Improving outcomes in mental health

Croydon Health and Wellbeing board 8 December 2011
Aim

• Provide Overview – need, risk factors, interventions, issues

• Elicit views of board members on current and future challenges
The Challenge

How does the board think we can improve mental health and wellbeing despite the financial pressure?
What is mental health?

- “Mental Well-being: A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment” No Health without Mental Health (HMG 2011)

- Mental Health: “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. WHO

- ‘[a] dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society.’ The Foresight Mental Capital and Wellbeing Project(2008).
Why it matters

• Good mental health associated with:
  – improved educational attainment and outcomes, greater productivity and remaining in employment, improved cognitive ability and quality of life, and improved social connectedness
  – reduced mortality, criminal behaviour, risk-taking behaviour (e.g. smoking), and sickness absence; and
  – increased resilience – i.e. a greater ability to deal with life’s problems and a reduced risk of developing mental illness or committing suicide.

• In the UK, mental disorder is responsible for 22.8% of the total disease burden (15.9% for cancer, 16.2% for cardiovascular disease)
• Nationally, the NHS spends 11% annually on mental health services.
• The wider economic cost is around £105 billion in England.
Mental health need in Croydon

- **Almost 1 in 10 children** with mental health (MH) disorder – most commonly emotional or conduct disorders
- **1 in 6 adults have a common mental health disorder (CMD)** - most commonly anxiety, depression or both
- **1 in 20 adults have a personality disorder (PD)** approx ¼ of these with antisocial PD or Borderline PD
- **1 in 100 adults have a serious mental illness** - most commonly schizophrenia or bipolar disorder
- **1 in 25 have dementia aged 70 to 79**
- **1 in 6 have dementia aged 80+**
- Nationally, numbers with dementia will double, costs will triple over 30 years.
Mental health need in Croydon

- Child MH disorder
- Adult CMD
- Adult probable psychosis
- Adult PD
- Adult any problem
- Adult 2 or more problems
- Adult Dementia

Croydon Borough Team

South West London
Croydon Borough Team
Stepped care pathway through primary and secondary care services

Source: Practical mental health commissioning, Joint Commissioning Panel for Mental Health (2011)
High Risk Groups

– Those living in deprived areas / those with low income
– Looked after children
– Black and minority ethnic groups
– Prisoners
– LGBT people
– Homeless
– Refugees and Asylum seekers
Percentage of people neutral or satisfied with their life by Mosaic group, Croydon 2002-2008

Source: Croydon patient surveys, 2002-2008
# Risk factors for MH problems

<table>
<thead>
<tr>
<th>Life Stage</th>
<th>Risk factors</th>
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<tbody>
<tr>
<td>Foetal</td>
<td>Parental mental and physical health problems, smoking, drinking.</td>
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<tr>
<td>Babyhood</td>
<td>Parental mental health, Baby / carer relationship – availability of a warm, responsive environment</td>
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<tr>
<td>Early childhood</td>
<td>Parenting, Abuse / neglect / adverse life events, Lack of readiness for school, Behaviour problems, Difficulties with friendships, Bullying</td>
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<tr>
<td>Teenage years</td>
<td>Conduct disorder leading to school exclusion, risky lifestyles, smoking, alcohol, sexual health, drug use, entry into youth justice system, Poor educational attainment, Episode of psychosis – breakdown in family / social relationships</td>
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<td>adulthood</td>
<td>Poor housing – fuel poverty, homelessness, Poverty, Unemployment, Physical illness, Domestic violence, Isolation eg high crime rate, martial status, Lack of access to green spaces, Physically inactive, Overweight</td>
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<td>Older ages</td>
<td>Unrecognized early dementia, Social isolation, Physical inactivity</td>
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Interventions that promote wellbeing and good mental health
Public Health Actions across the life course

- parenting programmes
- pre-school and early education programmes
- school-based mental health promotion
- prevention of violence and abuse
- prevention of suicide
- early intervention in mental illness
- alcohol, smoking and substance abuse reduction and prevention
- promoting healthy lifestyle behaviours
- promoting healthy workplaces and increasing employment
- reducing isolation and increasing social networks for older people
- addressing social inequalities and enhancing social cohesion
- improving housing conditions
- reducing stigma and discrimination
- reducing health inequalities.
Aim of the Croydon mental health programme

To promote population well-being, to reduce the burden of mental illness and reduce mental health inequalities. Not only to ensure early diagnosis, high quality, effective treatment, and prevention of relapse, but also to maximise quality of life, especially for people with severe mental illness, who are at particular risk of social exclusion and to support carers.

• **Prevention.** Promote a flourishing general population with high levels of well being.
• **Early intervention and treatment.** Deliver integrated, high quality, safe services, at the right time, in the right place with a strong focus on early intervention.
• **Patient Experience.** Ensure patient experience is at heart of service and that service users are co-producers of their care.
• **Recovery.** Maximise quality of life for those with long term mental health problems and prevent relapse.
• **Carers.** Support carers in their own right and involve them in supporting those with mental health problems.

Source: Croydon PBMA MH review, 2011
Croydon initiatives

- **PBMA Review** - reviewing investment and outcomes in mental health and shifting resources to meet the programme objectives better;
- **Primary MH Pathways** - improving the quality of mental health and social care delivery and creating efficiency savings at both the primary and secondary care levels;
- **IAPT** (improving access to psychological therapies) - aiming to improve service quality, target groups with lower access (eg BME and older people) and support people to return / remain in work;
- **Continuing Care** - re-designing pathways into NHS continuing care for people with dementia, reducing numbers in institutional care;
- **RELEASE Scheme** - moving people from residential care towards more independent settings with appropriate community support;
- **SDS (self directed support)** – increasing the numbers of people with self directed plans for their own care, with personal budgets.
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<th>Level</th>
<th>Examples in Croydon</th>
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<tr>
<td>Secondary and specialist (tertiary) services</td>
<td>Forensic placements (low, medium and high secure); Rehabilitation; Inpatient admissions; Outpatients; Community MH teams for adults and older adults; Specialist teams eg eating disorder, mother and baby unit etc; Assertive outreach; Crisis resolution/home treatment; A&amp;E liaison</td>
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<tr>
<td>Early intervention, recovery and support</td>
<td>Social inclusion eg befriending, drop in services; Carers services; Learning from patient experience – eg linkworkers; Employment support; Social network service; Boxercise; Residential accommodation, Memory service (older people); IAPT and other counselling services; Early intervention (psychosis) service,</td>
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<td>Primary Prevention and Primary Care</td>
<td>Primary care services; housing; parks and green spaces; libraries; work place initiative in council and nhs; community social connectedness eg Thornton Heath – ABCD; DIY Happiness Croydon; Services that integrate physical and mental health e.g. the Healthy living hub; Benefits advice; Debt advice.</td>
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NHS Croydon investment in mental health

- £70m in 2009/10
- Largest programme budget
- £1 in every £8 on mental health
- Includes all ages and substance misuse

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<th>£s per weighted head of population</th>
<th>Croydon</th>
<th>Cluster</th>
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<tr>
<td>2006/07</td>
<td>£180</td>
<td>£188</td>
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<tr>
<td>2007/08</td>
<td>£185</td>
<td>£206</td>
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<tr>
<td>2008/09</td>
<td>£206</td>
<td>£206</td>
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<tr>
<td>2009/10</td>
<td>£216</td>
<td>£220</td>
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Source: Department of Health Programme Budgeting PCT Benchmark Tool
NHS Investment by provider

Mental Health Programme Budget - by provider 2009/10

- South London and Maudsley NHS Foundation Trust
- Non NHS providers (including Croydon Council)
- Other expenditure (including overheads)
- Other NHS providers
- Prescribing and pharmaceutical services
- Continuing and Palliative Care (including funded nursing care)
- Mayday Healthcare NHS Trust
- Croydon Community Health Services
- London Ambulance Service NHS Trust
- Special Commissioning
- Epsom and St Helier University Hospitals NHS Trust
- St Georges Healthcare NHS Trust
- Kings College Hospital NHS Foundation Trust
- Guys and St Thomas NHS Foundation Trust

source: PHAR 2010
Council investment in mental health

In 2010/11, Croydon Council invested £13.1 million in MH services for all adults aged 18 years and above:

- Residential & nursing care: £7,655,000
- Supporting People/Family placement services: £1,484,000
- Crisis accommodation: £304,000
- Services managed by SLaM, including CMHTs, emergency duty team, memory service and community forensic team: £1,426,000
- Day and social inclusion services: £1,013,000
- Support for carers: £301,000
- Other community services: £963,000
Pressures on investment

Pressures 2012/13

• Annual NHS CRES (Cash Releasing Efficiency Savings) for SLaM/other NHS trusts: estimate 3% to 4% in 2012/13;

• NHS QIPP (Quality Innovation Productivity & Prevention) programme: efficiency savings in NHS Croydon MH budget of 3% per year expected – 2012/13 is the 3rd year in a four year cycle;

• NHS Croydon Recovery Plan: to manage local “PCT” financial gap - percentage not yet known;

• For Council, expected to be c £650k in 2012/13, building on a programme of efficiency savings through service re-design over the past five years.

Growth 2012/13

• Demographic growth for Council £318k; for NHS to be confirmed

• Inflationary uplifts for NHS & Council to be confirmed

• Development bids - eg IAPT for older people
STRENGTHS

- Croydon **Memory Service**: national model for a dementia early intervention service, expanded to meet increasing demand;
- **Personality Disorder**: SUN Project – community therapeutic services with good outcomes;
- Strong **joint working** partnership between the NHS and the Council in Croydon, promoting services such as Active Lifestyles, Healthy Living Hub;
- Strong **Clinical Commissioning Group** engagement in MH commissioning;
- Compared to rest of SW London sector, high **quality care** provided by SLaM as current main statutory provider. Has strong links to research / academic activity;
- Strong **voluntary sector** presence in Croydon including support / advocacy (Mind), linkworkers (Hear Us), carers’ support (Rethink), BME services (Healing Waters) older people (Alzheimers) and many others.
- **Personalisation** in mental health: large increase in numbers of people with self directed plans and personal budgets.
- **Community Perinatal Team** and **Adult ADHD Service**: both innovative developments and national models.
WEAKNESSES

• **Poor data quality** – especially on outcomes, activity by diagnosis, and throughput;
• **Lack of flexible pathways**: few services interfacing primary and secondary care;
• **Staff Attitude**: some show lack of respect in their contacts with service users
• Some lack of coherent **joint commissioning**
• Disproportionately high use of some services for some groups eg **Black & Minority Ethnic** groups:
  • Need greater access to psychological therapy (**IAPT**) services in primary care:
  • **Separation between the physical and the mental**: in commissioning, financing and in service design;
  • Current emphasis on **medical model** – need a broader approach
• **NHS block contracts** leading to inflexibility
• Local market is dominated by a **single provider in the NHS**;
• A relatively **low** proportion of **investment in prevention and early intervention**;
• Less **personalisation** for people with dementia
• A continuing **dependency culture** in Croydon: examples of psychiatrists, GPs, service users, carers and others resisting discharge to primary care;
• **Variation in quality of primary MH care**: although overall performance is similar to national average.
OPPORTUNITIES

- **Health & Well Being Board** meeting 8.12.11: increased involvement in MH strategy;
- Joint Strategic Needs Assessment (**JSNA**) “deep dive” MH needs assessments – three next year and one this year (dementia);
- **GP / clinical commissioners** leading on opportunities for innovation and service redesign, strong vision and strategy;
- **Financial pressures** leading to stimulus for service redesign;
- **Major change/innovation projects**, including Primary MH Pathways, Programme Budget (PBMA) Review, MH Older Adults Continuing Care;
- **Improved (activity) data quality** through introduction of Payment by Results (PbR)? Step towards better outcomes data?
- **Reablement & Discharge Board**: integrated plans for physical and mental health.
- **CAGs (Clinical Academic Groups)** provide potential support for enhanced quality through better use of specialist staff.
THREATS

- Financial pressures;
- **Demographic changes**: especially the forecast increases in numbers experiencing dementia;
- **Payment by Results** (PbR): leading to possible cost pressures, drawing on considerable amounts of staff time to introduce and incentivising activity without regard to outcomes;
- Tough times threaten **smaller providers (largely voluntary sector)** disproportionately;
- NHS / Public Health **reorganisation**: accompanied by low morale, policy shifts and tensions between local and regional planning and commissioning.
The Challenge

How does the board think we can improve mental health and wellbeing despite the financial pressure?
Useful resources

- No health without mental health: a cross-government mental health outcomes strategy for people of all ages, HMG (2011)
- New Horizons: a shared vision for mental health (HMG, 2009)
- Practical mental health commissioning: a framework for local authority and NHS commissioners of mental health and wellbeing services, Joint Commissioning Panel for Mental Health (2011)
- Living Well in Later Life – Croydon JSNA chapter 2010/11
- The role of local government in promoting wellbeing. Healthy Communities Programme 2010
- Confident Communities, Brighter Future, HMG, 2010
- No health without public mental health -Royal College of Psychiatrists, Position statement PS4/2010