

## Case for change

# Mental Health



We have an emerging Healthier Together Mental Health Strategy. We know that improving mental health outcomes is a core priority for our STP, and that we can do better for our population. We also know that this challenge can't be met by a single organisation and so we want to develop a new approach, working as one system in partnership.

### Why focus on mental health and well being?

- Mental ill health affects a quarter of people
- It accounts for 23% of ill health, but just 13% of NHS spending
- Only a quarter of adults and children suffering get any treatment
- It has an annual economic and social cost of £105 billion a year for the UK
- The NHS spends about £14 billion treating mental ill health, and...it spends another £14 billion not treating mental ill health (Centre for Mental Health)

### Headlines

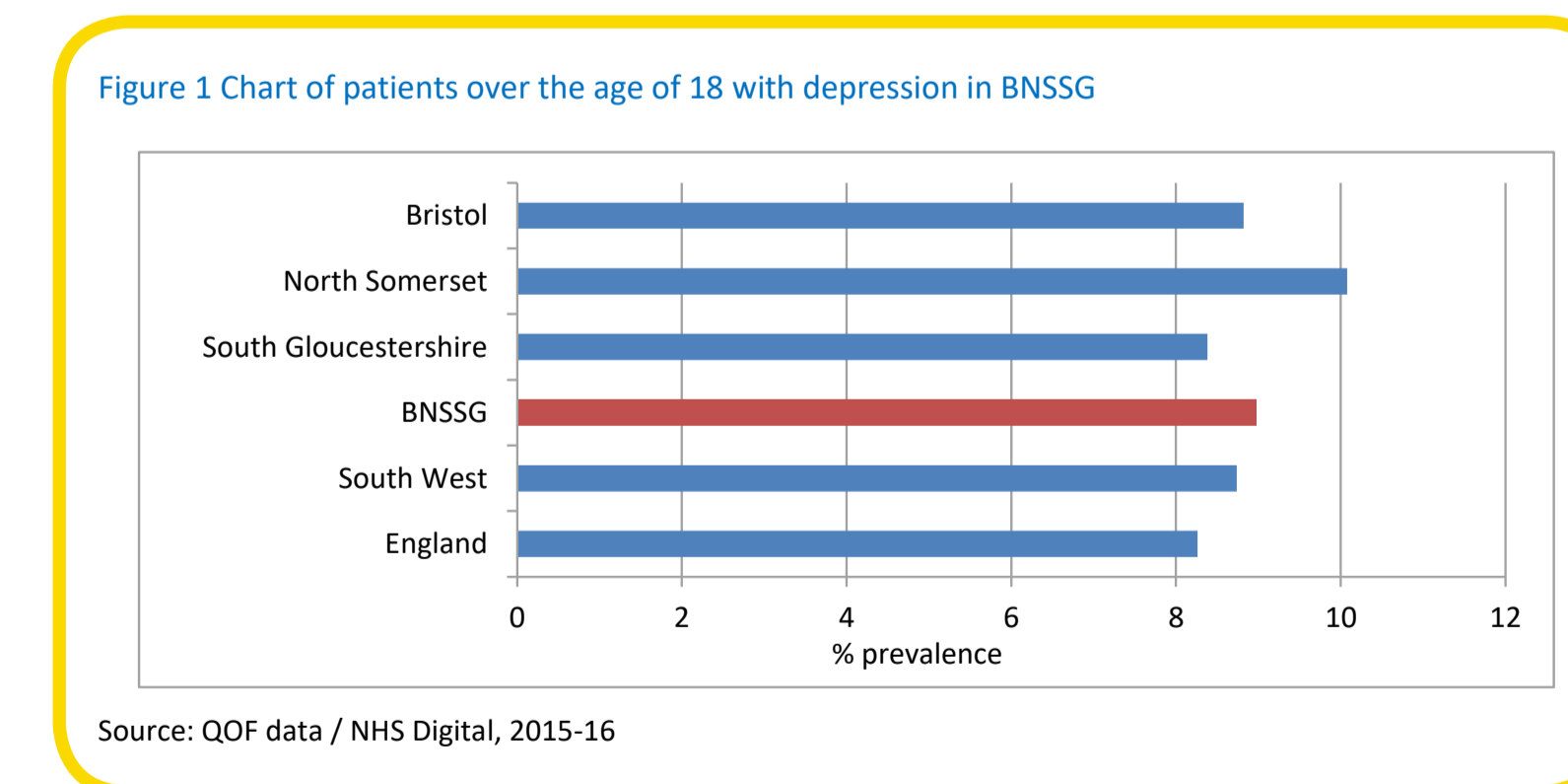
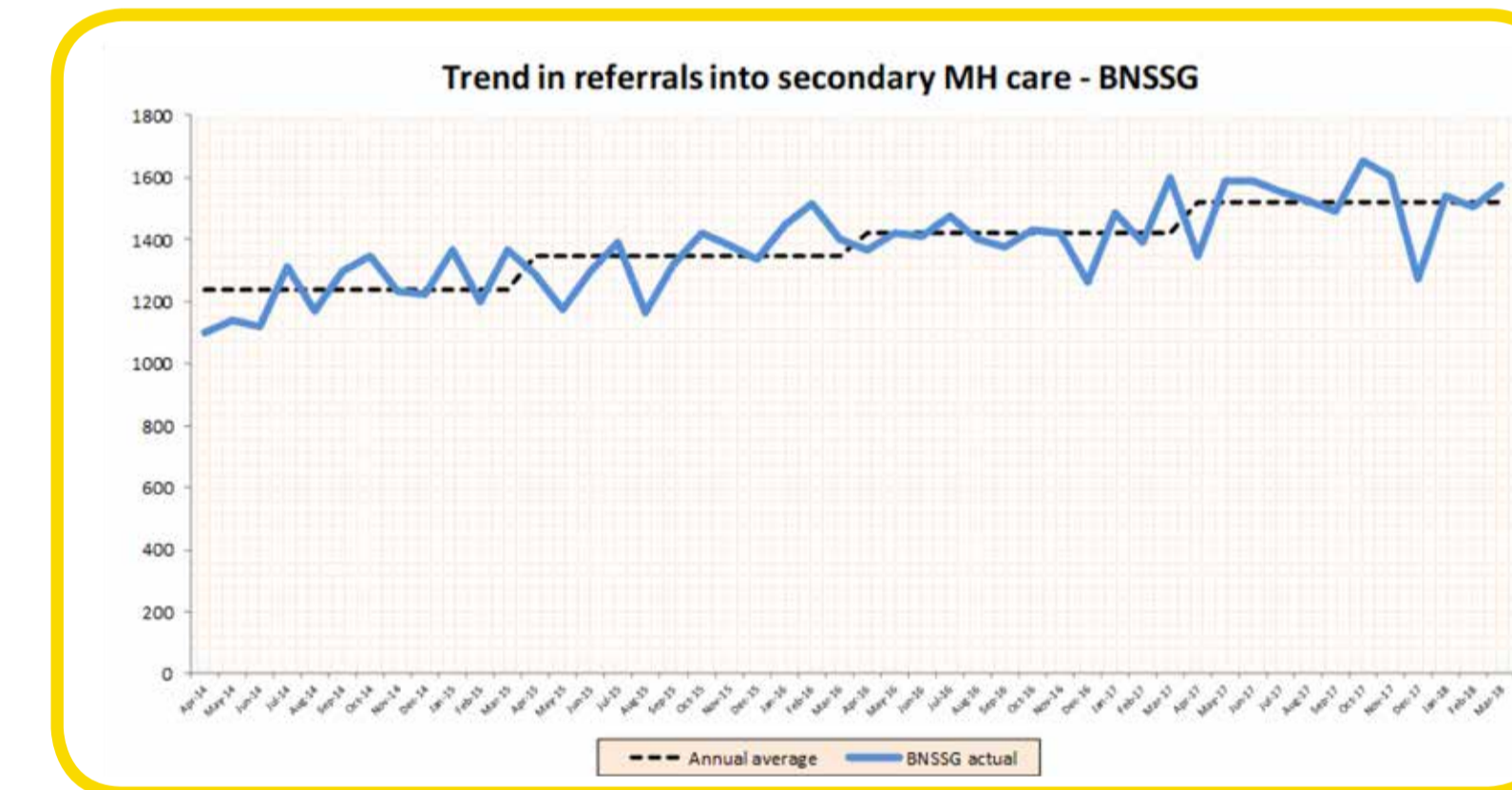
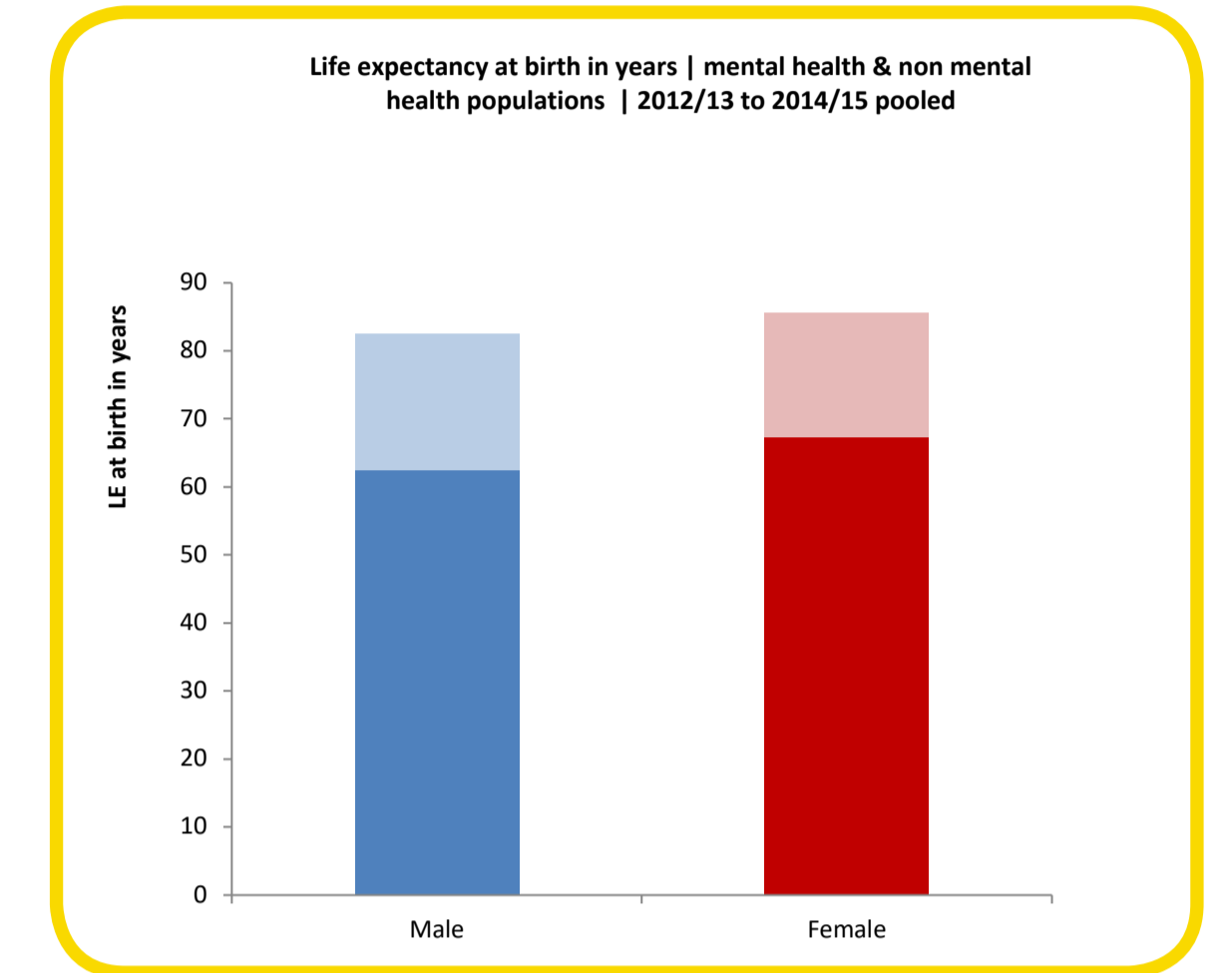
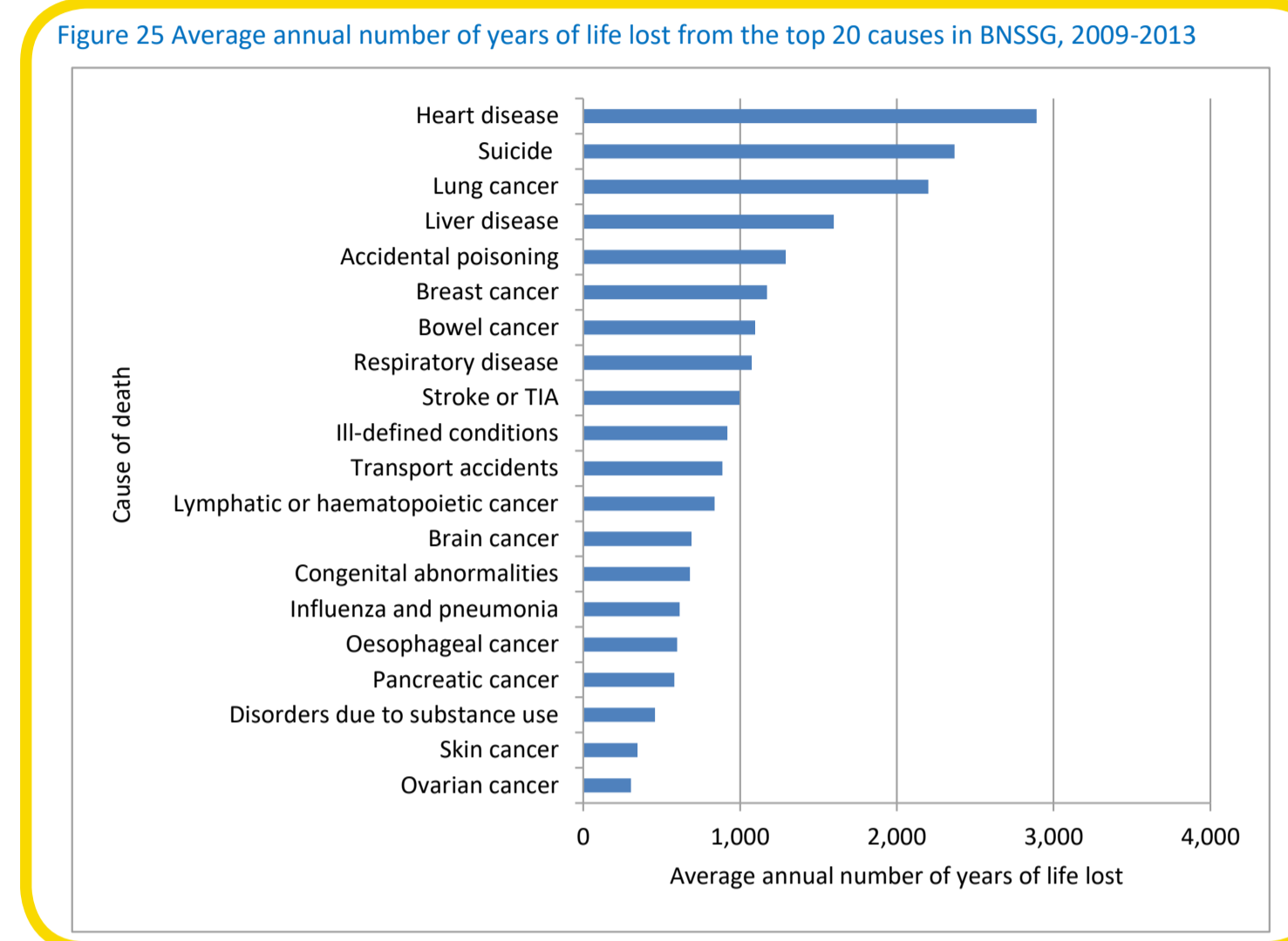
- Demand for mental health services in BNSSG is rising rapidly and services are under great pressure – including primary and secondary care
- Life expectancy for people with mental health problems in BNSSG is 18-20 years shorter than for the general population and there is a significant link to wider problems of social deprivation
- Too many people end up in hospitals because care is not fully joined up across agencies and communities and available when needed
- In BNSSG we have higher than average rates of suicide and it is a significant cause of death amongst working age adults
- There are shortfalls in the mental health workforce, we need to deliver services and accessible for people
- The BNSSG CCG programme spend for Mental Health in 2017/18 was £130.2m million

### What evidence backs the case for change? BNSSG population needs

Long waits for CAMHs and IAPT services.  
Increasing admissions for self harm.  
Risk around looked after children and traveller community.

High prevalence of mental illness especially rates of suicide and self harm.  
High social cost of mental ill health.

High rates of mental illness including depression, and substance misuse in deprived areas.



# Mental Health



## Developing our vision for 2023

We want to develop our vision further and in partnership with local people.

*When I am in crisis and I seek help I want to be able to quickly access the care I need and be treated with empathy and compassion.*

I want to have support so that challenges I have around housing and employment don't cause me to have poor mental health.

If I need to go into hospital I want to stay close to where I live.

I want holistic care that responds to both my physical and mental health needs.

I want to be given the skills to cope with my condition, and not just a diagnosis.

As a teenager I want to have the guidance to help me deal with my personal challenges.

I want to live as long as someone who doesn't have mental ill health.



Services should be equitable so that people can **access** the support they need when they need it

Focus on **prevention** of mental ill health and promote well-being

**Improved mental health and well being**

Teams across community, primary and secondary settings will focus on **integration** of care to meet the needs of the whole person

We will improve ways of working to bring consistency to care models to support **sustainability** and improve how staff can work

## Meeting the Five Year Forward View

We want to develop our vision further and in partnership and as part of our emerging strategy. We will need to reflect the key themes from Meeting the Five Year Forward View for Mental Health including prioritising prevention, access, integration, quality and a positive experience of care. As with all of our programmes there will also be a focus on sustainability.

## Parity of esteem

Across BNSSG there are many examples of the disparity between physical and mental health, and we are committed to offering parity of esteem and to achieving:

- equal access to effective care and treatment,
- equal efforts to improve the quality of care,
- equal status within health care education and practice,
- equally high aspirations for service users and
- equal status in the measurement of health outcomes.



# Mental Health



## Progress so far – our building blocks to improved outcomes for BNSSG

We have formed a cross system team to focus on the redesign the personality disorders pathway to:

- Drive improvements in the experience of care for service users
- Develop a care model that is financially sustainable in response to growing demand
- Remove the barriers across the health and social care system to allow integration, to the benefit of both staff and service users
- Develop and test with people with lived experience
- Develop support that offers a more holistic response to day to day challenges people with personality disorders face
- Ensure equity of access to care for the local population

In partnership we secured £9.5m funding to transform our mental health services estate which will help us to deliver new models of care and supports the AWP Clinical Strategy

By working together we've successfully received an extra £365k of national funding to support suicide prevention in our area.

Our partners are leading on the development of new models of care including perinatal, secure services, IAPT and core 24. For dementia these changes have led to significantly reduced use of inpatient care

We've also developed a specific Mental Health Workforce Plan, outlining the route to increasing our workforce and developing skills and innovative roles across BNSSG.

Our developing Prevention Plan covers mental health as one of its five priority areas, with a focus on building personal resilience and reducing social isolation.

We've achieved sustained reduction in Delayed Transfers of Care and Out of Area Placements.

Improvements delivered in partnership to the Section 136 pathway.

BNSSG will achieve the Mental Health Investment Standard requirement in 2018/2019 and this equates to an additional investment for all ages mental health services of circa £3.9m



# Mental Health



Our route to the development of a BNSSG Mental Health Strategy – add your comments today!

## Our planned Next Steps

- Gap analysis that's supported by all partners – join us in our seminar session today to have your say!
- Assessment of the impact of work already in progress including a mapping of timelines to delivery.
- Undertake wider engagement and work with people with lived experience to make the changes that our local population want to see.
- Identify and implement new ways or working improve mental health outcomes for our population.
- We will work to deliver deliver a better collective approach to population wide mental health and wellbeing from which we see a reduction in demand for across all areas of health and social care.

## Developing our Vision – Add your comments

<p><b>Prevention –</b> to include implementation of suicide prevention programme (next phase), develop and roll-out Thrive West, capitalise on emerging Adverse Childhood Events (ACEs) work to develop earlier intervention initiatives</p> <p>Your comments:</p>	<p><b>Access –</b> Using a data driven approach and with all partners work to understand drivers of demand, build on plans to improve access to services for example CAHMS and IAPT</p> <p>Your comments:</p>
<p><b>Integration –</b> focus on the integration of services using the Locality Transformation Scheme as a base for this work, redesign the personality disorders pathway to bring consistency to care and improve outcomes</p> <p>Your comments:</p>	<p><b>Sustainability –</b> Use the Mental Health Workforce Plan as the basis to build system wide increases in workforce and development of innovative new roles, AWP Transformation Scheme will be a key enabler to the delivery on new and sustainable care models</p> <p>Your comments:</p>

