Priorities for mental health: the economic evidence

Andy Bell
15 June 2016
Five Year Forward View for Mental Health

- Independent taskforce chaired by Paul Farmer
- Commissioned by NHS England and other arms’ length bodies
- Reported in February 2016
- Centre for Mental Health provided economic evidence and research on previous strategies
Nine investment priorities identified under three headings:

- Early intervention
- Integrating physical and mental health
- Better support for people with severe mental illness
Priorities for Mental Health

The nine priorities for investment identified in the report:

- Early Intervention in Psychosis
- Treatment of conduct disorder in primary school age children
- Integrated care for people with long-term physical and mental health conditions
- Improved management of medically unexplained symptoms and related complex needs
- Liaison psychiatry services in acute hospitals
- Community-based alternatives to acute inpatient care for people in a crisis
- Supported employment services for people with severe mental illness
- Identification and treatment of anxiety and depression for women during pregnancy and after childbirth
- Interventions to improve the physical health of people with severe mental illness, especially smoking cessation

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Growing evidence of impact of mothers’ mental health during and after pregnancy on their children

Cost £8.1 billion a year:
- Depression
- Anxiety
- Psychosis
What works?

- NICE guidelines (Dec 2014) set out standards including:
  - Early identification
  - Quick access to CBT (2 weeks for anxiety)
  - Community teams
  - Mother and baby units

- But…
Only 10% women with postnatal depression get evidence-based treatment:

- Fear of seeking help
- Short consultations
- Lack of continuous contact
- Low awareness
- Lack of confidence
- Reactive, fragmented services
Community perinatal mental health teams
Invest in identification and timely access to psychological therapy

Cost of full implementation of NICE guidance £280m nationally

Equivalent to £1.3m for an ‘average’ CCG
Early starting behavioural problems

- All children misbehave from time to time
- But about 20% have persistent ‘behavioural problems’ and 6% have ‘conduct disorder’
- The lifetime costs of conduct disorder are £250,000 per child
- Most parents ask for help
- But few families receive any...
The impact of conduct disorder

<table>
<thead>
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<td>More likely to be dependent on drugs</td>
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<td>More likely to die before age 30</td>
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<td>More likely to be on the child protection register</td>
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<td>More likely to end up in prison</td>
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Priority 2: Parenting programmes

- Universal screening at start of primary school
- Evidence-based group parenting programmes for those who need them
- Cost £1,300 per child
- Full implementation costs £51m nationally
- Every £1 invested saves £3, including 95p to the NHS
Priority 3: Early Intervention in Psychosis

- First episode psychosis affects 15,000 people a year
- Early intervention teams save £15 for every £1 invested
- Cost of full provision £77m a year
- Over three years the NHS would save three times this cost
The NHS spends about £14 billion treating mental ill health, and...

It spends another £14 billion *not* treating mental ill health.
The extent of comorbidity

Physical & mental health

The overlap between long-term conditions and mental health problems

Long term conditions:
30% of population of England (approx. 15.4m people)

Mental health problems:
20% of the population of England (approx. 10.2m people)

38% of people with a long-term condition have a mental health problem (approx. 4.4m people)

45% of people with a mental health problem have a long-term condition (approx. 4.6m people)

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The costs of not treating mental ill health

- 4.6 million people have a long-term physical illness and a mental health condition
- Physical health outcomes are worse and costs are 45% higher per person for this group
- This costs the NHS £11 billion a year

- Medically unexplained symptoms cost a further £3bn
Priority 4: Liaison psychiatry in every hospital

- Liaison psychiatry services can:
  - Reduce admissions and lengths of stay
  - Reduce readmissions and enhance independent living
  - Build skills and confidence of hospital staff
- Savings estimated at £5m per hospital
- Cost of full coverage £119m nationally
- NHS saves £2.50 for every £1 invested
Priority 5: Integrated care and support

- Structured approach to care outside hospital:
  - Care coordination by a case manager
  - Multi-disciplinary team
  - Collaboration between primary and specialist care

- Cost £290m nationally for the ‘most complex’ 10% of patients

- Likely to be cost-neutral for the NHS
Priority 6: Medically unexplained symptoms

- Enhanced support for people with ‘complex needs’ and medically unexplained symptoms
  - City & Hackney service offers advice and support to GPs and psychological therapies to patients
  - Produces good outcomes and high satisfaction rates with GPs and patients
- Cost £127m to extend to every CCG
- Likely to be cost-neutral for the NHS
Employment

- At least 1m people out of work due to mental ill health
- 7% people using mental health services are in employment
- More than half would like to work
- Work is a key part of recovery for many people
‘Place then train’ approach to employment
Consistently outperforms every other employment support approach
Currently available in about half of NHS mental health services for 10-20,000 people a year
‘Centres of excellence’ and ‘regional trainer’ programme extending IPS
Priority 7: Double the number of IPS places

- One-off cost per person £2,700
- Adding 20,000 places would cost £54m a year
- Cost savings estimated at £3,000 a year (every year) per person
- For the NHS nationally this would mean savings of £100m over 18 months
Each crisis of schizophrenia costs £20,000

- High fidelity crisis resolution/home treatment generates savings of £1.68 per £1

- Since 2010 spending on CRHT has fallen by 8% despite 18% rise in referrals
Priority 8: Reinvest in CRHT services

- Cost of returning to 2010 level of spending £29m
- This would generate savings of £49m
- Cost of meeting 18% rise in referrals £63m
- This would bring about savings of £106m
Physical health for people with psychosis

- 15-20 year shorter life expectancy
- Excess mortality mostly related to physical ill health
- Smoking is a major factor and linked to severity of mental illness
- Smokers with mental health problems as likely as others to want to quit and to benefit from treatment
Priority 9: Smoking cessation support

- Smoking cessation based on NICE guidelines would cost £67.5m for 150,000 people.
- Average gain of seven years of life per person who quits smoking.
- Likely savings of £100m over time from reduced physical health care costs.
More priorities...

- Mental health in schools
- Housing support (of many kinds)
- Welfare advice
- Liaison and diversion
Thank you

For more information:
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Follow @CentreforMH @Andy__Bell__
www.centreformentalhealth.org.uk
Health and Well Being Gap
West Midlands STP Mental Health: Minding the Health and Wellbeing Gap

The tools used to produce this report are available at: http://fingertips.phe.org.uk/profile-group/mental-health
Mental health is now a national priority

- Annual cost to England is £105 billion
- Accounts for 30% of the daily work of primary care
- In acute care, 70% of those using the NHS have multiple comorbidities and of these, depression is the most common, and increases costs of episodes of care in acute trusts by up to 50% due to frequent attendances, crises, admissions, complications, diagnostics and operational procedures
- Mental illnesses presentations to A.E account for the majority of the 4 hour wait delays, 16.3 % Avoidable ambulatory care episodes and up to 40% of those in acute trusts beds have mental illness. Most of these presentations are due to low levels of timely access to physical healthcare in primary care and to early intervention to effective NICE concordat mental health care
- There is now growing movement to push prevention of mental illness, aiming to reduce incidence by 30%. This will lead to major demand management & sustainability. In addition stratification of the top 10% of patients who have the poorest outcomes, repeat crises, admissions, detentions and account for 40% of spend & targeting for proven high impact MH intensive action will enable an optimal pattern of investment from Late intervention to early intervention

The Mental Health Taskforce recommends a Life course approach in order to deliver a new era in prevention, improved access to early intervention, recovery focused services that will deliver to commissioners improved outcomes and ROI on investment

Being Born well
- Perinatal care

Best early years
- CYP Care

Living & working well
- Working Adult care

Growing older well

Dying well

STP component 1: The Health and Wellbeing Gap
Mental health & wellbeing: The national picture

- At least 1 in 4 people will experience a mental health problem at some point in their life and 1 in 6 has a MH problem at any one time.

- 1 in 10 children aged 5-16 has a MH problem, and many continue to have MH problems into adulthood.

- Half of those with lifetime MH problems first experience symptoms by age 14, and three-quarters before their mid-20s.

- 10–13% of 15–16-year-olds have self-harmed.

- Almost half of all adults will experience at least one episode of depression during their lifetime.

- 1 in 10 new mothers experiences postnatal depression.

- About 1 in 100 people has a severe MH problem.

- Some 60% of adults living in hostels have a personality disorder.

- Some 90% of all prisoners are estimated to have a diagnosable MH problem (including personality disorder) and/or a substance misuse problem.

No Health Without Mental Health, 2014
What is happening in the West Midlands?

• **1,501 suicides** (2012-14)
• **10,198 A&E admissions** for a psychiatric disorder (2012-13)
• **12,125 A&E admissions** for intentional self-harm (2013/14)
• **@ 3000 detentions** under the MH Act (2013/14)
• **10.8%-17.5% of 16-74 years have common mental health** (England: 15.6%).
• Substantial burden of undiagnosed and sub-clinical illness.

*Public Health Outcomes Framework & Mental Health Intelligence Network*
### Hospital admissions for unintentional and deliberate injuries, ages 0-24 per 10,000 population - 2012/13

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Source: Health & Social Care Information Centre and the Office for National Statistics
PREVENTABLE poor Outcomes: Premature Mortality due to physical health causes

People with severe or prolonged mental illness are at risk of dying on average 15-20 years earlier than other people. Two thirds of these deaths are avoidable physical illnesses, including heart disease and cancer caused by smoking (Mental Health Taskforce, 2016)

- COPD prevalence within the WMCA ranges from 1.4-2.5% of the GP practice registration population. Dudley, Solihull & Walsall have significantly higher proportions than the England average.
- Mortality from cancers considered preventable are significantly worse than the England average in Birmingham, Coventry, Sandwell, and Walsall
Social determinants of health: Economic deprivation

Indicators: Socioeconomic deprivation: overall IMD score (2015)

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Map:

Contains Ordnance Survey data © Crown copyright and database right 2016.

STP component 1: The Health and Wellbeing Gap
Other social determinants

STP component 1: The Health and Wellbeing Gap

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**long-term unemployment: % of working age population**

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Source: ONS
Sociodeterminants of Mental Health: Substance Misuse

Admission episodes for alcohol specific conditions, rate per 100,000 standardised to European population

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Compared to England
- Better
- Similar
- Worse

Admission to hospital for mental and behavioural disorders due to alcohol

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Compared to England
- Lower
- Similar
- Higher

Successful completion of treatment for alcohol: % who do not re-present within 6 months

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Compared to England
- Lower
- Similar
- Higher

People who inject drugs

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Compared to England
- Lower
- Similar
- Higher

- There is a relationship between mental health and risky behaviour, including alcohol and substance misuse; interventions to promote mental health and reduce the incidence of mental illness will reduce these risky behaviours (Royal College of Psychiatrists, 2012).
- Compared to England, Birmingham, Coventry & Sandwell LAs have significantly worse hospital admission rates for alcohol specific conditions.
- Admissions for mental and behavioural disorders due to alcohol within the WMCA are significantly higher than the England average in 5/7 LAs, including in women.
- Only Sandwell has a significantly lower percentage of people successfully completing treatment for alcohol compared to the England average.
- Depression, anxiety and schizophrenia can be linked to substance misuse, which can be a key cause of higher risk and relapse and stop people making a full recovery (Royal College of Psychiatrists, 2012).
- 2 LAs within the WMCA have a significantly higher rate of people who inject drugs, compared to England as a whole.
Sociodeterminants of Mental Health: Summary

• There is wide variation in the sociodeterminants of mental illness within Local Authorities in the West Midlands.

• Inequalities in deprivation, housing, crime & employment exist between Local Authority areas which can increase the risk of mental illness within populations.

• There is a relationship between the burden of common and severe mental illness and deprivation. Local Authority areas with higher proportions of the population living in the most 20% deprived areas in England have higher than average proportions of the population living with a common mental health disorder or a severe mental illness.
Vulnerable populations / at risk groups

- Children in poverty
- Carers
- Substance misusers
- Domestic abuse victims
- Long-term unemployed
- Those lacking access to green spaces
- Children leaving care
- Those with long-term health problems/disability
- Those with English language difficulties
- Lonely/Socially Isolated
- Victims of crime
- NEETs
- Homeless
- Looked after children
Preventing ACEs in future generations could reduce levels of:

- Poor diet (current) by 14%
- Binge drinking (current) by 15%
- Smoking (current) by 16%
- Early sex (before age 16) by 33%
- Cannabis use (lifetime) by 33%
- Unintended teen pregnancy by 38%
- Violence victimisation (past year) by 51%
- Violence perpetration (past year) by 52%
- Incarceration (lifetime) by 53%
- Heroin/crack use (lifetime) by 59%

*slide with thanks to Karen Hughes, John Moore’s University*
Wellbeing matters too...

• Adds years to life
• Improves recovery from illness
• Is associated with positive health behaviours in adults and children
• Is associated with broader positive outcomes
• Influences the wellbeing and mental health of those close to us
• Affects how staff and health care providers work
• Has implications for decisions for patient care practices and services
• Has implications for treatment decisions and costs
• Affects decisions about local services
• Has implication for treatment decisions and costs
• May ultimately reduce the health and social care burden
Homes, Jobs, Friends, Education
Community assets include the:

- skills, knowledge, commitment of community members
- friendships, community cohesion and neighbourliness
- local groups & organisations, informal networks
- physical, environmental and economic resources
- assets of external agencies.

These are often overlooked in traditional, professional-led and problem-based responses.

A Sheffield community’s assets - drawn by a local artist as part of an asset mapping (Giuntoli et al. 2012)
What community assets would reduce the commonest mental health problem of depression/anxiety: major cause of crisis & primary & social care demand:

- Elderly isolated & people with dementia
- Victims of domestic violence
- Victims of school and employment stress and bullying
- Alcohol and drug addictions
- Isolated women with small children
- Key life cycle:
  - Divorce
  - Retirement
  - Redundancy
  - Menopause
- Dyslexia, Dyspraxia ADHD, Autism, Asperger’s and Learning Disabilities
- Long term physically ill
- People with schizophrenia and sight and hearing problems
- Alcohol and drug addictions
For each stage of the life course in all communities, we are seeking to build a model of prevention and empowerment through a model that promotes

1. Building Positive mental health literacy in individuals & communities
2. Development of self management and peer support & Carer support
3. Community assets
4. Prevention
5. Early intervention services for the MH taskforce pathways:
   - EIP
   - Depression & anxiety
   - CYP eating disorders
   - Crisis care
6. Recovery focused integrated care in
   - Primary care
   - Acute care
   - Specialists community
   - Specialist MH
   - Social care

Integrating physical, social, mental health care for individuals and communities
Top 5 interventions

1. Support women in pregnancy and after childbirth
2. Support smokers within the health care system to quit
3. ‘Make Every Contact Count’
4. Train accident and emergency and other frontline staff in Mental Health First Aid
5. Turn every area into a suicide safer area
The Economic case: return on Investment

- Compelling economic case
- ROI tools for commissioners in development
- STP tool kit to be updated with mental health element including ROI data
Thank You

Lola. Abudu@ phe.gov.uk

Acknowledgements

Local Knowledge & Intelligence Service, West Midlands

National Mental Health Intelligence Network (NMHIN)

Clinical intelligence input : Geraldine Strathdee
The Care and Quality Gap
Section 1: Health & Wellbeing Gap

Background

West Midlands Combined Authority (WMCA)

Mental Health Disorder Prevalence in WMCA

Population Characteristics in WMCA

Social Determinants of Mental ill-health

Community assets that promote mental health

Outcomes:
Premature Mortality: physical and suicide QOL and QALYs?

Prevention & community assets plans in place

Section 2: Care and Quality Gap

The MH Taskforce 5YFV roadmap has outlined the mental health pathways & for each, mapping is needed of

The current state of access, standards, outcomes, spend in direct contact and digital services for:

1. Self management and peer support & ongoing prevention
2. Social care & wider local government
3. Primary Care:
4. Alcohol & drugs services
5. Children & Young People and Mental Health Services
6. Specialist MH services Baselines for EIP

Section 3: Wealth & Value gap

Costs of mental ill health to WMCA across agencies

The HM Treasury profile of spend
The impact of mental ill health on all communities

The costs of poor mental health to:

The wider community and agencies in west midlands in
-Schools, Employment, Transport, Housing, Police & wider criminal justice system, social care, carers &

The per capita spend in WMCA & the costs of the NHS in
-primary care, acute care, specialist mental health provider care, specialized commissioned care

Value of outcomes for investment
Opportunities for improving outcomes and value

Summary

References
Mental health is now a national priority and affects every agency and part of the system. The rates of mental ill-health are rising, and the annual cost to England is £105 billion.

Mental ill-health accounts for 30% of the daily work of primary care.

In acute care, 70% of those using the NHS have multiple comorbidities and of these, depression is the most common, and increases costs of episodes of care in acute trusts by up to 50% due to frequent attendances, crises, admissions, complications, diagnostics and operational procedures.

Mental illnesses presentations to A.E account for the majority of the 4 hour wait delays, 16.3% Avoidable ambulatory care episodes and up to 40% of those in acute trusts beds have mental illness. Most of these presentations are due to low levels of timely access to physical healthcare in primary care and to early intervention to effective NICE concordat mental health care.

There is now growing movement to push prevention of mental illness, aiming to reduce incidence by 30%. This will lead to major demand management & sustainability. In addition stratification of the top 10% of patients who have the poorest outcomes, repeat crises, admissions, detentions and account for 40% of spend & targeting for proven high impact MH intensive action will enable an optimal pattern of investment from Late intervention to early

The Mental health taskforce recommends a Life course approach in order to deliver a new era in prevention, improved access to early intervention, recovery focussed services that will deliver to commissioners improved outcomes and ROI on investment.
The 5 Year Forward view taskforce: Lifespan approach: Prevention at the heart: Right Recovery focused care

For each life course stage: focus on educating, empowering, prevention

1. Develop mental & physical health literacy in individuals & communities
2. Develop Peer support Carer support Self management
3. Community assets
4. Prevention

When a person needs to access ‘treatment’: make it early, Integrate physical, social, mental care & prevention

Early intervention services Right 1st time

Acute/Crisis care Integrated prevention of repeat episodes of care

Recovery focused for ongoing needs
- Integrated, prevention, recovery focused care in
- Primary care
- Acute care
- Specialists community
- Specialist MH
- Social care
Children, Young People & determinants of Mental Health

Child poverty is a key determinant of child and adolescent mental health problems. Children from households within the lowest 20% of incomes have a three fold increased risk of mental health problems than children in the 20% highest incomes (Royal College of Psychiatrists, 2010). 6/7 LA areas in WMCA have significantly higher levels of children living in low income households than the England average.

A third of young people not in education employment or training (NEETs) have suffered from depression and 15% have a mental health problem (Young Minds, 2013). Wolverhampton and Sandwell have higher levels of NEETs than the England average.

Children in care are at a higher risk of being affected by mental health issues and being in care when young is also a determinant of adult mental health (Royal College of Psychiatrists, 2010). All WMCA LAs have a significantly higher proportion of children in care than the England average and 3 LA areas have a higher proportion of children leaving care services.
Mental Health Problems in Childhood increase the risk of having mental health problems later on in life.

Sandwell and Coventry have rates of admission for self-harm among young people that are significantly above the England average.

Birmingham rates of child admissions for mental health are significantly above the England average.

Birmingham, Sandwell, Walsall and Wolverhampton have estimated rates of children with mental disorders among the highest 20% in England.

Coventry reports a significantly higher proportion of school children with social, emotional and mental health needs compared to the England average, the Walsall rate is half that of England.
**Outcomes: Premature Mortality due to physical health care causes**

**People with severe or prolonged mental illness are at risk of dying on average 15-20 years earlier than other people. Two thirds of these deaths are unavoidable physical illnesses, including heart disease and cancer caused by smoking** (Mental Health Taskforce, 2016)

### COPD: QOF prevalence (all ages)

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Compared to England: Lower: Lower, Similar: Similar, Higher: Higher

### Under 75 mortality rate from cancer considered preventable (Persons)

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Compared to England: Better: Better, Similar: Similar, Worse: Worse

- COPD prevalence within the WMCA ranges from 1.4-2.5% of the GP practice registration population.
- Dudley, Solihull & Walsall have significantly higher proportions than the England average.
- Mortality from cancers considered preventable are significantly worse then the England average in Birmingham, Coventry, Sandwell, and Walsall.
Outcomes: Premature mortality due to Suicide in WMCA

Suicide is now a leading cause of death in males aged 15-49 (Mental Health Taskforce, 2016). 70% of those who commit suicide have seen their primary care team in the year before and 45% in the month before (National Confidential inquiry into Homicides and suicides primary care study. Alcohol is a key trigger factor in a significant proportion of suicides.

- No Local Authority areas in the WMCA have suicide rates significantly above the England average, but rates appear to be highest in Birmingham and Coventry.
- Crude male age specific suicide rates appear to show higher rates for young men in Wolverhampton and for middle aged and older aged men in Coventry, although no LAs in WMCA report significantly higher age specific suicide rates than the England average.
Common mental illness in WMCA in adults – An Overview

- One in 4 people in the UK will experience a mental health problem each year (Mind, 2013).
- Four of 8 WMCA CCGs, including all Birmingham CCGs, have estimated rates of common mental health disorders among the highest 40% in England.
- Four of 8 WMCA CCGs have rates of identified depression in primary care significantly higher than the England average.
- Self reported feelings of high anxiety range between 15.6% in Coventry to 22.0% in Sandwell. Feeling anxious is a normal human experience, however, for some it can be a symptom of several mental health conditions and affect daily life (NHS Choices, 2016).
- England has one of lowest rates among the high income OECD countries of access to effective care interventions, so has higher rates of loss of employment and unemployment.
What community assets would reduce the commonest mental health problem of depression/anxiety: major cause of crisis & primary & social care demand:

- Elderly isolated & people with dementia
- Victims of domestic violence
- Victims of school and employment stress and bullying
- Key life cycle: • Divorce • Retirement • Redundancy • Menopause
- Isolated women with small children
- Dyslexia, Dyspraxia, ADHD, Autism, Asperger’s and Learning Disabilities
- Long term physically ill
- People with schizophrenia and sight and hearing problems
- Alcohol and drug addictions
• Six of 8 WMCA CCGs have exception rates for depression below or similar to England, Solihull and Sandwell & West Birmingham are significantly higher than the England average.
• Four of 8 WMCA CCGs have rates of anxiety / depression identified through the patient survey that are significantly above the England average.
• Six of 8 WMCA CCGs have exception rates for Severe Mental Illness significantly lower than England, 2 CCGs are not significantly different to England.
• Five of 8 WMCA CCGs have their proportion of SMI patients with comprehensive care plans higher than the England average, only Coventry & Rugby is below England.
Improving Access to Psychological Therapies (IAPT)

IAPT is an NHS service designed to offer psychological therapies (CBT) to people suffering from anxiety, depression and stress. IAPT may also work with people who suffer from panic disorder, simple phobia, OCD or PTSD. It is regarded as an

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**Completing IAPT treatment: Rate (quarterly) completing treatment per 100,000 population aged 18+**

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**Entering IAPT treatment: Rate (quarterly) beginning IAPT treatment per 100,000 population aged 18+**

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**Waiting < 28 days for IAPT: % of referrals (in month) waiting <28 days for first treatment**

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**IAPT recovery: % of people (in month) who have completed IAPT treatment who are “moving to recovery”**

4 of 8 WMCA CCGs have rates of people entering IAPT services significantly above the England rate and 4 are significantly below.

5 of 8 WMCA CCGs have rates completing treatment significantly below the England average, Wolverhampton and Birmingham South & Central have rates above England.

5 of 8 WMCA CCGs have proportions of clients seen with 28 days that are significantly higher than the England average. Sandwell and West Birmingham proportions are significantly lower.

No CCGs in the WMCA have rates of clients moving to recovery significantly above England; rates for Birmingham Crosscity, Dudley and Wolverhampton are below 40%.
Serious mental illness includes psychoses, which used to result in lifelong poor outcomes and high levels of hospital treatment. New scientific discovery has proven that access to early intervention for psychosis NICE evidence care standards can radically improve recovery to a full life, reduce suicide, and physical comorbidities. The national policy is for 50% of people to have access to these teams by April 2016. All regions have implementation plans, with London, South and Northern regions now well advanced.

- People with severe mental illness suffer huge inequalities in life expectancy in England. They are at risk of dying on average 15-20 years earlier than other people (Independent Mental Health Task Force, 2016). Their suicide rates are high, access to NICE evidence based care is very variable (MyNHS, Atlas of variation); less than 12% access employment support, This is a major priority for transformational change which can enable 45% to recovery to employment.
- Four of 8 WMCA CCGs, including all Birmingham CCGs, have proportions of people identified with severe mental illness in primary care significantly higher than the England average.
- Estimated rates of psychosis are generally high in WMCA; all Birmingham CCGs have estimated rates among the highest 20% in England.
People with a severe mental illness die on average 10 to 17 years earlier than the general population.

Disease specific mortality demonstrates that the death rate from respiratory diseases and diseases of the digestive system are 4 times higher in mental health service users than the general population, and 2.5 times higher for circulatory diseases.

- People with mental ill health use more emergency hospital care than those without mental ill health. In 2013/14, this was 3.2 times the accident and emergency (A&E) attendances and 4.9 times the emergency inpatient admissions.
- Only a small part of this emergency care is explicitly to support mental health needs. When activity related to mental health was excluded, those with mental ill health used 3.9 times the emergency inpatient care as those without.
- People with poor mental health have less access to planned physical care and less access to cancer screening and early intervention than the general population.
Primary care mental health: Vanguards progressing towards integrated care

- **Psychosis**: Enhanced psychosis outreach services +3rd sector
- **MUS**: Collaborative care for MUS medically unexplained symptoms e.g. Tavvy/Hackney
- **LTCs**: Integrated physical & mental treatment in groups for LTCs
- **Common**: Direct access psychological therapies for depression & anxiety
- **CYP**: Intermountain primary care CYP model
- **Perinatal**: Integrated perinatal community teams in reaching to acute clinics & PC
- **Eating Disorders**: Community teams
- **Registration**: e Chat from New Zealand
- **Prevention**: Pan city on line digital platforms
Specialist Care in WMCA

Six of 8 WMCA CCGs have rates of people in contact with specialist mental health services significantly above the England average, rates in Dudley and Walsall are significantly lower.

No WMCA CCGs have proportions of patients that are inpatients significantly above England, rates for Dudley and Solihull are less than 2%.

Four of 8 WMCA CCGs, including all Birmingham CCGs, have rates of patients on a Care Program Approach significantly above the England average.

Five of 8 WMCA CCGs have proportions of patients with crisis plans significantly above the England average, Coventry and Dudley proportions are significantly lower.

60% of all specialist mental health care is for people with psychosis who are those who are most likely to be admitted, detained under the mental health act, escalate to forensic and highly specialised services.
Most mental health activity takes place in the community

- Inpatient median = 11%
- Community median = 89%

65% of Adult Acute beds are occupied by people with a psychosis
Benchmarking comparisons

Use of the Mental Health Act is high in WMCA

- Overall admissions under the Mental Health Act increased by 10% last year to 33% of all admissions
- Adult acute admissions shown by Trust

### Adult Acute - Mental Health Act Admission Rates 2014/15

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<tr>
<td>Q39</td>
<td>South West SHA</td>
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</table>
National picture on Adult Acute conclusions

- Fewer beds
- Acuity increased
- Psychosis cohort
- Occupancy up
- DTOC pressure
- Readmissions
Outcomes for people with complex needs: mortality, A/E attendance &

- People with severe mental illness, on average, die earlier than the general population. There is a 10-25 year life expectancy reduction in patients with severe mental illness (WHO). Excess mortality among people in contact with mental health services in Birmingham and Wolverhampton is among the highest 20% in England.

- Self-harm is a key risk factor for suicide (Hawton et al, 2015). 4/7 LA areas in the WMCA report significantly higher rates of hospital admissions for self harm than the England average. The rates in WMCA are highest among young women from some cultural communities (Fatumo Abdi, 2016)

- 5 of 8 WMCA CCGs have rates of attendance at A&E for a psychiatric disorder significantly below England. Birmingham South & Central, Coventry & Rugby and Walsall have rates significantly above England.

- 5 of 8 WMCA CCGs have rates of use of the Mental Health Act significantly above England; rates are highest in Birmingham and Wolverhampton.
The Care Programme Approach (CPA) is the system where, for people with the most complex needs, a lead professional coordinates the needs assessment, care plans and biopsychosocial inputs from all agencies.

Employment is good for both physical and mental health and wellbeing (Waddell et al, 2006). In the WMCA, 5/7 LAs have a significantly lower proportion of CPA adults in employment than the England average. Individual Placement Support (Centre for MH, 2014) is one of the most evidence-based effective interventions to secure employment.

Maintaining stable and appropriate accommodation and providing social care in this environment promotes personalisation and quality of life, prevents the need to readmit people into hospital or more costly residential care and ensures a positive experience of social care. Addressing the housing needs of adults with mental health problems should improve their safety and reduce their risk of social exclusion (PHE, 2016). 3/7 LA areas in the WMCA have significantly higher proportions of CPA adults in settled accommodation than the England average and the majority of individuals in contact with social care services report feeling safe and secure.

### CPA adults in employment: % of people aged 18-69 on CPA in employment

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<tbody>
<tr>
<td>Birmingham</td>
<td>215</td>
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<tr>
<td>Coventry</td>
<td>140</td>
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<tr>
<td>Dudley</td>
<td>75</td>
<td>3.6</td>
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<tr>
<td>Sandwell</td>
<td>55</td>
<td>5.4</td>
</tr>
<tr>
<td>Solihull</td>
<td>65</td>
<td>10.0</td>
</tr>
<tr>
<td>Walsall</td>
<td>90</td>
<td>5.5</td>
</tr>
<tr>
<td>Wolverhampton</td>
<td>65</td>
<td>6.5</td>
</tr>
<tr>
<td>England</td>
<td></td>
<td>8.8</td>
</tr>
</tbody>
</table>

### CPA adults in settled accommodation: % of people aged 18-69 on CPA in settled accommodation

<table>
<thead>
<tr>
<th>Area</th>
<th>Count</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birmingham</td>
<td>1,950</td>
<td>32.2</td>
</tr>
<tr>
<td>Coventry</td>
<td>1,040</td>
<td>71.1</td>
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<tr>
<td>Dudley</td>
<td>600</td>
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<tr>
<td>Sandwell</td>
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<td>60.5</td>
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<tr>
<td>Solihull</td>
<td>415</td>
<td>66.3</td>
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<tr>
<td>Walsall</td>
<td>700</td>
<td>41.4</td>
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<tr>
<td>Wolverhampton</td>
<td>785</td>
<td>79.1</td>
</tr>
<tr>
<td>England</td>
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<td>58.5</td>
</tr>
</tbody>
</table>

### Proportion of people who use services who say that those services have made them feel safe and secure

<table>
<thead>
<tr>
<th>Area</th>
<th>Count</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Birmingham</td>
<td>10,265</td>
<td>91.1</td>
</tr>
<tr>
<td>Coventry</td>
<td>3,500</td>
<td>78.7</td>
</tr>
<tr>
<td>Dudley</td>
<td>3,595</td>
<td>90.3</td>
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<tr>
<td>Sandwell</td>
<td>3,120</td>
<td>87.0</td>
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<tr>
<td>Solihull</td>
<td>2,645</td>
<td>75.6</td>
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<tr>
<td>Walsall</td>
<td>2,380</td>
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<tr>
<td>Wolverhampton</td>
<td>2,635</td>
<td>82.5</td>
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<tr>
<td>England</td>
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<td>79.1</td>
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Compared to England: Better, Similar, Worse
Six of 7 WMCA LAs have significantly low rates of social care clients receiving support for MH, the Coventry rate is above England and double that of any other WMCA LA.

Birmingham and Coventry have rates of new clients assessments for mental health above England, numbers of assessments made in other WMCA areas are significantly lower than the England average, with Dudley reporting the lowest.

Two of 7 WMCA LAs show rates of satisfaction with social care below the England average, however all rates fall between 62.4% and 64.9%.

The proportion of people receiving direct payments in WMCA are significantly lower than the England average in Coventry and Birmingham and significantly above the England average in Dudley and Sandwell.
Five of 7 WMCA LAs have rates of carer assessments for people caring for a person with a mental illness significantly below the England average. Sandwell and Walsall report significantly higher rates.

Three of 7 WMCA LAs have rates of carers of a person with a mental illness receiving services significantly above England, in Sandwell and Walsall the rate is 100%, in Solihull and Coventry the rate is less than 10%.

Between 1.03% and 1.37% of children provide unpaid care across the WMCA LAs, rates in Coventry and Sandwell are significantly above the England average.

Five of 7 WMCA LAs have rates of young people providing unpaid care significantly above the England average. The rate in Coventry is below 5%.
Common Mental Health Disorders
RightCare focus packs show West Midland CCGs have better access to IAPT (relative to prevalence) compared to similar CCGs

RAG rated Green because higher number of people are being referred/treated. If the value was lower than the best (highest) five CCGs this would be shown as red and an opportunity to improve in terms of extra patients entering IAPT would be shown.
But large variation in % IAPT patients with reliable improvement:
Wolverhampton = 75% and Birmingham S&C = 51%

Although Sandwell and West Birmingham are about average, an extra 220 patients would achieve reliable improvement if they moved to the average of the best five similar CCGs.

IAPT: % achieving ‘reliable improvement’ (%)

Definition: IAPT reliable improvement: % of people (per quarter) who have finished IAPT treatment who achieved “reliable improvement”
Source: Improving Access to Psychological Therapies Dataset Reports, HSCIC. Fingertips, PHE
Year: 2014/15 Q3
The online tool allows any CCGs to be compared
(note this is from the old tool so data from 14/15 – updated tool will be available in 2-3 weeks)

IAPT patients with reliable improvement – all CCGs in West Midlands STP
Severe Mental Illness
Sandwell and West Birmingham have second lowest % of people receiving physical health checks compared to similar CCGs

An extra 286 patients would receive all checks if they moved to the average of the best five similar CCGs.
Sandwell & West Birmingham and Birmingham Cross City have much lower rates of physical health checks than rest of STP.

Although Dudley have higher rates than the national average they still would see 100 more patients receiving checks if they can improve to the level of their best five similar CCGs.
Sandwell and West Birmingham have lowest % of people with a comprehensive care plan compared to similar CCGs

[Graph showing comparison of percentage of people with SMI with comprehensive care plan across different areas, with Sandwell and West Birmingham having the lowest percentage at 76.4% compared to the England average of 77.2% and the Best 5 at 82.3%].

Definition: Patients with SMI who have comprehensive care plan: % with plan
Source: QOF, HSCIC. Fingertips, PHE
Year: 2014/15
Data for service users with crisis plans shows large variation.
4.2% of adults on CPA are in employment in Sandwell and West Birmingham compared to 6.3% in Birmingham Crosscity.
72.7% of adults on CPA are in settled accommodation in Sandwell and West Birmingham compared to 79% in Wolverhampton and 69% in Birmingham Crosscity.
West Midlands Liaison Mental health services

Service Gradings for hospitals with an ED within the West Midlands

- SubCore: 14
- Core: 0
- Core 24: 1
- Enhanced 24 / Comprehensive: 0
West Midlands Liaison mental health

Staffing Levels for the West Midlands (May 2015) and numbers required to meet Core24

<table>
<thead>
<tr>
<th></th>
<th>Full Time Equivalent (FTE) staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>Needed for Core 24</td>
</tr>
<tr>
<td>11.7</td>
<td>33.0</td>
</tr>
<tr>
<td>100.7</td>
<td>214.3</td>
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<tr>
<td>14.8</td>
<td>33.0</td>
</tr>
</tbody>
</table>

Consultants | Nurses | Admins
What type of beds do we have?

- Adult Acute (35%)
- Older Adult (22%)
- Medium Secure (10%)
- Longer Term Complex / Continuing Care (8%)
- Low Secure (7%)
- High Dependency Rehab (6%)
- PICU (4%)
- High Secure (3.5%)
- Mother and Baby (0.5%)
- Eating Disorders (1%)
- Other beds (3%)
Planning for the Future
NEXT STEPS
TIME FOR LUNCH