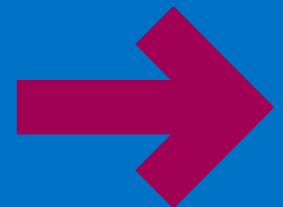


The future of urban mental health; can communities be therapeutic?

Professor Tim Kendall

National Clinical Director for Mental Health, NHS England and NHS Improvement

27 June 2019, Urban Psychology Summit

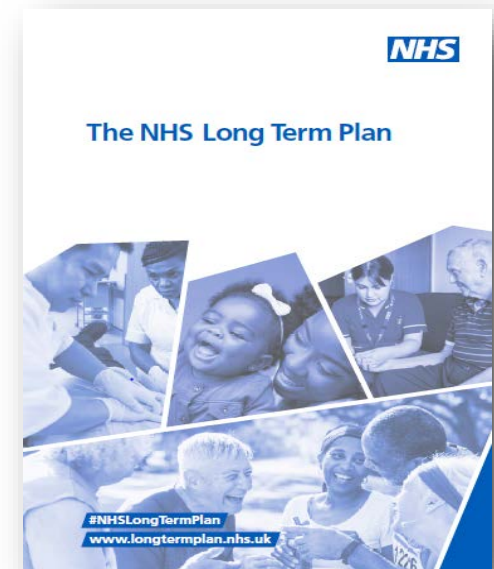


The NHS Long Term Plan



- 18 June 2018, the Prime Minister announced NHS funding will grow at an average of **3.4 per cent** a year real-terms increase from 2019/20 to 2023/24, equating to £20.5 billion in real term over the next five years.
- In return, the NHS was asked to prepare its Long Term plan, setting out ambitions for improvement over the next decade, and plans to meet them over the five years of the funding settlement.

- The NHS Long Term Plan published on 7 January 2019 commits to grow investment in mental health services faster than the overall NHS budget.
- This creates a new **ringfenced local investment** fund worth at least £2.3 billion a year by 2023/24.



Key ambitions at a glance

345,000 more CYP will access help via NHS funded mental health services and school or college-based Mental Health Support Teams

Provide better community mental health support to 370,000 people with SMI via new and integrated models of primary and community care

24,000 additional women will access specialist perinatal mental health services. The period of care will be extended from 12 months to 24 months post-birth

Anyone experiencing mental health crisis will be able to call NHS 111 and have 24/7 access to the mental health support they need

380,000 more people will access NICE-approved IAPT services each year

Reduced length of stay in units with a long length of stay to the national average of 32 days

Ensure that the parts of England most affected by rough sleeping will have better access to specialist homelessness NHS mental health support

Expand geographical coverage of NHS services for people with serious gambling problems

Expand the existing suicide reduction programme to all STPs in the country

Integrated primary and community care

By 2023/24, 370,000 adults and older adults supported to live well in their communities via new and integrated models of primary and community care.

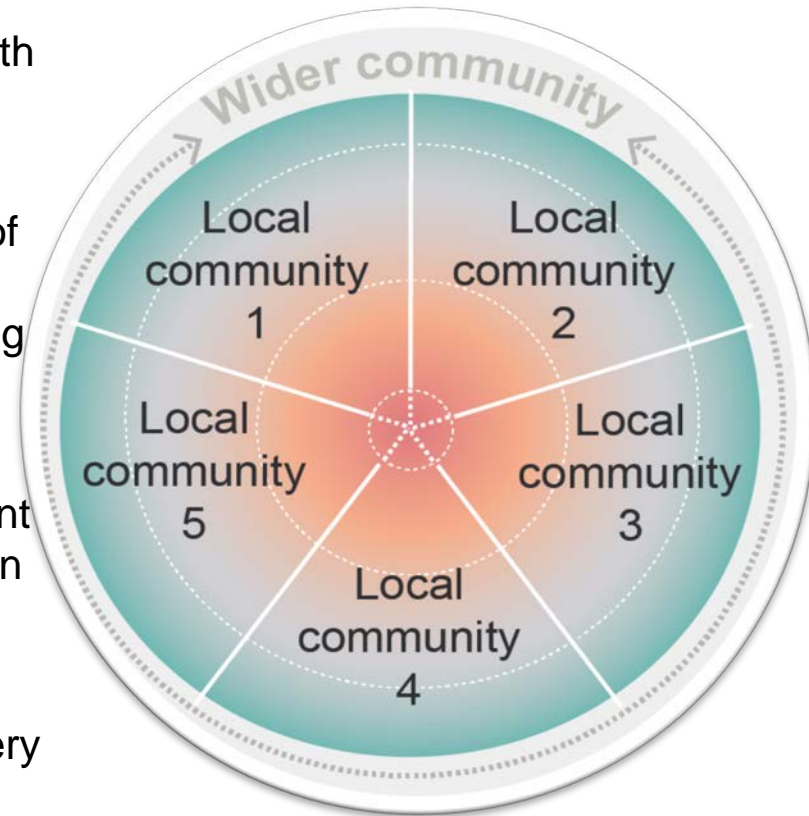


- **Test four-week waiting times** for adult and older adult community mental health teams.
- **Greater choice** and **control over** care, and **support** to live well in their communities.
- This includes maintaining and developing **new services** for people who have the most complex needs including EIP, ‘personality disorder’, rehabilitation and adult eating disorders



Place-based, neighbourhood based networks

- **Place based, neighbourhood based**, with specialist services arrangements to contribute to variation in population size
- Care built around **local needs, local geography** with care organised around local communities, built around **clusters of GP practices**
- **Primary care enabled** to provide a broader range of services in the community that integrate primary, community, social and acute care services, and bring together physical and mental health
- Creates **multidisciplinary** team, with **strong links** with crisis teams and other services such as inpatient care, residential and liaison mental health services in emergency departments
- Networks will have **common pathways** for specific needs or problems, **agreed protocols** for the delivery of care, **shared protocols** for the management of specific problems, and **reduction in multiple points of access**



Local community:
- population size ~ **50,000**

Wider community:
- population size **250,000 +**
- Several local communities

Needs not requiring mental health support, care and treatment	
Less complex needs	
Complex needs	
More complex needs	



Gardens, nature and our mental wellbeing

RHS gifting a garden to the NHS

- Mental Health Trusts apply, are shortlisted and one awarded a beautifully landscaped garden
- 2018 winner: Camden and Islington NHS Trust
- 2019 winner: Devon Partnership Trust
- Another garden will be gifted in 2020

Gardening is good for your health

- Connects people for wellbeing
- Physical exercise
- Sunlight, vitamin D
- Creative expression
- Re-connecting with nature - *Lost Connections, Johann Hari*



Gardening is very social



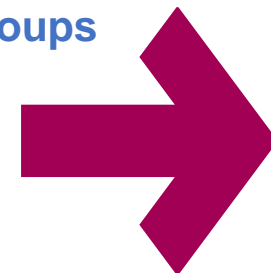


NHS England Social Prescribing

NHS Long Term Plan commitment: to fund the recruitment and training of over 1,000 **social prescribing link workers** to be in place by the end of 2020/21, rising further so that by 2023/24 **all staff within GP practices have access to a link worker** as part of a nationwide infrastructure of primary care networks.

What is Social Prescribing?

- Social prescribing enables all local agencies to refer people to a **link worker**.
- **Link workers** give people time and focus on what matters to the person as identified through shared decision making or personalised care and support planning. **They connect people to community groups** and agencies for practical and emotional support.
- **Link workers** collaborate with local partners **to support community groups to be accessible and sustainable** and help people to start new groups



Benefits of good social prescribing, for communities

- Social prescribing encourages community development and increases local community assets. Resources and support are available locally to **spot gaps** in community provision, help people to **create new groups** and provide **informal support** in their neighbourhoods.
- Communities are actively involved in developing and delivering social prescribing. VCSE organisations are commissioned to receive referrals and deliver services. Local community groups are able to take referrals from link workers because they have sustainable funding.
- Communities are **stronger and more tolerant**, because people from all backgrounds are supported to be involved in groups.
- The power of social prescribing in reducing health inequalities, enabling people to **take more control of their lives**, be less isolated and make connections.
- Communities work with social prescribing to ensure that services are fully **accessible to all** communities, including those in greatest need.
- Communities are able to support people who participate in social prescribing, improving their **confidence** and ability to **manage their own wellbeing**.



“ We need therapeutic communities (services, hospitals, money) but we also need communities that are therapeutic “

Professor Tim Kendall
Steering Committee for the 2019 Ministerial Conference on Mental Health,
The Hague, Netherlands



GLOBAL MINISTERIAL MENTAL HEALTH SUMMIT
— 2018 —



Global Ministerial Mental Health Summit, London 2018

- First Global Ministerial Mental Health Summit held 2018, on 9th and 10th October (**World Mental Health Day**) in London, UK
- Over **580 delegates**: world political leaders, innovators, people with lived experience, policy makers and third sector organisations
- 47 countries from a range of geographic regions, with varying levels of economic development were represented
- Highlights included Inspirational talks from author **Matt Haig** and Royal visit - **Duke and Duchess of Cambridge**
- **World Mental Health Day:**
 - Key note: **Rt Hon Matt Hancock MP**, Secretary of State for Health and Social Care
 - Declaration signed by ministers



Ministerial recommendations

- People with lived experience co-chairing every workstream, co-producing every part of the Summit
- 22 Ministerial Recommendations developed by Six Workstreams



Workstream Themes

- 1. Children, young people and the now generation**
- 2. Mental health services around the world**
- 3. Research and the future of mental health**
- 4. The economics of, and investment in, mental health**



Ministerial recommendations

- People with lived experience co-chairing every workstream, co-producing every part of the Summit
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Workstream Themes

4. **A just society:** supporting societal shifts, tackling stigma and discrimination, creating inclusive societies
4. **A caring society:** a focus on prevention and wellbeing



Thankyou

