. Older people tend to be thought of as most at risk of social isolation, and it is estimated that around 15%, of older people can be described as lonely or socially isolated, due to factors including fear, living alone, retirement, personal and financial circumstances, the digital divide and ill-equipped outdoor spaces.

22. Added to this, there is possibility of disability, dementia, physical or mental ill-health and caring, or coping with the social and emotional void after loss of a partner, friend or role and struggling to emerge from those shadows. They may also have specific cultural needs relating to ethnicity, faith or sexuality.

23. Taken from the 2011 Census Older People’s Thematic analysis, the Inner East area of Leeds has 11,541 (15.3%) of people who are 60 years old and over, which is lower compared to the rest of Leeds at 149,776 (19.9%). Although the Inner East may have a lower percentage of older adults, their needs should still be considered. A key summary of their health characteristics are detailed below:

- 3,586 (11%) are pensioners living alone
- 7,478 people over 65 years old describe their health ‘Bad or very bad and not good health’
- 10,784 people over 65 years old ‘live with a limiting long term-health problem or disability’
- 3,479 pensioner households have no access to a ‘car or van’
- 3,128 people over 60 years old ‘economically inactive’ (retired, long term sick, student, look after home or person, other)
- 76.1% of pensioners living alone are resident in tenor which has 2 or more bedrooms

24. A number of work-streams have focused on reducing social isolation in older people and most recently, Leeds has been successful in gaining a £6 million Big Lottery grant to deliver the ‘Time to Shine’ Project. This funding will be spent over six years on measures to tackle issues of loneliness and isolation amongst older people, to ensure

that they have meaningful opportunities for social contact, which offer them pleasure and purpose in life.

25. Across Inner East Leeds, Leeds City Council Public Health and Housing Advisory Panels are funding distribution of 600 'Winter Warmth' packs to vulnerable, mainly, (but not exclusively older people). This work aims to identify, engage and link up those who are not currently connected to community activity, using Neighbourhood Networks and the wider voluntary and community sector organisations.

SeNS (Seniors Network Support) - Harehills

26. SeNS was a transnational project, funded by INTERREG IVB North West Europe, The project aims to strengthen networks for seniors, bringing better lives to all older people and creating networks, able to relieve the increasingly overworked welfare systems operating in our ageing society. It was delivered in Leeds during 2013-15 by Adult Social Care and Libraries. It consisted of two elements: working in three neighbourhoods through an asset based community development approach (ABCD) via three Neighbourhood Network Schemes (NNS); and, through linking Virtual/Actual Networks via work undertaken by Libraries. One of the neighbourhoods was Harehills, which AGE led, where the main learning was in relation to cultural and language issues and the positive contribution of asset mapping. The approach gave local people a voice, choice and control to form new friendships and groups and the 'Small Sparks' Fund helped engage people. This work will be built on as part of the Time to Shine work.

Men

27. Males aged 35-60yrs have also been identified as being particularly vulnerable, if not in employment, living alone, having a history of alcohol or drug misuse and/or having a history of mental health problems. Being dis-connected with the local community, neighbour's hostility, and feeling other's lack of respect for property and the community, are seen as particular issues by those at risk. (Insight Report into Preventing Male Suicide in LS12, 2014).

28. A number of Third Sector organisations, who work with men are currently contracted by LCC Public Health. Men's health work is currently being progressed in Seacroft by Space2 and discussions are at a preliminary stage to develop work around isolated men in Harehills. Leeds Irish Health and Homes also run activities such as an allotment gardening group, which attracts male participants. A Gizzajob project also runs from Ebor Gardens community centre, aimed at helping people into employment.

Other socially isolated groups

29. In Inner East and Inner North East Leeds, other groups have also been identified as vulnerable to social isolation, including young people (especially young gay people), LGBT individuals, migrants and BME females (especially of Pakistani and Bangladeshi origin) and it is well recognized that physically and learning disabled people are also likely to be socially isolated. Examples of the potential complexity of issues adding to the social isolation of some of these groups are given below:

- **Young gay people-** LGBT youth often face issues of bullying and social isolation. This isolation reaches all areas of life, from the possibility of homelessness when coming out to family members, to a higher rate of mental health issues due to homophobia, and the inability to freely express oneself.
- **BME females-** For BME women suffering from domestic violence, especially from Asian Sub-Continent and parts of Africa, the lack of knowledge of their rights, restrict them of their personal freedom outside the family home. In addition, they lack English language skills and this possibly is the greatest contributory factor to social isolation.

30. Leeds City Council Public Health have commissioned a number of Third Sector agencies to work with some of these other vulnerable groups e.g. Bangladeshi women (Shantona) and work is beginning to address the needs of migrant, particularly Roma women. Oblong has also been commissioned to deliver two Headspace courses, to improve mental health and resilience in Inner East Leeds. This work has delivered excellent outcomes from previous courses in East/North East Leeds.

31. The recommendations in this report are that actions coming out of discussions should support a number of Leeds City Council priorities contained in the Leeds Joint Health and Wellbeing Strategy 2013-2015, namely:

- Improving people's mental health & wellbeing
- Increasing the number of people supported to live safely in their own home
- Ensuring more people recover from ill health
- Ensuring more people cope better with their conditions
- Supporting more people back into work and healthy employment

32. This paper sets the context for the workshop session, which is focused on understanding the community and partner perspective on mental health and social isolation issues in the Inner East community.