Mindset-XR Innovator Support Programme
London Roadshow
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Introduction/ Disclaimer

- Asymmetry of information … ‘the type of conversation I like is…’
- Ally versus expert
- Objective – policy briefing - to share opportunities and realities ahead

Outline

1. Tenuous anecdote to ground the message that - *‘we mental health folk need your help’*
2. Description of what help we need with – challenges in the mental health sector
3. Update on policy opportunities and levers- to consider when brewing ideas, building collaborations and planning implementation
4. Update on changes in places and people where partnerships are needed
5. Conclusion- tying all the above back into opening tenuous anecdote

An early account of when XR first helped the Psychiatrist (well, this psychiatrist)

1. What else do we need help with?

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Current challenges in mental health care in the UK

1. Capacity – Supply, demand & treatment gaps
2. Workforce – Skills, capacity and morale
3. Productivity and variation
4. Patient experience, effectiveness and equity.
5. Patient safety
6. Cost

We need help with these – the market for ‘nice to have’ and ‘cool stuff’ has seriously shrunk….
(But please do also keep that alive!)

1. Capacity, demand & gaps

High levels of unmet need and long waits

- Increases in prevalence and demand for NHS Mental Health services –despite recent increase in capacity and progress in access significant challenges with unmet need
- Increasing demand outstrips capacity → treatment gap

Examples

- Anxiety and Depression (Adults) **–** Waits between 1st (assessment) and 2nd (starting treatment) appointments in NHS TT.
- Children and Young People (CYP)
- Severe Mental Illness **–**31% increase in SMI caseload since 2022 linked to demand and service expansion.
    - Treatment gap – espec. wrt TT.
    - Outcomes gaps- emergency care utilisation, unemployment rates.
- Autism and ADHD
- Ageing population with excess physical health comorbidity and growing needs

2. Workforce

Skills, capacity and morale

Significant growth in recent years with **expansion of evidence-based, community led care** - **39.6%** (March 16 → March 2024)

BUT

- High vacancy rates; retention issues espec. specialist staff.
- Skills and competency gaps e.g. standardised competency frameworks; upskilling for non-clinical partners working in community assets.
- Role and skill mix, digital transformation….
- Morale, ‘emotional exhaustion’, burn out, moral injury

Variation and productivity

- Variation in need
- Variation in quality
- Variation in productivity

4. Experience, effectiveness and equity

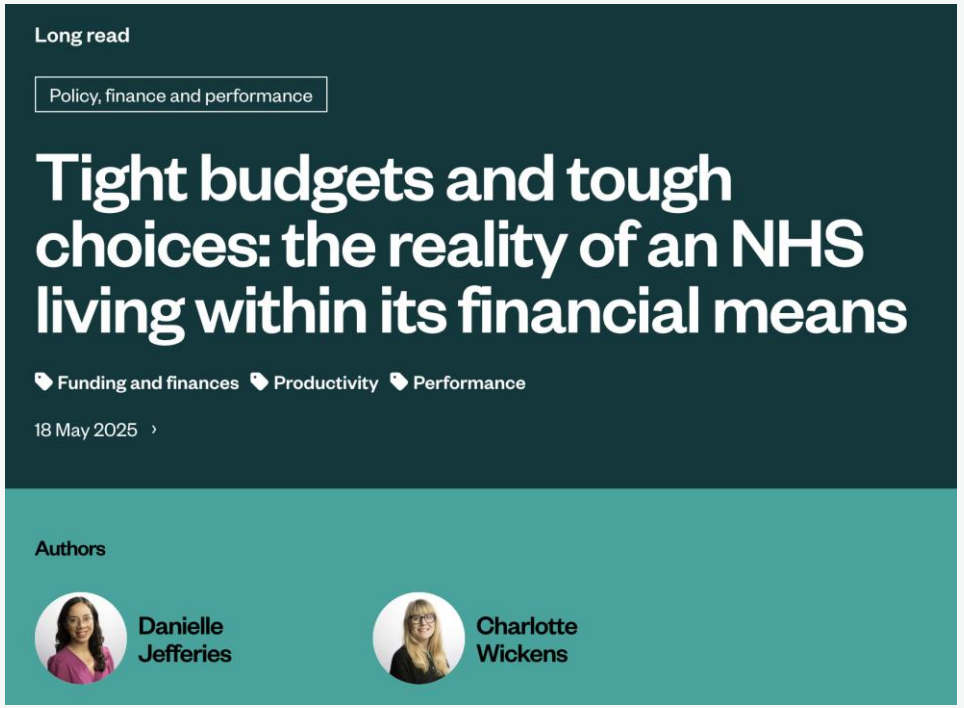
- Poorer health outcomes for those with SMI, autistic people and people with ADHD compared to the general population and others with mental health conditions.
- Worsening mortality gap.
- People in deprived and minority ethnic communities, autistic people and people with ADHD face poorer access and outcomes across mental health services.
- Growing rates of economic inactivity due to mental ill health amongst all ages.

5. Safety

- Inpatient mental health care
- Community mental health care
- Primary care mental health care

6. Societal costs and Trust deficits

- Social and economic cost of mental ill health
- Research estimates:
- **£16bn / year on remedial action** to address issues that result from a lack of high-quality interventions in infancy and early childhood.
- Long-term economic costs of MH disorders
- Work-related MH issues
- Mental health comorbidity can lead to substantial additional costs to treating physical health needs.
- Direct costs to government (DHSC spend) + DWP benefits expenditure- *'likely dwarfed'* by higher costs to society – across sectors, communities and families



What we need help with.

What potential does your work, collaboration or idea have to show a demonstrable impact on any of the following challenges?

1. Capacity – Supply, demand & treatment gaps
2. Workforce – Skills, capacity and morale
3. Productivity and variation
4. Patient experience, effectiveness and equity.
5. Patient safety
6. Cost

Tactically and strategically where do we go from here?

Policy direction

1. Hospital → community
2. Sickness → prevention
3. Analogue → digital

2. How will any help be prioritized and organized?

The three shifts

Hospital to community

- Easier access to a **GP** – virtual consultation within 24 hours
- New **Neighbourhood Health Centres** in every community
- Improved access to **dentistry**
- Quicker **specialist** referrals
- **Mental Health** A&E/ CACs

More convenient care closer to home

Analogue to digital

- New and intuitive **NHS App**
- **Single patient record**
- **Digital red book** to manage children's health
- **Online booking** for appointments
- Staff **liberated from bureaucracy**

More power in patients' hands

Sickness to prevention

- Making **healthier choices easier**
- Banning **energy drinks** for under-16s
- New **weight loss services**
- Home **screening kits** for cervical cancer
- More **support to low-income** families

More help to stay healthy

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Mental Health- Key policy areas

Community, digital & prevention

- 24/7 Neighbourhood Mental Health Model
- 85 new dedicated mental health emergency departments
- Further digitisation of treatment pathways for common mental disorder
- Digital front doors for mental health support and digitised therapies & self management support
- Individual Placement Support (IPS) and return to work
- Children and young people- collaboration with businesses, investors, social enterprises, employers
- Roll out of Mental Health Support Teams in schools for full coverage by 2029/30.
- My Children tool - information in one place and My Carer tool
- New Young Futures Hubs - no “wrong front door” for people seeking help.
- Evaluation of digital therapies – CYP on mental health waiting lists.
- Research priorities- prevention and detection of physical and mental long-term conditions.
- Smoke free generation

3. Through what mechanisms will help be delivered?

The Priorities for Digital Mental Health

250+ Individuals engaged in workshops and interviews

700+ Individual responses to the online survey

300+ Service users, carers and family members engaged

200+ Mental Health clinicians engaged

Digitise	*Connect*	*Transform*		
Ensuring the digital basics are in place	**Enhancing data sharing across systems and organisations**	**Supporting the workforce to deliver the highest-quality of care**	**Improving how people get the support they need**	**Embedding digital products and services in mental health pathways**

1. Digital

Problem statement

There is a staff vacancy rate of 9.9% for the mental health sector compared to 6.9% NHS wide and staff retention is a significant challenge. Productivity is an issue, with over 30% of mental health staff saying legacy "Electronic Patient Records or other IT tools hurt my efficiency".

→ We must provide staff with the tools they need

Analogue to digital
Driving operational and clinical excellence to increase productivity

Opportunity	*Digital enabler*	*Case study*
Reducing admin burden	Automated consultation outputs through Ambient Voice Transcription	Pilot in Central & NW London: ↓ up to 1 hour less admin/consultation
Giving staff the information they need to work effectively	Digital caseload management tools that highlight risks and outstanding tasks	Aggregate data from 5 Trusts: ↓ 8% reduction in crisis rates
Digitising complex processes	Digitisation of Mental Health Act documents and admin processes	Cheshire and Wirral Partnership found: ↓ 25-minutes time saved/form
Improving multi-agency working	Digital advice and guidance for Primary Care from consultant psychiatrists	Implementation in Lancs & South Cumbria: ↑ 42% increase in GP self-management of cases

Problem statement

Demand has surged by almost 40% in eight years and the worst waiting times in Mental Health are double those seen in physical health.

→ We must think innovatively about our models of care

Neighbourhood-based care & prevention
More options for support where people are to reduce risk of deterioration

Opportunity	*Digital enabler*	*Case study*
Supporting children and young people in school	A digital solution to embed lessons for resilience & self-regulation skills.	Pilot in 25 schools in North West: ↓ 43% CAMHS referrals
Access to support without a referral	Anonymous digital support platforms e.g. peer support	Economic evaluation in York: ↓ est. cost saving of £196/year/child
Delivering therapeutic interventions differently	Guided digital CBT via parents for CYP	NICE report: ↓ est. £448 lower cost/child than traditional therapy
Empowering people in their care	A digital portal to support those with SMI – health record data, personal health budget, psychological support, fitness programmes	Pilot in City & Hackney ↑ significant improvement on ReQuoL for 52% of those engaged 9+ months

2. Modern Service Frameworks

What is in the pipeline and what will they cover?

- **Cardiovascular**
- **Mental Health**
- **Sepsis**
- **Frailty and Dementia**
- **Cancer**

NHS OUR HEALTHIER NATION

Modern Standards and Service Models

Mental Health

national service frameworks

A National Service Framework for Mental Health

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September 1999

MSFs

Contents list

- **Baseline Assessment**
- **MSF Publication**
- **Policy Playbook: levers/implementation mechanisms**
- **Implementation Plan**
- **Future Innovations Assessment**

Modern Service Framework

What will the Modern Service Framework do?

- The Modern Service Frameworks will support consistent, high quality, and high value care across key clinical pathways.
- The Modern Service Frameworks will:
  - define an aspirational, long-term outcome goal
  - identify the best evidenced interventions that would support progress towards this goal
  - set standards on how those interventions should be used and develop strategies to ensure consistent delivery of high-quality care for all, equally
  - identify areas where **innovation** is needed to drive progress, and ensure government is working within and beyond the NHS to enable, partner on, drive and use that innovation

3. Neighbourhood health

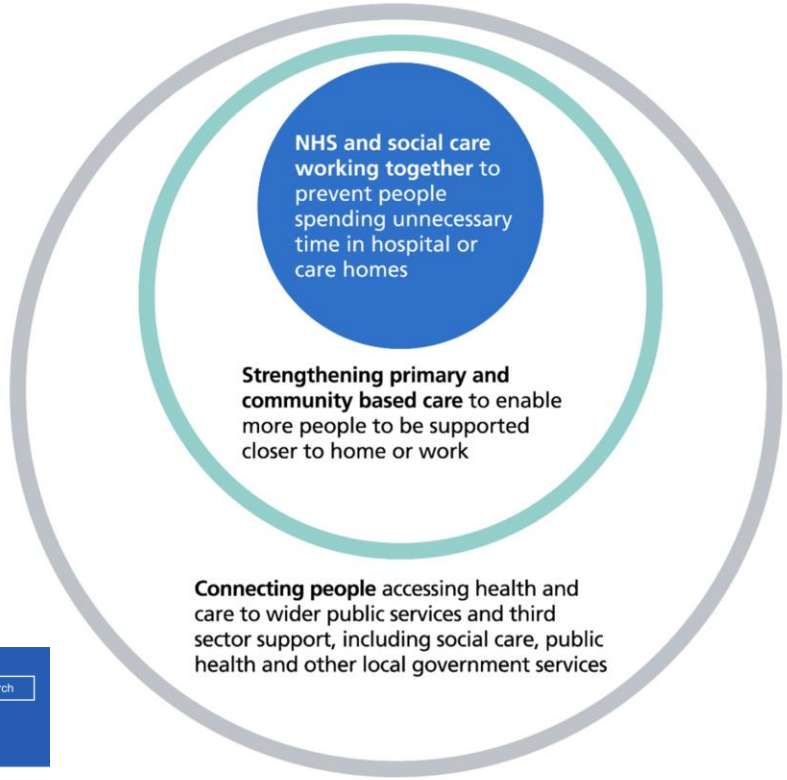
- New places, people, partnerships – problems and opportunities to consider

Neighbourhood, VCSE, Community, Schools, Home ….

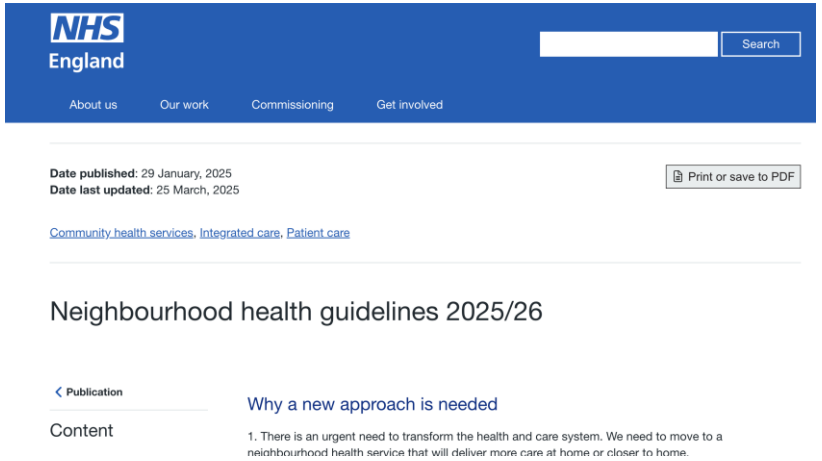
Neighbourhood health aims to create healthier communities, helping people of all ages live healthy, active and independent lives for as long as possible while improving their experience of health and social care, and increasing their agency in managing their own care.

- **from hospital to community**
- **from treatment to prevention**
- **from analogue to digital**

Diagram showing the aims for all neighbourhoods over the next 5 to 10 years



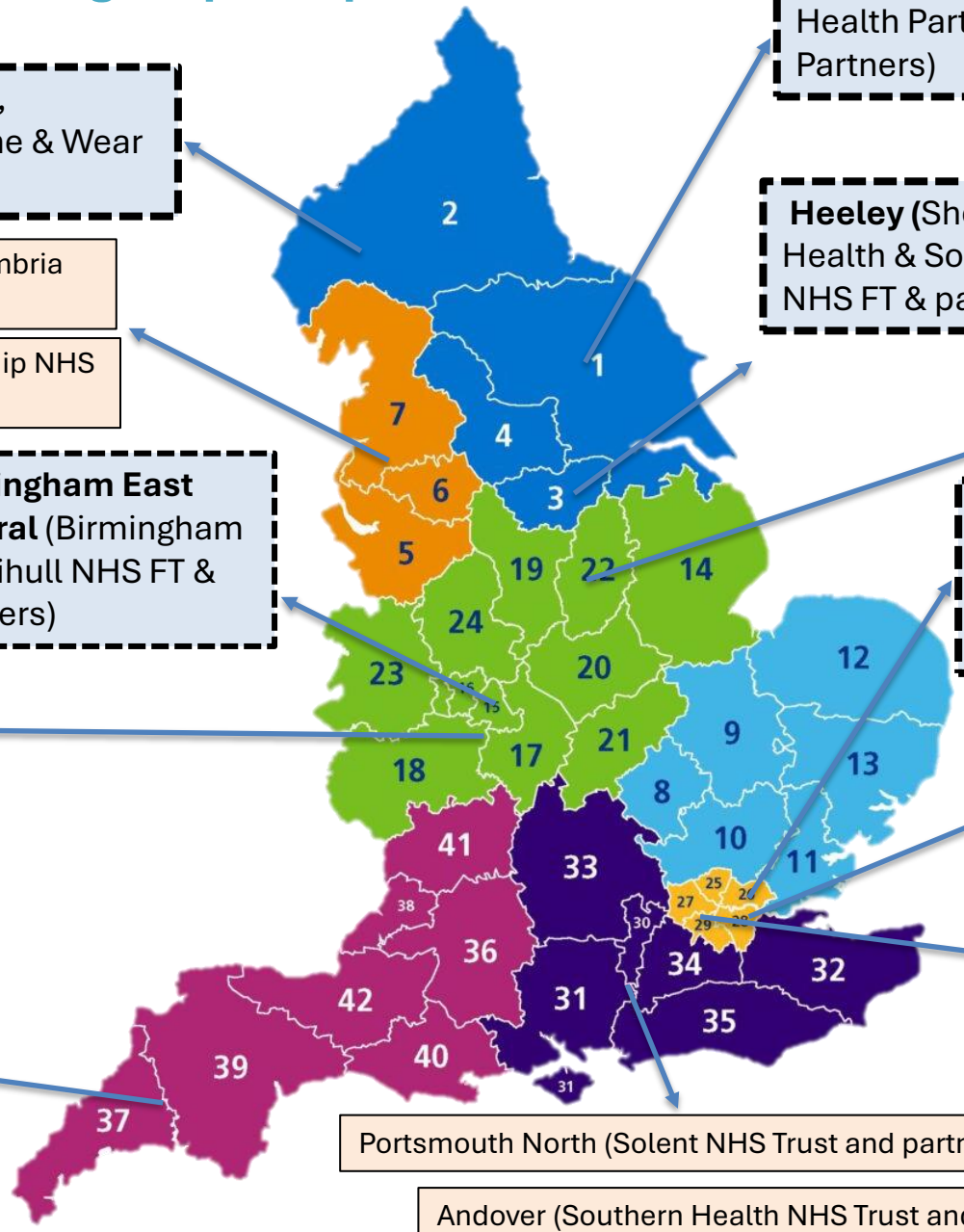
"existing or emerging neighbourhood health models, such as enhanced health in care homes, the 24/7 neighbourhood mental health centres, women's health hubs, family hubs and the Health and Growth Accelerators, …"



24/7 Neighbourhood Mental Health Centres for severe mental illness

- Whole person
- Consistent, trusted relationships
- Reaching people earlier
- Harnessing all the talents
- Co-designed and co-delivered Preventative approaches

Pilot & Associate sites testing 10 principles



Copeland (Cumbria, Northumberland, Tyne & Wear NHS FT & Partners)

Blackpool Central (Lancashire and South Cumbria NHS Foundation Trust and partners)

Ellesmere Port (Cheshire and Wirral Partnership NHS Foundation Trust and partners)

South Stafford (Midlands Partnership University NHS Foundation Trust and partners)

South East Telford (Midlands Partnership University NHS Foundation Trust and partners)

Northampton Central (Northamptonshire Healthcare NHS Foundation Trust and partners)

South Somerset West (Somerset NHS Foundation Trust and partners)

Brixham & Paignton (Devon NHS Partnership Trust and partners)

Birmingham East Central (Birmingham & Solihull NHS FT & Partners)

Acomb (York Mental Health Partnership & Partners)

Heeley (Sheffield Health & Social Care NHS FT & partners)

Skegness & Mablethorpe (Lincolnshire Partnership NHS Foundation Trust and partners)

New Parks, Hinckley & Bosworth Leicestershire Partnership NHS Trust and partners)

Alfreton & Ripley (Derbyshire Healthcare NHS Foundation Trust and partners)

Tower Hamlets (East London NHS FT & partners)

Stonebridge (Central and North West London NHS Foundation Trust and partners)

Lewisham (East London NHS FT & partners)

Bletchley (Central and North West London NHS Foundation Trust and partners)

North Islington (North London NHS Foundation Trust and partners)

South Leytonstone (North East London Foundation Trust and partners)

Portsmouth North (Solent NHS Trust and partners)

Andover (Southern Health NHS Trust and partners)

24/7 Neighbourhood Mental Health Centres

The basics

Foundational policy: Community Mental Health Framework

Strategic purpose and design philosophy: Open access, whole person support within neighbourhoods, welcoming and culturally sensitive, enabling people to 'walk in from the street' *and* finding and meeting people 'where they are'

Location and access routes: in the heart of the neighbourhood, self-referral: direct walk in, GP's, 111, ambulance or police, acute mental health services.

Model and scope of interventions: holistic, crisis assessment, home treatment and outreach, psychological interventions, medication, primary care support, social prescribing, peer & carer support, housing, welfare, employment advice etc.

Workforce: Multi-professional, multi-agency, peer workers

Outcomes & effectiveness: prevention and early intervention, admission avoidance, patient experience and safety, cost effectiveness, equity and reach (attract those who avoid hospitals) waiting times

Person centred benefits: therapeutic milieu, continuity and recovery, close to home, accessible and non-coercive

Evidence: International and UK exemplars- pilots testing 'ingredients' in the context of England

Other settings that may be of interest..

Mental Health Support Teams in Schools

Mental Health Crisis Assessment centres

To conclude …

- There are so many opportunities ahead to help us in mental health – treatment gap, capacity gap, mortality gap, prevention gap, efficacy gap, experience gap…
- Get briefed on our needs
- Get connected
- Remember our currency (i.e.- Get real in pitch and evaluation)
- Stay wildly ambitious

Parting key message for the inevitable ups and downs of thinking big or daring to do different

Get up, keep going, you'll dry off quicker than you think.