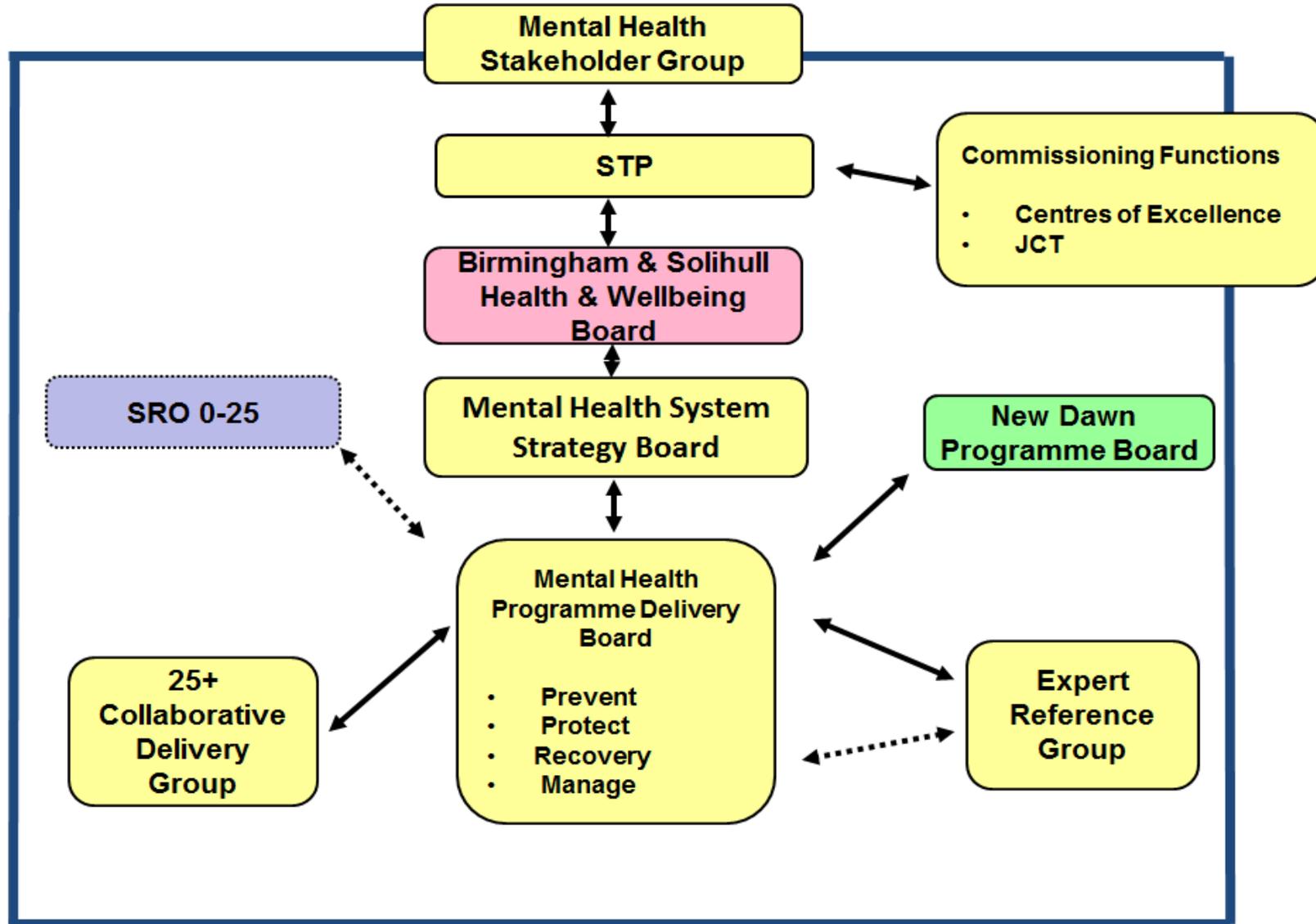


# Supporting information Mental Health STP programme

October 2016

New

## Adult Model of Mental Health Care for Birmingham & Solihull



# Timescales

A programme of work that spans 5 years and is linked to the delivery of national policy outlined in the Five Year Forward View

Key milestones across the next 2 years:

## In 6 months we will:

- Complete mapping exercise of alignment of MH projects/pilots to transformation outcomes
- Review of governance arrangements to support MH programme
- Conduct a review of workforce capacity and capability
- Scope evidence base for MH patients in paid employment
- Develop baselines for Birmingham and Solihull the proportion of CYP with MH conditions accessing NHS funded community mental health services
- Put in place a plan for collaborative Tier 3/4 CAMHS commissioning

## In 9 months we will:

- Completion of independent capacity modelling exercise
- Confirm strategic direction for MH prevention and wellbeing offer and priorities for Years 2-5

## In 12 months we will:

- Agree target operating model based upon insights from capacity modelling exercise
- Submit application for any targeted funding for IPS/forensics
- Approve standardised approach to admissions across 4 MH acute adopting the shared bed management function
- Complete redesign of recovery and employment service model

## In Year 2 we will:

- Negotiation with providers on future operating model complete based upon capacity modelling exercise
- Procurement for respite provision/crisis housing complete
- Review and refresh of crisis care concordat complete

# What are the main outcomes?

We all want to provide better help for people who are suffering from, or who are at severe risk of, mental health problems. The overarching objective is ensure that mental health is considered as important as physical health.

- We all want to provide better help for people who are suffering from, or who are at severe risk of, mental health problems.” The overarching objective is ensure that mental health is considered as important as physical health. This will be delivered through the following objectives:
- **Prevent**– preventing mental health problems and getting help earlier, for people starting to suffer poor mental wellbeing
- **Protect**– protecting, those who are most vulnerable from the adverse effects of mental health problems including management of the relationship between mental and physical health and ensuring parity of esteem
- **Manage**– preventing mental health crises and managing them better when they do
- **Recover**– helping people with mental health problems to recover back into everyday life

## “Big ticket items”

Outcome	Potential metric	Time-frame
OAT and least restrictive environment (18yrs+) Out of area placements will be eliminated for acute mental health care	Number of acute MH Out of Area Treatments (OATs -outside 30m radius) Baseline: ~12 OAT beds/month in Birmingham, ~2 OAT beds/month in Solihull; Target: 0	2018/19
Care within least restrictive environment (<18yrs) Reduction in tier 4 admissions for mental health	Number of tier 4 admissions for mental health Baseline and target to be developed in next 6 months following further discussion with health and social care commissioners	2020/21
Recovery- (18 +) Increase in proportion patients with MH conditions in paid employment	% patients with MH conditions (on CPA) in paid employment Baseline: 4.9% (Birmingham), 9.7% (Solihull) Target: 8.9% (min Birmingham), 9.9% (min Solihull)	2020/21
Increase access (<18) In number of CYP with a diagnosed mental health condition receiving treatment from an NHS funded community Mental Health service.	% receiving treatment (baseline to be developed in 16/17 as per Mental Health Five Year Forward View) Target: % increase from baseline to at least 35%	2020/21

# What is the evidence that what you are proposing is what is needed?

## Evidence base

The overall number of people with mental health problems has not changed significantly in recent years, but worries about things like money, jobs and benefits can make it harder for people to cope.

### **Mental health problems are common**

- At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time.
- Almost half of all adults will experience at least one episode of depression during their lifetime.
- About half of the people with common mental health problems are no longer affected after 18 months but poorer people, the long term sick and unemployed people are far more likely to still be affected than the general population.
- Depression affects one in 5 older people living in the community and two in five living in care homes.

### **Mental ill-health can have a devastating impact**

- People with severe mental illness die on average 15-20 years earlier than the general population.
- Schizophrenia accounts for approximately 30% of the expenditure on adult mental health and social care services.
- Only one in ten prisoners has no mental disorder.
- Suicide remains the most common cause of death in men aged under 35.
- The UK has one of the highest rates of self harm in Europe at 400 per 100,000 population.

### **Mental ill-health can have a devastating impact**

- People with severe mental illness die on average 15-20 years earlier than the general population.
- Schizophrenia accounts for approximately 30% of the expenditure on adult mental health and social care services.
- Only one in ten prisoners has no mental disorder.
- Suicide remains the most common cause of death in men aged under 35.
- The UK has one of the highest rates of self harm in Europe at 400 per 100,000 population.
- Half of all MH problems have been established by the age of 14
- 1 in 10 children between 5-16 have a diagnosable problem such as a conduct disorder (6%), anxiety (3%), ADHD (2%) or depression (2%)
- One in 5 mothers suffer from anxiety , depression or in some cases psychosis during pregnancy or in the first year after childbirth
- For people in secondary care, there is a 65% employment gap compared with general public
- Common mental health problems are over twice as high amongst people who are homeless compared with the general population, with psychosis up to 15x as high
- 1 in 5 older people living in the community and 40% of older people in care homes are affected by depression.

### **Burden of mental ill health**

- Nationally the NHS spends around 11% of its budget on mental health = £34 billion a year.
- Mental ill health represents up to 23% of ill health in the UK and is the largest single cause of disability.
- Costs of perinatal mental ill health are estimated at £8.1billion for each annual birth cohort or £ 10,000 a birth
- Long term Physical illness suffer more complications when they develop mental health problems increasing cost of care by 45%
- Type 2 Diabetes incurs an additional £1.8 billion of costs where there are associated poor mental health, yet fewer than 15% receive psychological input

Source - The Five Year Forward View for Mental Health, report from the Independent Mental Health taskforce to NHS England , February 2016