



Implementing the Five Year Forward View for Mental Health Cost and planning assumptions

2. Children and young people's mental health

(Implementing The Five Year Forward View for Mental Health Pages 6-11)

Table 2.1: The indicative trajectory for increased access to high-quality mental health care for children and young people based on existing data on prevalence of mental health problems.

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.	28%	30%	32%	34%	35%
Number of additional CYP treated over 2014/15 baseline	21,000	35,000	49,000	63,000	70,000

Table 2.2: The trajectory for the necessary growth in therapists, which reflects the growth in additional funding in CCG baselines. This does not include consequent growth in other staff such as psychiatrists and mental health nurses.

Workforce type	2016/17	2017/18	2018/19	2019/20	2020/21
Therapists	200	428	428	228	52
Supervisors	50	107	107	57	13

Table 2.3: The indicative national and local funding for children and young people’s mental health (profiled to increase CCG allocations over time to support transformation and plan for recruitment of the additional workforce required)

Funding type	2016/17	2017/18	2018/19	2019/20	2020/21
CCG baseline allocations					
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
National programmes (indicative)					
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	13.5	4.0	2.0		

Key

Local Funding
National Funding

Table 2.4: National metrics to demonstrate progress at CCG/STP level for children and young people with mental health problems.

Metric	Source	Availability
CYP MH transformation milestones	CCG IAF / Unify	From Q1 2016/17
CCG spend of additional funding for CYP MH	NHSE finance tracker	From Q1 2016/17
Number of CYP commencing treatment in NHS-funded community services	MH SDS	From Q3 2016/17
Proportion of CYP with an eating disorder receiving treatment within 4 weeks (routine) and 1 week (urgent)	MH SDS / Unify	From Q1 2016/17
Proportion of CYP showing reliable improvement in outcomes following treatment	MH SDS	2018/19
Total bed days in CAMHS tier 4 per CYP population; total CYP in adult in-patient wards/paediatric wards	MH SDS	From Q2 2016/17

3. Perinatal mental health

(Implementing The Five Year Forward View for Mental Health Pages 12-15)

Table 3.1: The indicative trajectory showing the total number of additional women to be treated each year at a national level, above the baseline.

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
To support at least 30,000 additional women each year to access evidence-based specialist perinatal mental health treatment.	500	2,000	8,000	20,000	30,000

Table 3.2: The investment and national and local funding for access to specialist perinatal mental health support.

Funding type	2016/17	2017/18	2018/19	2019/20	2020/21
	£m	£m	£m	£m	£m
CCG baseline allocations					
Specialist perinatal mental health				73.5	98.0
STF monies for allocation (indicative)					
Perinatal community development fund	5.0	15.0	40.0		
Additional CCG funding to be allocated				11.5	22.0
National programmes (indicative)					
Mother and baby unit development	4.5	10.0	15.0	15.0	15.0
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
Other programmes	1.0	1.0	1.0	1.0	1.0

Key

Local Funding
National Funding

Table 3.3: The indicative metrics to better demonstrate improvements to access and outcomes for women at CCG/STP level.

Metric	Source	Availability
Number of women receiving specialist perinatal care in a community team (annual figure)	MHSDS	2016/17
CCG spend on specialist perinatal community services	NHSE finance tracker	From Q2 2016/17
Collection and recording of routine outcomes measures for perinatal MH	MHSDS	In development
Referral to treatment waiting times for access to evidence-based care	MHSDS	In development

4. Adult mental health: common mental health problems

(Implementing The Five Year Forward View for Mental Health Pages 16-19)

Table 4.1: The indicative trajectory set out for each objective which will be in line with the integrated services rolled out across all CCGs from 2018/19

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 25% of people with common MH conditions access psychological therapies each year.	15.8%	16.8%	19%	22%	25%
Total number of people accessing treatment	0.96m	1.02m	1.16m	1.37m	1.5m

Table 4.2: The indicative trajectory of additional staff needed to deliver the objectives in Table 4.1, year-on-year.

Workforce type	2016/17	2017/18	2018/19	2019/20	2020/21
Psychological wellbeing practitioners	210	350	338	338	338
High intensity therapists	390	650	630	630	630

Table 4.3: The additional investment required to increase access to psychological therapies and treatment for adults with mental health problems.

Funding type	2016/17	2017/18	2018/19	2019/20	2020/21
	£m	£m	£m	£m	£m
CCG baseline allocations					
Expansion of psych. therapies			157.0	233.0	308.0
National programmes (indicative)					
Investment in integrated services	20.0	88.0			

Key

Local Funding
National Funding

Table 4.4: Expected savings based on the investment identified in Table 4.3 for integrated psychological therapies.

	2016/17	2017/18	2018/19	2019/20	2020/21
Expected savings: integrated psychological therapies		-26.0	-122.0	-236.0	-364.0

Table 4.5: The key metrics at a local level to monitor progress of increased access to psychological therapies and treatment for adults with mental health problems.

Metric	Source	Availability
Current standards: Access to treatment, recovery rate, and referral to treatment time	IAPT regular data publications, CCG IAF	Now
Access and outcomes for different population groups	IAPT regular data publications	Now and in development
Physical health outcomes for people being treated in integrated services	IAPT regular data publications	In development
Healthcare utilisation	National data linkage	In development
CCG spend on IAPT services	NHS England finance tracker	From April 2016
Number of staff co-located in general practice & workforce numbers and capabilities	IAPT workforce census	Now and in development (published annually)

5. Adult mental health: community, acute and crisis care

(Implementing The Five Year Forward View for Mental Health Pages 20-28)

Table 5.1: An indicative trajectory for provide timely access to evidence-based, person-centred care, which is focused on recovery and integrated with primary and social care and other sectors.

Objective		2016/17	2017/18	2018/19	2019/20	2020/21
Early intervention in psychosis	% of people receiving treatment in 2 weeks	50%	50%	53%	56%	60%
	Specialist EIP provision in line with NICE recommendations ^{xi}	All services complete baseline self-assessment	All services graded at level 2 by year end	25% of services graded at least level 3 by year end	50% of services graded at least level 3 by year end	60% of services graded at least level 3 by year end
People with a severe mental illness receiving a full annual physical health check			140,000	280,000	280,000	280,000
Doubling the number of people accessing individual placement and support		Baseline audit of IPS provision undertaken	STP areas selected for targeted funding	25% increase in access to IPS	60% increase in access to IPS	100% increase in access to IPS

Table 5.2: An indicative trajectory for the proportion of acute hospitals achieving the Core 24 standard over the period.

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
% acute hospitals with an all-age MH liaison service achieving Core 24 service standard	7% (current)	13%	20%	40%	50%

Table 5.3: The additional investment required to deliver the adult mental health objectives

Funding type	2016/17 £m	2017/18 £m	2018/19 £m	2019/20 £m	2020/21 £m
CCG baseline allocations					
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		41.0	83.0	83.0	83.0
Armed forces	5.05	5.05	5.05	5.05	5.05
STF monies for allocation (indicative)					
Mental health liaison services		15.0	30.0	84.0	120.0
National programmes (indicative)					
Community mental health			13.0	33.0	50.0
Armed forces	1.68	1.68	1.68		

Key

Local Funding
National Funding

Table 5.4: Expected savings to be released based on the investment specified in Table 5.3.

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
Expected savings: crisis and acute mental health care			-64.0	-135.0	-168.0
Expected savings: early intervention in psychosis		-4.0	-8.0	-12.0	-20.0
Expected savings: physical health care for people with SMI		-27.0	-81.0	-108.0	-108.0
Expected savings: mental health liaison services			-15.0	-30.0	-84.0

Table 5.5: The key metrics at a local level to monitor progress of delivery of the adult mental health objectives

Metric	Source	Availability
Crisis care milestones: liaison MH, CRHTTs, places of safety	CCG IAF/Unify	From Q1 2016/17
OATs milestones: monitoring, commissioning plans	CCG IAF/Unify	From Q1 2016/17
Number of non-specialist acute MH OATs	MH SDS	From Q1 2017/18
% of people with first episode psychosis commencing NICE-recommended package of care within two weeks of referral	Unify	Now
% of EIP services meeting full range of NICE standards	CCQI validation of self-assessment	Q4 2016/17
% of acute hospitals with a 24/7 liaison mental health service at minimum Core 24 standard	Annual audit (HEE/ Univ. of Plymouth)	August 2016
CCG spend on: liaison MH in acute hospitals, EIP, CRHTTs	NHSE finance tracker	From Q1 2016/17
Data on access and outcomes for veterans in all mental health services (including IAPT data sets)	IAPT	Now (IAPT) and from Q1 2017/18

6. Adult mental health: secure care pathway

(Implementing The Five Year Forward View for Mental Health Pages 29-31)

Table 6.1: The breakdown of national and local funding for secure care pathways and service models

Funding type	2016/17	2017/18	2018/19	2019/20	2020/21
	£m	£m	£m	£m	£m
CCG baseline allocations					
Secure care pathway					58.0
National programmes (indicative)					
Secure services transition fund		1.0	5.0	30.0	

Key

Local Funding
National Funding

7. Health and justice

(Implementing The Five Year Forward View for Mental Health Pages 32-34)

Table 7.1: The indicative trajectory for expansion of liaison and diversion services until 2020/21.

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
% of population with access to liaison and diversion	60%	75%	83%	98%	100%

Table 7.2: The funding to deliver increased access to liaison and diversion services

Funding type	2016/17	2017/18	2018/19	2019/20	2020/21
	£m	£m	£m	£m	£m
National programmes (indicative)					
Liaison and diversion	5.0	12.0	17.0	27.0	31

Key

Local Funding
National Funding

Table 7.3: The key available metrics which support benchmarking and monitoring of outcomes in respect of liaison and diversion

Metric	Source	Availability
Proportion of people on the Care Programme Approach which was initiated in prison	Health and Justice Indicators of Performance (HJIP)	Now
Number of individuals who have received individual/group therapy within a prison	HJIP	Now
Number of prisoners receiving an initial psychiatric assessment	HJIP	Now
Mental health secure transfers: number of transfers within 2/4/8/12/20 weeks of acceptance under the Mental Health Act	HJIP	Now

8. Suicide prevention

(Implementing The Five Year Forward View for Mental Health Pages 35-36)

Table 8.1: The expected funding available over this period to support suicide prevention

Funding type	2016/17	2017/18	2018/19	2019/20	2020/21
	£m	£m	£m	£m	£m
National programmes (indicative)					
Suicide prevention			5.0	10.0	10.0

Key

National Funding

Table 8.2: The key national metric for monitoring achievement of reducing suicide levels.

Metric	Source	Availability
Suicide: age-standardised death rate per 100,000 population	ONS	Now (annual)