Building on change

Paul Farmer

Chief Executive

Five Year Forward View for Mental Health

Simon Stevens: "Putting mental and physical health on an equal footing will require major improvements in 7 day mental health crisis care, a large increase in psychological treatments, and a more integrated approach to how services are delivered. That's what today's taskforce report calls for, and it's what the NHS is now committed to pursuing."

Prime Minister: "The Taskforce has set out how we can work towards putting mental and physical healthcare on an equal footing and I am committed to making sure that happens."

The report in a nutshell:

- 20,000+ people engaged
- Designed for and with the NHS Arms' Length Bodies
- All ages (building on Future in Mind)
- Three key themes:
  - High quality 7-day services for people in crisis
  - Integration of physical and mental health care
  - Prevention
- Plus 'hard wiring the system' to support good mental health care across the NHS wherever people need it
- Focus on targeting inequalities
- 58 recommendations for the NHS and system partners
- £1bn additional NHS investment by 2020/21 to help an extra 1 million people of all ages
- Recommendations for NHS accepted in full and endorsed by government

The current state of mental health

Mental health problems in the population:

One in ten children between the ages of 5 to 16 has a diagnosable mental health problem.

One in five mothers has depression, anxiety or in some cases psychosis during pregnancy or in the first year after childbirth.

One in four adults experiences at least one diagnosable mental health problem in any given year.

One in five older people living in the community and 40 per cent of older people living in care homes are affected by depression.

Experiences of mental health care:

It is estimated that up to three quarters of people with mental health problems receive no support at all.

People with severe mental illness are at risk of dying 15 - 20 years earlier than other people.

Suicide rates in England have increased steadily in recent years, peaking at 4,882 deaths in 2014.

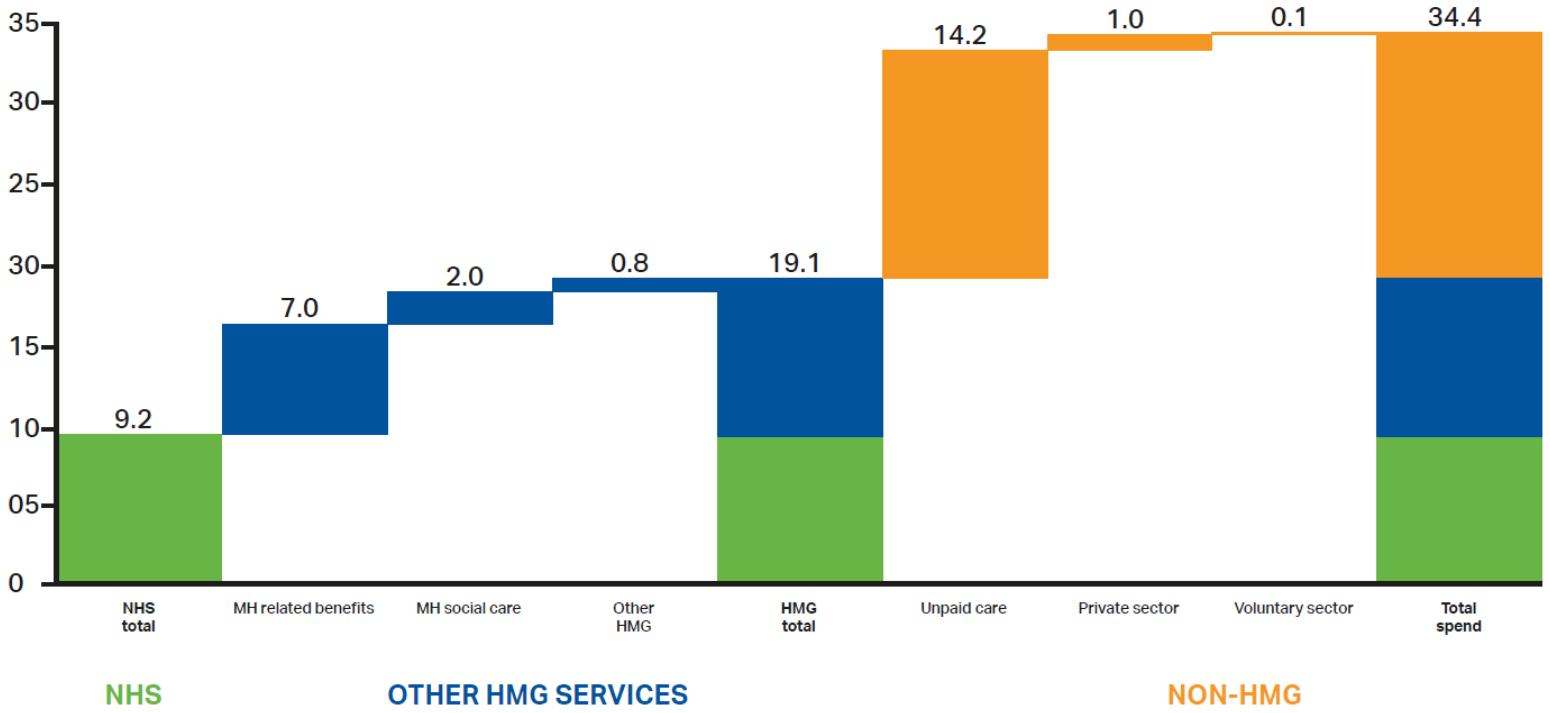
In a crisis, only 14% of adults surveyed felt they were provided with the right response.

"The NHS needs a far more proactive and preventative approach to reduce the long term impact for people experiencing mental health problems and for their families, and to reduce costs for the NHS and emergency services".

The costs of mental health care today

- Poor mental health carries an economic and social cost of £105 billion a year in England.
- Analysis commissioned by the Taskforce found that the national cost of dedicated mental health support and services across government departments in England totals £34 billion each year, excluding dementia and substance use.

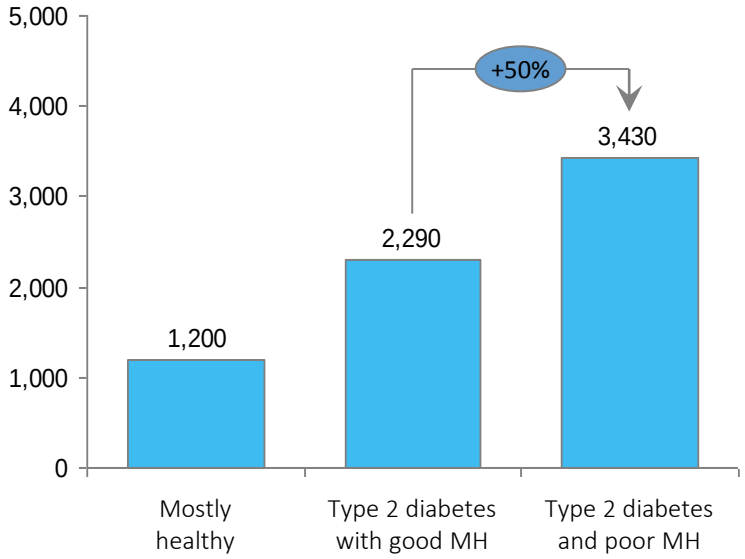
Total cost of mental health support and services in England 2013/14 (£bn)



Poor mental health can drive a 50% increase in physical care costs

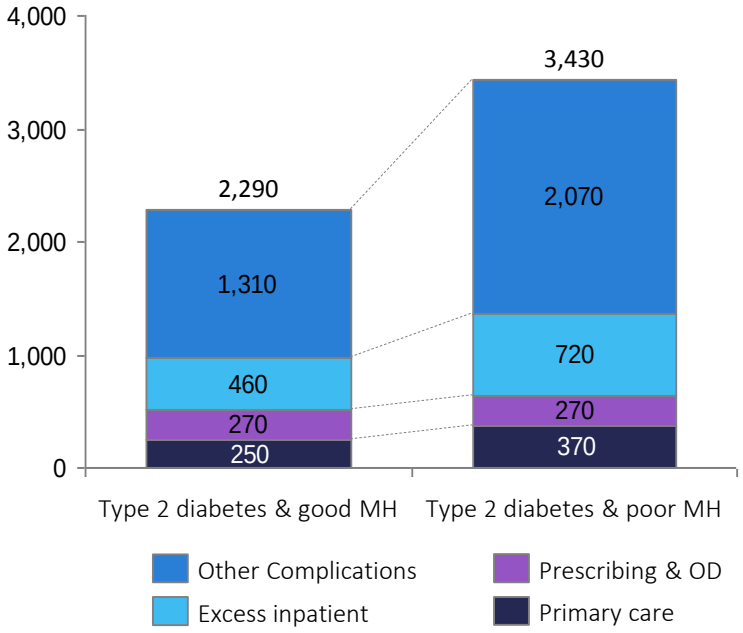
Physical healthcare costs 50% higher for type 2 diabetics with poor MH

Annual physical healthcare costs per patient, 2014/15 (£)



Additional costs due to increased hospital admissions and complications

Annual physical healthcare costs per patient, 2014/15 (£)



Presence of poor mental health responsible for £1.8bn of spend on type 2 diabetes pathway

Note: Does not include spend on prescribing psychiatric drugs and other mental health services
Source: Hex et all, 2012; APHO Diabetes Prevalence Model for England 2012; Long-term conditions and mental health: The cost of co-morbidities, The King's Fund

Opportunities for change

There is now a cross-party, cross-society consensus on what needs to change, with a real desire to shift towards prevention and transform care

Public attitudes towards people with mental health problems have improved by 6% in recent years

Mental health is a top priority for the NHS amongst young people

Over 1000 employers recognise the importance of mental health and are starting to act

There has been important progress e.g. through the development and implementation of NICE guidelines, the introduction of the first ever access and quality standards, & CYP transformation.

Aims and scope of the Taskforce

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…

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:

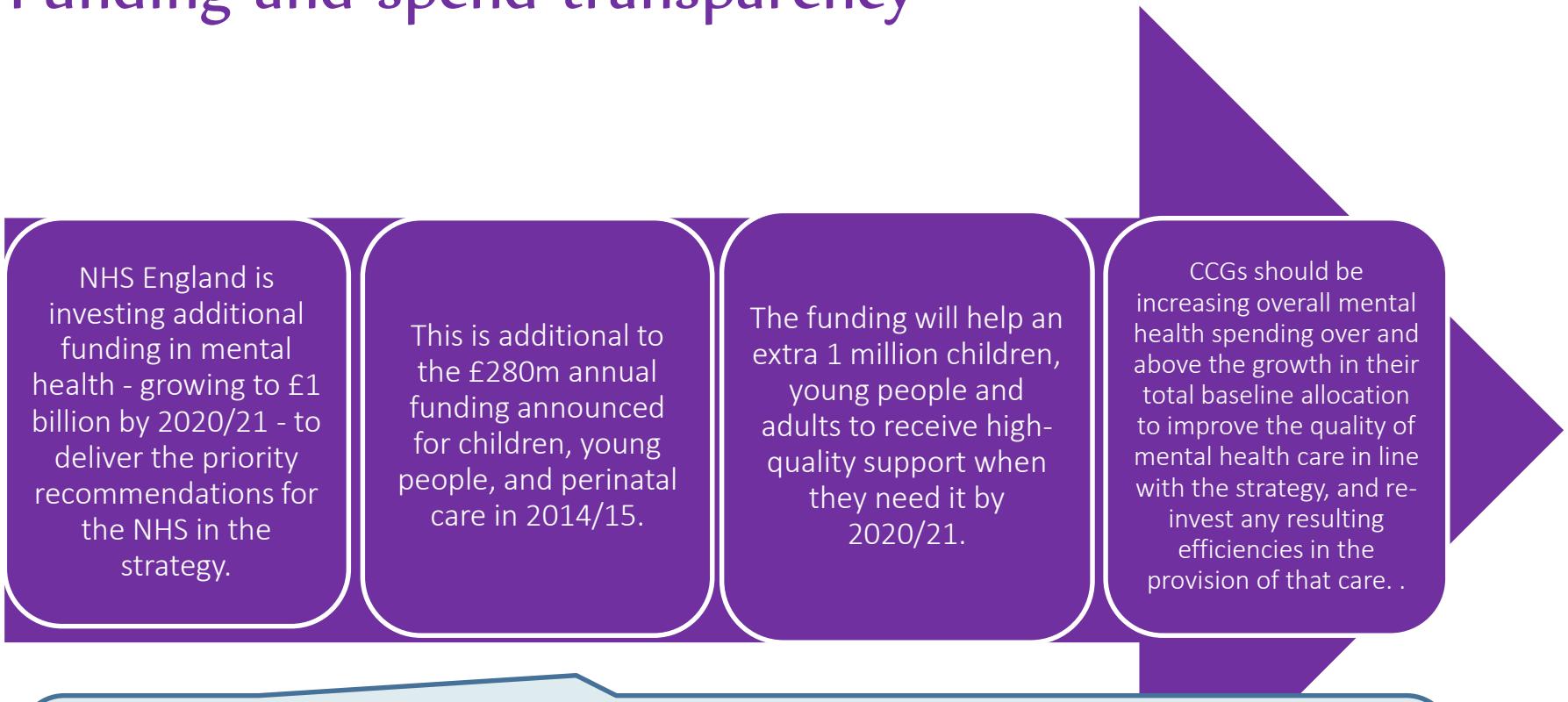
- Promote equalities and reduce health inequalities in mental health through leadership and transparency
- Integrate commissioning for prevention and quality
- Establish comprehensive access pathways and standards for mental health (across conditions, ages and settings)
- Promote a co-ordinated approach 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.

Funding and spend transparency



Transparency: Through implementing the Taskforce recommendations, by 2020/21 we will be clearer about where money is spent on providing high quality mental health care across the NHS to facilitate improvement in outcomes and greater accountability, both locally and nationally.

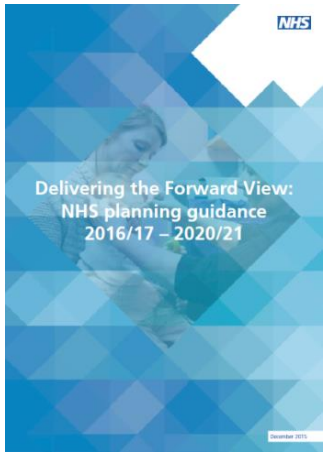
Implementation and oversight

Planning Guidance & Mandate: the NHS should ensure measureable progress towards parity of esteem by implementing Taskforce priorities, including 'must dos' for 2016/17. Further guidance will be issued to support areas in developing their Sustainability and Transformation plans.

Trial and evaluation: Starting this year, NHS England and ALB partners will work with local areas to trial the implementation of proven and new models of care to identify how to target investment and realise savings locally to reinvest in mental health.

Transparency: The CCG Assessment and Performance Framework will include key mental health measures.

To complement this, a full mental health dashboard should be produced by the summer of 2016.



Governance and oversight: By no later than Summer 2016, NHS England, the Department of Health and the Cabinet Office should **confirm what governance arrangements** will be put in place to support the delivery of this strategy. This should include arrangements for **reporting publicly on how progress** is being made against recommendations for the rest of government and wider system partners, the appointment of **a new equalities champion** for mental health to drive change and **creating an independent external advisory board** to provide independent scrutiny and challenge to the programme.

Building on change: Mind's 2016-2021 strategy

We're Mind, the mental health charity.

We're moving closer to our ultimate ambition with our new five-year strategy.

We want everyone with a mental health problem to get support and respect.

In 2016-2021, we're 'Building on change' by:

helping people to stay well

with resilience-boosting community services and a new Workplace Wellbeing Index

giving people choice

by improving access to our high quality information, creating new one-to-one services and increasing peer support

helping people take part in society equally

by improving public attitudes and offering experiences that increase confidence and skills

improving services and support

by holding the NHS to account, developing first-class community services and improving life-saving crisis care

making access to services equal for everyone

by speaking out on issues affecting people with multiple disadvantages or complex needs

putting excellence at the heart of our organisation

in England and Wales, by collaborating with our local Minds and external partners and maintaining a strong financial position

Find out more at mind.org.uk/strategy

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Mind's Life Support campaign

- Brand new 5 year campaign developed with people with lived experience of mental health problems

- Home and community focus:

- Advice and support
- Social and supported housing
- Loneliness and isolation

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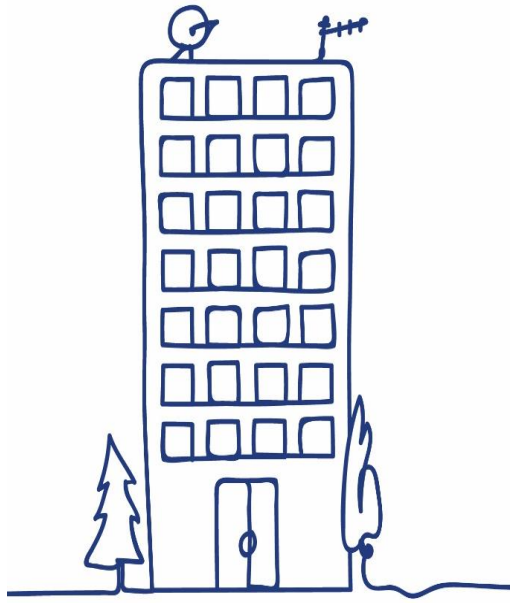
What is Life Support?

People with mental health problems often need:

- Practical help to manage life's day-to-day challenges
- Help with likely additional social problems faced
- e.g. advice, information and support services
- e.g. help to keep connected with people and the wider local community



These services are often crucial in keeping people out of costly secondary care

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"Everything got on top of me – my family situation, my health and my finances. I was left homeless, depressed and helpless. The prospect of having to sort it out alone was too much because I just didn't know where to go."
Support Wellingborough
service user

Why people need Life Support

- Fabric of local ‘life support’ is crucial to people’s health and wellbeing
- Without it people will remain isolated, their health can decline and they are likely to need costly interventions
- Problems can snowball into crisis: lost jobs and homes, mounting debt, wider impacts on families and children
- Unresolved problems = more demand and spiralling costs
- Comes at a huge cost: damage both to individuals and society

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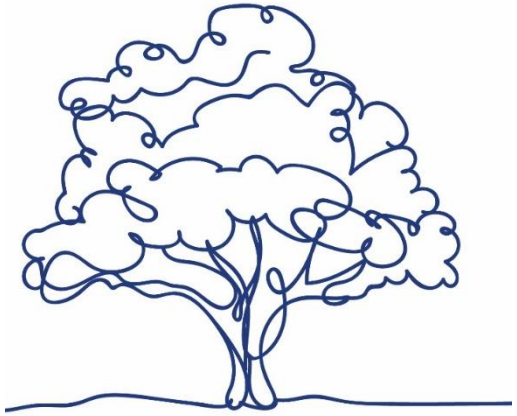
Why people aren't getting Life Support

- Budgets are pressured and commissioners face difficult decisions
- Lack of leadership – who's responsibility is 'life support'?
- Rising demand: increase in social and mental health problems
- Significant changes to how public and voluntary services are commissioned, delivered, evaluated and funded
- Small organisations can struggle to measure impact – often first to be cut

nd
nental health

Why you should invest in Life Support

- People with mental health problems should do more than just ‘get by’
- Advice, information, support and social contact interventions keep people well
- Invest to save argument / already spending money on people with mental health problems
- Smarter to work together and make sure that spending is effective



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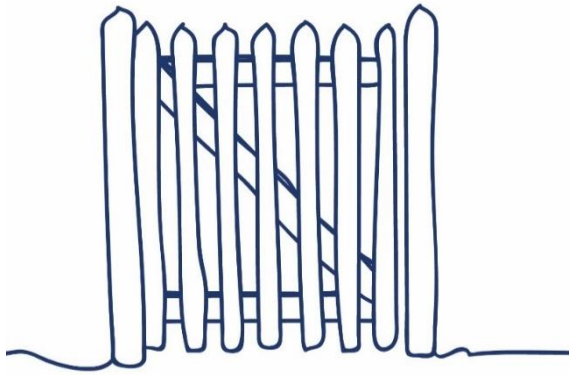
10 solutions / approaches

1. Make services person centred
2. Joint fund Life Support services
3. Engage people with mental health problems
4. Value the expertise of the voluntary sector
5. Support people with day-to-day living
6. Integrate and co-locate Life Support with health services
7. Ensure services are accessible to people with mental health problems
8. Support social relationships and interactions
9. Support community organisations to measure impact
10. Help people to navigate and connect services



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