

## Population health and mental health in England:

Our social movement for better health using

user voice, policy, leadership, information & partnerships to improve prevention, models of care, outcomes and value for public spend

Geraldine Strathee

# My values

- I grew up in a community with exclusion, lack of opportunity transgenerational lack of hope for the future: 5 generations no one went to university no one worked; early otherhood
- The mantra 'education is the way out of the poverty trap' alcohol is the way to stay in '....
- When I was 10 it blew.....the conflict ....let no one say that being in conflict does not shape you .....it does .....whether its ACE conflicts or environmental....it does
- I saw my father work for peace through his work to help develop poor farming communities and my mother as a social worker
- Their words were 'don't just talk for Ireland, don't just cry for Ireland, don't just sing for Ireland.....ACT for Ireland .
- Like so many of my generation the desire to bring peace, and opportunity is what we aim to do
- We don't have much patience .....people only get one life and one chance
- So whistle stop tour.....

# Mental health in England

1. Mental health In England: our revolution
2. The development of population information and intelligence & ROI
3. Partnerships shaping a hopeful future in our NHS 10 year plan

*Pay tribute to police forces in England for their leadership & support*

*Asking you to share good practice @DrG\_NHS*

## Mental health and the police interface

Interfaces
Data and intelligence
Prevention:
Early intervention
Crisis care
Complex high need high risk high impact groups partnerships from reduction in institutionalization
Improvement methods through partnerships
Training : conflict resolution

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## Insert slides from HMT re prevalence and from London mayor office re impacts

- Our revolution started in London in the run up to the Olympics
- There were homeless people on the streets,
- There were suicides on our tube system
- There were deaths in custody of young black men brought in on crisis sections
- There was a rise in detention under the MH act and police were always involved
- There began to be a concern that mental health was costing the city a lot
- So with a gifted economist prof martin knapp, a gifted economist on the public health dept and Lord Ara Darzi, a London Commission for health was set up, and we evaluated the cost to every agency of MH
- Of course what is showed was the cost of NOT investing in mental health

London realized that the cost of NOT investing in mental health care was much higher than if we had invested in it

## London Mental Health:

The invisible costs of  
mental ill health



### The Cost to London

The wider impacts result in around **£26 billion** each year in total economic and social costs to London.

The public sector spends **£7.5 billion** a year to combat it.

Another **£2 billion** is lost through lost taxes.

MAYOR OF LONDON

#### Reduced workforce productivity

£920 million in sickness absences

£1.89 billion in reduced productivity

£7.20 billion in increased worklessness

A total **£10.4 billion** is lost to London business and industry.

The London criminal justice system spends

£220 million / year on services related to mental ill health, property damage, loss of stolen goods

The lost output of victims cost London another £870 million each year.



# The costs of untreated mental illness was double the costs of care

- The wider impacts of mental ill health result in around £26 billion each year in total economic and social costs to London.
- The impacts of childhood psychiatric disorders cost London's education system approximately £200 million per year.
- In social care costs alone, London boroughs spend around
  - £550 million a year treating mental disorder, and another
  - £960 million is spent each year on benefits to support people with mental ill health.
  - These costs do not even tackle the problem.
  - Informal and unpaid carers are left to contribute £1.2 billion worth of support each year to people with mental disorders
- £920 million alone is lost annually to sickness absences in the city, and a further £1.9 billion is lost to reduced productivity. The costs extend more widely, though, to amount to a staggering sum total of £10.4 billion lost each year to London business and industry.
- The London criminal justice system spends approximately £220 million per year on services related to mental ill health, and other losses such as property damage, loss of stolen goods and the lost output of victims cost London another £870 million each year.



# London's change principles

- Develop leaders
- Develop information and intelligence
- Identify 'what good looks like' & ROI
- Mobilized networks of all stakeholders
- Communication, communication, communication

# So what did London do :

- We developed leaders :
  - Primary care & leadership : 32 CCG leaders & Darzi leaders
  - We developed pan city leadership network with a clear vision of WGLL for dementia ...asset based approach
- We developed population profiles for every area in our city
- Police cells :
  - Lord Victor Adebawale & Commander Christine Jones from 400 to zero
  - Commissioned an international review on how to reduce transport adverse events ( CAREIF)
  - Placed MH nurses in transport police hubs
  - Our 3<sup>rd</sup> sectors Samaritans helped in the 10 minute risk time to get ppl on tube to stop suicide
  - We mapped the detention rates in London and challenged conventional academic wisdom .....discovered the interaction between mobile populations, deprivation and detention rates
- We made the academic data accessible and showed the burden on MH on the health care system
  - SLIDE primary care impact
  - Primary cre suicides ( Birmingham SLIDE)
  - Kings fund costs
  - We started to integrate physical and MH care pathways MIND BODY
- We started to move form competition to collaboration
- .....and then the world changed

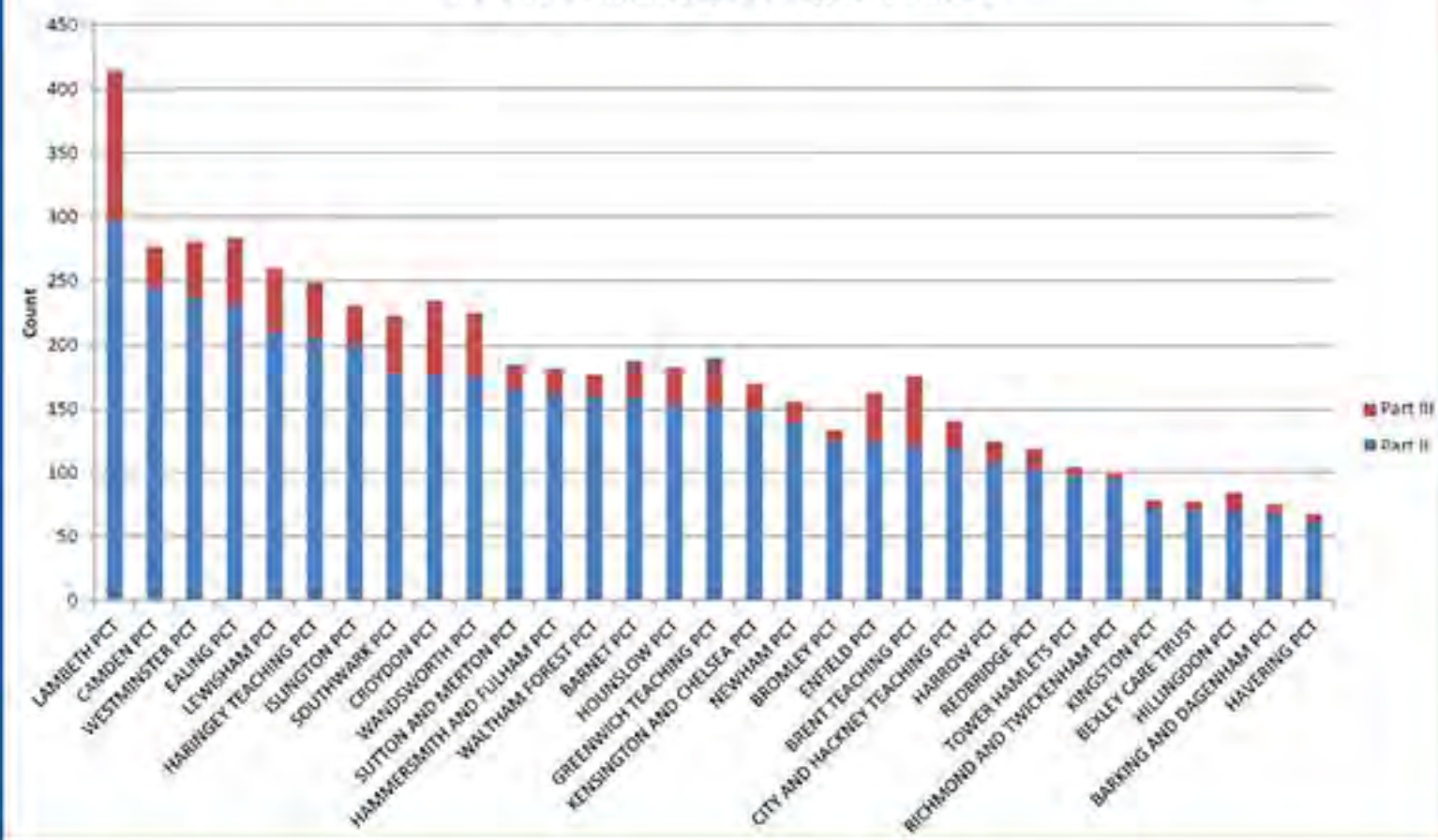
## Key London successes through partnerships

- British Transport police identified the impacts of mobile populations & mobilized for suicide prevention
- Detention rates in police cells fell from 4000 to less than 20 a year
- Mental health staff in transport police hubs was successful
- We built purpose built 'at scale' mental health crisis suites
- We increased liaison mental health teams in EDs
- We started to integrate depression and anxiety assessment into long term conditions pathways
- We identified the causes of detention rates & reduced London's highest rates
- We reduced the prescribing of antipsychotics in dementia



## Reasons for the major variation in detention rates in London : our focus groups

All uses of Part II (Sct 2 and Sct 3) and Part III detentions by Commissioning PCTs in London, Q1 2011/12 MHMDs



### Social and societal factors linked to higher rates of detention and re-detention

- Transport hubs in London bring people into our city by air, trains, buses, tubes, cars
- No recourse to public funds
- Homelessness or unstable housing is a major factor in admissions up to 50-60% in some units
- Lack of access to language, education, apprenticeship, employment
- Higher rates of crime and safety issues
- Higher rates of drug and alcohol activity, including drug related crime activity
- Cultural attitudes to mental illness, stigma, and experiences of services

### Variations in services and clinical practice

- Under resourced early intervention, crisis and recovery focused services
- Assessments not undertaken by a clinician who knows the person
- Care plans that are not coproduced between the person and clinician & not recovery focused
- No, or unclear Relapse prevention plan
- Quality of life low as no stable home, no work, little money, boredom, drugs and little understanding of the role of medications and treatment



We moved from a 'no go' subject to support from our Royal family, Prime Ministers , every political party, cross government departments, the people



We're supporting  
**time to change**  
let's end mental health discrimination





# Information: NHS Choices the user led website that 32 million people a year hit to get mental health information, tools



Conditions content



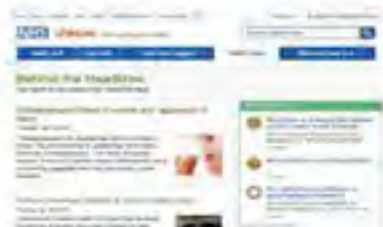
Moodzone



Service directories



Young people's hub



News content



Lifestyle content



Videos



Tools



Online services



Treatment content



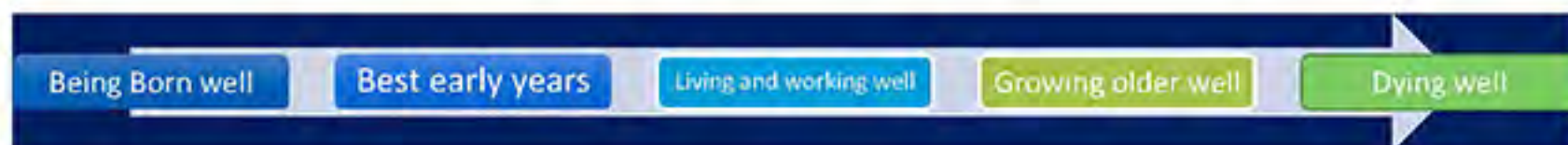
Case studies



Performance data



The Five year Forward View mental health policy in England mental health : Personalized, generational, sustainable, empowering



1. For each generation life course stage: focus on accessible knowledge, personal empowerment, community assets

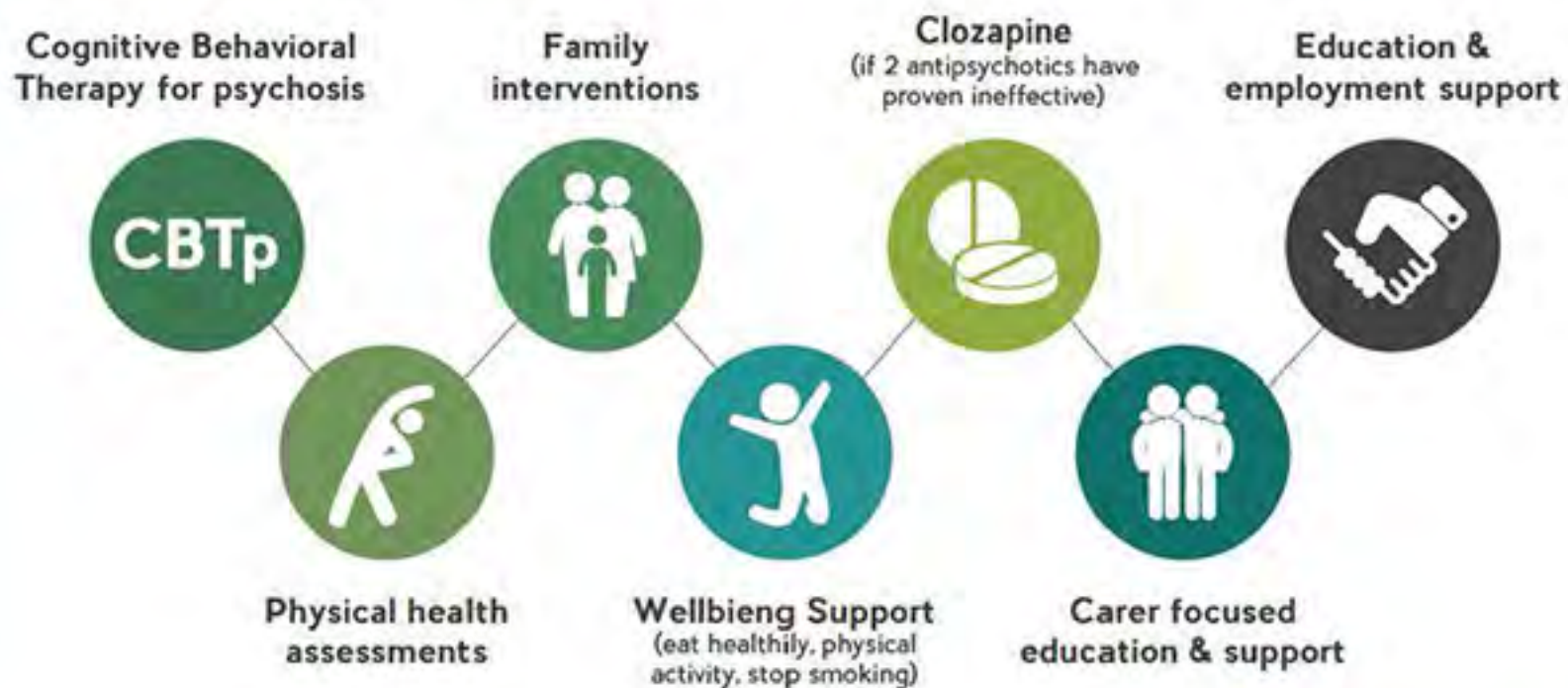


2. When a person needs to access 'treatment':

make it early, Integrate physical, social, mental care , focus on recovery & prevention, close to home, least restrictive



A NICE concordant EIP service is able to offer and deliver the following NICE recommended treatments to >50% of people within 14 days of referral:



## Leaders are bilingual & understand how to implement evidence based treatments

### Getting it Right for Cancer care means.....

- ✓ Chemotherapy : 2-3 medicines
- ✓ Radiotherapy:
- ✓ Surgery
- ✓ Lifestyle
- ✓ Rehabilitation prostheses

### Getting it Right for Psychosis care means....



Together, we must recruit and train EIP staff so that people with first episode psychosis can access EIP services that can allocate to an EIP Care Coordinator within 14 days of referral AND deliver:

- ✓ CBT for Psychosis (CBTp)
- ✓ Individual Placement Support (IPS) for education and employment
- ✓ Family Interventions
- ✓ Medicines management
- ✓ Comprehensive physical assessments
- ✓ Support with diet, physical activities and smoking cessation
- ✓ Carer-focused education and support programmes



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## Population health approach means:

Understanding the causes of ill health and inequalities in our populations where we live and work and want to form partnerships



## Mental Health, Dementia and Neurology

### Introduction

These system profiling tools are available to all. They are primarily intended to provide better access to information and intelligence to support commissioning, planning and providing services locally. The tools bring together a wide range of publicly available information to offer a broad picture of mental health and dementia and provide the means to focus on specific topic areas. The tools enable and advocate benchmarking against peers. The core aim is to provide information for improvement, not judgement.

Comments on our tools are welcome. Please send your feedback and questions to [mhdms@phe.gov.uk](mailto:mhdms@phe.gov.uk).

### Profiling Tools by Theme

[Mental Health and Wellbeing JSNA](#)

[Elderly Mental Health](#)

[Children and Young People's Mental Health and Wellbeing](#)

[Common Mental Health Disorders](#)

[Co-occurring substance misuse and mental health issues](#)

[Crisis Care](#)

[Severe Mental Illness](#)

[Suicide Prevention](#)

[Dementia](#)

Subscribe to our monthly e-news which contain a selection of our latest resources and key messages that we wish to share.

To understand your local population in which your patients and staff live and what services are needed for happy, healthy population .....

Mental Health and Wellbeing JSNA Data Profile:

<https://fingerties.phe.org.uk/profile-group/mental-health/profile/mh-jsna>

Mental Health and Wellbeing JSNA Knowledge Guide:

<https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit>



The Big data we need to use to develop happier, healthier, more successful local communities with the services people need & which deliver

Right Time, Right Place, Right Quality, Optimal ROI Return on taxpayers 'investment

1. What is the baseline level of happiness and health and wealth in your 'place'

2. What are the determinants of good & poor mental, physical, social & economic health in your area

3. What is the predicted level of need of the 12 mental health condition pathways ( incidence & prevalence)

4. What is the current baseline levels of evidence based , safe, effective services

5. What is the per capita spend weighted for deprivation, mobility, BAME etc

6. What is the overall Quality

7. What are the opportunities for partnerships or success and best ROI



Guidance

## 2. Understanding place

Published 30 August 2017

### Contents

1. Introduction
2. Deprivation and inequality
3. Poverty and financial insecurity
4. Housing and homelessness
5. Education and lifelong learning
6. Employment and working conditions
7. Crime, safety and violence
8. Community wellbeing and social capital
9. References

### 1. Intro

One aim of an area and mental health. The mental health setting, such as feeling pain, determines health with. Understand and quantify local community what interventions resilient to potential b. • reduce the • increase • improve unwell. Understand effect of n elsewhere upon and health.



Guidance

## 4. P

Published

### Contents

1. Introduction
2. Overview
3. Data
4. Evidence
5. References



Guidance

## 5.

Published

### Contents

1. Introduction
2. Chapter 5
3. All
4. Planning



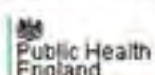
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## 6.

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### Contents

1. Introduction
2. Commission



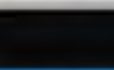
Guidance

## 3. Understanding people

Published 30 August 2017

### Contents

1. Introduction
2. Overview
3. Data
4. Evidence
5. References



Guidance

## 7. Living well in older years

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### Contents

1. Introduction
2. Commission



Guidance

## 7. Living well in older years

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### Contents

1. Introduction
2. Commission

needs of the local area should be

tal



# Understanding place and people

Guidance

## 2. Understanding place

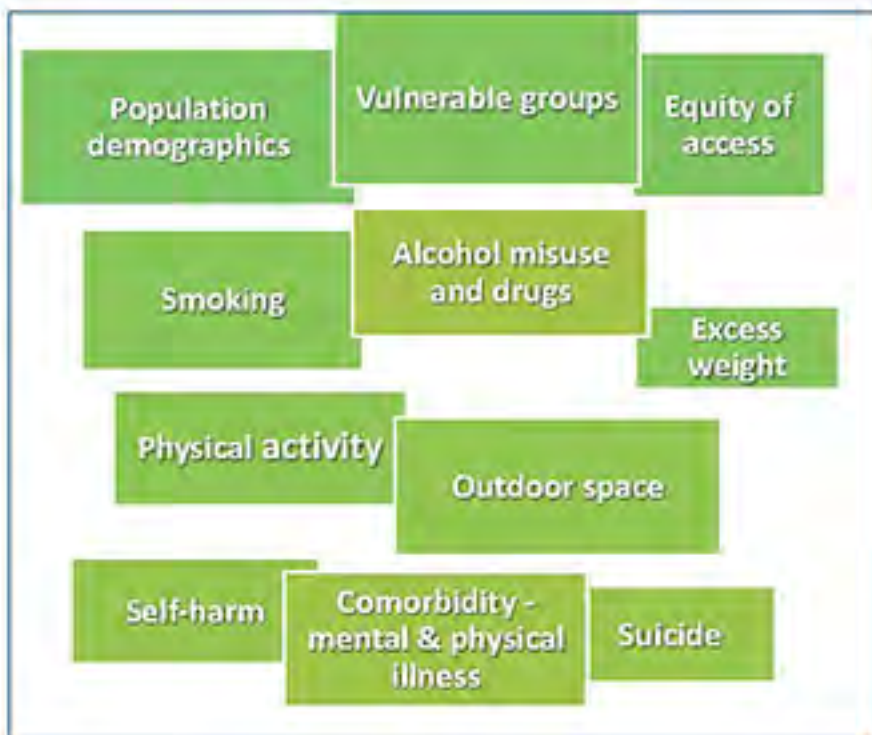
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Guidance

## 3. Understanding people

Published 30 August 2017





## Risk factors

	County / U	Dist / UA	CCG	STP	GP	Ward
1 Smoking status at time of delivery: % of mothers	Y	Y	Y	Y		
2 Low birthweight of term babies: % of all live births	Y	Y				
3 Child poverty: % of children aged 0-15 (IDACI)	Y	Y	Y		Y	Y
4 Excess weight in Reception year: % of children aged 4-5	Y	Y				
5 Excess weight in Year 6: % of children aged 10-11	Y	Y				
6 Looked after children: rate per 10,000 <18 population	Y					
7 Children in need due to abuse, neglect or family dysfunction: % of children in need	Y					
8 Pupils with behavioural, emotional and social support needs: % of school pupils	Y					
9 3 or more risky behaviours: % of 15 year olds	Y					
10 16-18 year olds not in education employment or training: % of 16-18 year olds	Y					
11 First time entrants to the youth justice system: rate per 100,000 population aged 0-17	Y					
12 Socioeconomic deprivation: overall IMD score (2015)	Y	Y	Y		Y	Y
13 Socioeconomic deprivation: % of people living in 20% most deprived areas	Y	Y				
14 First time offenders: rate per 100,000 population	Y					
15 Re-offending levels: % of offenders	Y	Y				
16 Violent crime (including sexual violence) - violence offences: rate per 1,000 population	Y	Y				

## Proportion in UK with mental disorder receiving any intervention (Green et al, 2005; McManus et al, 2009)

- **28%** of parents of children with conduct disorder
- **24%** of adults with common mental disorder
- **28%** of adults screening positive for PTSD
- **81%** of adults with probable psychosis received some form of treatment compared to 85% in 2000.
- **65%** of adults with 'psychotic disorder' in past year
- **14%** of adults dependent on alcohol
- **14%** of adults dependent on cannabis only
- **36%** of adults dependent on other drugs
- **Less than 10%** of older people with depression receive adequate treatment



## Prevention and Early intervention (Knapp et al, 2011) LSE highly effective treatments: major economic benefit

For every one pound spent the savings are:

Parenting interventions for families with conduct disorder : **£8**

Early diagnosis and treatment of depression at work: **£5** in year 1

Early intervention of psychosis **£18** in year 1

Screening & brief interventions in primary care for alcohol misuse **£12** Yr 1

**Employment support** for those recovering from mental illness: Individual Placement Support for people with severe mental illness results in annual savings of **£6,000 per client** (Burns et al, 2009)

**Housing support** services for men with enduring mental illness: annual savings: **£11,000–£20,000 per client** (CSED, 2010).



## ROI Prevention: evidence based Public Health England/London School of Economics modelling tools in development

### Community assets, prevention and early intervention programmes:

Parenting interventions for prevention of conduct disorders

School-based social and emotional learning programmes (including mindfulness programmes)

School-based interventions to reduce bullying (with particular focus on cyber bullying)

Workplace screening for stress, depression and anxiety disorders

Promoting wellbeing in the workplace

Collaborative care to reduce risk of depression/anxiety in individuals with other chronic physical health problems

Volunteering to address social isolation and loneliness

On-line interventions for children and adults at risk of different mental health problems or suicide

Collaborative care to reduce risk of physical health problems in individuals with mental health problems

Addressing debt

Interventions to address mental health impacts of worklessness

### 3. Partnerships for a hopeful future

- Population health local developments in England
  - Thrive cities
  - Local population Alliance contracts
  - Stratification for the best ROI
- New treatments
  - Better physical ward environments for those that need admission
  - Commitment to outcomes measurement
  - Integration of mind body care
  - User at the driving seat in Care : patient led Care Plans
- Quality Improvement science : the new kid on the block to change culture
  - Global Digital exemplars & Digital services
  - Secondary prevention



## Changing trends affecting your lives, your families, your work .....

political, policy and clinical contexts

- Global changes in policies for public sector services & employment trends
- Global trends towards population health and local 'place' partnerships
- Global and digital trends towards self & peer management , digital services, AI
  
- National politics, policies and spend regimes
- 10 Year NHS plan & IPPR Darzi review
- Start of national awareness of primary prevention, still little for secondary and tertiary
  
- **10 year plan for healthcare and Mental health : Get involved ! It's your Future**
  - Strengthen equality of partnerships with Exp[erts by experience
  - Continue the 5YFV 12 care pathways trajectories implementation ?
  - Drive primary, secondary, tertiary prevention hard
  - Develop more personalized, mind body behavioral integration, social personal achievement care models
  - Understand Flow: demand, throughput, discharge & outcomes back to a higher quality life
  - Develop funding models based on needs, clinical stratification & real economic ROI modelling



# Applying population data to design a local Lambeth system to improve mental health



Mental Health  
Foundation

Who do we value? When people feel worthless and powerless they get ill





# Population health information shaped the Alliance plans for affirmative action



## Population health data showed that BAME community

- Live in poverty
- in poorer housing
- underachieve academically
- More excluded from school
- More victim/perpetrator of crime
- Suffer worse physical ill health
- Lower life expectancy
- Not take up early intervention or psychological therapy services

## Lambeth Alliance sets out to

- **Improve housing** (Lambeth Housing Standard)
- **Education** (Attainment of Black Caribbean pupils)
- **Decent jobs and training** (Brixton BID etc)
- **Parenting support** (Sure Start and LEAP)
- **Lifestyle education** (risky behaviour)
- **Pride** (Black Cultural Archive, Windrush Square, Black War Memorial, Mary Seacole)



# Lambeth population health & wealth successes

## Successful affirmative action

- Retained all Sure Start centres 95% of schools are 'good' or 'outstanding' with exam results in country's top 10%
- Created most affordable homes
- Created more jobs and new businesses
- Reduced child obesity against trend
- London Living Wage employer with 10/1 pay ratio
- In pilot reduced adult in-patient MH admissions 40%
- Open access Hub has proportionate BME users

## Changing mental health services

- Perinatal
- CAMHS
- Talking therapy
- Training of community leaders
- Social prescribing
- More representative staff
- Open access Hub
- Mosaic Clubhouse
- Evening sanctuary

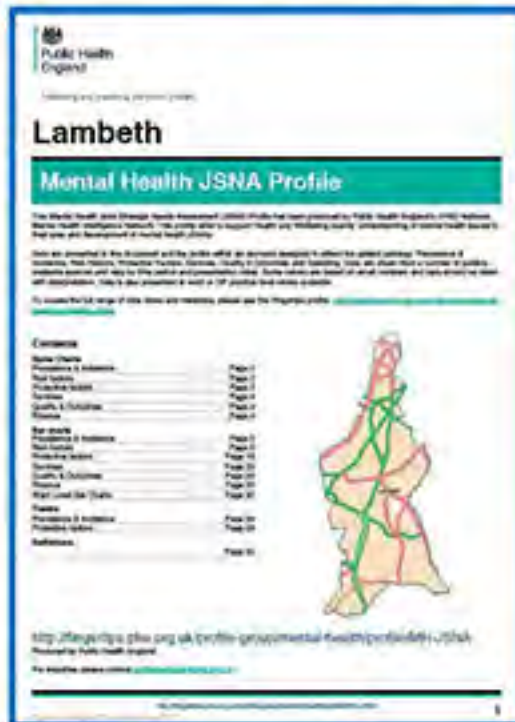
## SLaM: Changing Lives strategy :

we are promoting Human Rights & equalities by using information about our local populations to plan coproduced services with partners & our service users and families

### SLAM Strategy & culture

1. We are committed to understanding our local populations and communities, being open and transparent with publishing data on our populations & their levels of early access to services, recruiting a workforce that is representative of our local populations & to working in partnership with patients and communities
2. We are using the information on our local populations to understand the social & health determinants of mental illness for all ages & think about prevention
3. We have published, on our website, our Public Sector Equalities duty report shows our local population profiles, languages spoken, the level of equality of access to psychological therapies, early intervention psychosis, offer of support to get education & employment, CPA, crisis response

### Understanding the facts about our areas on fingertips



### Openly publishing our baseline equalities

**Meeting the public sector equality duty at SLaM**

2017 Trust wide equality information

Please contact SLaM if you have any questions, comments or feedback on this report or if you would like to request a copy of this report in another format.

Maia Kurreck, Equality Manager  
By telephone: 02032211573  
By email: [maia.kurreck@slam.nhs.uk](mailto:maia.kurreck@slam.nhs.uk)  
By post: Planning and Equality Team, Maudsley Hospital, Denmark Hill, London, SE5 8AZ

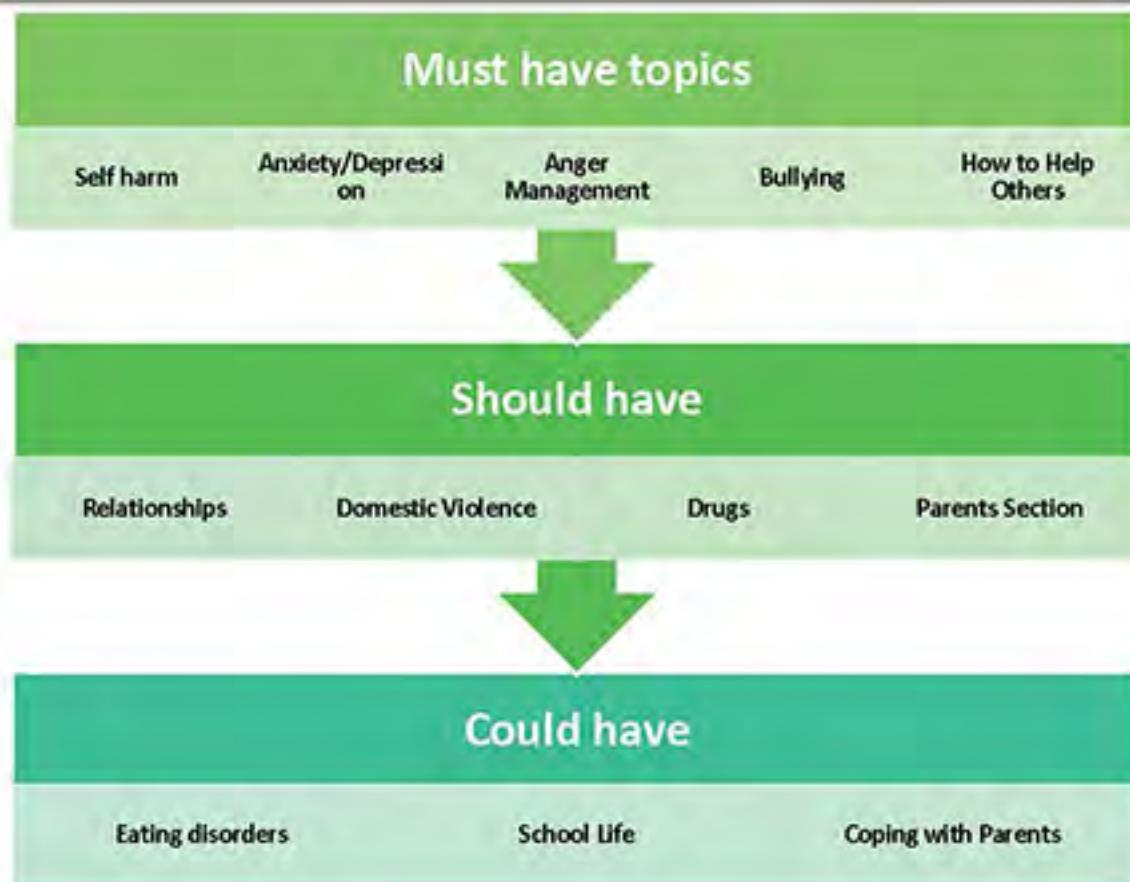


# Contact

- [Edavie@lambeth.gov.uk](mailto:Edavie@lambeth.gov.uk)
- 07805 942 095
- @eddavie
  
- **NHS 70 award exemplar of the Lambeth Alliance Population health approach** between the South London and Maudsley, Lambeth council, Lambeth CCG, and specialist 3<sup>rd</sup> sector housing and recovery support providers Certitude & Thamesreach
  
- <http://www.lambethccg.nhs.uk/news-and-publications/news/Pages/NHS70--Lambeth-Together-film-released.aspx>



**Digital** The new generations are very clear what information they want to codesign what they want to be physically and mentally healthy & they want digital services blended with face to face



*Thanks to Angela Snowling, Swindon public health*

# What is Human Rights & Brilliant care slavi style: Forensic services example

Estates +++

- Modern, light, bright, en suite rooms, Private spaces for phone calls and to be calm ,
- Sensory rooms, curved surfaces, Calm spaces , spaces for exercise

Staffing

- Almost full staffing, a major achievement
- Terrific nurse leadership: many methods used to build confidence among staff that **they will not get assaulted with this very different conflict resolution**, collaborative approach
- High OT presence to identify strengthen asset based recovery approaches

You say, We do'  
Coproductio n & education

On all wall, cheerful, accessible information about treatments, recovery coproduced by Sus & staff

- You say, We do' responsive initiatives to help Sus feel more in control & part of the team'
  - Improved menus
  - Ability to have a private phone call
  - Attitude of respecting dignity
  - Photo board of staff
  - Accurate list daily of who is the primary responsive key nurse
  - Accurate list of all the groups taking place and why they are cancelled if they are

Effective care

- Education about lifestyles and physical health coproduced with Sus
- Education about medicines & safe monitoring
- How to prepare for ward rounds and CPAs with User Chairing the CPA ( now in rehab units)
- Sensory room as a calming place to avoid escalation to seclusion
- Black board where people can express their feelings in art or writing
- Activities of many types: music ( more instruments wanted), IT games, comedy shows etc

Recovery focus  
Hope & Optimism for a better life

- Start of a programme to help ppl see why and how they could get a life beyond discharge that would give them respect, income and reasons not to get ill again
- Identifying causes of relapse i.e. street drugs, stopping medicines, BOREDOM . sense of 'is this as good as it gets for me'
- Lots more and they had great ideas about how to move to the next step of recovery and jobs post discharge, user chaired CPAs, etc