

Report for the Kent Health Overview and Scrutiny Committee

Subject: The Five Year Forward View for Mental Health (5YFV) Key recommendations

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Introduction

Kent HOSC asked for a written briefing on Five Year Forward View for Mental Health and the implications for Kent to be submitted to the Committee for its meeting on 8 April. This briefing sets out the key 5YFV priorities and targets, the current position in Kent and the plans in place to improve mental health care.

In February 2016 the mental health taskforce published "Five Year Forward View for Mental Health: An independent report of the Mental Health Taskforce." The taskforce was set up in March 2015 by NHS England. The Taskforce was asked to develop a five year strategy for mental health in England. The full report is available on NHS England's website at <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>. In Kent there has been a 5-year Joint Mental Health Strategy called "Live it Well" www.liveitwell.org.uk/policies/live-it-well-strategy/.

The Kent Strategy has 10 commitments and runs to 2016. It has been agreed by the Kent Health and Wellbeing Board that rather than creating a new overarching mental health strategy for Kent, there will be shared principles that reflect the 5YFV and national policy. These are being developed by all partners currently. It was also agreed that the Health and Wellbeing Board will take an overview of mental health, as stated in the Joint Health and Well Being Strategy for Kent; Outcome 4.

Children's mental health is driven locally by the Children and Young People's Emotional Wellbeing Strategy 2015 and reports to the Children's Health and Wellbeing Board.

Key facts, national and local

Poor mental health affects people of all ages, yet, with effective promotion, prevention and early intervention its impact can be reduced dramatically. There is often a circular relationship between mental health and social issues such as housing, employment, family problems or debt.

- Mental health problems now account for more than twice the number of employment and support allowance and incapacity benefits claims than for musculoskeletal complaints such as bad backs.
- The employment rate of people with severe mental health problems is the lowest of all disability groups at just 7 per cent.
- People with severe mental illness die on average 15 to 20 years earlier than other people- one of the greatest health inequalities.
- People with long term physical illnesses suffer more complications if they also develop mental health problems, increasing the cost of care.
- There are groups of people who are at higher risk than the general population for mental health problems, these are; homeless people, substance misusers, people who have been in care, lesbian/gay/bisexual/transgender people, migrants, travellers, offenders and those with a disability.

Mental health needs in Kent

Kent is a large and diverse country of around 1.6 million people and as such mental health needs are not spread evenly across Kent. However national estimates show that 1:4 to 1:6 people have suffered a diagnosable mental health problem at some point in their lives. Kent is similar to the England average picture of mental health need. Mental health problems tend to be more severe and complex in more deprived areas.

It is difficult to accurately assess the numbers of people with mental health problems because

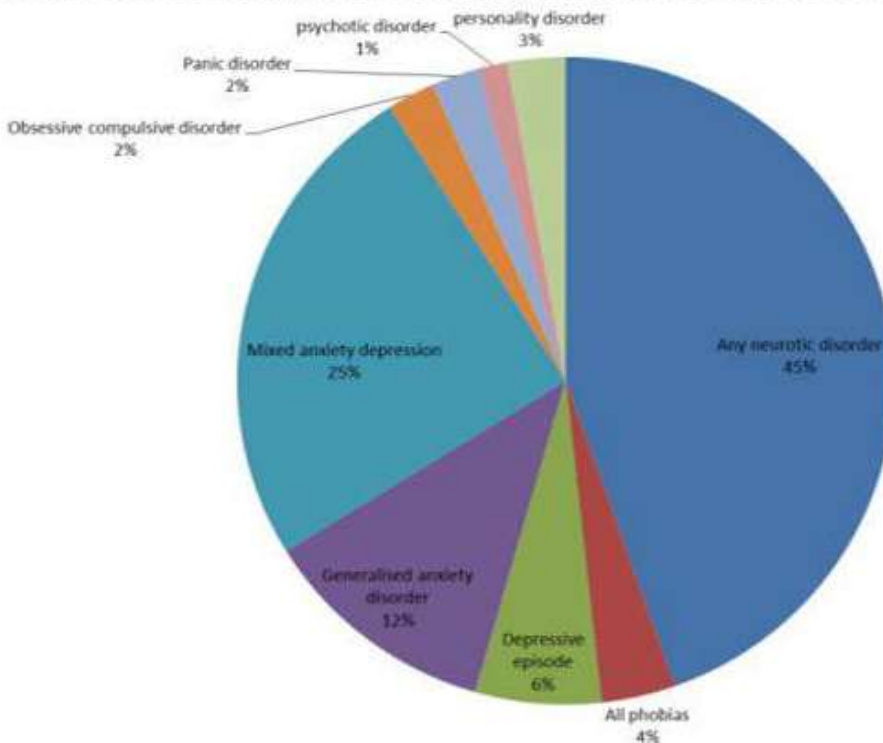
- There is a high percentage of people who do not seek help due to stigma and other barriers
- There is a high degree of co-morbidity e.g. both depression and anxiety and personality disorder – which means numbers rarely add to 100 per cent
- Clinicians can disagree on diagnosis and treatment.

Adult mental health can be grouped into four categories:

- The general population: with risk factors (issues such as bereavement, divorce, illness, unemployment) around **65 per cent - 75 per cent** of people in Kent will cope with life's pressures – but may need help at any time.
- Those with common mental health conditions (e.g. depression and anxiety disorders) **25 per cent of population at any time.**
- Those with severe and enduring mental illness (psychosis, bipolar mood disorder, severe personality disorders) **5 per cent of population.**
- Those with rare, specialist and/or forensic issues (eating disorders) **1-2 per cent of population**

Figure 1. Estimated percentage of adult mental health disorders in Kent (from National Psychiatric Morbidity Survey 2007 applied to Kent)

Estimated Percentages of people with mental health disorders in Kent



Source: KPHO 2014

Most mental illness in Kent, as nationally, is under the category of ‘Common Mental Health’ such as depression and anxiety. It is labelled ‘common’ as it is widespread, but it can be highly debilitating and left untreated can become severe and complex. Severe mental illness is less widespread, often has some genetic basis and the World Health Organisation in 1989 classified it as having a similar debilitating impact as quadriplegia (DALYS).

If people do not get help or seek support for their mental health problem, the consequences can be catastrophic as around 1 per cent of people in Kent kill themselves each year. Of those people who commit suicide, approximately 75 per cent are not known to secondary mental health services. Kent has a higher suicide rate than the national average and the areas in Kent with the highest rates of suicide are currently Swale, South Kent Coast and Dartford, Gravesham and Swanley (Fig 2). Public Health are currently leading a Kent wide suicide awareness campaign called “Release the Pressure” and it’s aim is increase people’s contact with the 24 hour helpline.

Figure 2 Registrations of death from suicide and undetermined causes, numbers and age-standardised rate (ASR), 2012-14, Kent CCG residents aged 15+, by gender

Area	Male		Female		Both sexes	
	Numbers	ASR / 100,000	Numbers	ASR / 100,000	Numbers	ASR / 100,000
NHS Ashford CCG	26	19.4	7	4.7	33	11.7
NHS Canterbury & Coastal CCG	44	20.0	6	2.4	50	10.8
NHS Dartford, Gravesham & Swanley CCG	70	23.4	10	3.1	80	13.0
NHS South Kent Coast CCG	57	22.8	13	4.8	70	13.7
NHS Swale CCG	30	23.8	7	5.5	37	14.3
NHS Thanet CCG	28	17.4	7	4.2	35	10.5
NHS West Kent	89	16.0	42	7.1	131	11.6
Kent	344	19.5	92	4.9	436	12.0

Source: PCMD, KPHO

The areas of greatest mental health need in Kent are well predicted by deprivation and health inequalities. East Kent has greater mental health needs than West Kent. North Kent, however also has high degrees of mental health need and the estimated numbers are shown in Figure 4. It should be noted however that mental health problems can strike any person regardless of deprivation, the deprivation simply raises the level of stressors and barriers in seeking help. Canterbury has high mental health needs for young people due to high student populations.

Importance of Good Data

The current needs assessments make use of the best available data and information at the time. It is important to continue to improve the data; linkage and quality so that needs assessments continue to improve. One example of use of shared data is seen below in Figure 3. Here the national estimates for depression are compared with GP records to see if people are seeking help and/or being diagnosed at rates that would be expected. The data in Figure 4 shows that in 2011/12 there was a considerable gap between estimated figures and those on a GP database. This is not unique to Kent and is part of the reason why access to psychological therapy has been promoted and funded nationally.

Figure 3.

Expected Prevalence compared To QOF					
		QOF 2011/12	APMS 2007		
	Depression	Mental Health (23%)	1 MH condition	2+ MH Conditions (7.2)	GAP%
NHS Ashford CCG	12661	793	20598	6448	35
NHS Canterbury and Coastal CCG	15863	1570	36522	11433	52
NHS Dartford, Gravesham and Swanley CCG	14867	1761	41297	12928	60
NHS South Kent Coast	16536	1573	33428	10465	46
NHS Swale	8668	670	17844	5586	48
NHS Thanet	12731	1348	23099	7228	39
NHS West Kent	38182	3135	76935	78171	39

Source KMPHO 2014

Figure 4

Estimated numbers of mental health need in Kent 2014 Source Kent Public Health Observatory	
Children	Adults 18+
20,585 children aged 5-16 have a mental health disorder	154,876 adults over 18 have a common mental health disorder such as anxiety or depression
12,400 children aged 5-16 have a conduct disorder	54,980 adults aged 18-64 have two or more psychiatric disorders
8,000 children aged 5-16 have an emotional disorder	4566 adults over 18 will present with psychosis by 2020.
	3095 adults over 18 will present with personality disorder by 2020.

Children's mental health is categorised differently to adults – this is due to the developmental and behavioural complexities in childhood and adolescence. There are two main categories of child mental health;

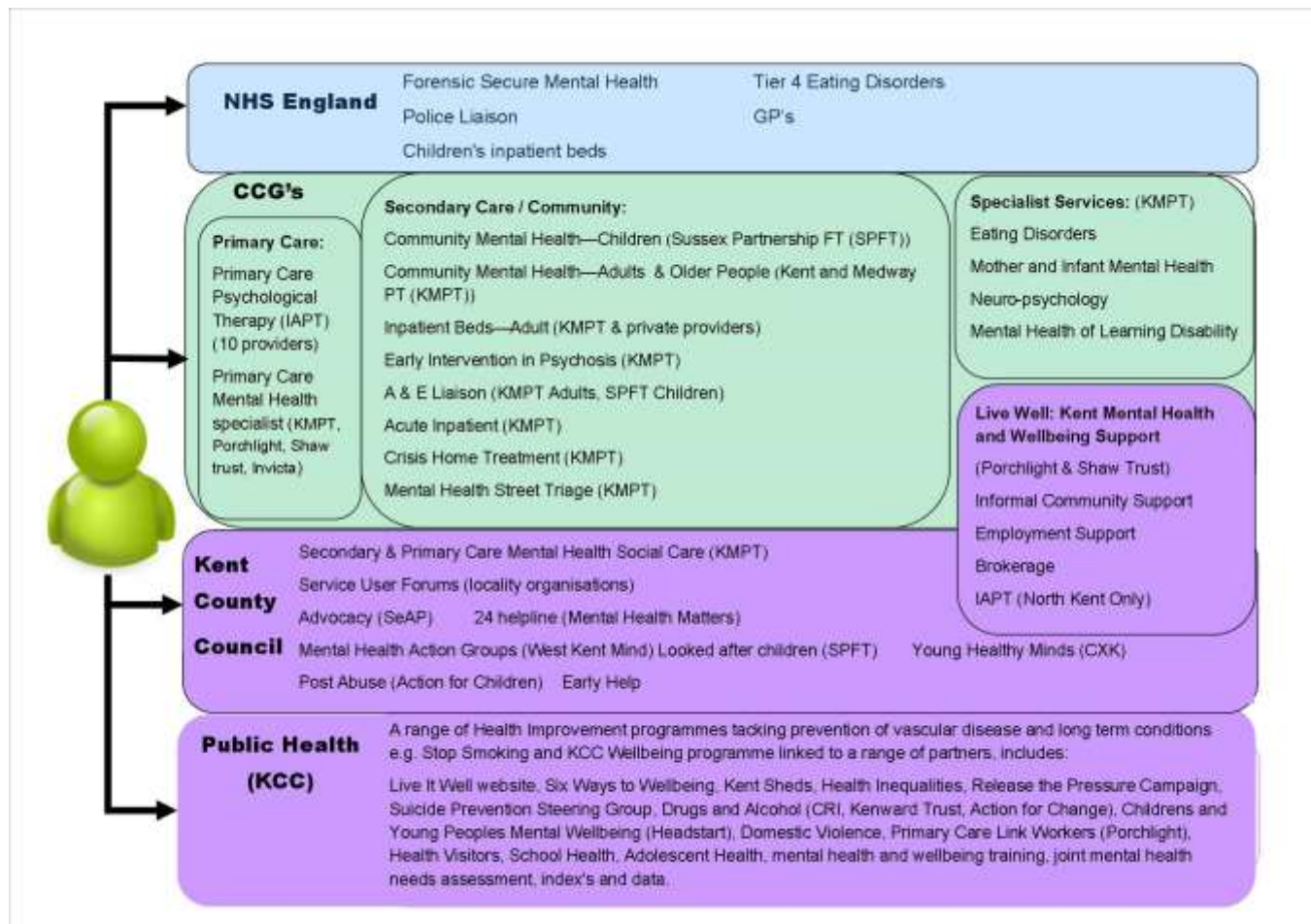
- Emotional disorders
- Conduct and behavioural disorders

Public Health in Kent produce a raft of needs assessments for KCC and CCG commissioners and these are updated every 2-3 years. New issues are examined each year; in 2015 Children's Mental Health Needs Assessment was produced. In 2016 the public health team are focusing on Substance Misuse, Personality Disorder and Maternal Mental Health. The reports will be available in the autumn 2016.

Current needs assessments are available on the Kent Public Health Observatory Website

<http://www.kpho.org.uk/joint-strategic-needs-assessment/jsna-disease-groups/jsna-mental-health>.

Fig 5



Kent County Council also provides an Approved Mental Health Practitioner Service to undertake its statutory function under the Mental Health Act. A new primary care social care service will also commence on 1 April 2016 which will undertake social care assessments and will enhance services provided in primary care.

By 2020/21 the picture should look very different with the person at the centre of integrated physical and mental health, social and third sector services delivering seamless care and measureable outcomes and an increased choice of providers. Kent is committed to improving the care for those with long term conditions, shifting care into the community and closer to home, making care more personalised and supporting people to live independently for longer. Better coordination between different providers and across the boundaries of care is needed. Lord Darzi's next stage review introduced the concept of integrated care organisations (ICOs); various models of care are now being piloted across England as a way of exploring whether better coordination can improve outcomes and reduce costs.

There are longstanding fault lines in the current provision of care that result from historic divisions between budgets (that is between groups of health providers, health and local authority funders of social care). The NHS Next Stage Review emphasised the concept of integrated care and ICOs as a means to achieve better care for patients. The premise of integrated care is that it will not only help to improve the coordination of care for patients and therefore prevent avoidable ill health, but also that it will result in greater value for money. Kent has already made good progress pooling health and social care budgets to create integrated services such as Live Well and the planned procurement of services for children and young people, there is still much to do.

Key recommendations from the 5YFV for Mental Health

- **Inequalities must be reduced** to ensure all needs are met, across all ages.
- **Care must be integrated** – spanning people’s physical, mental and social needs achieved through partnership working across NHS, public health, voluntary, local authority, housing providers, education and youth justices. Integrated population-based commissioning will combine health and social care spending power to improve mental health outcomes
- **Access to high-quality services close to home:** ensuring that local community services are immediately available so that people experiencing mental health crisis do not need to wait. If people need to use hospital services, they should not have to travel out of their area for the right care.
- **Co-production:** people living with mental illness and carers should be involved in the design and delivery of mental health services
- **Better carer engagement:** health professionals should be trained to better involve carers. Services should also show evidence that they effectively engage with carers as part of their inspections.
- **Action on physical health:** people with mental illness should get enhanced help with their physical health through better screening and lifestyle support. People with physical health conditions should receive better support for their mental health needs.
- **Health and Wellbeing Boards** to have plans in place to promote good mental health prevent problems arising and improve mental health services.
- **The right data** must be collected and used to drive and evaluate progress
- **Prevention and early intervention** must be prioritised with rapid transformation of services for children and young people.

Kent’s progress towards key priorities and targets of 5YFV for Mental Health

Kent is ahead of the national position on most of the key priorities with detailed plans to reach the required targets ahead of the 2020/21 dead line.

1. Improved care for people in a crisis			
	NHS England Target	On track	Kent current position and plan
1.1	Access to mental health care 7 days a week, 24 hours a day by 2020/21.	✓ G	Kent CCGS are ahead of the national position with a service already in place for adults. The CQC reports that only 50 per cent of community mental health teams offer a 24/7 service.
1.2	All age mental health liaison service in emergency departments and acute general hospitals by 2020/21	✓ A	Kent CCGS should have services in place by the deadline of 2020 subject to additional NHS funding.
1.3	People experiencing a first episode of psychosis to have access to a NICE-approved package of care within 2 weeks of referral by 2020/21	✓ G	Kent CCGs are believed to be ahead of the national position with Early Intervention Teams in Psychosis teams in place for several years. Although access times targets are being achieved an improvement plan has been developed to ensure NICE guidance treatment, including psychological interventions is provided within 2 weeks.
1.4	Out of area placements for acute care should be reduced and eliminated as quickly as possible	✓ A	Kent CCGs have a plan in place and this is monitored and supported by weekly conference calls. The use of out of area beds and delayed transfers of care have already reduced. In addition people placed out of area have a review date, planned discharge dates and repatriation plans.

2. Integrated mental and physical health			
	Target	On track	Kent current position and plans
2.1	More women to be able to access evidence-based specialist mental health care during the perinatal period by 2020/21	✓ A	<p>Kent has a dedicated specialist provision and plans are in development to improve the whole pathway and join up with general maternity services.</p> <p>A public health needs assessment will be completed in April 2016 and will drive commissioning changes to the current pathway – particularly in the public health commissioning of health visitors and CCG commissioning of midwives, as well as better access to IAPT and social support.</p>
2.2	People living with severe mental health problems should have their physical health needs met.	✓ A	A national physical health care CQUIN is in place to incentivise mental health providers during 2016/17 to improve physical health care checks and follow up in community mental health services for people with a serious mental health condition.
2.3	Increase access to psychological therapies to reach 25 per cent of need by 2020/21.	✓ A	Kent CCGs are amongst the top performers in the country with half of CCGs already achieving a 20 per cent access and 50 per cent recovery rates in some areas. NHS E targeting an increase of 15,500 more people to enter primary care talking therapy treatment in Kent by 2020/21 so that nearly 40,000 adults with anxiety and depression can access care each year, at an additional annual cost of around £4 million.
2.4	People with physical health problems have their mental health needs met	✓ R	Considerable improvement is required. New care models such as Multi-speciality community providers (MCP) GP Vanguards and Integrated care providers (ICP) to improve integration of care will be developed during the next five years. IAPT services already offer primary care talking therapy to people with long term physical conditions

3. Promoting good mental health and preventing poor mental health			
	NHS E targets by 2020/21	on track	Current position
3.1	Future in Mind recommendations to be implemented in full	✓ G	Kent CCGs and KCC have already made good progress through partnership working and have developed a joint strategy and are implementing the Kent Transformation Plan for children, young people and young adults.
3.2	More people living with mental health problems should be supported to find or stay in work	✓ A	KCC with contribution from Kent CCGs have commissioned a new service, Live Well to deliver integrated mental health support services including employment support
3.3	Creating mentally healthy communities through the creation of local Mental Health Prevention Plans	✓ G	Kent Public health have prioritised public mental health, the programme includes community asset mapping and development, projects such as Kent Men's Sheds, funding and supporting library

			<p>wellbeing hubs, supporting programmes such as 'Singing for Health' and putting a major funding contribution towards the domestic violence commissioned programmes.</p> <p>KCC Public health and Social Care are the main commissioners for the Community Mental Well Being programme across Kent called 'Live Well'- this will be delivered by the Shaw Trust and Porchlight – as strategic partners and in collaboration with community groups. In 2016/7 they will develop locality prevention programmes.</p> <p>In addition Public health leads each local delivery of the Alcohol Strategy and commissions Substance Misuse treatment services. In 2016/7 Public health in Kent will work with districts and CCGs to develop local prevention plans that sit alongside local commissioning arrangements.</p> <p>Public health is committed to working alongside each of the local health and wellbeing boards to strengthen community wellbeing by developing local plans alongside the community. This work is at early stages but will progress in 2016/17 and will be underpinned by the Kent Health Inequalities Strategy.</p>
3.4	End the stigma around mental health	✓ A	<p>Kent Public Health and KCC have commissioned a website www.LiveitWell.org.uk which is visited by over 10,000 people a month. The Live Well Kent service will lead the Time to Change Campaign to reduce stigma and discrimination alongside the Mental Health Action Groups.</p>
3.5	Better service user and carer engagement (co-production)	✓ G	<p>Kent CCGs have a detailed plan in place to improve service user and carer engagement. KCC has a network of user groups which feed back into commissioning services.</p>
3.6	Improved data linkage across NHS, public health, social care and education with transparency on spending in relation to prevalence access, experience and outcomes	✓ A	<p>Public Health conduct an ongoing series of needs assessments for public mental health, working closely with lead CCG mental health commissioners. There is current work to refresh offender needs assessments, substance misuse, and mental health JSNA. There are current deep dives into personality disorder and maternal mental health. Public Health is working with health care providers to ensure one identifying number is used to enable sharing of data across agencies and track peoples progress through health and social care.</p>

Investment in mental health service provision across Kent by health economy (£millions)						
	Public Health	KCC	DGS and Swale CCGs	West Kent CCG	South Kent Coast, Ashford, Canterbury & Coastal and Thanet CCGs	Total
Wellbeing and suicide prevention	£2.7 m					£2.7 m
Drug and Alcohol substance misuse	£14.9 m					£14.9 m
Children's Mental health community 0-18		£3.4 m	£2.8 m	£3.1 m	£7.3 m	£16.6 m
Primary care psychological therapy (IAPT) 18+			£1.7 m	£2.3 m	£5.1 m	£9.2 m
Adult Acute inpatient beds 18+			£12 m	£14.2 m	£30 m	56.2 m
Adult community mental health		£25m	£12 m	£15.2 m	£30 m	£82.2 m
Total	£17.6 m	£28.4 m	£28.6 m	£35m	£72.4 m	£182 m

Note: This does not include the Public Health budget for health visiting and school health or the overall programme for wellbeing which totals £48 million.

Nearly 50 per cent of the adult mental health budget is spent on less than 10 per cent of activity for inpatient beds.

Summary

The traditional divide between primary care, community services and hospitals is a barrier to the personalised and coordinated health services people need. Improved integrated support should include social care, mental health services and GPs and other primary care and third sector services. Within the NHS primary, secondary and tertiary care services should deliver integrated physical and mental health outcomes. Currently needs are addressed in isolation, which is not effective or efficient. CCGs and Local Authorities need to ensure people with multiple needs, such as mental health and substance misuse problems do not fall through service gaps. This may require a redistribution of physical health budgets to contribute to mental health care. Improved integrated services give people information, advice, support and interventions that can be delivered across a whole system from a wide range of providers. However the traditional divide between primary care, community services and hospitals is often a barrier to the personalised and coordinated services people need.

In Kent, CCGs and KCC are committed to putting the person at the centre and consider innovative ways to commission and deliver services across the county.

As part of the planning process to deliver the five year forward view all NHS organisations are asked to produce plans by June 2016 setting out the steps to help local organisations deliver a sustainable, transformed health service and improve the quality of care, wellbeing and NHS finances to include a local health and care system 'Sustainability and Transformation Plan' (STP) which will cover the period October 2016 to March 2021.