



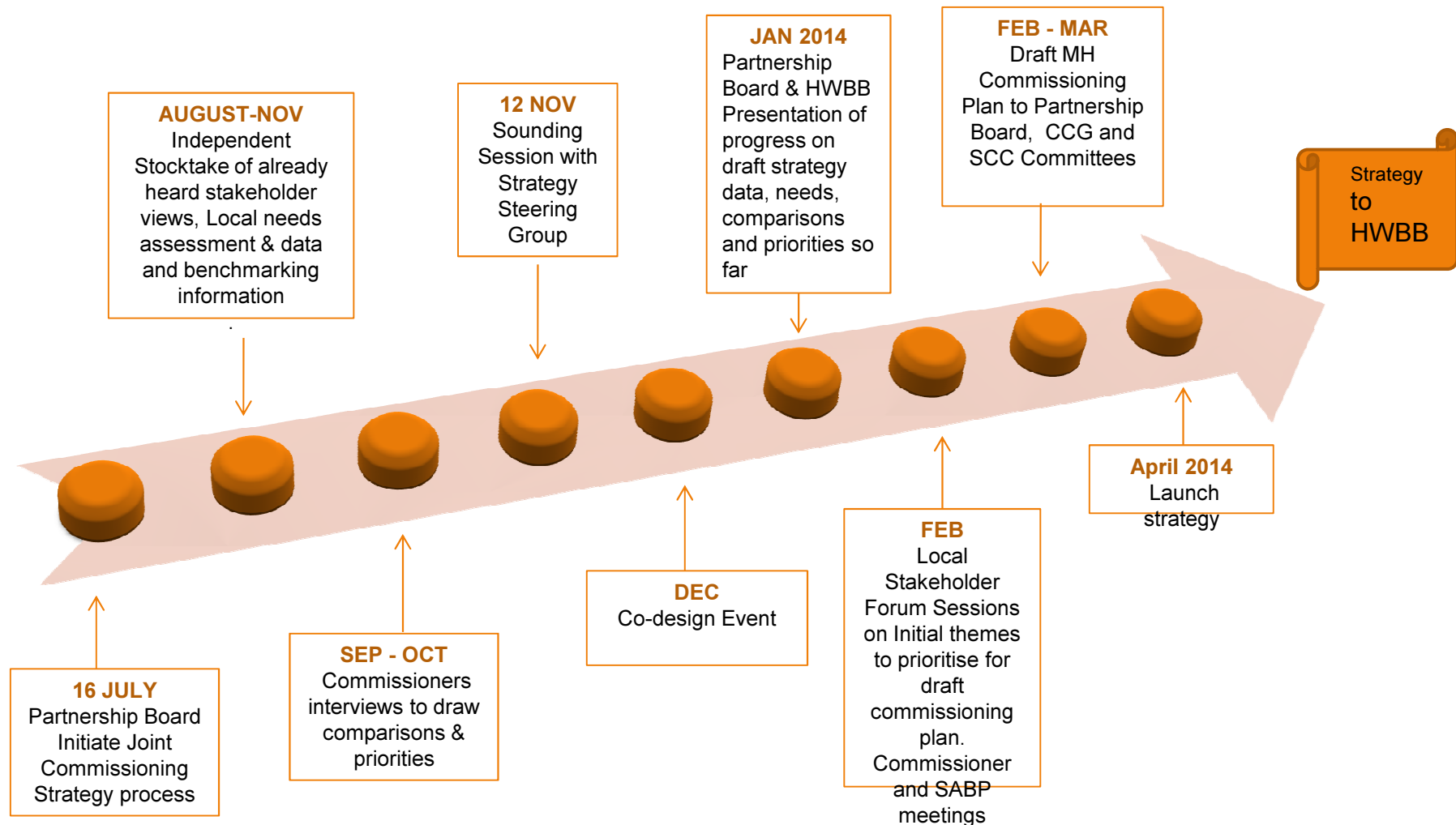
What do we need a strategy for?

- 1.2 million people in Surrey (1 in 4)
- Increasing burden (costs doubling in next 18 years)
- Finite & Reducing resource efficiency) (4% x 5years = 20%)
- Inequalities (Mortality 3x higher)
- Mental Health should have equal importance to physical health (parity of esteem)
- Priorities & What will help us get there
- Accountability
- Transparency on Method and measures of implementation & success

What will the strategy include?

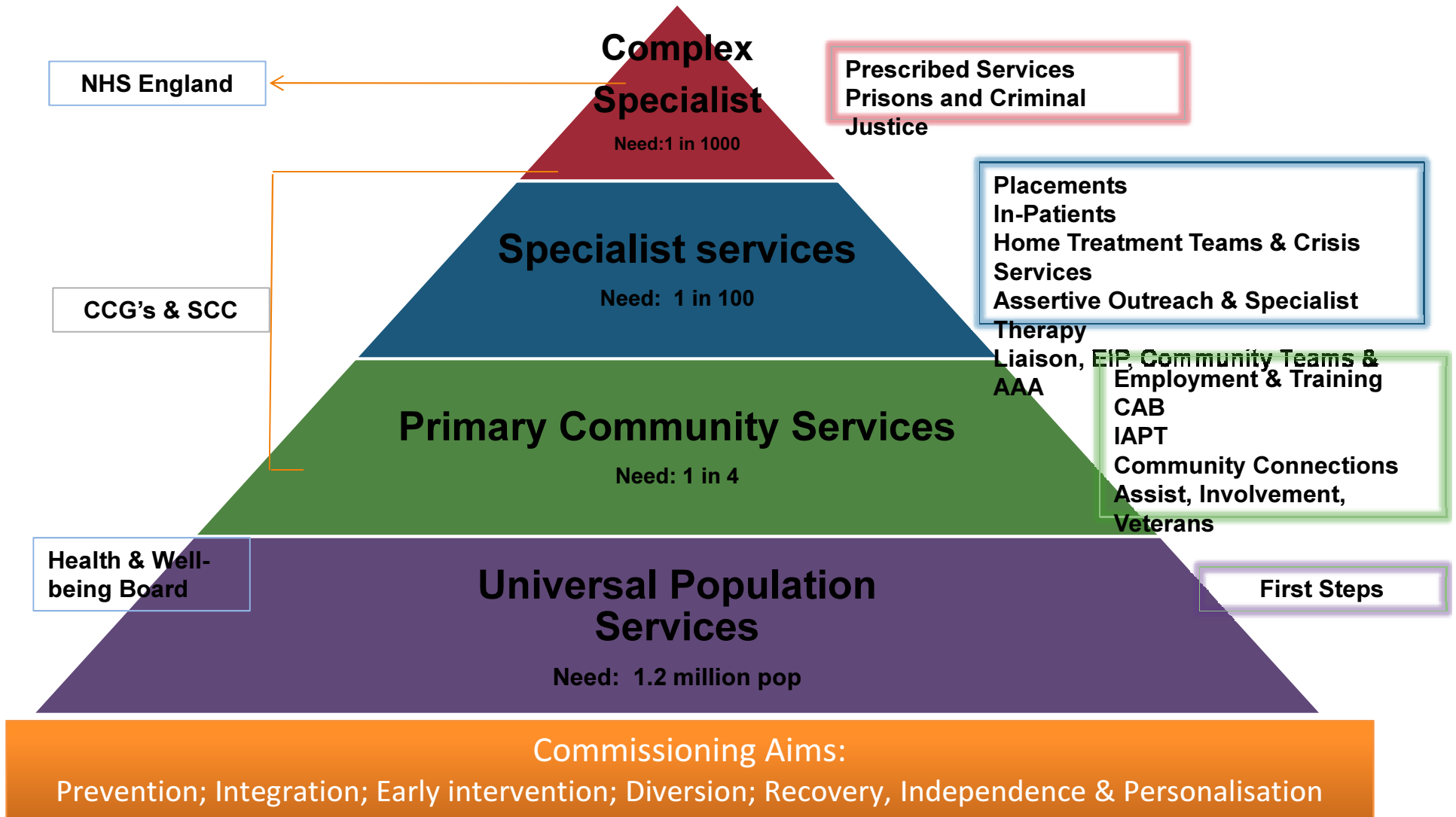
- Introduction setting out the Commissioning principles and position for next 5 years covering:
 - Growth and Need
 - Evidence Base
 - Critical Outcomes
 - Resource & Shift of Spend
 - Reference to other strategies interdependent with Adult Mental Health and Emotional Wellbeing (ie childrens, substance misuse)
- Theme Chapters (Promotion and Prevention will be the first theme chapter followed by the stakeholders prioritised themes)
- Agency Commitments
- Performance and Implementation Framework of Strategy & Commitments

How are we developing the strategy - Timeline of Key Events



What is Currently Commissioned

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NHS Spend Analysis on Adult MH

	2010/2011	2011/2012	2012/2013	2013/2014	Spend Trend
Specialist Tertiary prescribed & non-prescribed	£18,755,576	£17,820,465	£18,985,778	£4,496,261	
Specialist and Secondary Services	£57,236,616	£55,185,935	£55,555,472	£53,960,063	
Primary & Community Services	£2,029,123	£5,664,624	£5,812,602	£9,271,062	
Mental Health Promotion	£320,000	£398,658	£398,658	Not known	
TOTAL	£78,341,315	£79,069,682	£80,752,510	£67,727,386	
TOTAL minus Specialist tertiary spend	£59,585,739	£61,249,217	£61,766,732	£63,231,125	

What Do the Stats Tell Us



Health warning on data - benchmarking data is dated and has variation

- We have a significantly lower level of need compared with the national average on severe mental illness and relatively low on common mental illness
- £ per head under/over national average!
- Trends and patterns in use of in-patient beds inconsistent between various data sources
- Access to all secondary care MH services is lower than comparator groups
- Access to inpatient services is above average
- Reported contacts for CMHT above the comparator group
- Access to IAPT services was below average, outcomes were average
- Outcome measures for proportion of people on CPA in employment or settled housing lower than comparator groups

What are Our Stakeholders Telling Us they Want for the Future



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- More joint working
- Priorities to focus on
- Better ways of working
- More inclusivity & respect
- Clarity of services and Ease of access
- Increased quality of care
- Continuity
- Increased personal courage and resilience
- Enablement
- Early recognition
- Employment
- Higher priority for mental health issues, currently do not get parity of esteem



Themes that have come out from our Stakeholders – so far.....

- Employment
- Accommodation
- Stigma & reduction in inequalities
- Prevention & Promotion
- Involvement and engagement people who use services and carers
- Acute 24/7 care
- Crisis Care
- Improving information on services available to make better use of what we have
- Building Community resilience and enhanced social support
- More integration physical health & mental health
- Support for carers
- Personalisation
- Recovery focus services
- Working together as whole system of care – removing structural problems in pathway have single point of access, flexibility in thresholds, improved responsiveness, phone advice
- Safeguarding
- Early intervention
- Gaps:
 - Between IAPT and Secondary care
 - peri-natal MH
 - Personality disorder
 - Autism & MH
 - Response to self defined crisis
- Better consistent data
- Ageless services
- More use of technological advances
- Expansion of voluntary sector use
- Substance misuse linkage, particularly alcohol

Lots of issues - so we need to prioritise. Things to consider when prioritising are:



What does the evidence tell us we should concentrate on.

- Give greater focus on whole population mental health promotion and prevention
- Early diagnosis and intervention
- Address social causes and consequences of mental health problems
- Improve the quality and efficiency of current services, both physical and mental health with increased integration
- Closing the Gap document published give further examples of good practice

Dashboard to measure our success will look like this.....

<p>Better physical health</p>	<ul style="list-style-type: none"> • People with severe mental illness receive list of physical checks (NHS OF, . COF & PHOF)
<p>More people have better mental health</p>	<ul style="list-style-type: none"> • Self-reported wellbeing (PHOF) • Rate of access to NHS mental health services by 100,000 pop (MHMDS)6 • Number & Ethnicity of detained patients (MHMDS) • IAPT: Access rate (IAPT Programme) • Access to community mental health and psychological therapy services by people from BME groups (NHS OF & COF)
<p>More people will recover</p>	<ul style="list-style-type: none"> • Employment of people with mental illness (NHS PHOF) • People with mental illness or disability in settled accommodation (PHOF) • IAPT Recovery Rate (IAPT Programme) • Proportion of people who use services with control over their daily life . (ASCOF)

Contd.....

Positive experience of care and support	<ul style="list-style-type: none">• Patient experience of community mental health services (NHS OF)• Overall satisfaction of people with their care and support (ASCOF)• Proportion of people who say services made them feel safe & secure (ASCOF)• Proportion of people feeling supported to manage their condition (NHS OF)
Fewer people suffer avoidable harm	<ul style="list-style-type: none">• Safety incidents reported. (NHS OF)• Safety incidents involving severe harm or death (NHS OF)• Hospital admissions as a result of self harm (PHOF)• Suicide (PHOF)• Absence without leave of detained patients (MHMDS)
Fewer people experience stigma and discrimination	<ul style="list-style-type: none">• National Attitudes to Mental Health survey (Time to Change)• Press cuttings and broadcast media analysis of stigma (Time to Change)• National Viewpoint Survey – discrimination experienced by people with .• MH problems (Time to Change)

Agency current performance is being baselined to then set commitments for the 5 year strategy

No health without mental health (DH, Feb 2011) Implementation Framework (DH, July 2012)			
The Vision			
More people will have good mental health			
More people with mental health problems will recover			
More people with mental health problems will have good physical health			
More people will have a positive experience of care and support			
Fewer people will suffer avoidable harm			
Fewer people will experience stigma and discrimination			
Going Further - Translating vision into reality			
		Rating ourselves 2013/14 RAG	
Priorities	Mental health has parity of esteem with physical health within the health and care system	Local planning and equality settings reflects MH across full range of services and agencies	Amber
		Collaborative programme of action to achieve ambition of mental health being on a par	Red
		Integrate MH from the start and take into account how physical & MH are interconnected	Red
	People with mental health problems, their families and carers, are involved in all aspects of service design and delivery	Mental Health & Wellbeing is integral to the work of CCG's, HWBB's and other new local org's	Amber
		Full involvement in planning, priority setting, commissioning, design & delivery	Amber
		Choice and control over treatment and care options	Red
	Public services improve equality and tackle inequality	Services actively promote equality and consider the needs of most vulnerable groups	Red
		Services are accessible, acceptable and culturally appropriate	Red
		Public and NHS Bodies reduce inequalities and meet their Act obligations and duties	Unknown
	More people have access to evidence-based treatments	Increase access to psychological therapies, CYP, Older people, BME, LTC, SMI and MUS	Amber
		Providers monitor outcomes, and adjust and improve services accordingly	Red
		Research into mental health is promoted, and academic career pathways are strengthened	Unknown
	Public Health system includes mental health from day one	Public Health Outcomes Framework includes Mental Health Measures	Amber
		Local public health deliver clear plans for Mental Health	Amber
		Universal health services and campaigns include Mental Health & Wellbeing	Green
		All organisations recognise value of promoting good Mental Health	Amber
	Public Services intervene early	Children and parents receive evidence-based Mental Health promotion from birth	Amber
		Schools/colleges promote good MH for all alongside targeted support for those at risk of MH	Amber
		Services recognise people at risk of MH and take appropriate timely action & innovative services	Amber
		Health service intervene in early stages of psychosis	Green
		Health service intervene in early stages of crisis	Red
	Public services work together around people's needs and aspirations	People receive faster, high-quality care when they are in crisis	Red
		Health and care services focus on recovery, rehabilitation and personalisation	Amber
		All services underpinned by humanity, dignity and respect	Amber
	Health services tackle smoking, obesity and co-morbidity for people with MH	Public services recognise & address the wider determinants of MH&W, including differences	Red
		Local public health campaigns target people with MH problems	Red
		Services address people who use mental health services physical health problems	Amber
	People with MH problems have better experience of employment	Mental Health is mainstreamed into core public health priorities	Amber
Services tackle co-morbidity of physical/MH and support dual diagnosis of MH/substance misuse		Amber	
Employers promote mentally healthy workplaces and tackle causes of mental ill health at work		Red	
Tackle stigma and discrimination faced by people with mental health problems	Employment support organisations use effective approaches to help people find and keep work	Green	
	Services work together to support people maintain or return to employment	Amber	
	Frontline workers across full range services trained to understand MH & principles of recovery	Amber	
	More individuals and organisations join the Time to Change campaign	Amber	
	All organisations challenge poor reporting, and praise good reporting of MH issues in media	Amber	