

Delivering the 5 Year Forward View for Mental Health

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Five Year Forward View for Mental Health



THE FIVE YEAR FORWARD VIEW FOR MENTAL HEALTH

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.”

www.england.nhs.uk

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 is delivering a programme of transformation across the NHS so that by 2020:

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,

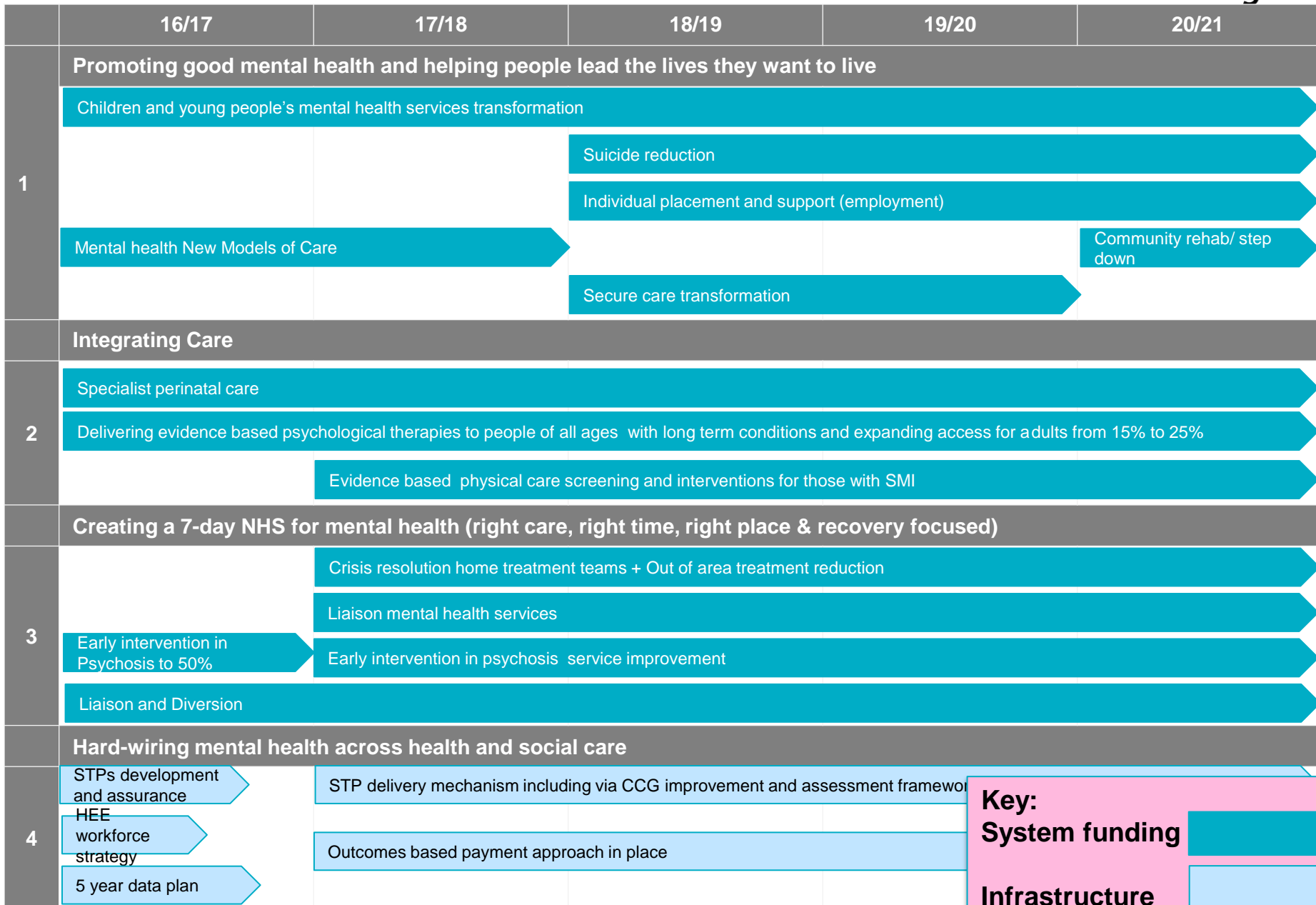
Increase access to evidence-based psychological therapies to reach 25% of need, helping 600,000 more people per year to access care

The number of people with SMI who can access evidence 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

The profile of investment- via CCG baselines and the transformation fund ramps up from 17/18 with the majority of impact seen in later years



Key:

System funding

Infrastructure

In perinatal mental health we are building a phased, five-year programme with new investment with specific priorities this year

In 2016/17 our priorities are:

- **Mother and Baby Unit capacity** - complete procurement for three new units and capacity review of existing beds.
- **Perinatal mental health networks** – continued investment to support strategic planning in localities. Invest and support development of perinatal mental health networks for strategic planning.
- **Develop clinical leadership** – psychiatry bursary launch in partnership HEE and RCPsych.
- **Workforce and development** – support HEE to develop workforce strategy to identify requirements, training events and develop multi-disciplinary competency and skills framework.
- **Commissioning development** - Support commissioners with planning through analytics, seminars and pathway development.

There have already been great strides in delivering change in important areas such as Children and Young People's mental health

CYP MH transformation supported by £1.4bn additional funding announced during 2014/15



- 123 assured and published local transformation plans – improved transparency
- Mental health dataset for the first time includes CAMHS activity
- The CYP IAPT programme is working to improve services covering 82% of the 0-19 population. CYP IAPT has trained 1633 existing staff to certificate or diploma level since 2012, with plans for a further 3400.
- Eating disorder access and waiting time standard will be measured and introduced in April 2017 and we have established a quality network for dedicated eating disorder teams
- We are working on referral to treatment standards for crisis, generic CAMHS and identifying the best model of care for looked after /adopted children
- We have commissioned extra inpatient beds and case managers for children and young people with mental health problems and those with learning disabilities
- 27 CCGs working with 255 schools have piloted single points of contact

To improve crisis care a number of areas are already delivering improved care for people needing urgent and emergency mental health care

For example in NW London:

- A single **whole system ‘care pathway’**, agreed between the key agencies to support, assess and manage anyone who asks any service for help in a mental health crisis;
- A **24/7/365 single point of access** for all professionals, service users and carers to use for support, advice, information and request assessment;
- Seeking to ensure that Mental Health Detentions under Section 136 do not happen in police cells in NW London;
- Introducing **maximum waiting time standards** for assessment, and providing more assessment in care in people’s homes and the community, 24/7, so people know when they will receive help and have much more choice over when and where they get it;
- Development of a new **‘community living well’ service to support and sustain recovery** for people who have long-term mental health needs, which will work to prevent crises happening, improve well-being and support people to live the lives they want to.

We have made a commitment to eliminate Acute OATS by 2020 following investment in crisis resolution home treatment teams building on recommendations from the Crisp Commission



‘Out of area treatments cause **problems for patients and for their families and carers.**

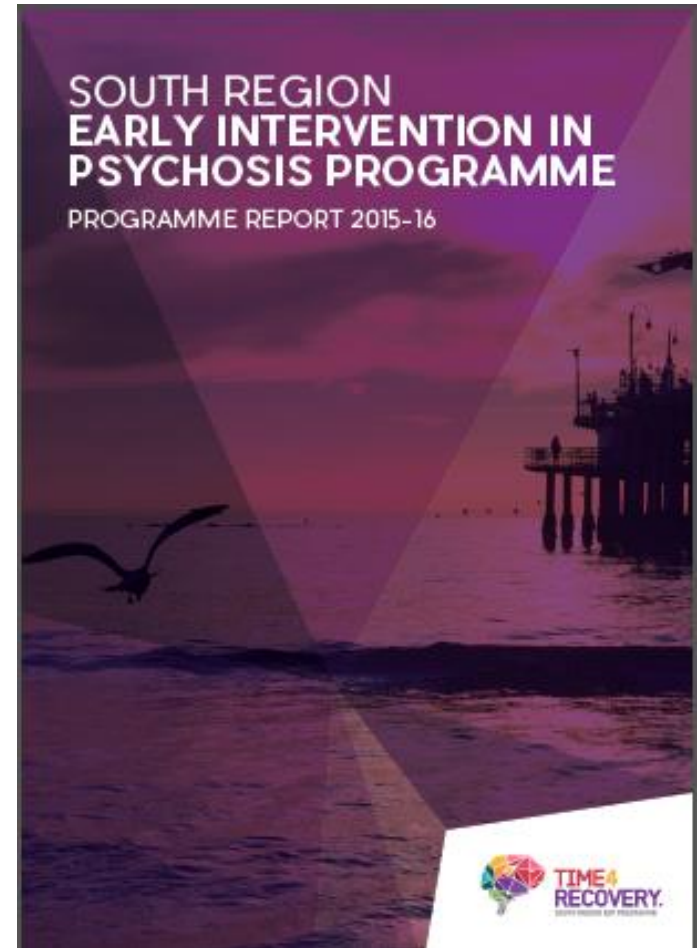
Geographical separation from a patient’s support networks can leave them feeling isolated and **delay recovery.**’

‘The Commission learned that one Trust had spent £4.8 million on out of area treatments for up to 70 patients at any one time in 2013/14 – at an average cost of approaching **£150,000 per patient per annum.**’

People experiencing first episode psychosis will get rapid access to care in line with NICE recommendations and there are examples around the country of excellent progress

The south region programme demonstrates:

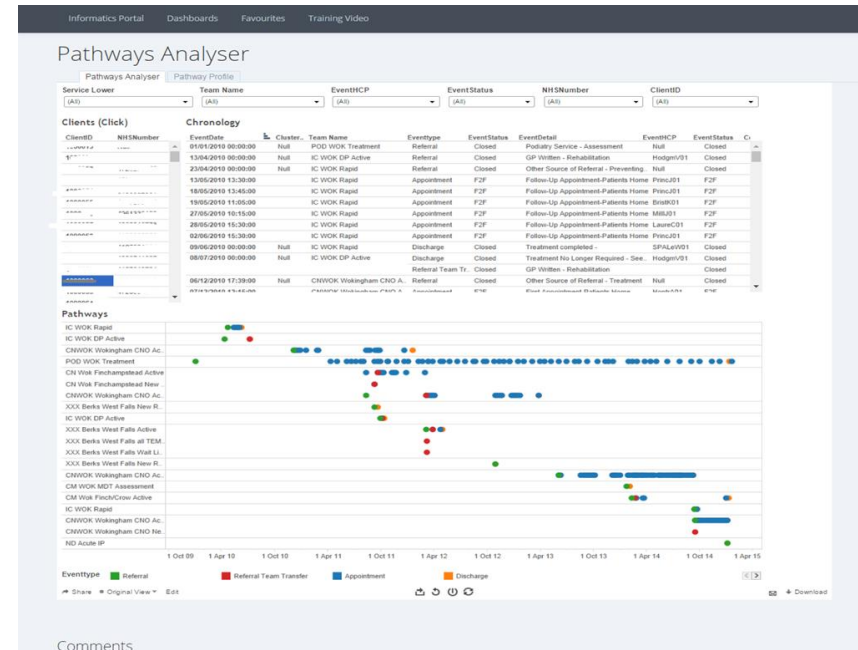
- **Measurement** of investment, NICE concordance, timely access and workforce
- There is a **long way to go** particularly in terms of **NICE concordance** and **workforce**
- With **transparent** mapping of the gaps improvement can be made



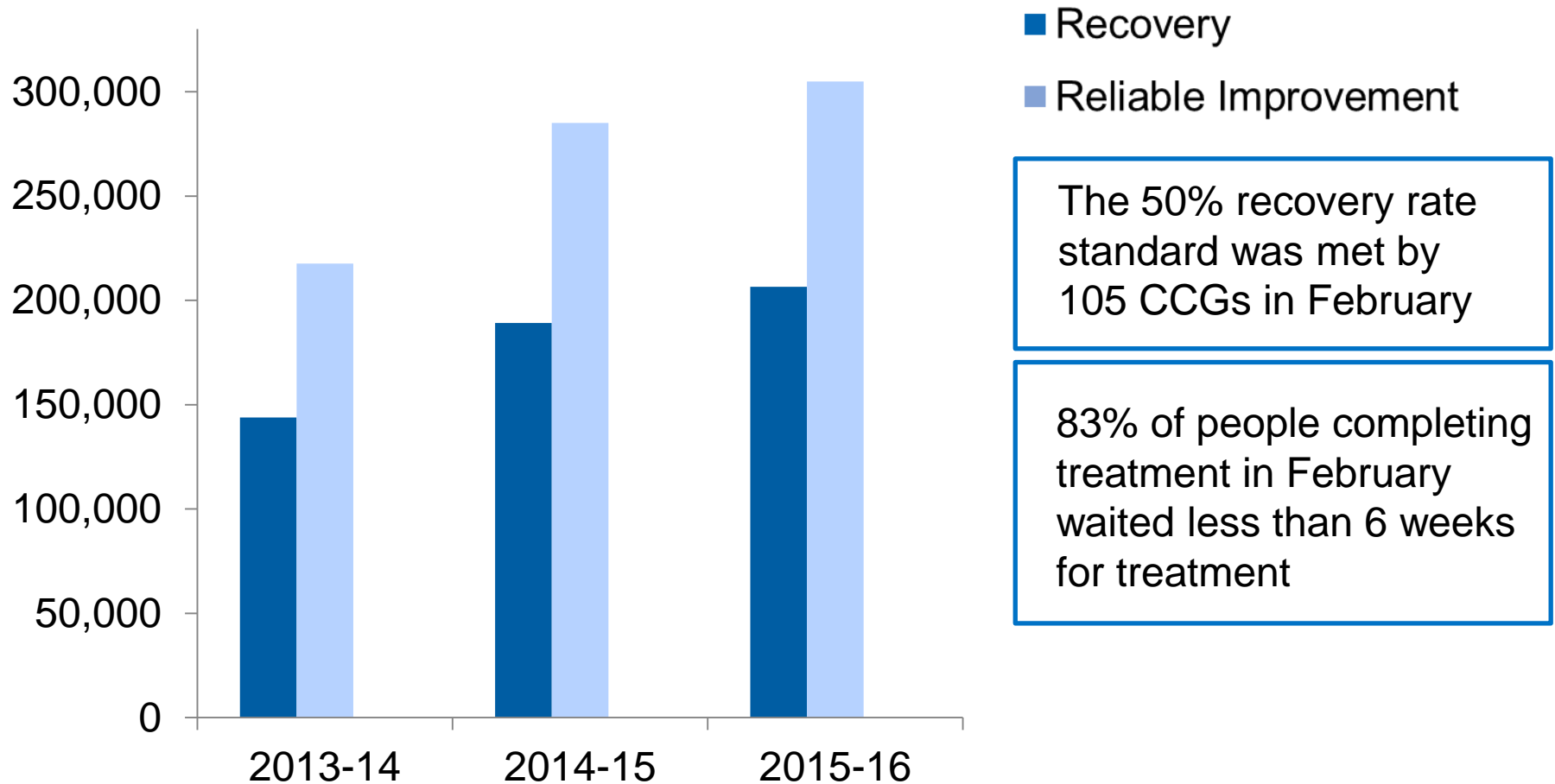
Local geographies are developing innovative solutions using data to improve care for people experiencing a first episode of psychosis

Berkshire Healthcare NHS FT and West and East Berkshire CCG have developed a dashboard to ensure packages of care are NICE concordant:

- Dashboard utilises Electronic Health Record system
- Local EIP service use the dashboard to identify referrals early on and then track their journey
- Staff can record NICE recommended interventions that have been offered and those that have been delivered.
- Dashboard refreshed every morning, enabling staff to view up to date information on people who have been assessed and those awaiting assessment and allocation of an EIP care coordinator.

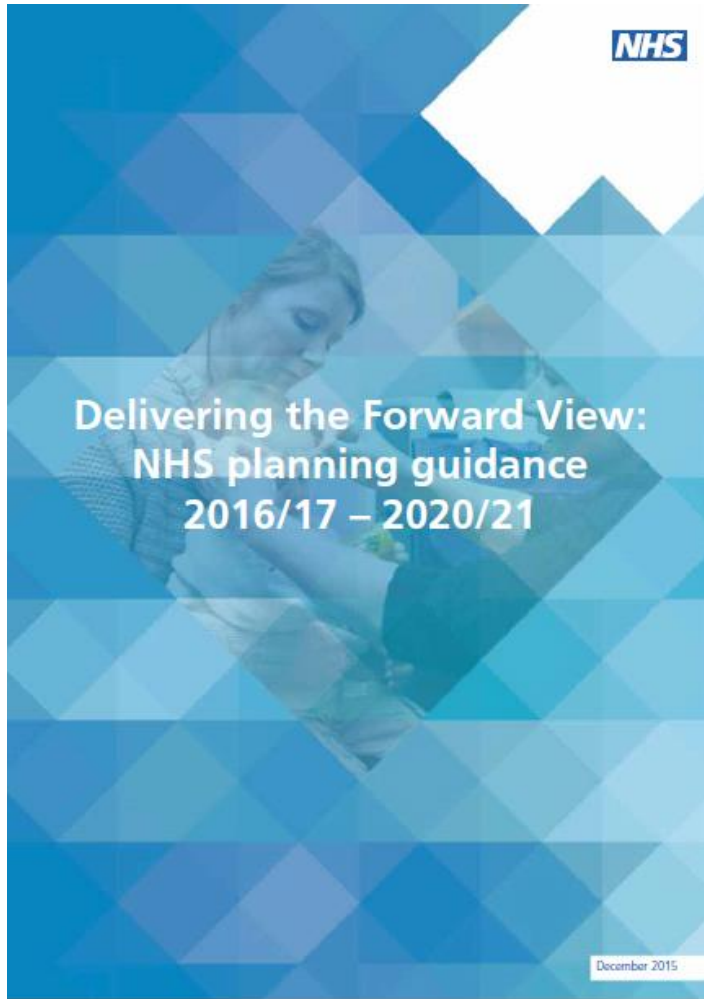


More people using IAPT are recovering than ever before



Number of people completing IAPT treatment and moving to recovery / showing reliable improvement April 2012- March 2015

We have launched a new care model for mental health



In December 2015

Via the planning guidance, local areas asked to come forward to express an interest in secondary providers managing budgets for tertiary services



In March 2016

Stephen Firn announced as the lead for the new care model



In June 2016

Letter to Providers and Commissioners asking for formal applications



By July 2016

6 new care mode sites were announced



In October 2016

6 sites went 'shadow live'

There will soon be a new mental health dashboard that shares progress including measures as part of the CCG improvement and assessment framework

Access

Quality

Outcomes

Investment

Health
promotion

Integration

7 day services

Hard-Wiring

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?

The 5 year forward view for mental health sets out the importance of measuring outcomes for mental health

$$\text{VALUE} \text{ £} = \frac{\text{Health outcomes achieved}}{\text{Cost of delivering those outcomes}}$$

The lack of outcomes measurement has slowed down reimbursement reform and led to hesitancy among health care providers to embrace accountability for results.

Michael E Porter

A combination of national and locally developed outcome measures which are a combination of clinical, social and physical.

- **National Outcome Measures:** will measure the impact of services and allow for national benchmarking.
- **Local Outcome Measures:** Developed in coproduction with all stakeholders, including clinicians and leading role of experts-by-experience with a wider menu of measures which reflect the needs and priorities of the local population.

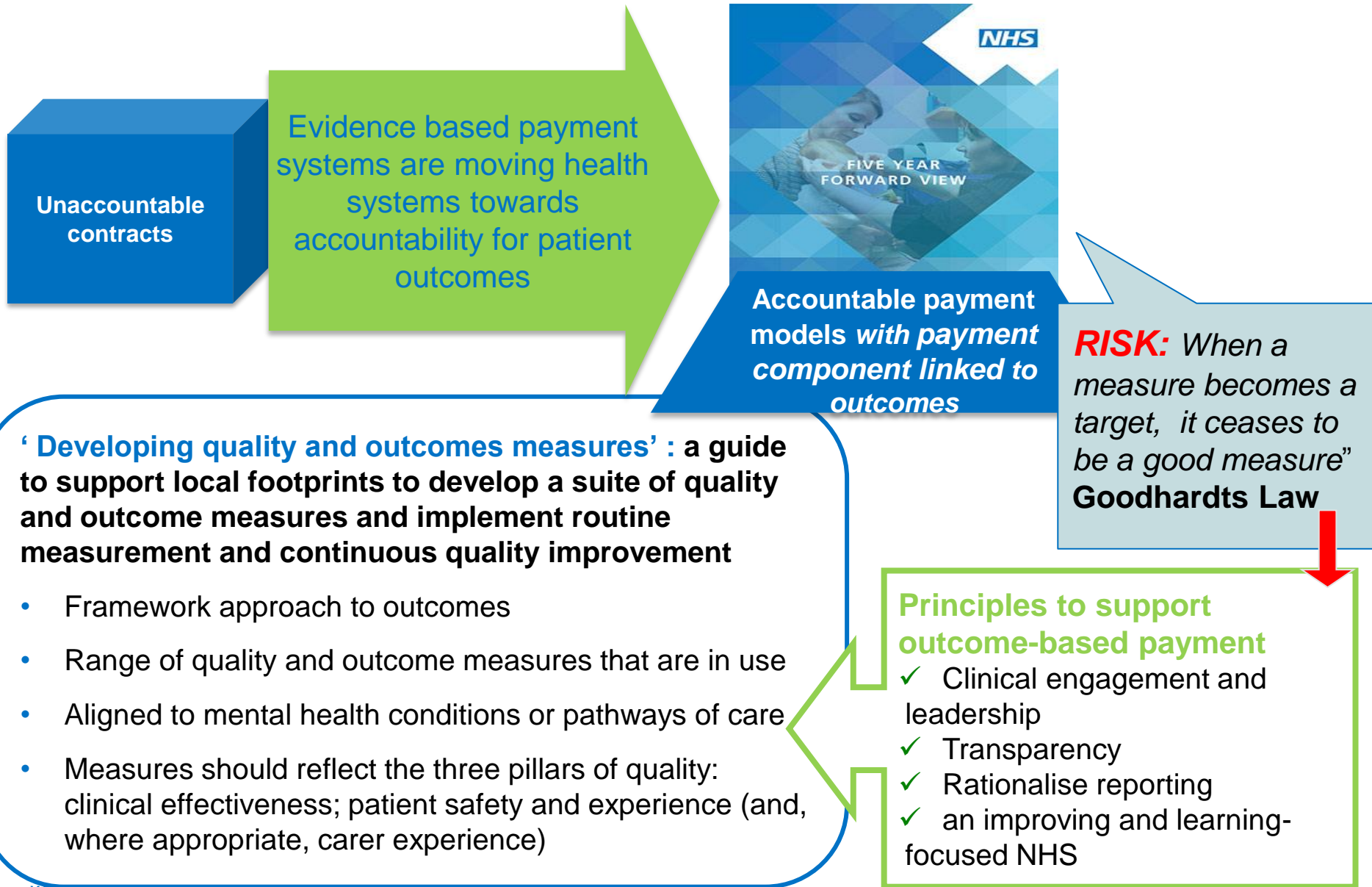
- ✓ Payment for whole pathways of care *with achievement of defined outcomes*
- ✓ Payment approaches to include access standards (with routine outcome measurement)



“We will develop the active collection and use of health outcomes data”

5 Year Forward view

There is a clear need to make this recommendation a reality to support improved outcomes



Priorities for the next few months are to drive change in the NHS

Including by:

- Publishing a **mental health dashboard** to drive up transparency and support a greater understanding of care and quality, prevention and financial gaps that must be filled over the 5 year forward view period (part of this will form the CCGIAF from 2017/18)
- Relentlessly focusing on **data quality** particularly of the new national mental health dataset
- Delivering a **support offer** for STPs including working with NHS Improvement, to be led by Claire Murdoch as new SRO working out into the NHS to improve capacity and capability for change
- Forging critical links with specialised commissioning colleagues to enable more **joined up commissioning** and reduce dependency on beds (e.g., via mental health new care model).
- Continuing to develop and deliver our **outcomes** and **payment** programmes to support long term transformation