

FUTURE OF MENTAL HEALTH IN THE SOUTH WEST

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MENTAL HEALTH TASKFORCE

- Reporting 9 November 2015
- Chair – Paul Farmer – CEO Mind
 - Set direction
 - Prevention
 - Access
 - Quality
 - Integration
 - Tackling Inequalities
 - Transparency

KINGS FUND BRIEFING

November 2013

- Sector under “high pressure”
- Parity of esteem a long way off
- Funding cut
- Poor Quality care – 14% said received good care in crisis
- Bed occupancy up; OAT up
- Reconfiguration of services away from evidence base
 - Insufficient skilled staff

WHAT SHOULD BE DELIVERED?

1. Timely access to reliable information to guide patients and assist self-care.
2. Safe medicines and support.
3. Access to psychological therapies.
4. Better physical care to reduce premature mortality.
5. Employment support.
6. Recovery interventions.
7. Rapid response in a crisis.

G Strathdee

National Clinical Director, Mental Health

OUTCOMES

1. Current data poorly used.
2. Agreement being sought on:
 - Clinician rated outcome
 - Patient rated outcome
 - Patient experience
 - Physical health
 - Risk

DH taskforce

RCPsych publishing advice, Spring 2016

BEDS

- Bed numbers down: 150,000 (1955)
22,300 (2012)
40% reduction since 1998
- Increased OAT 1,300 (2011/12)
3,024 (2012/13)
- Quality variable
- Royal College Independent Commission
 - Interim Report July 2014
 - Final Report January 2015

INTEGRATION

- Parity of Esteem
- 68% adults mental health disorder have physical LTC
- 29% physical LTC have mental health disorder
- RAID (Rapid Assessment Interface and Discharge) model, Birmingham £4 saving for £1 spend
 - Frail elderly
 - Reduced LOS, reduced readmission

CRISIS CARE

- Crisis Concordat – Feb 2012
 - Access to support before Crisis
 - Urgent and Emergency access to Crisis Care
 - Quality of Crisis Care
 - Recovery and staying well

SPECIALIST AREAS

- CAMHS: National recognition of problem
CAMHS transformation bids
Split commissioning
- Perinatal: Patchy service in South West
Recent high profile suicide
Not meeting national standards
- Dementia: Diagnosis rates up

COMMISSIONING

1. Block contracts
2. Slow progress – little agreement clustering
3. Outcome based contracting pilots

WHAT IS NEEDED

1. Service design to ensure access to the effective interventions
2. Outcomes to be routinely collated and used
3. Investment in proven models, e.g. RAID
4. Acute Care Pathway that meets demand
5. Patient Experience to improve:
 - Primary Care
 - Crisis
 - Admission