W4. Mental health – the foundations of a healthy and prosperous place

The future of Health Provision

**Sarah Norman**, Chief Executive, Dudley Metropolitan Borough Council and West Midlands Combined Authority

**Cllr Jaqui Dyer**, LB Lambeth and Vice-Chair of the National Mental Health Taskforce

Chair:

**Cllr Gillian Ford**, Deputy Chair, LGA Community Wellbeing Portfolio
Mental Health Commission

Sarah Norman, Chief Executive Dudley MBC
Our geography
DELIVERING THE VISION BY 2030 - THE FIGURES

2.4 million jobs, an increase from 1.9 million jobs.

Healthy Life Expectancy will raise
- Men: 61.5 years
- Women: 62.3 years

Home to 150,000 businesses almost 20,000 more than today.

Wide choice of housing with more than 1.9 million homes.

At least 135,000 fewer people with no formal qualifications and 176,000 more people with level 4 qualifications or above.

An extra 1,600ha of brownfield land, for first class employment land of national significance.

Current 3.9 billion deficit between taxes raised and public expenditure in the area eliminated.

Productivity (measured in Gross Value Add-GVA per head) will be 5% higher than the national average.

Rail travel to London 49 minutes.
Why focus on Mental Health and Wellbeing?

Poor mental health and wellbeing:

- Significant driver of demand for public services
- Has a negative impact on productivity
- Whole system problem
- Devolution provides an opportunity to do things better
West Midlands Position

**Strengths**
- Crisis Concordat Progress
- CCG Vanguards in Birmingham & Dudley
- Mental Health Trust Merit Vanguard
- Strong and innovative voluntary sector
- IPS Centres of Excellence in Walsall and Coventry
- Headstart Programmes in Wolverhampton and Birmingham

**Challenges**
- Local government funding cuts
- Mental Health provider financial challenges
- Acute bed shortages and lack of alternatives
- CAMHS inadequacies
Scope & Terms of Reference

- Focus on working age adults – but with recognition that the foundations of good mental health start in early life
- Assess scale of issue in WM, cost, impact on public services, economy, communities
- Review research and best practice. Establish costs and benefits of application to WM
- Understand user perspective – listening events and citizen’s jury
- Recommendations to Government and Combined Authority on:
  - How public services can be transformed to reduce impact of poor mental health and wellbeing, within resources
  - How resources currently spent on mental ill health can be re-directed to keep people mentally well and enable recovery
  - Potential for, content of, devo deal for mental health and wellbeing
Mental Health Commission Membership

- Norman Lamb, Chair of the Commission
- Prof Kevin Fenton, Director of Health and Wellbeing, Public Health England
- Dr Geraldine Strathdee, National Clinical Director Mental Health, NHS England
- Professor Swaran Singh, Head of Mental Health & Wellbeing Division, Warwick Medical School
- Craig Dearden Phillips, Managing Director Stepping Out
- Steve Shrubb, Chief Executive, West London Mental Health Trust
- Dame Carol Black, Policy Advisor on work and health to the government
- Steve Gilbert, Service User
- Paul Anderson, Managing Director, Deutsche Bank, Birmingham

Supporting Officers:
- Sarah Norman, Lead Chief Executive, Dudley MBC
- Steve Appleton, Project Lead (steve.appleton@contactconsulting.co.uk)
Key Lines of Enquiry

- Employment
- Housing
- Early intervention
- Criminal Justice / Troubled Individuals
- Role of employers
- Primary Care
- Zero Suicide
Emerging recommendations

- Development of Employer’s Coalition, underpinned by a Employer’s Charter to be ‘mentally healthy’ employers
- Target of 50,000 people trained in Mental Health First Aid (MHFA)
- Region wide programme of Individual Placement Support
- Roll out of Housing First to provide stable housing
- Establish West Midlands as a pathfinder site for Mental Health Treatment Orders
- Improvements to ‘Through the Gate’, supporting those with mental health needs who are leaving prison
- Region wide commitment to Zero Suicide ambition
- Tackling out of Area placements, use of restraint and seclusion
- Improving Primary Care & Early intervention
What Next?

- Work to ensure integration of health aspects with STP plans
- Report published early October
- Dozen recommendations supported by implementation plans and business cases
- Inclusion in Devolution Negotiations
- Mental Health Director and Operational Group to drive and coordinate implementation
- Governance through Combined Authority Wellbeing Board
- Designing Review / Evaluation Process
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DELIVERING HIGH QUALITY MENTAL HEALTH CARE
Delivering High Quality Mental Health Care: HOW?

1. Building on major change in England's mental health care
2. Learning from developments in international mental health strategies
3. Exploring the high impact opportunities & challenges for implementation and improvement
4. The impact of digital maturity & the new funding models
5. What's needed from leaders now for delivering the new models of care in mental health
1. Building on major change in England's mental health care

• In the past 3 years, mental health has become a national priority
• It is a key part of the Prime Ministers`life chances’ strategy, with its emphasis on parenting & relationships
• It has **cross party, cross government** greater understanding & support
• We have terrific commitment from our **Royal Family** for CYP mental health, communities & veterans
• The public are supporting mental health in a way they never did before with the **Crisis Care Concordat** bringing the blue light agencies & solid front line support in every single area of the country
• We have had the **Mental Health Taskforce** which has set out a compelling 5 year implementation vision
To develop a Mental Health Five Year Forward View for action by the NHS arms-length bodies, including:

• Engaging experts by experience and carers to co-produce priorities for change

• Focusing on people of all ages – taking a ‘life course approach’

• Address equality and human rights

• Enabling cross-system leadership

• Making comprehensive recommendations on data and requirements to implement changes, monitor improvement and increase transparency

• Assess priorities, costs and benefits as well as identifying and addressing key risks and issues
People’s priorities for change

- 20,000 responses to online survey
- 250 participants in engagement events hosted by Mind and Rethink Mental Illness
- 60 people engaged who were detained in secure mental health services
- 26 expert organisations submitted written responses
- 20 written submissions from individual members of the public

The themes identified through the engagement process informed the four priorities that shape the full set of recommendations…
Taskforce priorities

Priority 1: A 7 day NHS – Right Care, Right Time, Right Quality

Priority 2: An integrated approach to mental health and physical health

Priority 3: Promoting good mental health and preventing poor mental health

Priority 4: ‘Hardwiring’ mental health across the NHS

- Moving away from hospital care
- Community focus/Primary Care
- Timely access to treatment
- Evidence based (NICE concordant) care
Priority 1: A 7 day NHS – right care, right time, right quality

Selection of key recommendations for 2020/21:

• No acute hospital should be without all-age mental health liaison services in emergency departments and inpatient wards, and at least 50 per cent of acute hospitals should be meeting the ‘core 24’ service standard as a minimum.

• A 24/7 community-based mental health crisis response should be available in all areas across England and services should be adequately resourced to offer intensive home treatment as an alternative to an acute inpatient admission. For adults, NHS England should invest to expand Crisis Resolution and Home Treatment Teams (CRHTTs); for children and young people, an equivalent model of care should be developed within this expansion programme.

• At least 10% fewer people should take their own lives through investment in local multi-agency suicide reduction plans.
Priority 2: An integrated approach to mental and physical health care

Selection of key recommendations for 2020/21:

• 30,000 additional women each year should have access to evidence-based specialist mental health care during the perinatal period.

• There should be an increase in access to evidence-based psychological therapies to reach 25 per cent of need so that at least 600,000 more adults with anxiety and depression can access care (and 350,000 complete treatment) each year. There should be a focus on helping people who are living with long-term physical health conditions or who are unemployed. There must also be investment to increase access to psychological therapies for people with psychosis, bipolar disorder and personality disorder.

• 280,000 more people living with severe mental illness have their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention.
Priority 3: Promoting good mental health and preventing poor mental health

Selection of key recommendations for 2020/21:

The best start in life:
• Implement the whole system approach described in Future in Mind, helping 70,000 more children and young people to access high quality care.

Employment:
• Up to 29,000 per year more people should be supported to find or stay in work each year through increasing access to psychological therapies for common mental health problems (described above) and doubling the reach of Individual Placement and Support (IPS).
• Ensure that qualified employment advisers are fully integrated into expanded psychological therapies services.
• Identify how the £40 million innovation fund and other investment streams should be used to support devolved areas to jointly commission more services that have been proven to improve mental health and employment outcomes.
Priority 3: Promoting good mental health and preventing poor mental health (contd.)

Selection of key recommendations for 2020/21:

**Justice:**
- Establish a comprehensive health and justice pathway.
- Expand Liaison and Diversion schemes nationally.

**Housing:**
- Explore the case for using NHS land to make more supported housing available (DH, CLG, NHSE, HMT)
- Use evidence to ensure that the right levels of protection are in place under the proposed Housing Benefit cap to Local Housing Allowance levels for people with mental health problems who require specialist supported housing
Priority 4: ‘Hard-wiring’ mental health across the NHS

**System transformation:**
- Promote equalities and reduce health inequalities in mental health through leadership and transparency
- Integrate commissioning for prevention and quality
- Establish comprehensive access pathways and standards for mental health (across conditions, ages and settings)
- Promote a co-ordinated approach to innovation and research
- Produce and deliver on a multi-disciplinary workforce plan
- Improve data and transparency, including a MH FYFV dashboard
- Reform payment and incentives to move away from unaccountable block contracts
- Update the regulatory framework
- Establish strong leadership (local, national and cross-Government) for a mentally health society

The Chief Scientist, working with all relevant parts of government, the NHS ALBs, independent experts, industry and experts-by-experience, should publish a report a year from now setting out a 10-year Government and ALB strategy for mental health research.

HEE should develop a **multi-disciplinary workforce strategy** for mental health to deliver the Taskforce report. To support the future of “Think Ahead”, DH should train more than 300 new Mental Health social workers and 5,000 CYP IAPT therapists over the next three years from the £1.4bn investment.

DH should establish a **new independent system for conducting or monitoring investigations into all deaths** in in-patient mental health settings, including individuals who are detained under the Mental Health Act, on a par with the way other deaths in state detention are investigated.
England is making rapid progress towards having the best timely access to high Quality In the next 5 years to start to tackle the parity inequality.

Equivalent standards to physical health:

- Tackle long waits for treatment: ensure access to services is timely
- Reduce the treatment gap: increase the number of people accessing treatment
- Embed NICE-concordant care: ensure that services are evidence-based, clinically effective, safe and recovery-focussed
Key features of our MH Programme to date

Early intervention in psychosis
• 50% of people experiencing a first episode of psychosis treated with a NICE-approved package of care within two weeks of referral
• £40m recurrent funding

Psychological therapies
• 75% adults treated within 6 weeks, and 95% within 18 weeks
• £10m non-recurrent funding

Eating disorders – children and young people
• By 2020, 95% of CYP commence NICE concordant treatment in 4 weeks for routine or 1 week for urgent cases
• Improve CYP access to dedicated, evidence-based community services
• Standard developed and thresholds to be set for implementation by 2017
• £30m recurrent funding
By 2020/21, all-age mental health liaison services in all emergency departments and inpatient wards...

and that at least 50 per cent of acute hospitals are meeting the ‘core 24’ service standard as a minimum by 2020/21.

Everyone will have ACCESS to CR & HTT for all ages by 2020/21

Eliminate out of area placements as soon as possible - Crisp Commission recommendation

By 2020/21 increased ACCESS to:

- 60% access to NICE recommended treatment within 2 weeks for First Episode Psychosis
- Psychological Therapies - 600,000 more people access IAPT, 350,000 more people complete sessions for anxiety and depression
- Perinatal Mental Health Service – 30,000 more women access NICE treatment
2. Learning from developments in international mental health strategies

• Internationally the focus is on:
  – Prevention & population health
  – Building community assets
  – Whole global city developments e.g. New York Thrive
  – Empowering citizens in Self-management & peer support, including digital
  – Integration of mind & body care
  – Integration of pathways across primary & specialist care
  – Improving access to timely care
  – Recovery focus
  – Supporting people to get back into employment
Understanding of the multiple factors that determine health

**Figure 1** In the US, McGinnis et al show how healthcare plays an important though proportionately small role in preventing early deaths. Similar studies have supported these findings in the UK. Improving how we live our lives offers far greater opportunity for improving health.
3. Exploring high impact opportunities & challenges for implementation & improvement

What will drive improvement in this very challenging environment?

1. Information is power:
We have a data revolution with more data in the public domain than ever before

- The mental health intelligence network is working on:
  - JSNAs on mental health for every area
  - Crisis data catalogue
  - Psychosis briefing to help review the data burden that takes time away from care
  - New EIP, perinatal, crisis data, and much, much more
  - Unbelievably data is now being fed back to service users and to clinical teams
  - The next year will see the largest amount of data published on psychosis, perinatal mental health, crisis services

2. ‘What good looks like’:

- we have a plethora of best practice to learn from:
  - Single access crisis points
  - Tele care and tele triage that is leading to reduced S 136 and S 2s
  - Adult family placement schemes
  - Co-commissioning pilots
  - Major expansion of IPS into Recovery services, primary care & other services
World cities are testing practical ways forward: London, New York, Manchester, Birmingham international

LONDON MENTAL HEALTH
The invisible costs of mental ill health

New York City's greatness is founded on a simple premise: you can thrive here, no matter where you come from or where you want to go in life.

But for too many New Yorkers, poor mental health interferes with the realization of that great promise. As City leaders, we are obligated to use every tool and power of government to make sure there is a path to health and happiness for all New Yorkers. For that to be possible, we need a true and effective mental health system.

We take a huge step forward on that journey with the release of ThriveNYC: A Mental Health Roadmap for All.

The mental health crisis facing the residents of our city has been decades in the making. Mental health issues have not been treated by the public or private sectors with the same urgency as physical health issues—even as illness and other threats to mental health affect the lives of nearly every family in the five boroughs each year.

Public initiatives to support the mental health of New Yorkers have been underfunded by billions. Commercial insurers have only been required to provide comparable coverage for mental health treatment under state policies since 2010, and they have a long way to go in providing full and fair coverage.

As we work to identify and treat new mothers who suffer from postpartum depression, we must simultaneously provide more working parents with protections like Paid Sick Leave, so no one has to choose between their child's health and their job.

And as we build toward a time when all of our schools offer mental health services to their children, we also need to make sure our kids have essential social-emotional supports in pre-kindergarten and after-school programs.

By following the path laid out in this Roadmap, we will change the trajectory of the lives of so many New Yorkers, and help them become better parents, friends, co-workers, and students.

To make this future a reality, we need your help. If your life has been touched by mental illness, please share your story with someone you trust. And if someone you know is going through a tough time, take a moment to hear them out. There are now more and better resources that are easier for New Yorkers to access. A crisis decades in the making won't be reversed overnight, but ThriveNYC is the first step in our mission to help our cities fulfill their potential.

As the First Lady says, there is no health without mental health. Let's get healthy—together.

Mayor Bill de Blasio
Preventing crisis - By understanding what causes them

**Social causes:**
- Accommodation - Housing/ Finances/ Debt/ Gambling / Access to Welfare Benefits

**Life transitions:**
- Migration/ leaving home students/ unemployment/ redundancy, retirement,/ leaving care children/veterans

**Traumatic life events:**
- Domestic abuse/ bereavement/ PTSD/ anniversaries/ relationships / carer stress/ RTA

**CYP & Child safeguarding:**
- Gangs, bullying, self harm,

**Mental illness episode**
- Mood disorders: depression/ suicide, self harm
- Psychosis: acute or relapse episodes; Perinatal MH related

**Cognitive impairment:**
- Dementia, Delirium Learning disability
Preventing avoidable repeat episodes of crisis, & repeat detention under the MH Act, through understanding the triggers in each Local Authority & CCG area

Your JSNA
Can identify the local conditions that can lead to use of the MH act & preventable Crises
- transport hubs, homelessness, no recourse to public funds, cultural mores, link with unemployment & drug and other criminal activities, clinical management & practice variations, service configurations
4. The impact of digital maturity & the new funding models

- Mental health is a speciality that does not need large buildings or expensive equipment
- 90% + of mental health care takes place in the community
- Therefore the opportunity's for digital innovation and methods to improve care are more in mental health than almost any other field
NHS Choices information & self management:

- Conditions content
- Moodzone
- Service directories
- Young people's hub
- News content
- Lifestyle content
- Videos
- Tools
- Online services
- Treatment content
- Case studies
- Performance data
Digital is key to increasing access, safety, effectiveness & integrated care & sustainability of NHS & workforce

Electronic care records - Safer, quicker in the 21st century

- ✓ Interoperability of records between sectors
- Primary, MHT, acute, community social care, SU
- ✓ Functionality
- E prescribing, monitoring reminders, GASS
- On line diagnostics order & see results
- Clinician decision support templates e.g. Bradford, lithium
- Skyp/ tele consultations
- Text reminders
- On line Outcomes tools PROM PREM. CROM
- ✓ Freeing time to care
- Digital dictation

Continuous Quality Improvement:
- Clinical team digital dashboards
- Touch screen in wards and teams every day
Efficient safe care

Faster, safer, community care

• ✓ **SCR one click** for medicines reconciliation

• ✓ **Directory of Services / Mobile app.**

• ✓ **Capacity Management system** to reduce junior doc & nurse time spent finding acute, PICU, CAMHS Tier4 beds/ OATS

• ✓ **Remote access** tablets to access records from the community

Continuous Quality Improvement:
• Clinical team digital dashboards
• Touch screen in wards and teams every day
Innovation, Service User in control

A care plan by any other name

- ✓ Apps for fitness and literacy
- ✓ Big Data to self manage & stop relapse
- ✓ Self Management apps
- ✓ Psychosis avatars
- ✓ Interactive digital treatment sessions
- ✓ On line city platforms & white label digital therapies
- ✓ Sim City to show case what can be done

Continuous Quality improvement:
- Clinical team digital dashboards
- Touch screen in wards and teams every day
How can Digital help deliver the MH Taskforce improvement?

- We can improve peoples access to their own health records
- Electronic care records are starting to be more joined up between primary, acute and MHT care and social care
- SUs have more access to appointments and treatments on line using digital applications & services like Skype
- NHS Choices goes from strength to strength with more coproduced self management tools, information on problems, treatments, services, quality
- Tele triage with suicide prevention assessment is working well in Bradford & NTW
- Physical & mental health apps are getting integrated
5. What’s needed from leaders now for delivering the new models of care in mental health

- Think of yourselves as Citizens, partners, parents, neighbours first
- Know your community and population
- Kindness & Collaboration & Partnerships reduce alpha
- Look where there has been peace & seek to achieve - not war & disruption
- Learn from the top 20
- Comms, comms, comms:
  - Really really understand engagement and communications
- The most powerful advocacy is real people’s success stories of hope & optimism & frontline services that deliver best outcomes
Improving mental health is now a national priority

Mental health is acknowledged as a game changer in health care internationally
- The rates of mental ill health are rising, and the annual cost to England is £105 billion
- Mental ill health accounts for 30% of the daily work of primary care
- In acute care, 70% of those using the NHS have multiple co-morbidities and of these, depression is the most common, and increases costs of episodes of care in acute trusts by up to 50% due to frequent attendances, crises, admissions, complications, diagnostics and operational procedures
- Mental illnesses presentations to A.E account for the majority of the 4 hour wait delays, 16.3% Avoidable ambulatory care episodes and up to 40% of those in acute trusts beds have mental illness. Most of these presentations are due to low levels of timely access to physical healthcare in primary care and to early intervention to effective NICE concordat mental health care
- There is now growing movement to push prevention of mental illness, aiming to reduce incidence by 30%. This will lead to major demand management & sustainability. In addition stratification of the top 10% of patients who have the poorest outcomes, repeat crises, admissions, detentions and account for 40% of spend & targeting for proven high impact MH intensive action will enable an optimal pattern of investment from Late intervention to early intervention

The Mental health taskforce recommends a Life course approach in order to deliver a new era in prevention, improved access to early intervention, recovery focussed services that will deliver to commissioners improved outcomes and ROI on investment

- **Being Born well**
  - Perinatal care

- **Best early years**
  - CYP Care

- **Living & working well**
  - Working Adult care

- **Growing older well**

- **Dying well**
For further information and to share your views

- **Visit:**
  [www.england.nhs.uk/mentalhealth/taskforce](http://www.england.nhs.uk/mentalhealth/taskforce)

- **Follow:** @NHS England
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