Delivering the 5 Year Forward View for Mental Health

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October 2016

Five Year Forward View for Mental Health

NHS England

Simon Stevens: "Putting mental and physical health on an equal footing will require major improvements in 7 day mental health crisis care, a large increase in psychological treatments, and a more integrated approach to how services are delivered. That's what today's taskforce report calls for, and it's what the NHS is now committed to pursuing."

Prime Minister: "The Taskforce has set out how we can work towards putting mental and physical healthcare on an equal footing and I am committed to making sure that happens."

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The report in a nutshell:

- 20,000+ people engaged
- Designed for and with the NHS Arms' Length Bodies
- All ages (building on Future in Mind)
- Three key themes in the strategy:
  - High quality 7-day services for people in crisis
  - Integration of physical and mental health care
  - Prevention
- Plus 'hard wiring the system' to support good mental health care across the NHS wherever people need it
- Focus on targeting inequalities
- 58 recommendations for the NHS and system partners
- £1bn additional NHS investment by 2020/21 to help an extra 1 million people of all ages
- Recommendations for NHS accepted in full and endorsed by government

In response to the taskforce report, and with new funding, the NHS will deliver a programme of transformation across the NHS so that by 2020:

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70,000 more children will access evidence based mental health care interventions

Intensive home treatment will be available in every part of England as an alternative to hospital

No acute hospital is without all-age mental health liaison services, and at least 50% of acute hospitals are meeting the 'core 24' service standard

At least 30,000 more women each year can access evidence-based specialist perinatal mental health care

10% reduction in suicide and all areas to have multi-agency suicide prevention plans in place by 2017,

Increase access to evidence-based psychological therapies to reach 25% of need, helping 600,000 more people per year to access care

The number of people with SMI who can access evidece based Individual Placement and Support (IPS) will have doubled

280,000 people with SMI will have access to evidence based physical health checks and interventions

60% people experiencing a first episode of psychosis will access NICE concordant care within 2 weeks

As set out in the implementation plan, investment supports these objectives and is phased over the 5yfv period

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	Investment				
CCG Baseline Allocations	2016/17	2017/18	2018/19	2019/20	2020/21
CYP Mental Health	119.0	140.0	170.0	190.0	214.0
Eating Disorders	30.0	30.0	30.0	30.0	30.0
Specialist perinatal mental health				73.5	98.0
Expansion of Psyh. Therapies (IAPT access to 25%)			157.0	233.0	308.0
Crisis and acute care		43.0	90.0	140.0	146.0
Early intervention in psychosis		11.0	20.0	30.0	70.0
Physical health interventions for SMI		41.0	83.0	83.0	83.0
Secure Care Pathway					58.0
Gross Savings - MH	2016/17	2017/18	2018/19	2019/20	2020/21
Crisis Response Home Treatment Teams			-64	-135	-168
EIP to 60%		-4	-8	-12	-20
Gross Savings - Acute	2016/17	2017/18	2018/19	2019/20	2020/21
Reduced acute healthcare utilisation – IAPT access to 25%		-26	-122	-236	-364
Reduced acute healthcare utilisation – SMI physical health		-27	-81	-108	-108
Mental health Liaison (50% of hospitals)			-15	-30	-84
STF Monies for Allocation (indicative)	2016/17	2017/18	2018/19	2019/20	2020/21
Perinatal community development fund	5.0	15.0	40.0		
Additional CCG funding to be allocated				11.5	22.0
Mental Health liaison services		15.0	30.0	84.0	120.0
National Programmes (indicative)	2016/17	2017/18	2018/19	2019/20	2020/21
Crisis care models	5.5				
Workforce development (HEE)	38.0	38.0	22.0	17.0	
Workforce development (other)	18.0	18.0	12.0	4.0	
Specialist in-patient / outreach	21.0	11.0	4.0		
Vulnerable Groups	20.0	24.0	25.0	24.0	21.0
Other Programmes	14.5	5.0	3.0	1.0	1.0
Mother and baby unit development	4.5	10.0	15.0	15.0	15.0
Perinatal workforce development	3.0	2.5	2.5	2.5	2.5
Regional perinatal MH networks	1.5	1.5	1.5	1.5	1.5
Investment in integrated services	20.0	88.0			
Community mental health			13.0	33.0	50.0
Armed Forces	1.7	1.7	1.7		
Secure services transition fund		1.0	5.0	30.0	
Liaison & diversion	5.0	12.0	17.0	27.0	31.0
Suicide prevention			5.0	10.0	10.0
TOTAL	**306.7**	**450.7**	**456.7**	**519.0**	**537.0**

Summary Table of Key Deliverables for Mental Health Transformation

NHS England

Deliverable	Key actions for commissioners and providers	How this will be measured
Commission additional **psychological therapies** for people with anxiety and depression, the majority of which is integrated with physical healthcare	• CCGs should commission additional IAPT services, in line with the trajectory to meet 25% of local prevalence in 2020/21. Ensure local workforce planning includes the number of therapists needed and mechanisms are in place to fund trainees. • From 2018/19, commission IAPT services integrated with physical healthcare and supporting people with physical and mental health problems. This should include increasing the numbers of therapists co-located in general practice.	• Increased access rates: through quarterly publications of the IAPT data set. • Provision of integrated IAPT services: interim collection through a national audit of provision. In due course, through the outcomes achieved and healthcare utilisation of people with mental and physical health problems accessing in IAPT. • Therapists working in general practice: through the annual IAPT workforce census.
Increase access to high-quality mental health services for an additional 70,000 **children and young people** per year	• Implement local transformation plans to expand access to CYP services by 7% in real terms in each of 2017/18 and 2018/19 (to meet 32% of local need in 2018/19). • Ensure that all areas take full part in the CYP IAPT workforce capability programme and staff are released for training courses. • Commission 24/7 urgent and emergency mental health service for children and young people that can effectively meet the needs of diverse communities, and ensure submission of data for the baseline audit in 2017.	• Provision of services for children and young people will be measured through the MHSDS (number of CYP who have started and completed treatment) and NHSE finance tracker to monitor additional funding. • NHS England will measure achievement towards increased workforce capability with data collected from HEE and the CYP IAPT programme at CCG and provider level. • NHS England will measure 24/7 urgent and emergency response times through a baseline audit and, subsequently, the MHSDS.

Summary Table of Key Deliverables for Mental Health Transformation

NHS England

Deliverable	Key actions for commissioners and providers	How this will be measured
Increase access to evidence-based specialist **perinatal mental health care**	• Commission additional or expanded specialist perinatal mental health community services to deliver care to more women within the locality. • Ensure staff are released to attend training or development as required.	• Provision of specialist community services will be monitored through MHSDS and NHSE finance tracker. • Baseline provision against treatment pathway and outcomes will be measured through CCQI self-assessment and subsequent validation.
Expand capacity so that more than 50% of people experiencing a first episode of **psychosis** receive treatment within two weeks of referral	• Commission/provide an early intervention service that provides NICE-concordant care to people aged 14-65 years, meeting the relevant access and waiting time standards in each year. • At least 25% of EIP teams should meet the rating for 'good' services in the CCQI self-assessment by 2018/19.	• NHS England will measure the achievement of the RTT component of the standard through the UNIFY collection in 2017/18, moving to MHSDS as soon as possible. • NHS England will measure the achievement of the NICE-concordant component of the standard through the scoring of providers in the CCQI self-assessment.
Community eating disorder teams for children and young people to meet access and waiting time standards	• CCGs should commission dedicated eating disorder teams in line with the waiting time standard, service model and guidance. • Commissioners and providers should join the national quality improvement and accreditation network for community eating disorder services (QNCC ED) to monitor improvements and demonstrate quality of service delivery.	• NHS England will measure the achievement of the NICE concordant element of the standard through the MHSDS. • NHS England will measure progress towards achieving the waiting time element of the eating disorder standard through UNIFY collection from 2016/17 and the MHSDS from 2017/18.

Summary Table of Key Deliverables for Mental Health Transformation

NHS England

Deliverable	Key actions for commissioners and providers	How this will be measured
Reduce **suicides** by 10%, with local government and other partners	• CCGs and providers should contribute fully to local multi-agency suicide prevention plans, following the latest evidence and PHE guidance.	• Suicide rates will be published by CCG in the MH dashboard, using ONS statistics.
Commission effective 24/7 **Crisis Response and Home Treatment Teams** as an alternative to acute admissions	• Commissioners must have conducted a baseline audit of CRHTTs against recommended best practice and have begun to implement a funded plan to address any gaps identified. • Providers must routinely collect and monitor clinician and patient reported outcomes and feedback from people who use services.	• Plans for CRHTTs to be monitored through the CCG IAF. • Delivery of effective CRHTTs in line with standards to be assessed and validated by CCQI. • CCG funding for crisis services to be monitored through NHSE finance tracker.
Eliminate of **out of area treatments** for non-specialist acute care	• Commissioners and providers must deliver reductions in non-specialist acute mental health out of area placements, in line with local plans, with the aim of elimination by 2020/21. • Commissioners must ensure routine data collection and monitoring of adult mental health out of area placements, including bed type, placement provider, placement reason, duration and cost.	• Plans for reducing OATs to be monitored through milestone indicator in the CCG IAF. • Out of area treatments to be measured through an interim CAP collection (from autumn 2016) and the MHSDS (from Apr 2017).

Summary Table of Key Deliverables for Mental Health Transformation

NHS England

Deliverable	Key actions for commissioners and providers	How this will be measured
Ensure that 50% of acute hospitals meet the 'core 24' standard for **mental health liaison** as a minimum, with the remainder aiming for this level	• Commissioners and providers must implement funded service development plans to ensure that adult liaison mental health services in local acute hospitals are staffed to deliver, as a minimum, the 'Core 24' service specification. • Funding will be made available for mental health liaison via a two-phase bidding process. The first phase of bidding will be run in autumn 2016 for funding in 2017/18 (wave 1) and 2018/19 (wave 2). The second phase of bidding will be run in autumn 2018 for funding in 2019/20 (wave 3) and 2020/21 (wave 4). A&E Delivery Boards (formerly known as System Resilience Groups) will be invited to bid in late October.	• Health Education England will commission an annual workforce survey of liaison mental health services to monitor compliance with workforce elements of the 'core 24' standard. • Access and waiting times for liaison services will be assessed and monitored through CCQI, and in due course the MHSDS. • Outcome measures in line with RCPsych standards will also be collected and monitored through CCQI assessment against standards and the MHSDS.
Increase access to **Individual Placement Support** for people with severe mental illness	• Using local findings from the national IPS baseline audit, CCGs should plan for improving access to IPS employment support for people with SMI across their STP area from 18/19. • STP footprints will be invited to bid for transformation funding in autumn 2017, with bids submitted by December 2017.	• NHS England will commission a national baseline audit for IPS services in Q3/4 2016, supported by regional assurance of CCG plans.

Summary Table of Key Deliverables for Mental Health Transformation

NHS England

Deliverable	Key actions for commissioners and providers	How this will be measured
Deliver **integrated physical and mental health** provision to people with severe mental illness	• CCGs should commission NICE-recommended screening and physical health interventions to cover 30% of the population on GP register with severe mental illness (SMI), and 60% in 2018/19. • Providers to meet the physical health SMI CQUIN requirement.	• NHS England to measure physical health checks in primary and secondary care through the CCG OIS (people with SMI receiving complete list of physical health checks) and a clinical audit of people with SMI to have received a cardio-metabolic assessment and treatment within inpatient settings, EIP services and community-based teams.
CCGs will continue to meet a **dementia** diagnosis rate of at least two-thirds of the estimated number of people with dementia	• Achieve and maintain a diagnosis rate of at least two-thirds, or for those unable to meet that ambition, make sustained gains towards the national ambition with a view to halving the number of CCGs not meeting the ambition by March 2019. • Increase the number of people being diagnosed with dementia, and starting treatment, within six weeks from referral; with a suggested improvement of at least 5% compared to 2015/16 (subject to local agreement).	• Monthly monitoring and reporting of CCG diagnosis rates using QOF data. • Regular monitoring and reporting of referral to treatment times using MHMDS data and self-report data from the new CCQI tool. • Annual monitoring of care plan reviews using QOF data.

Summary Table of Key Deliverables for Mental Health Transformation

NHS England

Deliverable	Key actions for commissioners and providers	How this will be measured
Ensure **data quality** and transparency	• Commissioners must assure that providers are submitting a complete, accurate data return for all routine collections in the MHSDS, IAPT MDS and to any ancillary UNIFY collections. • Providers must engage with CCQI to complete and submit self-assessment tools and subsequent validation in relation to all evidence-based treatment pathways. • Ensure locally agreed suite of quality/outcome measures which reflect mental, physical and social outcomes, in line with national guidance.	
Increase **digital maturity** in mental health	• Commissioners should support full interoperability of healthcare records ensuring mental health services are included in local digital roadmaps, plans and sufficient investment is made in functionalities and capabilities • Commissioners should support further expansion of e-prescribing across secondary care mental health services.	• next and subsequent iterations of the digital maturity index • next and subsequent iterations of the digital maturity index.

Mental Health Investment Standard

NHS England

- Mental health transformation funding is available matching the Mental Health Implementation plan. However, additional funding underpinning the delivery of the Five Year Forward View for Mental Health must not be used to supplant existing spend or balance reductions elsewhere. This new money builds on both the foundation of existing local investment in mental health services and **the ongoing requirement to increase that baseline by at least the overall growth in allocations to deliver the Mental Health Investment Standard.**
- Savings arising from new services (such as integrated Improving Access to Psychological Therapies/Long Term Conditions and Mental Health liaison in A&E) resulting from this new investment need to be reinvested to maintain services and ensure delivery of the commitment to treat an additional one million people with mental illness by 2020/21.
- CCGs should commit to sharing and assuring financial plans with local Healthwatch, mental health providers and local authorities. Details of deliverables and actions are summarised below but areas should make reference to fuller guidance set out in Implementing the Five Year Forward View for Mental Health

To supplement the planning 'must dos' there are a series of incentives to support delivery

NHS England

- Planning guidance includes 'must do's for mental health and plans for measuring success.
- NHS England CQUIN and QP schemes include MH at the core.
- NHS Improvement Oversight Framework includes measures on MH and a focus on improving quality of data returns to MHSDS

National CQUIN measures 2017-19

Acute	Community	MH	AMB	111	Care Homes
NHS Staff Health and Wellbeing	NHS Staff Health and Wellbeing	NHS Staff Health and Wellbeing	NHS Staff Health and Wellbeing	NHS Staff Health and Wellbeing	Proactive and Safe Discharge
Proactive and Safe Discharge	Proactive and Safe Discharge	CAMHS Transition	999 Conveyance	111 refs to A&E and 999	+ locally devised metrics if required
Reducing the impact [illegible] infections	[illegible]aternity	PSMI	+ locally devised metrics if required	+ locally devised metrics if required	
Crisis Liaison	PSMI	Crisis Liaison			
E-Referrals (Year 1) Preventing ill health by risky behaviours – alcohol and tobacco (Year 2)	Preventing ill health by risky behaviours – alcohol and tobacco	Preventing ill health by risky behaviours – alcohol and tobacco			
Advice and Guidance	Wound Care	Personalised Care and support planning (TBC)			

CAMHS transition will measure the number of people in contact with services who have a planned transition with named support and user involvement throughout.

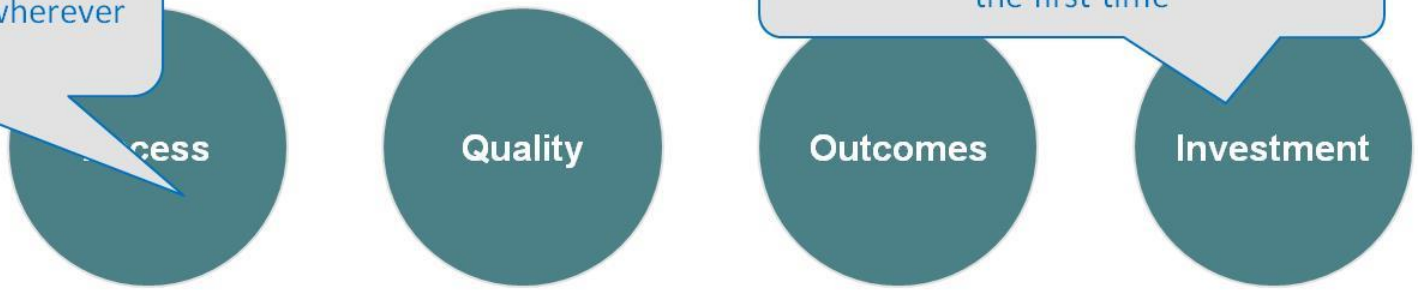
People with serious mental illness will be offered a full set of physical health checks within secondary mental health care.

Crisis liaison will track the number of repeat attenders at A&E with primary or secondary mental health receive an improved, integrated service offer, with the aim of reducing attendances at A&E.

And the soon to be launched mental health dashboard will support areas to measure progress

Data is available at national, regional and CCG level wherever possible

Will incorporate finance measures for the first time



	Is everyone who needs access getting access?	Is care provided of the right quality, at the right time and in the right place?	Is that care effective and delivering the outcomes that people want to see?	Is there the right level of investment?
CYPMH				
IAPT				
EIP				
Crisis care				

Includes measures across the MH programme, using the FyFV recommendations as a starting point

Contains 'placeholder' measures to be populated as data becomes available

What can local areas do via STPs?

What are the properties of STPs?

- Are geographically based and cover health and care needs of the population that cover a larger area than the usual CCG planning footprints
- A place for commissioners and providers to collaboratively develop plans for a sustainable future over a 5 year period
- Should have multi-agency engagement including health and social care partners as a minimum
- Include physical and mental health care providers including acute trusts, primary care and secondary mental health care
- Include specialised services that are provided within that geography (even when they provide services to a wider population base)

What kinds of activities therefore are best articulated at an STP rather than a CCG level?

- Invest to save where savings realised beyond the 1 year commissioning cycle
- Invest to save where savings realised in a different setting (e.g., provide specialist MH care, save in acute physical health)
- Specialist services that require planning over a geography bigger than a single CCG
- Delivering care pathways that require a whole system approach (e.g., need care from primary, secondary physical and mental and social care)
- Investing in preventative or early intervention care to reduce costs of care later in the cycle

Examples of interventions that require collaboration at STP geography or timeline and links to information

NHS England

What	Why at STP	Benefits realised	Evidence/ examples
Liaison mental health services	Savings are released in acute physical care and to acute physical commissioners, where service is provided as MH specialist service	Improved outcomes, Reduced LOS, Reduced admissions, better care with less resources, reduced costs for MUS, reduced psychological distress following self-harm and suicide reduction	https://www.centreformentalhealth.org.uk/Handlers/Download.ashx?IDMF=d6fa08e0-3c6a-46d4-8c07-93f1d44955e8 http://www.crisiscareconcordat.org.uk/wp-content/uploads/2015/10/2a-Report-of-the-2nd-Annual-Survey-of-Liaison-Psychiatry-in-England-20-.pdf
Addressing physical health needs of people with SMI	Requires co-ordination across a range of providers, with savings released in acute care providers where care delivered in primary/ community care.	Improved outcomes through access to physical care interventions, reduction in health inequality, reductions in unnecessary emergency and unplanned physical care activity. Savings through reductions in emergency and unplanned activity	http://www.qualitywatch.org.uk/sites/files/qualitywatch/field/field_document/QualityWatch_Mental_ill_health_and_hospital_use_summary.pdf
Holistically addressing mental and physical health needs via IAPT	Requires co-ordination across a range of providers with savings released in physical care with investment in MH care.	Improved mental and physical health outcomes. Savings of up to 25% LTC care. Improved employment.	http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/long-term-conditions-mental-health-cost-comorbidities-naylor-feb12.pdf

Examples of interventions that require collaboration at STP geography or timeline and links to information

NHS England

What	Why at STP	Benefits realised	Evidence/ examples
Children and young people's local transformation plans (LTPs)	Requires multi-agency buy in particularly across local authority and CCG. Requires addressing wider determinants of health in addition to improvements to clinical care (also scale needed for co-commissioning – see p5)	Improved early access to evidence based care, improved outcomes, long term, likely reductions to demand for adult mental health services,	https://www.england.nhs.uk/wp-content/uploads/2015/07/local-transformation-plans-cyp-mh-guidance.pdf https://www.england.nhs.uk/wp-content/uploads/2015/07/local-transformation-plans-cyp-mh-guidance.pdf
Delivering care pathways and outcomes across organisations including EIP and ED	Requires multi-agency buy in in particular across primary, secondary mental and physical health care commissioners and providers	Improved access, improved mental and physical care outcomes, person-centred care, improved experience at organisational boundaries, reduced future healthcare	https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/04/eip-resources.pdf https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf
Perinatal mental health	Requires planning over a larger footprint for economies of scale, requires collaboration between mental and physical care providers over maternity providers	Better outcomes for mothers and children including reduced pre-term birth, infant death, improved school attainment, improved mental health, reduced costs relating to health and social outcomes of child.	http://eprints.lse.ac.uk/59885/ https://www.centreformentalhealth.org.uk/falling-through-the-gaps https://www.nice.org.uk/guidance/cg192

Examples of interventions that require collaboration at STP geography or timeline and links to information

What	Why at STP	Benefits realised	Evidence/ examples
Delivering the well pathway for dementia/ innovative care packages for dementia e.g., care home vanguard	Requires co-ordination between local authority, NHS, care homes, acute providers and others. [see also Liaison MH]	Improved health outcomes, improved quality of life, reduced social isolation, shifting from fragmented to connected care, potential reduced costs in secondary care	https://www.england.nhs.uk/mentalhealth/resources/dementia/ https://www.england.nhs.uk/ourwork/futurenhs/new-care-models/care-homes-sites/
Co-commissioning for tertiary services inc. CYP/ Secure/ ED/ CAMHS tier 4	Could facilitate gain/ loss share among STP partners, incentive for CCGs to make appropriate investment in non specialised services in order to reduce demand and overall costs and support sustainability.	Improved outcomes, joined up care pathways, reduced cost-shifting, lower overall costs, more investment in care closer to home, care in the lowest intensity setting, quicker discharge from inpatient settings,	https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/03/spec-serv-collabrtv-comms-guid.pdf
Employment/ Health join up including IPS and IAPT	Pooled shared budgets with Job Centre+ and CCGs more feasible due to DWP admin footprints, outcome based commissioning jointly with LA/ CCG for health/ work impact possible	Improved employment and health outcomes, reduced overall government spend on population, improved quality of life	http://www.socialfinance.org.uk/impact/health-and-social-care/#sthash.j3TerH0D https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/415177/IPS_in_IAPT_Report.pdf

Examples of interventions that require collaboration at STP geography or timeline and links to information

NHS England

What	Why at STP	Benefits realised	Evidence/ examples
Housing and Health join up	• Housing is a multi-agency responsibility across NHS, social care and public health +DWP • suitable housing is a key determinant of MH+ can prevent crisis • Benefits accrue across the system	5% reduction in bed days 10% reduction in readmission 4.7% reduction in bed days due to DTOCs 50% reduction in OATs *Source: Housing and Health, collaboration between HACT and Common Cause Consulting*	http://www.candi.nhs.uk/our-services/tile-house-0 https://www.mentalhealth.org.uk/sites/default/files/Mental_Health_and_Housing_report_2016_1.pdf
Single point of 24/7 access to MH Crisis Care	• May require larger geography to make sustainable • Benefits may accrue elsewhere	Improved service user experience, Increased referrer satisfaction Reduced calls to ambulance Increased productivity Reduced avoidable harm	http://www.crisiscareconcordat.org.uk/wp-content/uploads/2014/11/mh-urgent-commiss-doc-102014.pdf http://www.nhsiq.nhs.uk/media/2422305/northumberlandtyne_cs_final.pdf
+local examples			

Other areas where mental health might look to deliver specific benefits as part of their STP footprint

NHS England

Leadership	Mental Health has met a lot of challenges that acute care is now facing, e.g., living within a fixed (block) budget, closing beds, treating people closer to home and out of hospital. MH leaders should play a **key role in supporting STPs to address financial challenges and need for new care models**
Demand management and care close to home	Mental health interventions often have an impact on reducing the wider costs of care for a population therefore **links must be made with other leaders in the health economy** to secure the importance of high quality evidence based mental health interventions.
Multidisciplinary teams	Mental health providers are used to working in MDTs and may wish to **share and co-develop integrated models of care** including risk management/stratification with others in the STP, particularly in plans to address long term conditions,
Integration with social care and multiple agencies	Mental health can act as a leader in local health economy plans to **collaborate with social care and other agencies** such as leisure, employers, arts, voluntary sector organisations etc. Mental health providers and commissioners are often working in this way already

Q and A with Claire and the mental health team

Potential topics for discussion

- What more can NHS England and other ALBs do to support local areas to deliver?
- What information would support local areas to ensure inclusion of 5yfv deliverables via the contracting round?
- CYP mental health
- Integrated IAPT
- Reducing out of area treatments
- Mental health crisis and liaison mental health
- Workforce
- Payment systems for mental health
- Mental health services dataset