The future of mental health: the Taskforce 5 year forward view and beyond

May 2016
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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.”

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Spending Review and Five Year Forward View for Mental Health

Recommendation 18 (five year forward view):

• By 2020/21, no acute hospital is without all-age mental health liaison services in emergency departments and inpatient wards... (“all-age” means older people and CYP!)

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

• Backed by funding following 2015 Spending Review £247m (over 4 years from 2017/18);

• Over 10 years, ambition to have all acute hospitals at ‘core 24’ as the minimum - recognise that it will be a challenge to expand the specialist liaison workforce. NHS England needs to work with HEE and RCPsych Liaison Faculty
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”.

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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.
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
The first NHS Constitution

New rights for physical health...

Section 3a: You have the right to access certain services... within maximum waiting times...

Covers:
- Start of consultant-led treatment within 18 weeks
- Seen by cancer specialist within two weeks (urgent)

The NHS commits to provide convenient, easy access to services within waiting times set out in the Handbook to the NHS Constitution.

... but not routinely for mental health*

* Other than 7-day wait for follow-up after discharge from psychiatric inpatient care for people on a Care Programme Approach

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More than just a waiting time....

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-focused
## Access & quality: approach

| Expert input and engagement | • Expert reference group  
• Collaboration with NCCMH |
|----------------------------|--------------------------------------------------|
| Developing the standards   | • Mapping the pathway to NICE recommended treatment  
• Clock starts and clock stops |
| Developing the dataset     | • Specifying data to report waiting time  
• Specify routine outcome monitoring |
| Mapping current activity   | • Audit or self assessment of current waiting times  
• Gap analysis, including costs |
| Publication of sector support material | • Including the case for investment, detail of care pathway and expectations on providers best practice and service model exemplars |
# Access & quality: implementation

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<th>Details</th>
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<td>Shaping levers &amp; incentives</td>
<td>• Planning guidance, payment system development, standard contract etc. Engagement with <strong>NHS Improvement, CQC</strong></td>
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<tr>
<td>Workforce development</td>
<td>• Work with <strong>HEE</strong> to ensure capacity, capability and confidence to deliver standard, particularly NICE-recommended interventions</td>
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<tr>
<td>Quality improvement</td>
<td>• Baseline clinical audits of quality of care. Quality improvement and assessment scheme or quality improvement network <strong>CCQI</strong></td>
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<tr>
<td>Implementation support and system preparedness</td>
<td>• Work with regions, NHS England operations, and NHS Improvement (and others if required) to understand readiness and need for support.</td>
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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
EIP Implementation Guidance

The new EIP implementation guidance provides:

• service user, carer and clinical perspectives in describing first episode psychosis and ‘at risk mental states’, the support offer, and recovery.
• key facts regarding psychosis incidence and why incidence levels may vary from area to area.
• a description of EIP services and their benefits, the essential interventions recommended by NICE that are relevant for EIP services and other key service functions.
• a description of the EIP skill mix necessary to deliver care in line with NICE recommendations. (see the link to HEE workforce tool below)
• A description of the optimal service models for urban, suburban and sparsely populated rural areas.
• To describe best practice in joint working with children and young people’s mental health services.

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Further planned programmes to achieve better access between now and 2017

- Perinatal Mental Health
- 24/7 U&E 'blue light' mental health response
- CYP Generic
- Dementia
- Acute Mental Health
- 24/7 U&E mental health liaison in acute hospitals
- 24/7 U&E community mental health response
- Integrated Physical and Mental Health
- Crisis CYP
Urgent and emergency care in MH

- Part 1: Blue Light Services and Urgent and Emergency Mental Health Response for All Ages
- Part 2: Urgent and Emergency Liaison Mental Health Services for Adults
- Part 3: Urgent and Emergency Community-Based Mental Health Services for Adults
- Part 4: Urgent and Emergency Community-Based and Liaison Mental Health Services for Children and Young People
Blue Light Services and Urgent and Emergency Mental Health Response for All Ages

- Section 135
- Section 136
- Street triage
- Health Based Places of Safety
- Police cells: serious offence only (not a HBPoS)
- Assessment and treatment plan initiated
- Waiting time:
Urgent and Emergency Liaison Mental Health Services for Adults

- Entry in ED
- Face to face in 1hr
- Assessment
- Care plan/treatment plan
- Exiting ED with a place to go
- Waiting time:
Safe, effective and compassionate care

Francis Report

NICE

NCCMH (RCPsych & BPS)
Safe, effective and compassionate care (continued)

What Staff

Are needed

To deliver care in a safe & compassionate way
Safe, effective and compassionate care (continued)

- **NICE recommended treatment needed in each setting**
- **Identify competencies to provide treatment**
- **Systematic review of leadership and team working**
Safe, effective and compassionate care (continued)

- CAMHS & Adult Panels
  - Consider Competencies and team factors
  - Recommend the staff required to deliver service
Integrating physical & mental health

- *Mental ill-health increases the risk of physical ill-health* (depression increases risk of heart disease; schizophrenia increases risk of CV disease, COPD, cancer, obesity and diabetes)

- *Physical ill-health increases the risk of mental ill-health* (diabetes, COPD or stroke lead to an increased risk of depression and anxiety)

- *Mental ill-health worsens the outcomes of co-existing physical ill-health* (depression increases mortality in heart disease; serious mental illness (SMI) lowers survival in breast cancer)
Integrating physical & mental health (continued)

- Mental ill-health may be mistaken and treated as if it was a physical illness (hypochondriasis; somatisation/medically unexplained symptoms - MUS), often at great cost to the individual and the NHS.
Integrating physical & mental health (continued)

• Physical health can be seriously impaired as a direct result of mental health problems (for example, liver damage due to alcohol abuse or paracetamol overdose, or blood borne infection resulting from heroin abuse).
Integrating physical & mental health (continued)

• **Mental health is commonly significantly impaired following physical trauma and violence** (PTSD, triggering psychosis, depression and anxiety).

• **Chronic physical ill-health is one of the key factors associated with completed suicide.**

• **Exposure to violence in early life correlates with completed suicide as an adult**
Integrating physical & mental health: what do we need to do?

• Train physical health professionals to do good basic mental health
• Train mental health professionals to do good basic physical health
• Integrate mental and physical healthcare
  • ALBs (NICE, CQC, HEE, PHE)
  • Commissioning specialist services
  • Commissioning secondary and primary care
• Aim to integrate mental health and physical health providers (systematic review)?