



Public Health
England

Protecting and improving the nation's health

Opportunities for prevention and improving outcomes

Building on the Five Year Forward View for Mental Health

Professor Kevin Fenton, National Director, Health and Wellbeing

Twitter: @ProfKevinFenton

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Content

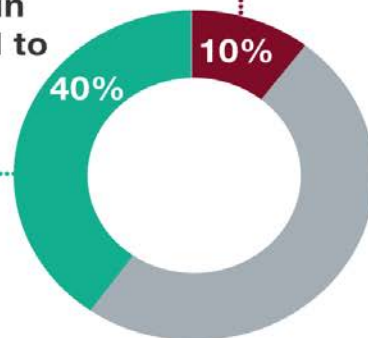
Opportunities to shift towards prevention

1. Understanding the context: The role of prevention in addressing non-communicable diseases in England today
2. Overview of the current landscape and why the *Five Year Forward View for Mental Health* is a game changer
3. The implications of the *Five Year Forward View for Mental Health* for prevention and PHE's role
4. Public Health England leadership and partnerships to deliver the ambitions of the *Five Year Forward View for Mental Health* across the public health and wider system

Understanding the NCD challenge

Why prevention matters

International studies suggest **healthcare contributes only about 10%** to preventing premature deaths, whilst **changes in behavioural patterns is estimated to contribute 40%**



Only **4%** of the **total health care budget** is spent on prevention



It is estimated that if the public were fully involved in managing their health and engaged in prevention activities

£30billion
could be saved



UK women, on average, smoke **3% more** than the EU average



In the UK in 2008, **61.1% of males** were estimated to be physically inactive and **71.6% of females**

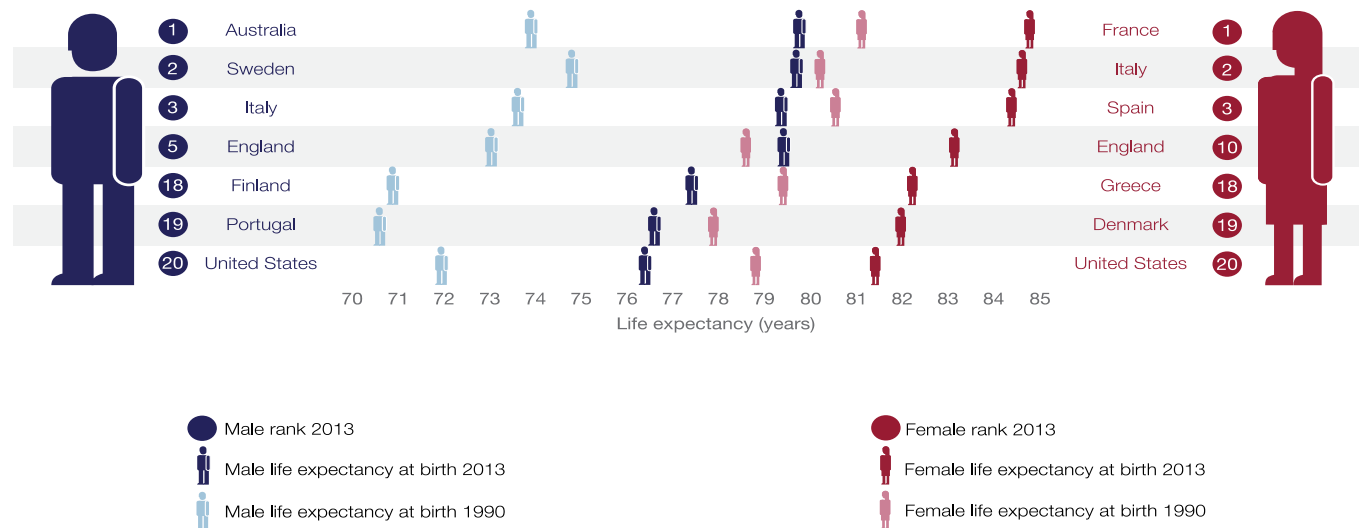


The average consumption of alcohol by adults in the UK is **10% higher** than the EU average



Understanding the NCD Challenge

Life expectancy at birth, 1990 and 2013 for England and EU 15+



Between 1990-2013, life expectancy in England saw a 5.4 year increase from 75.9 to 81.3 years (one of the biggest increases in EU15+ countries).

This is mainly due to falls in the death rate from cardiovascular disease, stroke, chronic obstructive pulmonary disease (COPD) and some cancers (with progress partly offset by increased death rates from liver disease).

Understanding the NCD Challenge

Morbidity in England

- While life expectancy has increased, this hasn't been matched by improvements in levels of ill-health.
- So, as a population we're **living longer but spending more years in ill-health**. For several conditions, although death rates have declined, the overall health burden is increasing.
- For example, deaths rates from **diabetes** fell by 56%, alongside substantial increases in illness and disability associated with diabetes, up 75%.
- **Sickness and chronic disability** are causing a much greater proportion of the burden of disease as people are living longer with several illnesses.
- **Low back and neck pain** is now the leading cause of overall disease burden. Hearing and vision loss and depression also in the top 10, alongside diseases expected to have high mortality, such as ischaemic heart disease, COPD and lung cancer.



Understanding the NCD Challenge

GBD: Leading causes of DALYs 1990 & 2013

Legend:

Communicable, maternal,
neonatal and nutritional

Non-communicable

Injuries

Rank 1990	1990 Leading Causes	2013 Leading Causes	Rank 2013
1.0 (1-1)	1 Ischemic heart disease	1 Low back & neck pain	1.1 (1-2)
2.1 (2-3)	2 Low back & neck pain	2 Ischemic heart disease	1.9 (1-2)
2.9 (2-3)	3 Cerebrovascular disease	3 Cerebrovascular disease	3.9 (3-6)
4.0 (4-4)	4 Lung cancer	4 COPD	4.3 (3-7)
5.1 (5-6)	5 COPD	5 Lung cancer	4.9 (3-8)
6.6 (6-8)	6 Falls	6 Alzheimer disease	6.7 (5-10)
8.7 (6-11)	7 Lower respiratory infections	7 Sense organ diseases	6.8 (3-11)
8.9 (6-14)	8 Sense organ diseases	8 Depressive disorders	8.8 (3-14)
9.5 (7-12)	9 Alzheimer disease	9 Falls	9.0 (7-11)
9.7 (5-17)	10 Depressive disorders	10 Skin diseases	9.3 (4-14)

Understanding the NCD challenge

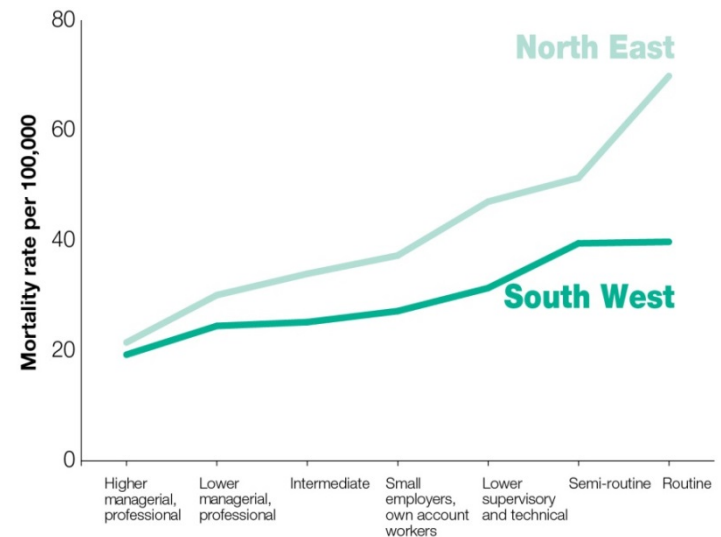
Inequalities

- While life expectancy has increased overall, there has been **little, if any, improvement** in inequalities:
 - By 2013, those living in the most deprived areas are only just approaching the levels of life expectancy that less deprived groups enjoyed in 1990.
- More deprived groups are **affected proportionally more by disease risk factors** than less deprived groups. The types of disease and risk factor are roughly the same across all deprivation areas however.
- While the data highlights regional differences in life expectancy and disease burden, **inequalities are actually greater within regions** than between them - so largely related to deprivation not geography.

Understanding the NCD Challenge

Social and structural determinants

- Economic prosperity and a good start to life
- While individuals' behaviours do matter (Eg. studies show half of health inequalities between rich and poor are the result of smoking), the reality is that our health is impacted by a range of wider determinants including:
 - good employment
 - higher educational attainment
 - safe, supported, connected communities
 - poor housing and homelessness
 - living on a low income
 - social isolation, exclusion and loneliness
 - stigma and discrimination

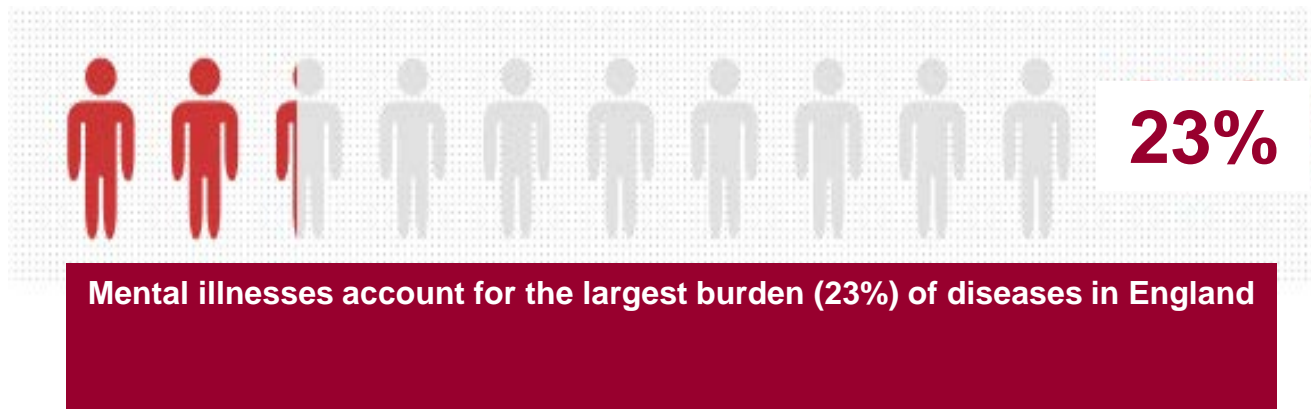


Source: Office for National Statistics⁴⁹



Mental health problems in the general population

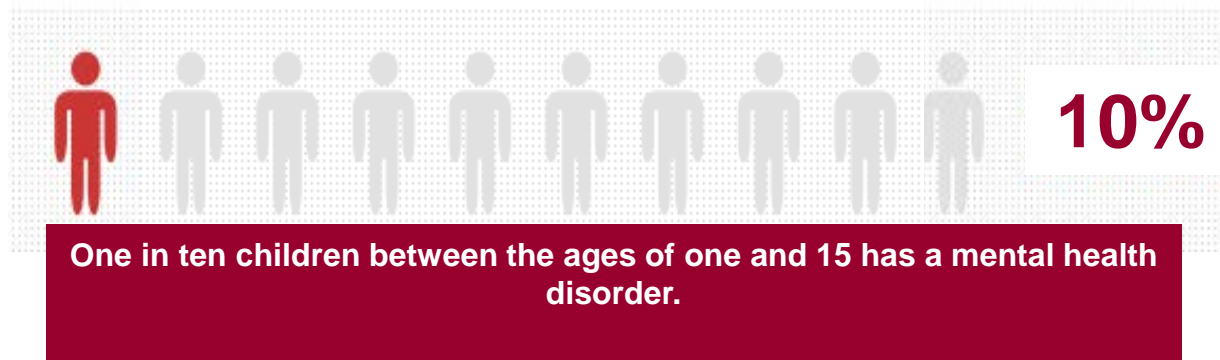
- **One in four adults** experiences at least one diagnosable mental health problem in any given year
- **One in five older people** living in the community and 40 per cent of older people living in care homes are affected by depression
- Up to **three quarters** of people with mental health problems receive no support
- People in marginalised groups are at **greater risk**, including black, Asian and minority ethnic people, lesbian, gay, bisexual and transgender people, disabled people, and people who have had contact with the criminal justice system





Children and young people

- **One in five mothers** has depression, anxiety or in some cases psychosis during pregnancy or in the first year after childbirth
- **One in ten children** aged 5 - 16 has a diagnosable mental health problem
- Children living in poor housing have **increased chances** of experiencing stress, anxiety and depression
- People of all ages who have experienced traumatic events, poor housing or homelessness, or who have multiple needs such as a learning disability or autism are also at higher risk



Suicide

- There were **4,882 suicides in 2014**; figures show a steady increase over recent years.
- Men are **three times** more likely to than women to take their own lives.
- Whilst female rates have stayed relatively constant, the male suicide rate is at its **highest since 2001**. The rise is most marked amongst middle aged men.
- The highest suicide rate in the UK in 2014 was among **men aged 45 to 59**, at 23.9 deaths per 100,000, slightly lower than the record high seen in 2013. This age group also had the **highest rate among women**, at 7.3 deaths per 100,000 population.

Suicide is the single biggest cause of death in men age 20-45 in the UK





Experiences and impact

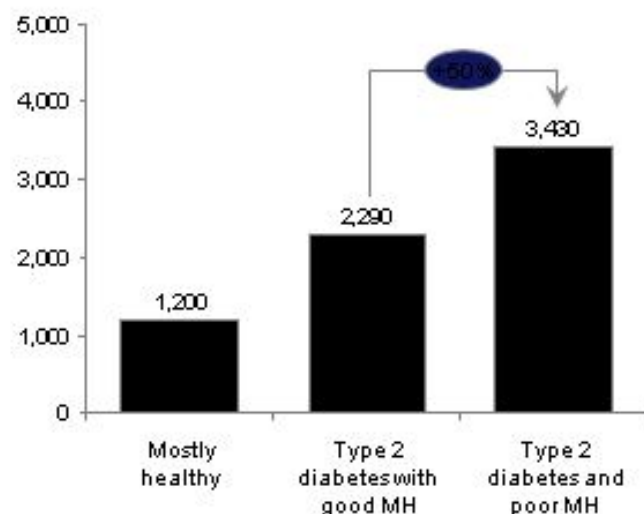
- It is estimated that up to **three quarters** of people with mental health problems receive no support at all.
- People with severe mental illness are at risk of **dying 15 - 20 years earlier** than other people.
- In a crisis, only 14% of adults surveyed felt they were provided with the right response.
- Poor mental health carries an **economic and social cost of £105 billion** a year in England.
- People with mental health problems are often overrepresented in **high turnover, low pay and often part time work**.
- Common mental health problems are more than twice as high among people who are **homeless** compared to the general population, and psychosis is up to twice as high.

Preventable costs

Poor mental health can drive a 50% increase in physical care costs.

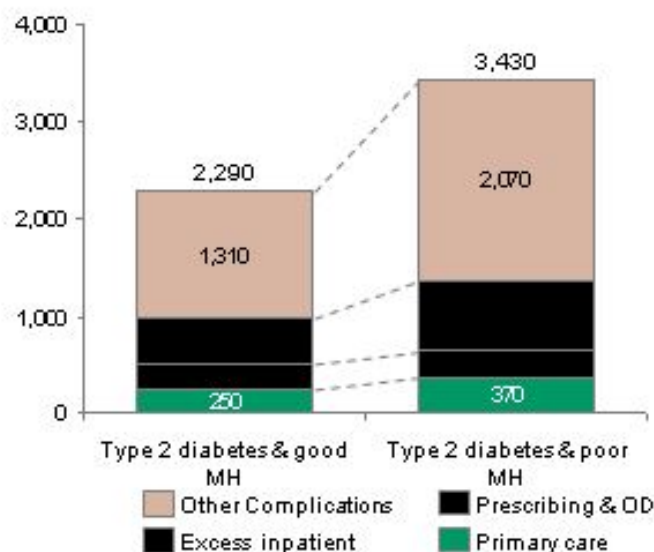
Physical healthcare costs 50% higher for type 2 diabetics with poor MH

Annual physical healthcare costs per patient, 2014/15 (£)



Additional costs due to increased hospital admissions and complications

Annual physical healthcare costs per patient, 2014/15 (£)



Presence of poor mental health responsible for £1.8bn of spend on type 2 diabetes pathway



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The implications of the *Five Year Forward View for Mental Health* for prevention and PHE's role

Responding to the challenge

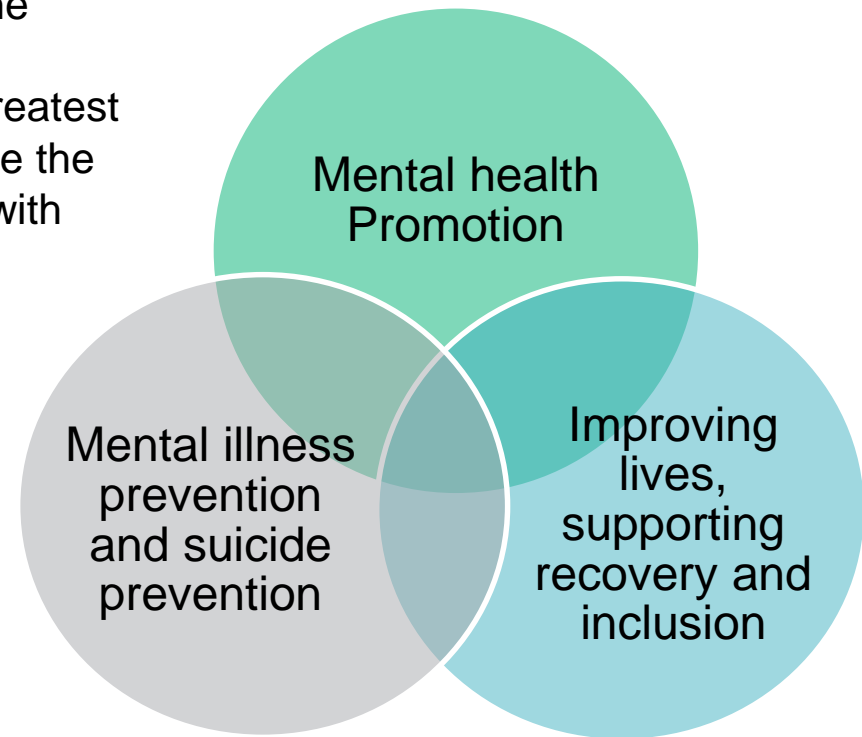
Mental health

Our ambition

Everyone, irrespective of where they live, has the opportunity to achieve good mental health and wellbeing...especially communities facing the greatest barriers and those people who have to overcome the most disadvantages. This includes those living with and recovering from mental illness.

Key priorities for our work:

- children and young people
- employment and working life
- suicide prevention
- improving the lives of people living with and recovering from mental health problems



Responding to the challenge

Delivering on mental health

Our commitments:

- Promote population mental health and wellbeing
- Prevent mental illness and suicide
- Improve the health and quality of life of people living with and recovering from mental health problems

What we have been doing:

- Supporting local action on **psychosocial and social** determinants of health
- Providing evidence and advice to support the **Mental Health Taskforce's** five year national strategy for mental health
- Supporting the **What Works Centre for Wellbeing** as an independent charity
- Identifying priorities and opportunities for increasing **workforce skills** in mental health
- Providing evidence and implementation support for **MH Trusts going smoke free**
- Supporting local authorities to have effective **suicide prevention** plans

Leadership focused on action

PHE uses four underpinning principles in its approach to supporting the system to improve the public's mental health:

1. Life-course approach
2. Ensuring those at highest risk receive the greatest levels of support
3. Place and settings-based approaches
4. Addressing the wider social determinants

This approach is key to securing and sustaining positive impact for individuals, families and communities

The approach has been endorsed by diverse local and national partners

Leadership focused on action

1. Promoting **good mental health** and improving population wellbeing
2. Preventing **mental health problems** and preventing **suicide and self harm**
3. Supporting people living with and recovering from **mental illness**
4. Tackling **inequalities** and improving the wider determinants of wellbeing and mental health
5. Enabling and embedding **wellbeing and mental health** across the public health system



Public Health
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Public Health England leadership and partnerships to deliver the ambitions of the *Five Year Forward View for Mental Health* across the public health and wider system

Time for a new approach

- The *Five Year Forward View for Mental Health* highlights a **cross-society consensus** on the need for change
- Prevention is a **vital part** of the game changing approach required to transform the system
- Prevention featured highly in the **public's priorities** for change with 24.7% of the 20,000 respondents to the Taskforce asking for more action on prevention
- This change of approach needs to be **hard wired** across the system



Preventing poor physical health outcomes

Preventing
poor physical
health
outcomes

Public Health England should prioritise ensuring that people with mental health problems who are at greater risk of poor physical health get access to prevention and screening programmes. This includes primary and secondary prevention through screening and NHS Health Checks, as well as interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. As part of this, NHS England and PHE should support all mental health inpatient units and facilities (for adults, children and young people) to be smoke-free by 2018.



***Systematic cross sector action
embedding physical health focused action
e.g. pathways, guidance***

Leading and working in partnership

Preventing poor physical health

- PHE will be engaged in supporting commissioners (with NHS) and the wider system through the development of integrated pathways:
 - Tailored **smoking cessation guidance** and the promotion of smoke free mental health units (all ages)
 - Guidance promoting equal access to cancer, non cancer **screening** and health check programmes, alcohol, diabetes
 - Promoting use of **physical health care levers** - CQUINs and QOF
 - Promoting action that addresses **wider determinants** (employment and housing)

Suicide prevention

Suicide prevention

The Department of Health, PHE and NHS England should support all local areas to have multi-agency suicide prevention plans in place by 2017, contributing to a 10 per cent reduction in suicide nationally. These plans should set out targeted actions in line with the National Suicide Prevention Strategy and new evidence around suicide, and include a strong focus on primary care, alcohol and drug misuse. Each plan should demonstrate how areas will implement evidence-based preventative interventions that target high-risk locations and support high-risk groups (including young people who self-harm) within their population, drawing on localised real time data. Updates should be provided in the Department of Health's annual report on suicide.



***Supporting action on:
Vention; Intervention; Post vention***

- ***Guidance,***
- ***cluster support,***
- ***zero suicide pilots***



Leading and working in partnership

Suicide prevention

Suicide prevention support for local areas:

- Pilots of **real-time surveillance of suicides** with the police, to provide reliable and timely information to frontline local authority and NHS
- Guidance for local **authorities and professionals** to follow on from those published in 2015
 - ✓ *Guidance for developing a local suicide prevention action plan*
 - ✓ *Preventing suicide among lesbian, gay and bisexual young people;*
 - ✓ *Preventing suicide among trans young people;*
 - ✓ *Prevention of suicides in public places (including hotspots);*
 - ✓ *Responding to potential suicide clusters*
 - ✓ *Zero suicide and bereavement framework development*

Preventing mental ill health

Preventing
mental ill
health

PHE should develop a national Prevention Concordat programme that will support all Health and Wellbeing Boards (along with CCGs) to put in place updated JSNA and joint prevention plans that include mental health and comorbid alcohol and drug misuse, parenting programmes, and housing, by no later than 2017.



JSNA toolkit, return on investment information and tools, guidance to embed prevention in all pathways



Leading and working in partnership

Preventing mental ill health

Public mental health leadership and workforce development framework

www.gov.uk/government/publications/public-mental-health-leadership-and-workforce-development-framework

A guide to community-centred approaches for health and wellbeing

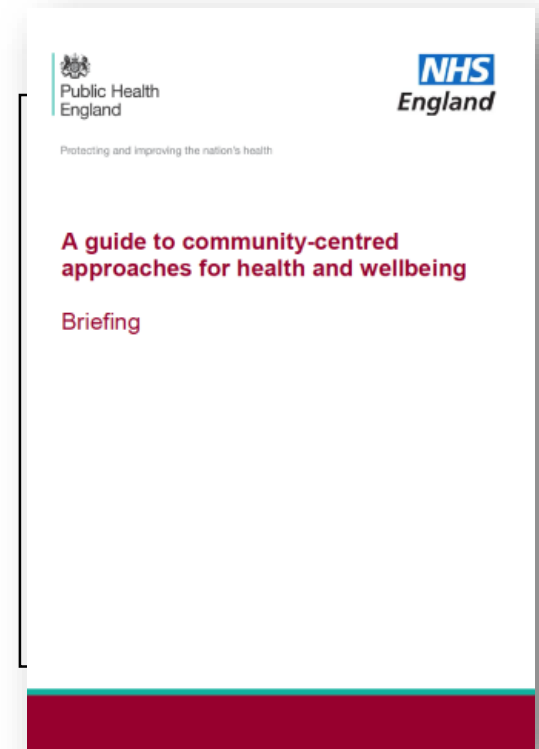
Building confident and connected communities

www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches

What Works Centre for Wellbeing

- Aim: to understand what governments, communities, businesses and individuals can do to increase wellbeing.
- Approach: Collate → Synthesise → Translate Evidence

www.whatworkswellbeing.org



Mental health intelligence

Mental Health Intelligence Network

During 2016 NHS England and Public Health England should set a clear plan to develop and support the Mental Health Intelligence Network over the next five years, so that it supports data linkage across public agencies, effective commissioning and the implementation of new clinical pathways and standards as they come online.



Increasing data transparency, quality and linkages

Improving data

Data improvement

The Department of Health, NHS England, PHE and the HSCIC should develop a 5-year plan to: address the need for substantially improved data on prevention, prevalence, access, quality, outcomes and spend across mental health services; set out responsibilities for each agency in providing the necessary legal, commissioning, and quality and safety information required; design and develop new datasets, linking physical health, mental health, social care and employment datasets, while ensuring that information governance adequately protects people's rights; include mental health measures in all physical care datasets, including emergency care.



System wide action to improve range and quality of data on prevention, prevalence, access and outcomes



Leading and working in partnership improving data and intelligence

- Public health **system leadership** and provision of **mental health intelligence products and tools** to enable every local footprint to produce a prevention plan. Resources include:
 - Suite of health economics return on investment tools
 - Mental health JSNA fingertips tool
 - Fingertips tools being developed for perinatal and infant mental health to complement existing tools for suicide prevention, SMI, CMHD, Children and Young People



Working in partnership: PHE with others

- **Children and Young People** implement Future in Mind and building on the 2015/16 Local Transformation Plans and going further to drive system-wide transformation
- **Health and Work:** innovation fund to support devolved areas to jointly commission more services that have been proven to improve mental health and employment outcomes, and test how the principles of these services could be applied to other population groups
- **Health and Justice:** develop a complete health and justice pathway to deliver integrated health and justice interventions in the least restrictive setting, appropriate to the crime which has been committed.
- **Holistic care pathways including Alcohol and Drug Misuse:** develop clear and comprehensive set of care pathways, with accompanying quality standards and guidance, for the full range of mental health conditions – informed by relevant public health expertise



PHE Working in partnership with others

- **Social Marketing:** The Department of Health should work with PHE to continue to support proven behaviour change interventions, such as Time to Change, and to establish Mental Health Champions in each community to contribute to improving attitudes to mental health by at least a further 5% by 2020/21.
- **Workforce development:** HEE should work with NHS England, PHE, professional bodies, charities, experts-by-experience and others to develop a costed, multi-disciplinary workforce strategy for the future shape and skill mix of the workforce
- **Research:** UK to aspire to be a world leader in the development and application of new mental health research. The Department of health working with all relevant parts of government, ALBs, research charities, independent experts, independent experts, industry and experts-by-experience, should publish a 10-year strategy for mental health research.

Summary

- Growing **burden of chronic diseases** and conditions as we live longer but not necessarily healthier lives
- Mental ill health is a significant contributor to **premature mortality and morbidity**, both directly and indirectly
- A radical boost in prevention for physical health must be accompanied by a similar focus for **mental health promotion, prevention and improvement**
- The FYFW for mental health presents new opportunities to **hardwire prevention** across the health and social care system
- Need to focus on **effective interventions**, at scale, working alongside communities for greater impact



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Thank you

kevin.fenton@phe.gov.uk

@ProfKevinFenton

PublicMentalHealth@phe.gov.uk