

Promoting Good Mental Health to Those Who are Vulnerable to Poor Mental Health



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Why Mental Health is Important?

Mental wellbeing is a fundamental component of good health.

Poor mental health brings with it costs to individuals and their families as well as to society as a whole through costs to public services: health, social care, housing, education criminal justice, social security and the wider economy.

People with mental health problems are more likely to experience physical health problems, smoke, be overweight, use drugs and drink alcohol to excess, have a disrupted education, be unemployed, take time off work, fall into poverty, and be over-represented in the criminal justice system.

Productivity losses, benefit payments and cost to the NHS associated with mental health problems cost the economy £105bn a year

Demographics

1 in 4 people are affected by a mental health problem in any year



- At least one in four people experience a mental health problem in any year and mental ill-health represents up to 23 per cent of the total burden of ill health in the UK- the largest single cause of illness.
- Half of those with mental health problems first experience symptoms before the age of 14 and three-quarters before their mid twenties.

People with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than other people

Spend on Mental Health in Bucks

£40 Million Pound Spend on services annually

Including services such as: IAPT, PIRLS, Inpatient services, ADHD and ASD, complex needs service.

18,000 in-patient bed days 16/17

5,326 patients on caseloads across the service (as of October 2016)

Who's Vulnerable to Poor Mental Health:

Psychological risks; existing Serious Mental Illness (SMI) , self harm/risky behaviours, alcohol and drugs , domestic violence victims, those with adverse childhood experiences (ACE)

Social risks; poverty, unemployment, BAME/travellers, LBGT, increasing age, isolation, carers , homelessness, military veterans, ex-offenders

Physical health risks; perinatal, Long term conditions/chronic disease. physical disability, learning disability, dementia

Mental Health needs a Partnership Approach

- Local Authorities
(Council and Public Health)
- Health
- Education
- DWP
- Housing,
- Carers Bucks,
- Prevention Matters,
- IAPT
- Patients by experience



- Drug and Alcohol services
- Police (street triage) ,
- BHT (PIRLS) ,
- Memory Support Services,
- CAMHS- supporting transitions,
- Third sector/ social prescribing to relevant support,
- SCAS,
- STP partners- BOB
- Employers

5 Year Forward View for Mental Health

Government has made recommendations
in 3 x key areas;

- **Access** to good quality, timely mental health care wherever people are seen in the NHS, and people to have a decent place to live, a job or good quality relationships in their local communities.
- **Parity of Esteem** ; Equal status of mental and physical health
- **Tacking inequalities**; poverty, BME, LBGT, disabled, age etc



Timely Access to Mental Health Services

IAPT

- IAPT 15% access compliant and exceeding 50% recovery - aspiration to 25% in 2020/21

AMHT

- AMHT SPA – based on two teams (Chiltern CCG & Aylesbury Vale CCG)
- 24 hour cover, 7 days a week.
- EIP Patients seen within 2 week standard - Compliant (May 87.5%)

Perinatal

- Perinatal mental health service only TV CCGs with MH pathway across agencies
- 100% referrals seen with in 5 days (urgent) and 10 days (routine)

IAPT

National Policy & KPIs

**Healthy Minds
 Business as Usual**

Quality & Capacity

- Developed nationally recognised clinical co working model with Relate
- Working with AHSN & Professor Clarke to deliver highest national quality standards
- ‘hidden waits’
- Over 85% would recommend service to F&F
- Good access by BME & older adults

2016/17
 IAPT equal to or better than national standards
 15% access (over 4000 adults)
 50% recovery rates (often above 60%)
 6 & 18 week waiting targets

2017/18
 On track to deliver 25% access by 2020/21 (over 6000 adults)

**Live Well & Work Well
 1st Wave National Pathfinders**

Innovation & leadership

1. Integrating IAPT & LTC

- Expansion of Live well to all LTC inc Diabetes
- Treatment in practices/community and via new LWSW SPA
- Integrated with lifestyle advice
- Over 15 new clinical staff

2. Employment Programme

- Partnership with DWP & JCP
- Access to earlier identification and treatment depression & anxiety

Year on year more adults in Bucks recovering from depression & anxiety with pathways that treats the ‘whole person’ – body and mind

Parity of Esteem

Physical health improvement for those with mental ill health

- CQUIN ; SMI physical health
- Chiltern QIS - prioritising SMI
- New 'Live Well Stay Well SPA'
- Medication-shared care protocols

Live Well Stay Well SPA

- Chesham co location project with DWP - Wycombe
- 5 ways to wellbeing & social prescribing network
- Exploring MECC workforce @ STP level - prevention
- Staff wellbeing - mental and physical wellbeing 'tasters'

Mental health improvement for those with physical conditions

- Multiagency Chronic Fatigue pathway
- National IAPT & LTC Pathfinder
- CSP & Diabetes Pathway - psychological therapies
- Obesity pathway development

Finance

2016/17	Allocation Growth	Growth in spend
AVCCG	4.50%	6.90%
CCCG	4.70%	7.80%

Mental Health Urgent Care Pathway

Psychiatric In-reach liaison service (PIRLS) –

152 referrals in October 2016 62% from A&E.

Four main performance targets

- A&E: Patients to be seen in 1 hour 98% (October 2016)
- AOU/Ward 10 and ITU: Patients to be seen within 4 hours – 100% (October 2016)
 - Number of patients seen within 24 hours – 100% (October 2016)
 - Number of letters sent to GP's within 72 hours – 97% (October 2016)

SCAS/999 control centre -

Dedicated members of staff in place to provide support, triaging and signposting for mental health patients. Band 7 members of staff, the service operates 6 days per week.

Street Triage –

Working together with the police to ensure that people in crisis receive the right support

Health Based Places of Safety (HBPoS) –

Buckinghamshire currently has two HBPoS based at the Whiteleaf Centre, soon to increase to three.

Buckinghamshire Recovery College

Free courses for students (carers, professionals, service users) interested in mental health recovery. We aim to bring together students to share experience, strength and hope; working together to change lives.

No. of students = 180+

Courses co-produced and delivered = 16

Official launch = 27th January 2017

CCG Mental Health Plans...

Overall- looking at Commissioning secondary care services via an outcomes based contract- similar to Oxford CCG (STP plans)

Learning Disability- improving access to Annual Health Checks

Expanding IAPT services to support unemployed (Live Well Work

Talking Therapies (IAPT) - increasing access rates to 25% of predicted prevalence

Improving Urgent Mental Health Care access to 24/7

Support the CQUIN for biophysical monitoring and long term condition monitoring)

Serious Mental Illness- robust care plans and medication reviews

Prevention and self care; promote 5 ways to well being, recovery College, self access to IAPT /third sector support, access to the Live well stay well hub and lifestyle services

Dementia- identifying our population and providing good quality post diagnostic support

Perinatal- expanding service and improving access

Carers- specific support for carers stress

Transitions from CAMHS to Adult Mental Health services to be seamless

Domestic Violence- increase primary care awareness and identification to then access appropriate services

Military Veterans- fast-track to Mental Health services

Where are the Gaps?

