On the day briefing: Implementing the Five Year Forward View for Mental Health

Tuesday 19th July 2016

Introduction

This briefing provides an overview of NHS England’s implementation plan, published today.

The Plan presents the timeframes and funding for delivery of the programmes of work which will transform mental health services. It provides detail on implications for workforce and how data and payments will be used to drive and monitor the change.

Key issues

- A common theme across many objectives is of building capacity within community-based services to reduce demand and release capacity from the acute sector and in-patient beds – whilst in parallel moving the commissioning model for in-patient beds in mental health towards a more ‘place-based’ approach so that pathways and incentives are better aligned and efficiencies more readily realised.

- The development of services over the next five years will require, in many areas, a significant increase in workforce. Health Education England (HEE) understandably plays an important role in ensuring the mental health workforce can meet the needs of the service. However the plan states that necessary workforce growth can only happen if CCGs and employers also play their part.

- Extra funding should reach services through a mixture of increases in Clinical Commissioning Groups (CCG) budgets and direct spending on services from NHS England. Some allocations over the next five years still need to be finalised. It is worth noting that certain objectives are expected to produce efficiency savings, and become self-sufficient in a relative short amount of time.

Tables of the indicative costs and planning assumptions are provided in a separate document available on the Mental Health Network website.
Children and young people’s mental health

- 70,000 additional children and young people (CYP) each year will receive treatment with at least 35 per cent of those with diagnosable mental health conditions accessing NHS community-based treatment.
- 95 per cent of children in need receive treatment for eating disorders between 1-4 weeks.
- By 2020/21, in-patient stays for children and young people will only take place where clinically appropriate.

NHS England state that use of specialist in-patient beds for children and young people (CYP) should reduce drastically over the next five years due to investment in community-based services. Areas must ensure they are working with the existing Children and Young People’s Improving Access to Psychological Therapies (CYP IAPT) programme to ensure a highly skilled workforce.

The majority of new funding over the period is included in CCG baselines to support delivery of Local Transformation Plans and wider improvements in CYP services. Additional funding for in-patient services will support temporary additional capacity whilst community services are developed and the commissioning model shifts towards localities.

NHS England is using pump-prime funding during 2016/17 to test and evaluate models of crisis resolution for CYP and testing of a new method of grouping children and young people according to their level of need is currently underway. If successful, these groupings could provide the basis for new currencies.

Perinatal mental health

- By 2020/21 30,000 more pregnant women or women who have given birth in the last 12 months will receive specialist perinatal mental health community or in-patient treatment.

This significant expansion in provision of services will require the development of specialist evidence based community teams and in-patient mother and baby units. Workforce development will be supported by the creation of a competence framework by Health Education England (HEE) to ensure the correct skill mix in the workforce, by October 2017. By 2020/21, all teams should be sufficiently staffed to meet the recommended levels.

The profile of funding increases over the period, in phases, to allow for the development of new and improved services, including workforce requirements.

Localities, including sustainability and transformation plans (STPs) are able to bid for a perinatal community development fund in the autumn of 2016/17 and NHS England will develop a plan for improving perinatal mental health data over the coming years.

Adult mental health: common mental health problems

- By 2020/21 at least 25 per cent of people (or 1.5 million) with common mental health conditions will have access to psychological therapies.

The majority of new psychological therapy services will be integrated with physical healthcare, and co-located with primary and community care.
Funding to support the growth in these services will be held centrally until 2018/19, when it will then be added to CCG baselines. In 2016/17 and 2017/18 targeted areas will be chosen to help develop the evidence base for services at scale.

This objective is expected to deliver substantial savings and efficiencies for the NHS through a large reduction in use of physical health services, including A&E and prescribing costs. Services are also expected to become quickly self-sustaining.

**Adult mental health: community, acute and crisis care**

- By 2020/21, adult community mental health services will provide timely access to evidence-based, person-centred care, which is focused on recovery and integrated with primary and social care and other sectors.

By 2020/21, crisis resolution and home treatment teams should be delivering best practice CORE standards and inappropriate out of area treatments (OATs) should be eliminated. NHS England is working with stakeholders to create a national definition of OATs, so that localities can correctly monitor levels by March 2017.

An extra £15 million will be made available through a bidding process in 2016/17 and 2017/18 to improve health-based places of safety, and transformation funding for mental health liaison will be made available from 2017/18. Mental health liaison is expected to become self-sufficient within 12 months.

Further detail on proposed delivery models for physical health checks for people with severe mental illness will be published by December 2016.

**Adult mental health: secure care pathway**

- By 2020/21, NHS England should lead a comprehensive programme of work to increase access to high quality care that prevents avoidable admissions and supports recovery for people, as close to home as possible.

NHS England will invest £94 million centrally from 2017/18 to 2020/21 in community-based services to help reduce admissions, with the allocation of this money decided through a bidding process.

An analysis of secure care services published in summer 2016, with further work building on the ‘payments for outcomes’ mechanism in secure settings.

**Health and Justice**

- By 2020/21, there will be improvement in mental health care pathways across the secure settings. Access to liaison and diversion (L&D) services will be increased to reach 100 per cent of the population, whilst continuing to ensure close alignment with police custody healthcare services.

With currently only 60 per cent of the population having access to L&D services, this large increase may require a 45 per cent increase in the relevant workforce. NHS England will be working with HEE in order to achieve this.

The funding to achieve this objective will be held centrally, and work is underway to evaluate the savings that increased L&D services will achieve for the justice system.
Suicide Prevention

- By 2020/21 the number of people taking their own lives will be reduced by 10 per cent nationally compared to 2016/17 levels.

This objective is a complex public health challenge and will require multi-agency work. CCGs will be expected to contribute to local suicide prevention plans that have a strong focus on primary care, alcohol and drug misuse.

Funding will be held centrally, and transferred to CCGs in 2018/19, with more detail on the allocations released in 2017/18.

Sustaining transformation: Testing new approaches

- Reducing the amount of people sent far from home to receive treatment – this will save money and increase recovery rates.

In 2016/17 a programme will start which gives clinicians and managers responsibility for both the budget and the provision of secondary and tertiary care. Six sites have been selected for a 12 month pilot. These areas will be pump-primed with £1.8million in 2016/17.Subsequent funding will be made available subject to evaluation of the first year of the programme.

Sustaining transformation: A healthy NHS workforce

- Ensure a focus of the health and wellbeing of the workforce to improve satisfaction, productivity and retention.

NHS England announced a £450 million incentive to improve staff health and wellbeing across the NHS. Providers can access part of this money by developing a plan to support staff, implementing mental health initiatives and ensure uptake and locally agreed access metrics are met. The initiatives include stress management, psychological therapies, Mindfulness and NHS health checks.

Sustaining transformation: Infrastructure and hardwiring

- Significant supporting activity will be needed to ensure the objectives are met. Strong governance, clear accountability and transparent reporting are also required.

There is a lot of ongoing work to improve data on prevalence and incidence, access, quality, outcomes, prevention and spend across mental health services. A five-year plan for data, and a dashboard for mental health as part of the CCG Improvement and Assessment Framework are also currently being developed.

CQC, NHS Improvement and NHS England are working on improving payment mechanisms and outcome standards metrics. The governance and accountability issues that are part of the delivery of the recommendations will be overseen by three core groups and a Senior Responsible Officer for mental health – Claire Murdoch.
NHS England and the arm’s length bodies’ support offer for organisations involved in implementing the recommendations

- Evidence-based treatment pathways and the supporting infrastructure
- Help to promote the physical health of people with mental health problems
- Creation of a new improvement model to assist with transformation
- Creation of a clinical networks in all regions, with regional directors
- Creation of Local Workforce Action Boards
- Intensive support teams to support CCGs and providers
- National teams to support STP areas

Specific supporting activities

- Commissioning development programme for CYP mental health
- Public Health England will lead the suicide delivery plans and a prevention concordant
- Integrated Personal Commissioning ‘early adopter programme’ for looked after children
- Department of Health and Education development of evidence based pathways to meet the mental health needs of looked after and adopted children

To share your views on discuss any of the issues in this briefing please contact Claire Mallett on Claire.Mallett@nhsconfed.org.

The Mental Health Network

The Mental Health Network is the voice of mental health and learning disability service providers for the NHS in England. We represent providers from across the statutory, independent and voluntary sectors.

We work with government, NHS bodies, parliamentarians, opinion formers and the media to promote the views and interests of our members and to influence policy on their behalf.

The Network has 68 member organisations, which includes 93 per cent of statutory providers (NHS foundation trusts and trusts) and a number of independent, third sector and not-for-profit organisations. Our membership also includes housing associations to reflect the link between mental wellbeing.