



## **Mental Health Deep Dive**

**Report to the Inner North East London Joint Health  
Overview and Scrutiny Committee – June 2017**

# Purpose

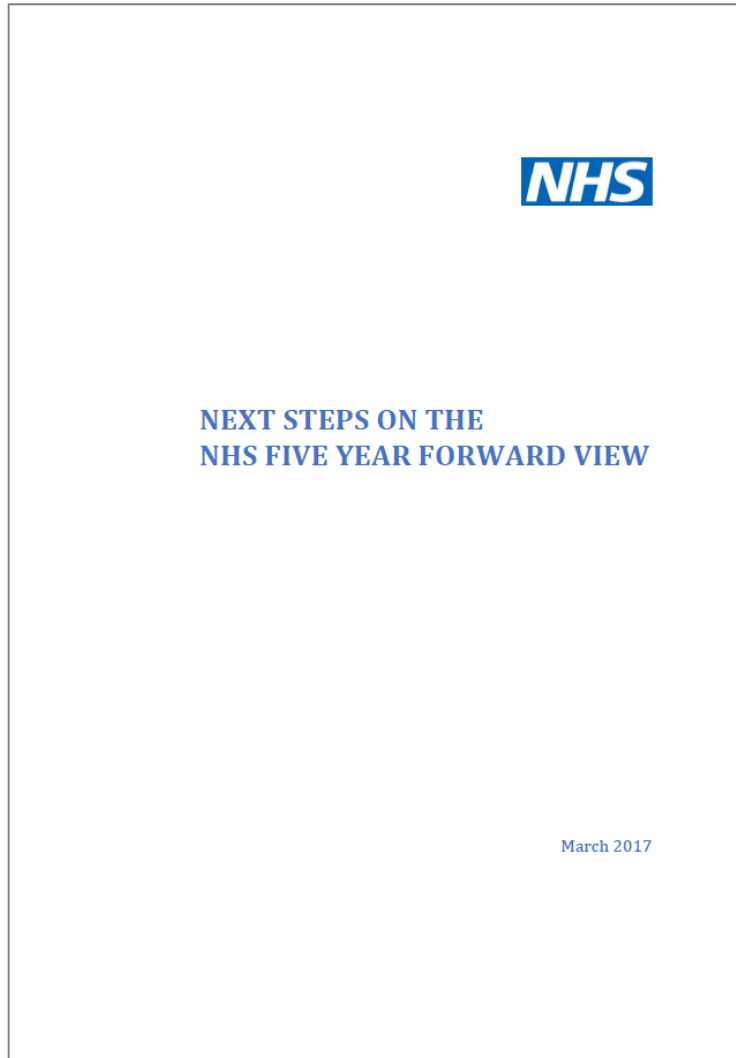
- To provide an overview of the analysis which has informed local priorities for Mental Health Service development and transformation
- To highlight successes achieved within local Mental Health services to date
- To identify anticipated future pressures and present potential future opportunities
- To provide an overview of the planning and delivery model we are establishing to deliver the Mental Health workstream
- To present a summary of the priorities we will address in 2017/18
- To promote wider engagement on plans for Mental Health

# Mental health has national prominence at present

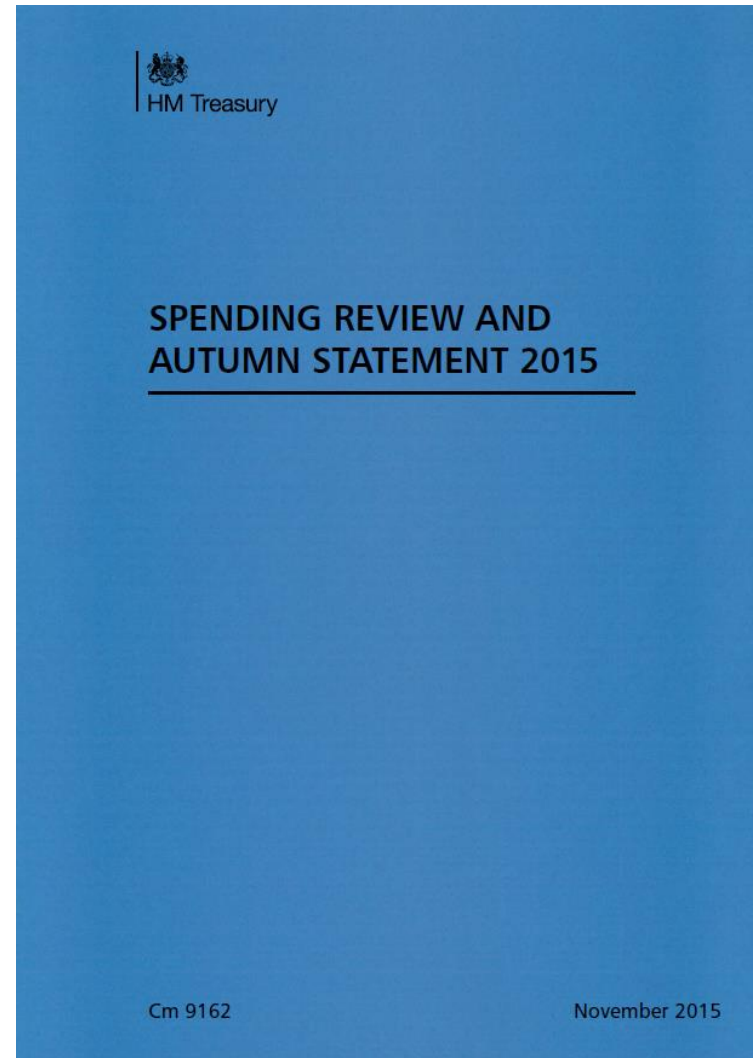


Increasing and intensifying ministerial and public focus on mental health  
An opportunity for North East London to be a national leader with mental health as a cornerstone of the whole system?

# Integration, and improving access and quality in mental health feature prominently in national policy



2017-06-05



WE CAN ALL DO OUR BIT...



4

# Tackling Mental Health Inequalities is also a London wide policy



Thrive London is a citywide **movement for mental health**, supported by the Mayor of London and the London Health Board



**1m**

LONDONERS

will experience mental ill health this year



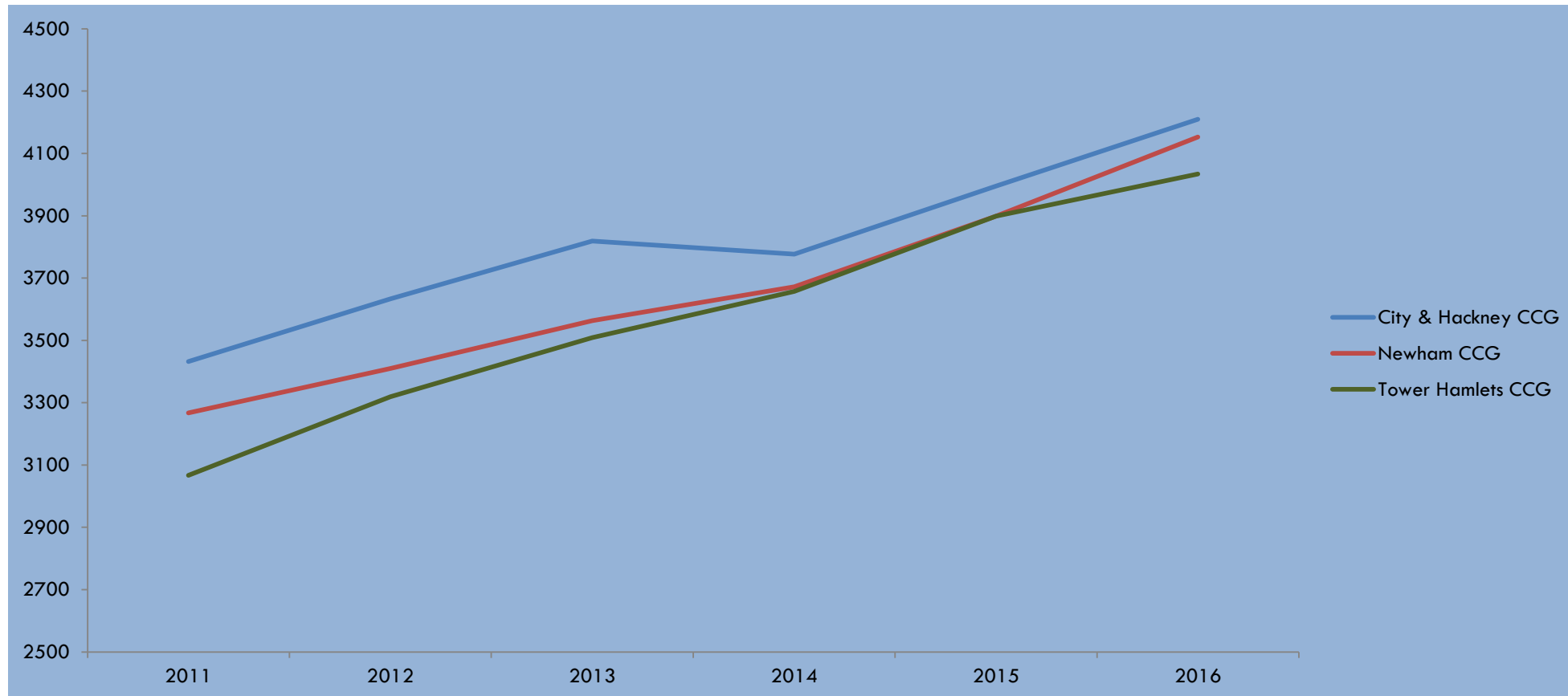
**100k**

CHILDREN AND YOUNG PEOPLE

will experience mental health issues

# Mental health is a big issue for people in north east London

Number of people with a serious mental illness in north east London

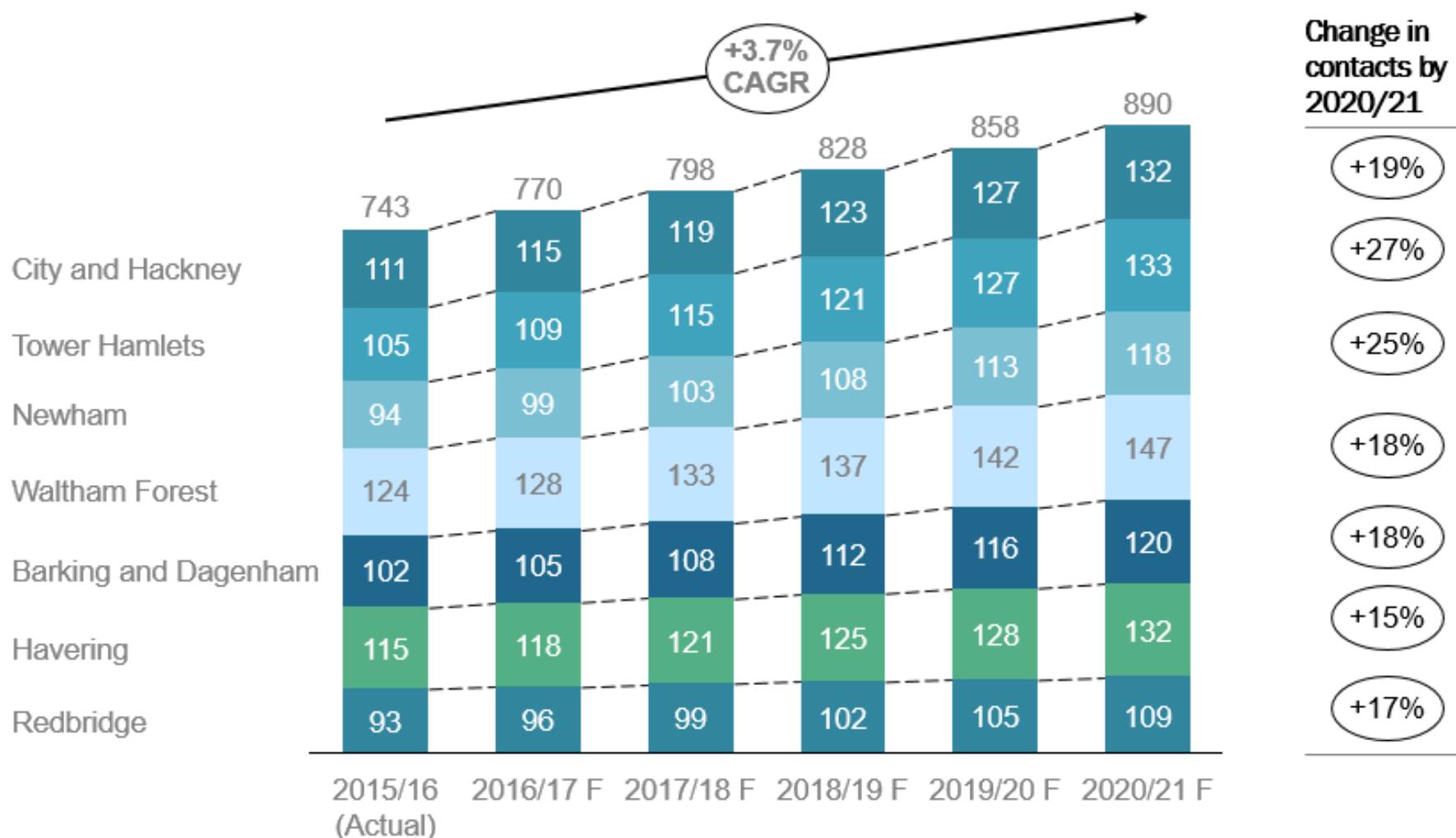




# Our analysis suggests need and demand will continue to grow

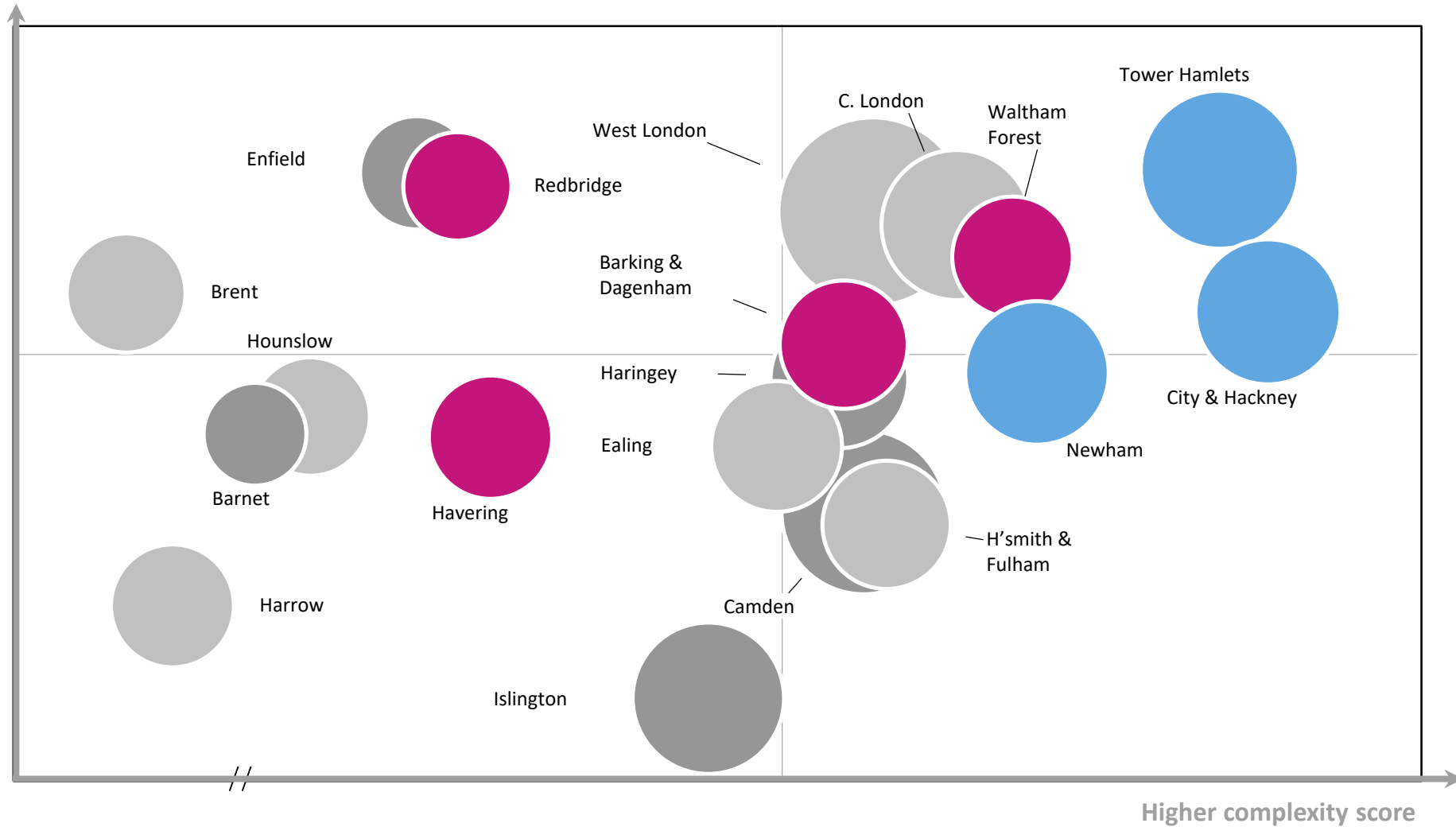
## 20% more contacts across NEL by 2020/21

Contacts, thousands



# Despite some of the most complex populations in London, NEL achieves generally good mental health outcomes at relatively low spend per head

Higher outcomes score



- INEL
- ONEL
- NCL
- NWL

Mental health population complexity, spend per head and outcomes of NEL and NCL boroughs



# Quality of services is generally good, but significant opportunities to improve life and health outcomes

East London NHS Foundation Trust CQC rating 2016

Overall Outstanding	Safe	Good ●
	Effective	Good ●
	Caring	Outstanding ☆
	Responsive	Outstanding ☆
	Well-led	Outstanding ☆

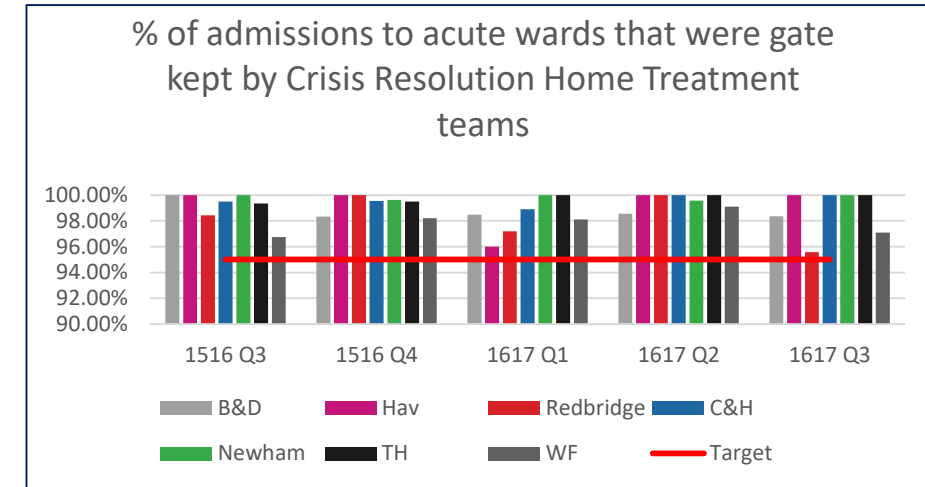
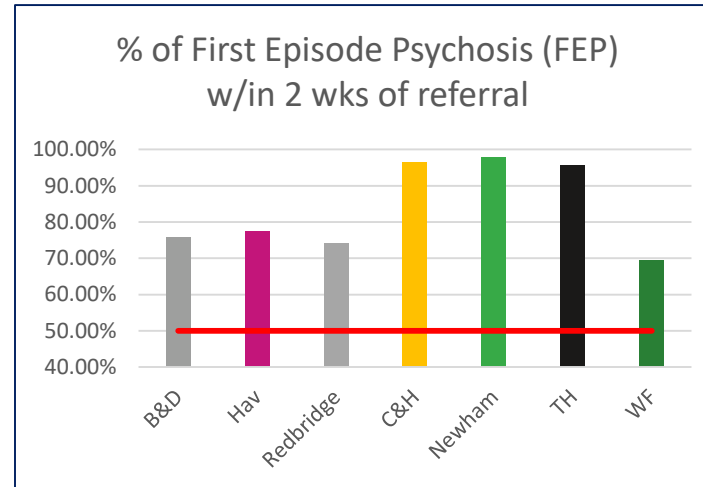
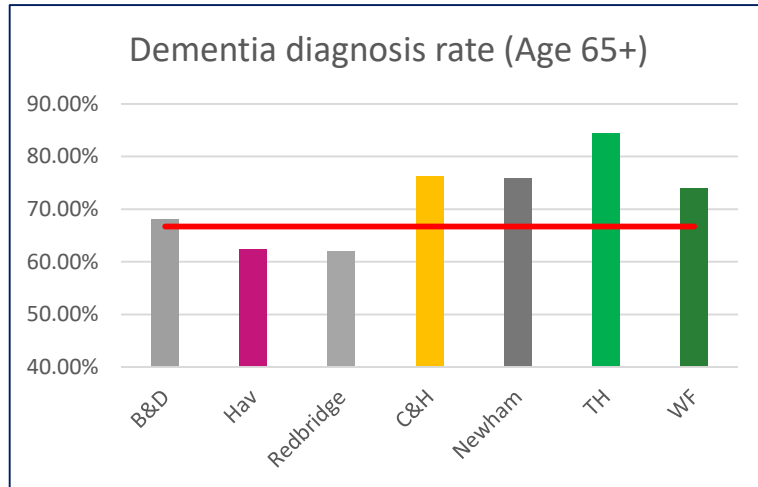
Read overall summary

## Nationally we know

- **People with a serious mental illness and die on average 15 years younger than the population**
- **People with mental health problems use 3.9 times more emergency inpatient care than the general population (excluding mental health)**
- **30% of people with a long term condition have a mental health problem; 46% of people with a mental health problem have a long term condition**
- **50% of lifetime mental health conditions are first experienced by the age of 14, 75% by the age of 24**
- **60% of people in contact with secondary care mental health services are not in employment**
- **47% of people with serious mental illness smoke, compared to 20% in the population**
- **30% of people with serious mental illness are obese compared to 10% in the population**

# Where are we now?

## Performance



- **Areas for improvement**

- Access to talking therapies for BME communities
- Increase Individual Placement & Support (IPS) opportunities for service users on Care Programme Approach
- Reduce number of people in touch with Mental Health Services but not in employment

# Background

- Utilisation of primary, acute and social care by people with mental health conditions is significantly higher than that on people without mental health conditions. There is significant evidence that addressing mental health can help with the system quality and value gap
- Locally mental health specific quality and outcomes are generally good. However there are significant opportunities for further improvement, particularly in addressing health inequalities and addressing the needs of the whole person
- They also identified that current NHS mental health provider productivity could potentially be improved if areas of variation were addressed. Other opportunities exist in the market management of non-NHS suppliers (e.g. care homes)

# Successful Service Transformation

## City and Hackney – Primary Care Mental Health Service

### Treating the whole person



### Community wrap around



### The Recovery/Wellbeing Model



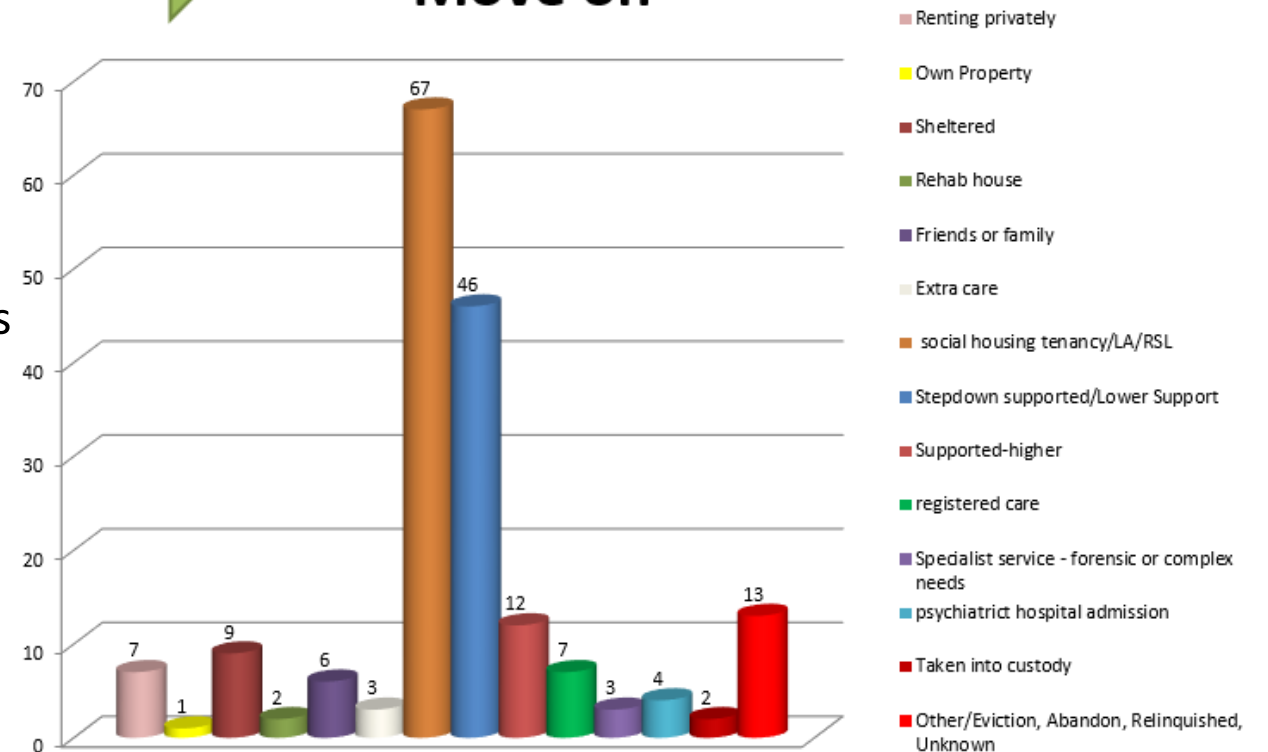
## 5 Ways to Wellbeing

# Successful Service Transformation

## Tower Hamlets – Mental Health Accommodation Pathway



### Move on



Graph 4 Break down destinations of moves from 2012 to 2015/16

WE CAN ALL DO OUR BIT...

### Key Achievement and successes

- Implementation of the accommodation pathway
- Move on from high support accommodation
- Reduction in the number of out of borough placements
- Improving the quality and specification of MH accommodation
- Increasing the capacity of Mental Health Accommodation
- Improved collaborative working
- The Resettlement Team

# Successful Service Transformation

## Newham –: Children and Young People’s ‘Future in Mind’ Transformation Plan

### Transformation Priorities:

1. Single Point of Entry - Child and Adolescent Mental Health
2. Emergency and self harm
3. Schools Development
4. Neurodevelopmental and Learning Disability
5. Eating Disorder Services





# Our ambition is to improve consistency in health, wellbeing and quality of care while reducing costs across the whole health and care system



## Position today

---

- Mixed life outcomes for people with SMI and CMD
- Opportunities exist to develop more coherent approaches to prevention and recovery



- Access and waiting times for services vary across NEL
- Opportunities exist to improve consistency of care and reduce emergency readmissions
- Scope to deliver more care in NEL in the community



- NEL population is due to grow by 12.9% over the next 5 years
- Our area has the highest level of MH need in the country
- Demand growth will place significant pressure on MH services

## Our ambition across NEL

---

- Improve outcomes including: recovery rates; scores in health and wellbeing including employment and housing; admissions; mortality
- Implement the Five Year Forward View access and waiting standards
- Continue to improve quality of care
- Reconfigure services to achieve a leading position in the UK for share of care delivered in the least restrictive setting
- Invest in prevention and community care to manage demand for inpatient services
- Provision community and inpatient capacity to meet demand and reduce out-of-area care
- Support MH to deliver a significant positive benefit to the whole care system's sustainability



# NEL mental health opportunity areas

Delivering sustainable mental health services as part of a whole health and social care system, placing mental health at the heart of new models of care and delivering the Five Year Forward Views for Mental Health and General Practice

## Mental health priorities

## What is it?

## STP role

<p>1 Improve population mental health and wellbeing</p>	<ul style="list-style-type: none"> <li>Population-based approach to mental health, tackling wider determinants, reducing inequalities and managing demand</li> <li>Step change in delivering self-care and preventative, personalised approaches</li> </ul>	<ul style="list-style-type: none"> <li>Case for change</li> <li>Good practice analysis &amp; shared learning</li> <li>Engagement with strategic partners, e.g. Local Authorities, DWP, Police etc</li> </ul>
<p>2 Improve access and quality</p>	<ul style="list-style-type: none"> <li>Deliver FYFV for mental health and GP 5YFV commitments</li> <li>Meet Single Oversight Framework performance requirements</li> </ul>	<ul style="list-style-type: none"> <li>Access to national 5YFV funding and assurance on outcomes/performance via STPs, as per planning guidance</li> </ul>
<p>3 Ensure services have the right capacity to manage increasing demand</p>	<ul style="list-style-type: none"> <li>Strengthened community capacity with a bed base to meet future inpatient demand</li> <li>Improved productivity and reduction in variation</li> </ul>	<ul style="list-style-type: none"> <li>STP activity plan, &amp; aggregate financial and workforce plans, to be reflected in individual organisational plans</li> <li>Benchmarking to identify variation</li> </ul>
<p>4 Mental health supporting improved system outcomes and value</p>	<ul style="list-style-type: none"> <li>Improved physical health of people with mental health problems and vice versa</li> <li>Mental health supporting the system to deliver better outcomes and value</li> </ul>	<ul style="list-style-type: none"> <li>Case for change including financial case</li> <li>Pathway development</li> <li>Engagement with acute partners</li> </ul>
<p>5 Commissioning and delivering new models of care</p>	<ul style="list-style-type: none"> <li>Commissioning for the whole person</li> <li>Supporting provider sustainability in the context of CCG specific new care models</li> <li><b>Health and social care integration by 2020</b></li> <li>Reducing transactional contracting approaches</li> </ul>	<ul style="list-style-type: none"> <li>Understanding impact of new contracting and reimbursement approaches by STP across CCG's on providers and <b>supporting ACS development</b></li> <li>Good practice analysis on informatics, outcome measures, contracting, payment, and partnerships</li> </ul>



# Timeline: Prioritisation of Initiatives and Milestones for 2017/18

	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
<b>Improve population health and well being Workstream</b>	<ul style="list-style-type: none"> <li>Commence joint planning with Prevention and Workforce workstreams on healthy workplace (uptake of Healthy Workplace Charter)</li> <li>Draft contract amendments for workplace wellbeing</li> <li>Joint planning with public health on development of NEL suicide prevention strategy</li> </ul>		<ul style="list-style-type: none"> <li>Determine high-impact initiatives for ELHCP roll-out</li> <li>Pan-London Digital Mental Wellbeing</li> <li>Convene delivery groups for public health and offender health</li> </ul>	
<b>Improve access and quality workstream</b>	<ul style="list-style-type: none"> <li>Psychological therapies (IAPT) Improve access to, waiting times and recovery</li> <li>Continue to support CYP IAPT delivery</li> <li>Improve waiting times for EIP services (2 weeks)</li> <li>Joint synthesis of perinatal transformation with the Maternity transformation plans</li> </ul>		<ul style="list-style-type: none"> <li>Meet FYFV access and waiting time targets for IAPT, perinatal, CAMHS, EIP and liaison psychiatry in all years</li> <li>Review operating standards for 24/7 Crisis Resolution/Home Treatment Teams across STP</li> </ul>	
<b>Ensure services have the right capacity to manage increasing demand workstream</b>	<ul style="list-style-type: none"> <li>Convene clinical group for capacity and system mental health workstreams</li> <li>Develop mental health response into 111/urgent care redesign</li> <li>Develop trusted assessment across priority NEL pathways and providers</li> <li>Review quality and activity in current primary care mental health services across STP to inform future plan</li> <li>Review variation in clinical pathways (community contacts and bed use) for people with psychosis to inform future plan</li> </ul>		<ul style="list-style-type: none"> <li>Review of Peer Support Schemes by ACSs</li> <li>Review digital solutions available for identification, self assessment and treatment (including HLP digital mental health offer) to inform potential future plan</li> <li>Confirm remedial plan for variation in psychosis pathways</li> <li>Develop a DTOC protocol for mental health that mirrors the acute approach</li> <li>Implement HLP s.136 pathway as appropriate</li> </ul>	
<b>Mental health supporting improved system outcomes and value Workstream</b>	<ul style="list-style-type: none"> <li>Audit of all acute hospital sites in STP footprint against Core 24 standard in order to shape future strategy</li> <li>Embed mental health clinical leadership into key STP transformation workstreams (prevention, primary care, maternity, urgent care, specialised) with appropriate governance in place to coordinate</li> <li>Support delivery of other related QIPP schemes</li> </ul>		<ul style="list-style-type: none"> <li>Define parameters for audit of physical healthchecks and cardio-metabolic pathways</li> <li>Complete audit of physical healthchecks and cardio-metabolic pathways</li> <li>Evidence review on opportunities to develop integrated pathways in key/priority areas identified through actuarial modelling</li> </ul>	
<b>Commissioning and delivering new models of care workstream</b>	<ul style="list-style-type: none"> <li>Consolidated FYFV and ELHCP delivery plan</li> <li>Develop STP mental health dashboard</li> <li>Confirm MH Investment Standard commitment</li> <li>Review potential models and quality &amp; commercial case for STP co-commissioning of medium and low secure CAMHS services</li> <li>CYP Local Transformation Plans (LTPs)</li> </ul>		<ul style="list-style-type: none"> <li>MH commissioning dashboard active</li> <li>Map local ACS delivery models for mental health</li> <li>Rapid test approaches to integrated pathways</li> <li>Support workforce workstream with MH workforce planning</li> <li>Reduce transactional commissioning</li> </ul>	

# Conclusion

- Delivering on Mental Health is essential to the success of the NEL Sustainability and Transformation Plan
- The NEL STP provides an opportunity to make Mental Health an integral part of all the health and social care interventions provided across East London
- If we are to achieve our vision:

*“Delivering sustainable and person-centred mental health services as part of a whole health and social care system, placing mental health at the heart of new models of care and delivering the Five Year Forward Views for Mental Health and General Practice”*

The mental health workstream will need to ensure co-production is at the centre of everything we do and that all our partners are fully engaged in delivering the priorities we have identified.