Options Appraisal for Mental Health Services

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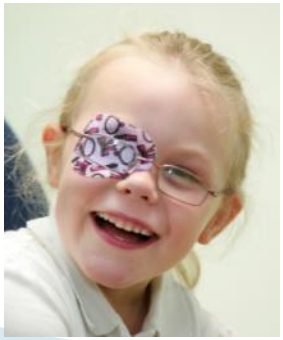
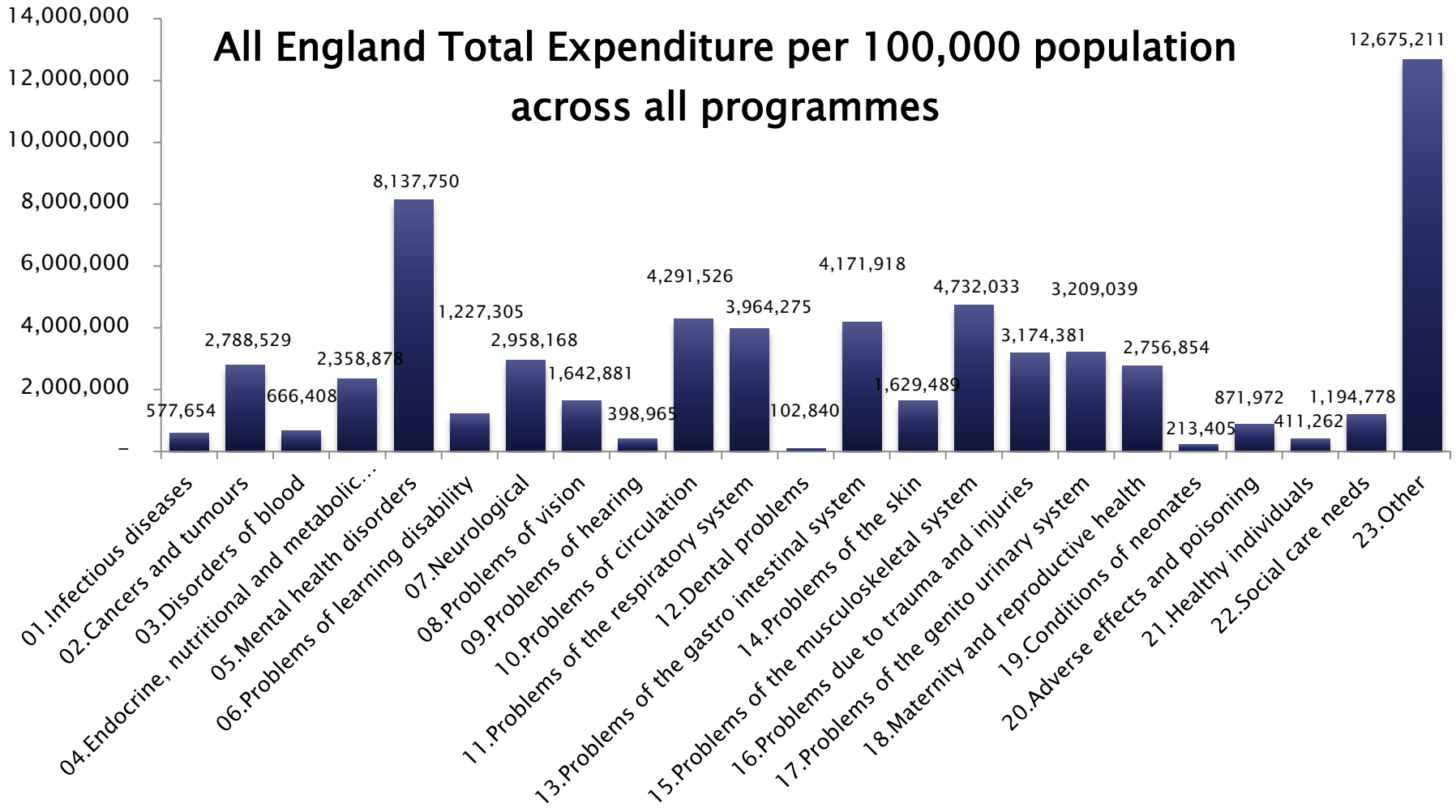


NHS England November 2015


All England Total Expenditure per 100,000 population across all programmes
14,000,000
12,000,000
10,000,000
8,000,000
6,000,000
4,000,000
2,000,000
–
577,654
2,788,529
666,408
2,358,878
8,137,750
1,227,305
2,958,168
1,642,881
398,965
4,291,526
3,964,275
102,840
4,171,918
1,629,489
4,732,033
3,174,381
3,209,039
2,756,854
213,405
871,972
411,262
1,194,778
12,675,211
01.Infectious diseases
02.Cancers and tumours
03.Disorders of blood
04.Endocrine, nutritional and metabolic…
05.Mental health disorders
06.Problems of learning disability
07.Neurological
08.Problems of vision
09.Problems of hearing
10.Problems of circulation
11.Problems of the respiratory system
12.Dental problems
13.Problems of the gastro intestinal system
14.Problems of the skin
15.Problems of the musculoskeletal system
16.Problems due to trauma and injuries
17.Problems of the genito urinary system
18.Maternity and reproductive health
19.Conditions of neonates
20.Adverse effects and poisoning
21.Healthy individuals
22.Social care needs
23.Other

Mental health disorders

No data available from Wiltshire CCG

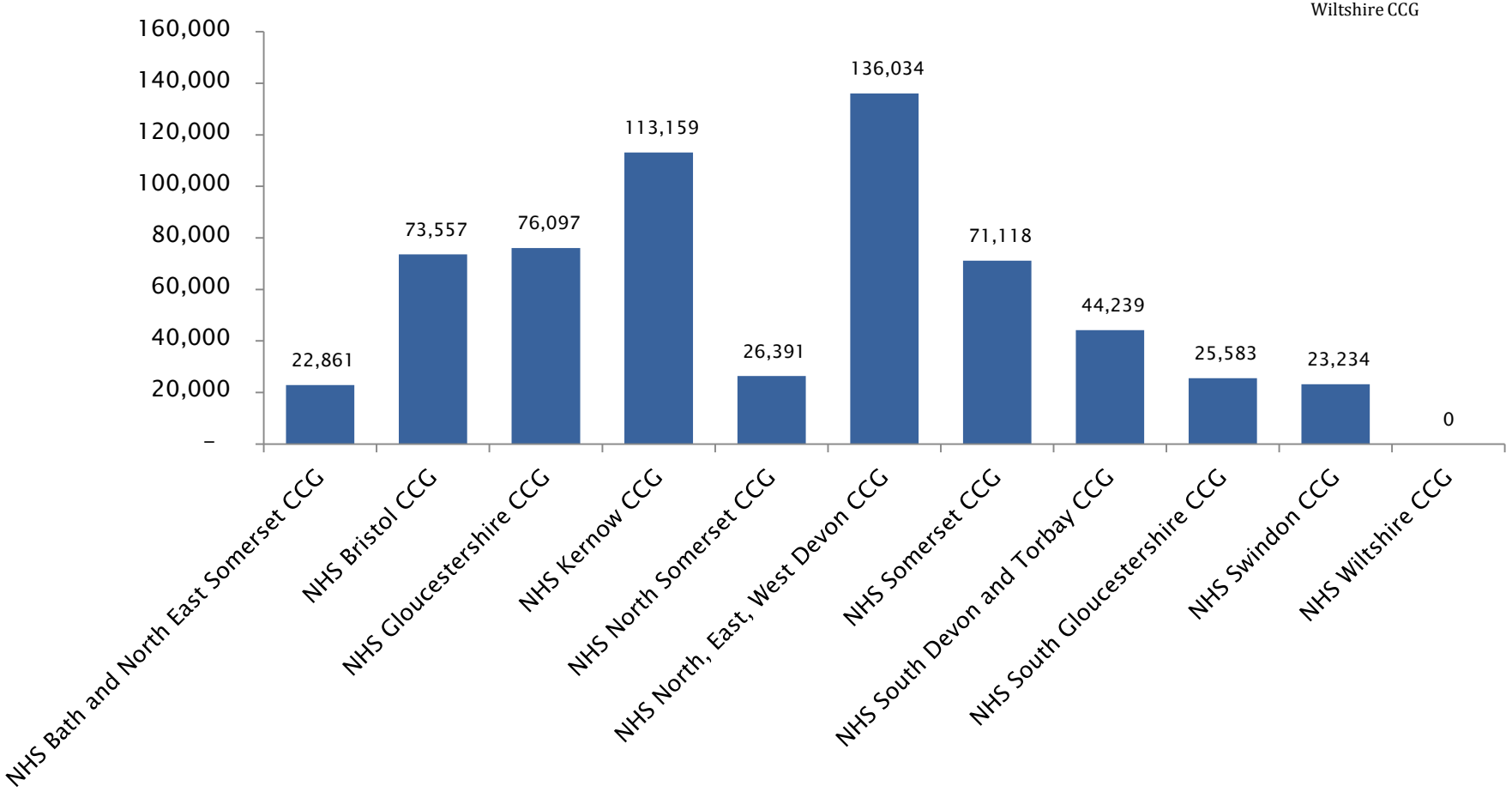
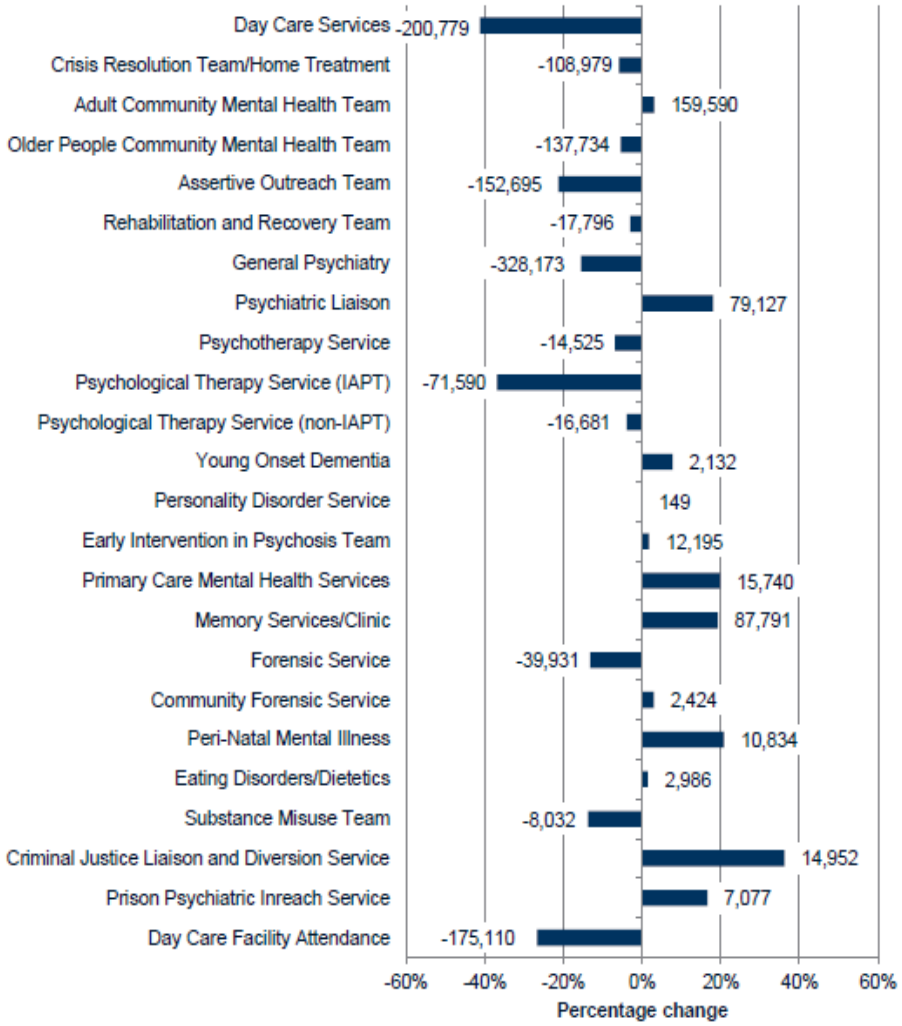


Figure 7.1: Change in the number of recorded contacts by team and year, 2013/14 – 2014/15



Data source: Table 7.1 of the national reference data, 2014/15 and table 7.1 of the national reference data, 2013/14

NHS England

1,835,996 people were in contact with mental health and learning disability services at some point in the year. This means that 3,617 people per 100,000 of the population in England accessed mental health and learning disability services (approximately one person in 28)

5.7 per cent (103,840) of people in contact with mental health and learning disability services spent time in hospital during 2014/15. This is a decrease compared to 2013/14, when 6.0 per cent (105,270) of people in contact with mental health services spent time in hospital and is a continuation of the trend seen in earlier years

13.6% of the NHS budget is spent on mental health, the largest proportion of the 23 programme budget codes

"IAPT – The Three Year Report" – November 2012 outlined the ambition that in the South West SHA area, of 613,546 patients (prevalence conducive to IAPT) by March 2015:

- **90,312 should have entered IAPT services**
- **60,208 should have completed treatment by March 2015**
- **30,104 should be in recovery by March 2015**
- **2509 should have moved off sick pay and benefits by March 2015**

Senate Question:
As seen through the experience of service users and their family/carers is the current provision of mental health services and their configuration appropriate?
How and where should services best be accessed for early help, ongoing support and in crises and what changes would the senate therefore recommend?

Option 1: Do nothing – Retain the current shape and size of services, including NHS and private mental health beds and mental health teams.

Option 2: Integrate and co-locate mental health teams in redesigned primary care – As the model for primary care changes with vertical integration and horizontal integration being promoted via the vanguards, seize the opportunity to design in mental health provision for the majority of service users including those with co-morbid physical problems. Alongside primary provision, integrate urgent care provision into the urgent care system – liaison and crisis services alongside other urgent providers within the Integrated Clinical Advice Hub (promoted by the Urgent and Emergency Care Review). Mental health liaison co-located within acute hospitals to serve EDs and wards.

Option 3: Integrate secondary specialist mental health services with other specialist provision
Question – How should low to medium secure provision be managed and how is mental health support to be provided in prisons?
Should beds be co-located with physical health acute services