Setting the Scene
‘Mental health services, current and future directions’

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What is Government policy

- Formal expression of activities undertaken by government to achieve outcomes, often through legislation
- Help define where Government stands on broad issues
- Policy may need to be inferred from practice (not formal)
- May require Government to do nothing (rather than act)
- Created for temporary positioning (no intention of outcomes)
Main policy areas being compared
DH Policy Tests

What’s it got to do with us?

What do the people who matter think?

Will it actually work and how will you know?

What are you really trying to achieve?

What does the evidence say?

Have you been imaginative enough?
Why is policy important for us?

• Define a vision for the future of MH services
• Change is inevitable, the future will happen
• Policy should protect and promote the mental health and well-being of the population
• Ensure services are appropriate, accountable, accessible and equitable
• Forward looking and outward looking: takes account external factors, evidence based
• Expectation that it challenges established ways & is innovative and creative using lessons learnt
• Determines the proportion of money spent on services
• Nurses can make a difference by influencing policy
Principles

• Increasing efficiency & effectiveness:
  - quality, innovation, productivity, prevention

• Potential:
  - reducing HCAIs has already saved the NHS £260 million, potential for reducing UTIs
  - Pressure sores – largely preventable cost £1064 for Grade 1 and £24,241 for Grade 4 (4% of NHS budget)
  - Annual cost conflict on acute psychiatric wards £72.5 million, containment £106 million

• If everyone who needed Early Intervention in Psychosis received a service each year NHS would save £44 million

• Reduce burden of disease
30 years ago

- PM Margaret Thatcher since 1979
- Average house price £40,169
- First mobile phone call by Ernie Wise
- Griffiths Report 1983
- Mental Health Act 1983
- House of Commons Social Services Committee (DHSS,1985)
- Services underfunded & understaffed
- Number of psychiatric beds = 80,000
- Number of mental health nurses ?
- Number of students entering mental health nursing = 2,481 (3,243)
No health without mental health

- Improve the mental health and wellbeing of the population and keep people well

- Improve outcomes for people with mental health problems through high quality services that are equally accessible to all
NHS OUTCOMES FRAMEWORK

Domain 1 - Preventing people from dying prematurely

Domain 2 - Enhancing quality of life for people with long-term conditions

Domain 3 - Helping people recover from episodes of ill health or injury

Domain 4 - Ensuring that people have a positive experience of care

Domain 5 - Care in a safe environment and protecting them from avoidable harm

Effectiveness

Patient experience

Safety
Closing the Gap: Priorities for essential change in mental health

- Most ambitious part of strategy to promote & sustain good mental health for all
- Prevent mental health problems developing
- Offer better support to new mothers to minimise the risks and impacts of postnatal depression (affects 10%)
- Enough training in perinatal health
- Updating training for Health Visitors
- Schools supported to identify mental health problems sooner
A suggested framework for collaborative working by Nurses, Midwives and HVs in Mental Health Care

<table>
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<tr>
<th><strong>Primary Prevention</strong></th>
<th><strong>Secondary Prevention</strong></th>
<th><strong>Tertiary Prevention</strong></th>
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| Reducing the incidence of mental illness  
(People at risk approx. 250 per 1000 per year) | Early detection leading to prompt intervention  
(People at risk approx. 100 per 1000 per year) | Treatment and active intervention with established mental illness  
(People at risk approx. 24 per 1000 per year) |
| Needs the work of HVs, DNs, SNs, PNs and the specialist support of MHNs | Needs the work of HVs, DNs, SNs and PNs. Requires continuous liaison and some casework by MHNs | Needs the work of MHN in hospitals, residential facilities, day and community care. Needs Liaison and work with HVs, DNs and PNs |

**Work with vulnerable people or those at risk of mental illness**

**Early detection and case finding, leading to EI. Work mostly in the Primary Health Care Setting**

**EI, effective treatment and rehab, active case management**
Mental Health Crisis Care Concordat

- Working together to deliver high quality response when people urgently need help
- Access to support before crisis point
- Urgent and emergency access to crisis care
- The right quality of treatment and care when in crisis
- Recovery and staying well, and preventing future crises
Achieving Better Access to Mental Health Services by 2020

- Invest £7 million to end inappropriate placements of young people
- Invest £33 million to support people in mental health crisis – early intervention
- 2016 – access/waiting time standards
- £80 million - treatment within 6 weeks for 75% IAPT 95% within 18 weeks
- Treatment within 2 weeks for 50% first episode psychosis
- A £30 million help people in crisis to access effective support in more acute hospitals
Some worrying facts

- By 2026 – double the people > 85yrs, 100 quadrupled
- By 2026 – 6.3 million > 65 years
- By 2029 – 1.7 million will need care
- Health expectancy is not increasing at the same rate as life expectancy – but not just older people who will need care
- HM Treasury’s projections show cost of long term care will increase by 17% by 2027
- Average > 65 need care £30,000; 1:5 need care < £1000; 1:5 > £50,000
- Today 4 workers per 1 retired person – will half by 2059
- Cost of treating MH likely to double in next 20 years
Five Year Forward View – Getting serious about prevention
A Framework for Personalised Care and Population Health for Nurses, Midwives, Health Visitors and Allied Health Professionals

Caring for populations across the lifecourse
Mandate from the Government to NHS England

- New style of leadership from Ministers and from NHS England
- Empowering individuals and organisations at the front line
- Increase IAPT
- Parity of Esteem
- April 2015 introduce waiting times
Berwick review into patient safety

• **Leadership:** All leaders concerned with NHS healthcare – political, regulatory, governance, executive, clinical and advocacy – should place quality of care in general, and patient safety in particular, at the top of their priorities for investment, inquiry, improvement, regular reporting, encouragement and support

• **Patient and public involvement:** Patients and their carers should be present, powerful and involved at all levels of healthcare organisations from wards to the boards of Trusts
Response to Public Inquiries

- Change in culture
- Reaffirm the commitment to the values of the NHS
- Treat patients & their families with compassion, dignity and respect
- Listen to patients and act on feedback
- The health and care system must change
- Cannot merely tinker around the edges
- Radical overhaul is needed with high quality care and compassion at its heart
- Expand nursing workforce
The Care Act 2014

..... delivers key elements of the government’s response to the Francis Inquiry into the awful events at Mid Staffordshire hospital, increasing transparency and openness and helping drive up the quality of care across the system

Care and Support Minister
Norman Lamb
The wider health picture – we need to:

- Respond to shift in global burden of disease – single episodes of elective & urgent care to LTCs
- Handle increasing demand for care while numbers in the workforce decrease
- Pay for systems becoming more expensive
- Promote life-style changes that reduce major causes of mortality and morbidity
- Meet expectations of public for safe, effective, timely care that is personal and respects dignity and diversity
- Build public confidence
- Satisfy the staff’s requirements for work – now and in future
By 2020 we would wish to see:

England to be the best country in the world for dementia care and support and for people with dementia, their carers and families to live

• An increased public awareness and understanding of the risk factors and how to reduce them

• People with dementia having equal access to diagnosis as for other conditions, initial assessment 6 weeks following GP referral

• GPs playing a leading role in ensuring coordination and continuity of care. 2015 access to a named GP

• Meaningful care following diagnosis which supports them & those around them

• Increased numbers of people being able to live longer in their own homes

• All hospitals and care homes meeting agreed criteria to become dementia friendly health care settings

• All NHS staff having received training on dementia appropriate to their role - healthcare assistants - Care Certificate
The future – what do we know?

• Significant economic burden of not treating mental illness
• Estimated extra 8 million more adults in UK by 2030
• Prevalence rates stay the same 2 million more adults with mental health problems
• Estimated one million more children and young people
• 100,000 more CYP with mental health problems
• Mental Health Nurses in NHS 37,986
• Limited funding means to cope with demand increased emphasis on prevention
• Major public and parliamentary interest
• Information technology and scientific progress
NHS England Chief-Exec behind 2020 mental health commitment

• Five Year Forward View an ‘ambition to achieve genuine parity of esteem between physical and mental health by 2020.’
• Simon Stevens informs Health Select Committee he can be ‘held to account.’
• ‘Confident we will not be having the same discussions in five years’ time about mental health.’
• Still much to do in mental health services - very ambitious to undertake.
• What users of mental health services/stakeholders want too.
• Maximum waiting times for treatment for MH conditions brought in line with those governing other NHS services from April 2015.
In future ward managers & team leaders will:

- Move away from systems designed for division, to systems designed for connection
- Change of mind-set to ‘head’ and ‘heart’
- Change is happening at a faster rate and becoming more disruptive
- Digital tools means constant contact with everyone
- Understand the context
- As work becomes more complex, creative work is getting faster
- Know your improvement methodologies
- Today and in future is about doing more and differently with the same or less money
- Improving quality requires personal resilience
- Work out what might help others to change
Implications for mental health nursing

• Provide a personalised, effective service
• Build service users’ capacity to safely self-manage
• Provide opportunities and maximise integration at every level - collaboration
• Champion health promotion and prevention of illness
• Act as intelligence sources for life-span mental health
• Problem solving, innovate & publicise what good looks like
• Workforce numbers & clearly defined skills and roles
• Technology
• Research – aware of evidence based interventions
Challenges for you

Most staff are rewarded for keeping the service running, not for critical thinking or for quality innovation.

Don’t watch passively from the sidelines – lead innovation and change.

Inspiring humanity rather than extracting performance.
Some future directions for mental health services
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