The Mental Health Taskforce – what next?

Chair: Stephen Dalton, Chief Executive, Mental Health Network
Andy Bell, Deputy Chief Executive, Centre for Mental Health
Claire Murdoch, National Director for Mental Health, NHS England
Dr Jonathan Fielden, Director of Specialised Commissioning, NHS England
Dr Amanda Doyle, Chief Clinical Officer, NHS Blackpool CCG and Co-chair of NHSCC

Event Partners:
Priorities for mental health: the economic evidence

Andy Bell
16 June 2016
Five Year Forward View for Mental Health

- Independent taskforce chaired by Paul Farmer
- Commissioned by NHS England and other arms’ length bodies
- Reported in February 2016
- Centre for Mental Health provided economic evidence and research on previous strategies
Nine investment priorities identified under three headings:

- Early intervention
- Integrating physical and mental health
- Better support for people with severe mental illness
Priorities for Mental Health

The nine priorities for investment identified in the report:

1. Identification and treatment of anxiety and depression for women during pregnancy and after childbirth.
2. Early Intervention in Psychosis.
3. Integrated care for people with long-term physical and mental health conditions.
4. Treatment of conduct disorder in primary school age children.
5. Improved management of medically unexplained symptoms and related complex needs.
6. Liaison psychiatry services in acute hospitals.
7. Interventions to improve the physical health of people with severe mental illness, especially smoking cessation.
8. Community-based alternatives to acute inpatient care for people in a crisis.
9. Supported employment services for people with severe mental illness.

The full report is available from: http://www.centreformentalhealth.org.uk/priorities-for-mental-health-economic-report/

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Maternal mental health

Growing evidence of impact of mothers’ mental health during and after pregnancy on their children

Cost £8.1 billion a year:
- Depression
- Anxiety
- Psychosis

From The Costs of Perinatal Mental Health Problems, available at: http://www.centreformentalhealth.org.uk/perinatal
© 2014 London School of Economics and Centre for Mental Health
What works?

- NICE guidelines (Dec 2014) set out standards including:
  - Early identification
  - Quick access to CBT (2 weeks for anxiety)
  - Community teams
  - Mother and baby units
- But...
Only 10% women with postnatal depression get evidence-based treatment:

- Fear of seeking help
- Short consultations
- Lack of continuous contact
- Low awareness
- Lack of confidence
- Reactive, fragmented services
Community perinatal mental health teams

Centre for Mental Health
Priority 1: Perinatal mental health support

- Invest in identification and timely access to psychological therapy
- Cost of full implementation of NICE guidance £280m nationally
- Equivalent to £1.3m for an ‘average’ CCG
Early starting behavioural problems

- All children misbehave from time to time
- But about 20% have persistent ‘behavioural problems’ and 6% have ‘conduct disorder’
- The lifetime costs of conduct disorder are £250,000 per child
- Most parents ask for help
- But few families receive any...
The impact of conduct disorder

NEGATIVE OUTCOMES

2 x MORE LIKELY TO LEAVE SCHOOL WITH NO QUALIFICATIONS

3 x MORE LIKELY TO BECOME A TEENAGE PARENT

4 x MORE LIKELY TO BE DEPENDENT ON DRUGS

6 x MORE LIKELY TO DIE BEFORE AGE 30

8 x MORE LIKELY TO BE ON THE CHILD PROTECTION REGISTER

20 x MORE LIKELY TO END UP IN PRISON
Priority 2: Parenting programmes

- Universal screening at start of primary school
- Evidence-based group parenting programmes for those who need them
- Cost £1,300 per child
- Full implementation costs £51m nationally
- Every £1 invested saves £3, including 95p to the NHS
Priority 3: Early Intervention in Psychosis

- First episode psychosis affects 15,000 people a year
- Early intervention teams save £15 for every £1 invested
- Cost of full provision £77m a year
- Over three years the NHS would save three times this cost
The NHS spends about £14 billion treating mental ill health, and...

It spends another £14 billion *not* treating mental ill health
The extent of co-morbidity

Physical & mental health

The overlap between long-term conditions and mental health problems

Long term conditions: 30% of population of England (approx. 15.4m people)
Mental health problems: 20% of the population of England (approx. 10.2m people)

30% of people with a long-term condition have a mental health problem (approx. 4.6m people)
45% of people with a mental health problem have a long-term condition (approx. 4.6m people)

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© Centre for Mental Health, 2015
The costs of not treating mental ill health

- 4.6 million people have a long-term physical illness and a mental health condition.
- Physical health outcomes are worse and costs are 45% higher per person for this group.
- This costs the NHS £11 billion a year.
- Medically unexplained symptoms cost a further £3bn.
Priority 4: Liaison psychiatry in every hospital

- Liaison psychiatry services can:
  - Reduce admissions and lengths of stay
  - Reduce readmissions and enhance independent living
  - Build skills and confidence of hospital staff
- Savings estimated at £5m per hospital
- Cost of full coverage £119m nationally
- NHS saves £2.50 for every £1 invested
Priority 5: Integrated care and support

- Structured approach to care outside hospital:
  - Care coordination by a case manager
  - Multi-disciplinary team
  - Collaboration between primary and specialist care

- Cost £290m nationally for the ‘most complex’ 10% of patients

- Likely to be cost-neutral for the NHS
Priority 6: Medically unexplained symptoms

- Enhanced support for people with ‘complex needs’ and medically unexplained symptoms
  - City & Hackney service offers advice and support to GPs and psychological therapies to patients
  - Produces good outcomes and high satisfaction rates with GPs and patients
- Cost £127m to extend to every CCG
- Likely to be cost-neutral for the NHS
Employment

- At least 1m people out of work due to mental ill health
- 7% people using mental health services are in employment
- More than half would like to work
- Work is a key part of recovery for many people
Individual Placement and Support (IPS)  

- ‘Place then train’ approach to employment  
- Consistently outperforms every other employment support approach  
- Currently available in about half of NHS mental health services for 10-20,000 people a year  
- ‘Centres of excellence’ and ‘regional trainer’ programme extending IPS
Priority 7: Double the number of IPS places

- One-off cost per person £2,700
- Adding 20,000 places would cost £54m a year
- Cost savings estimated at £3,000 a year (every year) per person
- For the NHS nationally this would mean savings of £100m over 18 months
Crisis resolution & home treatment

- Each crisis of schizophrenia costs £20,000
- High fidelity crisis resolution/home treatment generates savings of £1.68 per £1
- Since 2010 spending on CRHT has fallen by 8% despite 18% rise in referrals
Priority 8: Reinvest in CRHT services

- Cost of returning to 2010 level of spending £29m
- This would generate savings of £49m
- Cost of meeting 18% rise in referrals £63m
- This would bring about savings of £106m
Physical health for people with psychosis

- 15-20 year shorter life expectancy
- Excess mortality mostly related to physical ill health
- Smoking is a major factor and linked to severity of mental illness
- Smokers with mental health problems as likely as others to want to quit and to benefit from treatment
Priority 9: Smoking cessation support

- Smoking cessation based on NICE guidelines would cost £67.5m for 150,000 people
- Average gain of seven years of life per person who quits smoking
- Likely savings of £100m over time from reduced physical health care costs
More priorities...

- Mental health in schools
- Housing support (of many kinds)
- Welfare advice
- Liaison and diversion
Thank you

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www.centreformentalhealth.org.uk
The Mental Health Taskforce – what next?

Claire Murdoch
NHS England National Mental Health Director
Chief Executive, Central and North West London NHS FT (CNWL)

0900 – 1000 16 June 2016
Introduction and Contents

- Overview of the 5 year programme
- Focus on key areas of success and new commitments
  - The perinatal mental health programme
  - Children and young people’s mental health
  - Delivering excellent crisis care
  - Eliminating out of area treatments
  - Early intervention in psychosis and the new access standard
  - Improving outcomes for people through IAPT
  - New care model for mental health
  - Transparency and a new dashboard
- How every area in England can drive the 5 year forward view for mental health
- My early priorities for change
Five Year Forward View for Mental Health

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 in the strategy:
  - 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

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.”
In response to the taskforce report, and with new funding, the NHS will deliver a programme of transformation across the NHS so that by 2020:

<p>| 70,000 more children will access evidence based mental health care interventions |
| Intensive home treatment will be available in every part of England as an alternative to hospital |
| No acute hospital is without all-age mental health liaison services, and at least 50% of acute hospitals are meeting the ‘core 24’ service standard |
| At least 30,000 more women each year can access evidence-based specialist perinatal mental health care |
| 10% reduction in suicide and all areas to have multi-agency suicide prevention plans in place by 2017, |
| Increase access to evidence-based psychological therapies to reach 25% of need, helping 600,000 more people per year to access care |
| The number of people with SMI who can access evidence based Individual Placement and Support (IPS) will have doubled |
| 280,000 people with SMI will have access to evidence based physical health checks and interventions |
| 60% people experiencing a first episode of psychosis will access NICE concordant care within 2 weeks |</p>
<table>
<thead>
<tr>
<th>Year</th>
<th>Promoting good mental health and helping people lead the lives they want to live</th>
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<tbody>
<tr>
<td>16/17</td>
<td>Children and young people’s mental health services transformation</td>
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<tr>
<td></td>
<td>Suicide reduction</td>
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<td>Individual placement and support (employment)</td>
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<td>Mental health New Models of Care</td>
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<td>Secure care transformation</td>
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<td>Community rehab/ step down</td>
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<tr>
<th>Year</th>
<th>Integrating Care</th>
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<tr>
<td>16/17</td>
<td>Specialist perinatal care</td>
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<tr>
<td></td>
<td>Delivering evidence based psychological therapies to people of all ages with long term conditions and expanding access for adults from 15% to 25%</td>
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<td></td>
<td>Evidence based physical care screening and interventions for those with SMI</td>
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<th>Year</th>
<th>Creating a 7-day NHS for mental health (right care, right time, right place &amp; recovery focused)</th>
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<tbody>
<tr>
<td>16/17</td>
<td>Crisis resolution home treatment teams + Out of area treatment reduction</td>
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<td></td>
<td>Liaison mental health services</td>
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<td>Early intervention in psychosis service improvement</td>
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<td>Liaison and Diversion</td>
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<th>Year</th>
<th>Hard-wiring mental health across health and social care</th>
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<td>16/17</td>
<td>STPs development and assurance</td>
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<td>HEE workforce strategy</td>
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<td>5 year data plan</td>
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<td></td>
<td>STP delivery mechanism including via CCG improvement and assessment framework</td>
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<td>Outcomes based payment approach in place</td>
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**Key:**
- **System funding**
- **Infrastructure**
In perinatal mental health we are building a phased, five-year programme with new investment with specific priorities this year

In 2016/17 our priorities are:

• **Mother and Baby Unit capacity** - complete procurement for three new units and capacity review of existing beds.

• **Perinatal mental health networks** – continued investment to support strategic planning in localities. Invest and support development of perinatal mental health networks for strategic planning.

• **Develop clinical leadership** – psychiatry bursary launch in partnership HEE and RCPsych.

• **Workforce and development** – support HEE to develop workforce strategy to identify requirements, training events and develop multi-disciplinary competency and skills framework.

• **Commissioning development** - Support commissioners with planning through analytics, seminars and pathway development.
There have already been great strides in delivering change in important areas such as Children and Young People’s mental health

CYP MH transformation supported by £1.4bn additional funding announced during 2014/15

- 123 assured and published local transformation plans – improved transparency
- Mental health dataset for the first time includes CAMHs activity
- The CYP IAPT programme is working to improve services covering 82% of the 0-19 population. CYP IAPT has trained 1633 existing staff to certificate or diploma level since 2012, with plans for a further 3400.
- Eating disorder access and waiting time standard will be measured and introduced in April 2017 and we have established a quality network for dedicated eating disorder teams
- We are working on referral to treatment standards for crisis, generic CAMHS and identifying the best model of care for looked after /adopted children
- We have commissioned extra inpatient beds and case managers for children and young people with mental health problems and those with learning disabilities
- 27 CCGs working with 255 schools have piloted single points of contact
To improve crisis care a number of areas are already delivering improved care for people needing urgent and emergency mental health care

For example in NW London:

- A single whole system ‘care pathway’, agreed between the key agencies to support, assess and manage anyone who asks any service for help in a mental health crisis;

- A 24/7/365 single point of access for all professionals, service users and carers to use for support, advice, information and request assessment;

- Seeking to ensure that Mental Health Detentions under Section 136 do not happen in police cells in NW London;

- Introducing maximum waiting time standards for assessment, and providing more assessment in care in people’s homes and the community, 24/7, so people know when they will receive help and have much more choice over when and where they get it;

- Development of a new ‘community living well’ service to support and sustain recovery for people who have long-term mental health needs, which will work to prevent crises happening, improve well-being and support people to live the lives they want to.
We have made a commitment to eliminate Acute OATS by 2020 following investment in crisis resolution home treatment teams building on recommendations from the Crisp Commission.

‘Out of area treatments cause problems for patients and for their families and carers. Geographical separation from a patient’s support networks can leave them feeling isolated and delay recovery.’

‘The Commission learned that one Trust had spent £4.8 million on out of area treatments for up to 70 patients at any one time in 2013/14 – at an average cost of approaching £150,000 per patient per annum.’

Source: rcpsych.ac.uk
www.england.nhs.uk
People experiencing first episode psychosis will get rapid access to care in line with NICE recommendations and there are examples around the country of excellent progress.

The south region programme demonstrates:

- **Measurement** of investment, NICE concordance, timely access and workforce
- There is a **long way to go** particularly in terms of NICE concordance and workforce
- With **transparent** mapping of the gaps improvement can be made
Local geographies are developing innovative solutions using data to improve care for people experiencing a first episode of psychosis

Berkshire Healthcare NHS FT and West and East Berkshire CCG have developed a dashboard to ensure packages of care are NICE concordant:

- Dashboard utilises Electronic Health Record system
- Local EIP service use the dashboard to identify referrals early on and then track their journey
- Staff can record NICE recommended interventions that have been offered and those that have been delivered.
- Dashboard refreshed every morning, enabling staff to view up to date information on people who have been assessed and those awaiting assessment and allocation of an EIP care coordinator.
More people using IAPT are recovering than ever before

Number of people completing IAPT treatment and moving to recovery / showing reliable improvement April 2012 - March 2015

- The 50% recovery rate standard was met by 105 CCGs in February
- 83% of people completing treatment in February waited less than 6 weeks for treatment

2015/16 April-Feb March data not yet published
We have launched a new care model for mental health

In December 2015
Via the planning guidance, local areas asked to come forward to express an interest in secondary providers managing budgets for tertiary services

In March 2016
Stephen Firn announced as the lead for the new care model

In June 2016
Letter to Providers and Commissioners asking for formal applications

By July 2016
New care mode sites will be announced
There will soon be a new mental health dashboard that shares progress including measures as part of the CCG improvement and assessment framework.

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<tr>
<th>Access</th>
<th>Quality</th>
<th>Outcomes</th>
<th>Investment</th>
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<tbody>
<tr>
<td>Is everyone who needs access getting access?</td>
<td>Is care provided of the right quality, at the right time and in the right place?</td>
<td>Is that care effective and delivering the outcomes that people want to see?</td>
<td>Is there the right level of investment?</td>
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Health promotion
Integration
7 day services
Hard-Wiring
We need support from local areas to drive this forward across the country; Mental Health is vital to the success of all Sustainability and Transformation Plans

**Leadership**

Mental Health has met a lot of challenges that acute care is now facing, e.g., living within a fixed (block) budget, closing beds, treating people closer to home and out of hospital. MH leaders should play a **key role in supporting STPs to address financial challenges and need for new care models**

**Demand management and care close to home**

Mental health interventions often have an impact on reducing the wider costs of care for a population therefore **links must be made with other leaders in the health economy** to secure the importance of high quality evidence based mental health interventions.

**Multidisciplinary teams**

Mental health providers are used to working in MDTs and may wish to **share and co-develop integrated models of care** including risk management/stratification with others in the STP, particularly in plans to address long term conditions,

**Integration with social care and multiple agencies**

Mental health can act as a leader in local health economy plans to **collaborate with social care and other agencies** such as leisure, employers, arts, voluntary sector organisations etc. Mental health providers and commissioners are often working in this way already.
My priorities for the next few months are to create conditions for change in the NHS

Including by:

- Publishing an **implementation plan** that sets out the key information that the NHS will need to deliver the 5 year forward view for mental health
- Developing a **mental health dashboard** to drive up transparency and support a greater understanding of care and quality, prevention and financial gaps that must be filled over the 5 year forward view period (part of this will form the CCGIAF from 2017/18)
- Relentlessly focusing on **data quality** particularly of the new national mental health dataset
- Developing a **support offer** for STPs including working with NHS Improvement, to be led by me as new SRO working out into the NHS to improve capacity and capability for change
- **Working closely with STPs** to develop and shape the programme to meet sector needs while delivering national commitments
- Forging critical links with specialised commissioning colleagues to enable more **joined up commissioning** and reduce dependency on beds (e.g., via mental health new care model).
Thank you

@ClaireCNWL