# National Strategy for Mental Health and the Five 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."

**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 and early intervention**
- 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

# "A Billion for a million" by 2020/21

**70,000 more children** will access evidence based mental health care interventions – from **25% to 33% of CYP**

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

ALL acute hospital have all-age **24/7 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**,
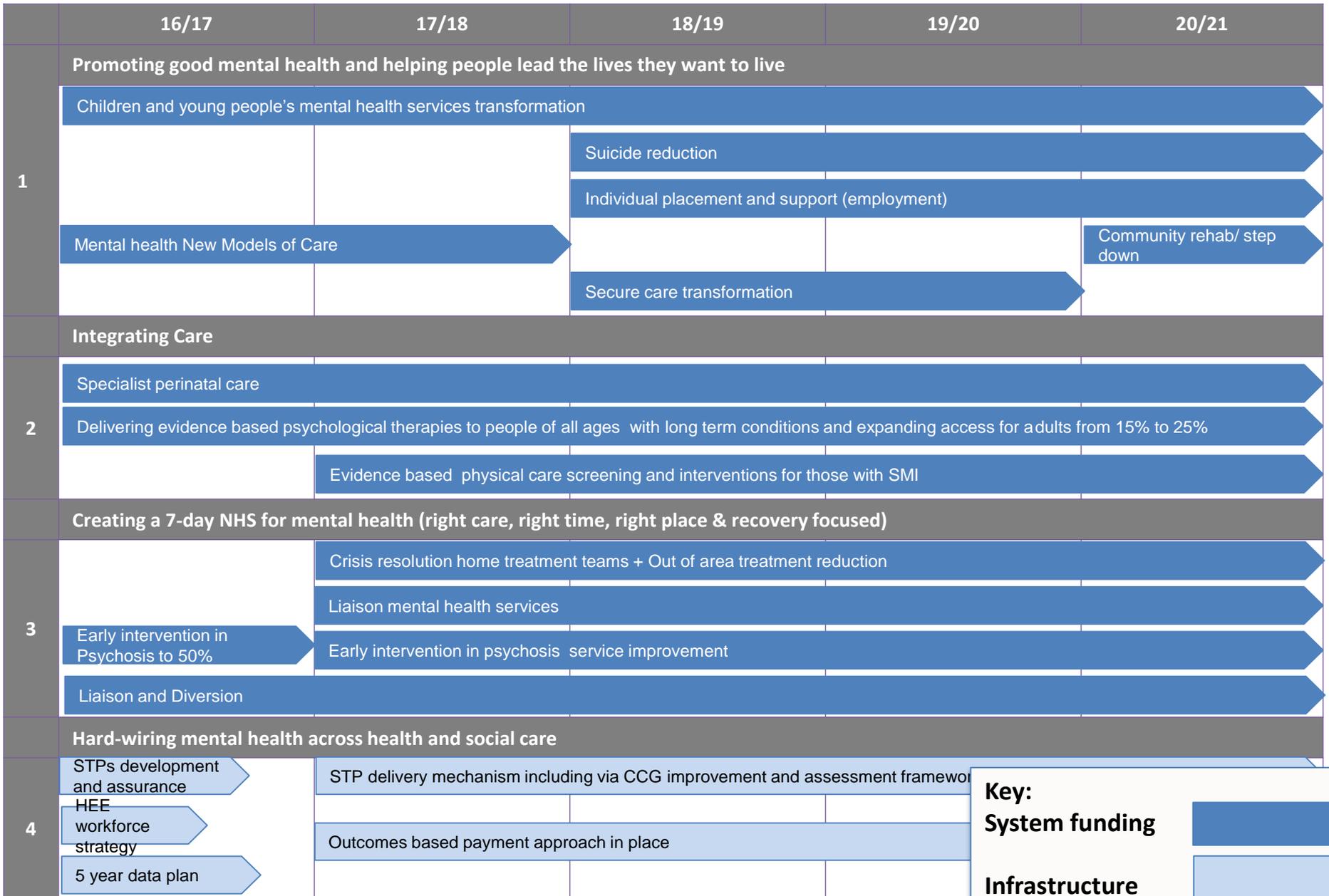
Increase access to evidence-based **psychological therapies to reach 25% of need, helping 600,000** more people per year to access care

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**

# Spending streams impact in later years

| | 16/17 | 17/18 | 18/19 | 19/20 | 20/21 |
|---|---|---|---|---|---|
| | **Promoting good mental health and helping people lead the lives they want to live** | | | | |
| **1** | Children and young people's mental health services transformation → | | | | |
| | | | Suicide reduction → | | |
| | | | Individual placement and support (employment) → | | |
| | Mental health New Models of Care → | | | | Community rehab/ step down → |
| | | | Secure care transformation → | | |
| | **Integrating Care** | | | | |
| **2** | Specialist perinatal care → | | | | |
| | Delivering evidence based psychological therapies to people of all ages with long term conditions and expanding access for adults from 15% to 25% → | | | | |
| | | Evidence based physical care screening and interventions for those with SMI → | | | |
| | **Creating a 7-day NHS for mental health (right care, right time, right place & recovery focused)** | | | | |
| **3** | | Crisis resolution home treatment teams + Out of area treatment reduction → | | | |
| | | Liaison mental health services → | | | |
| | Early intervention in Psychosis to 50% → | Early intervention in psychosis service improvement → | | | |
| | Liaison and Diversion → | | | | |
| | **Hard-wiring mental health across health and social care** | | | | |
| **4** | STPs development and assurance → | STP delivery mechanism including via CCG improvement and assessment framework | | | |
| | HEE workforce strategy → | | | | |
| | | Outcomes based payment approach in place | | | |
| | 5 year data plan → | | | | |

**Key:**
**System funding** →

**Infrastructure**

# Perinatal mental health: a five-year programme with new investment - specific priorities 2016/7

- Mother and Baby Unit capacity - procurement for **three new MBUs** and capacity review of existing beds.

- Develop **perinata**l mental health **national networks**.

- **Develop clinical leadership** – psychiatry bursary launch in partnership HEE and RCPsych

- **Workforce development** – support HEE to develop workforce strategy to identify requirements, training events and develop multi-disciplinary competency  and skills framework.

# Children and Young People's mental health

CYP MH transformation supported by £1.4bn additional funding over 5 years to 2020/21

- The **CYP IAPT programme** has trained 1633 existing staff to certificate or diploma level since 2012, with plans for a **further 3400 trained,**

- **1700 new staff**

- **Eating disorder access and waiting time standard** will be introduced in April 2017 and we have established a quality network for dedicated eating disorder teams

- We are working on **waiting time standards for crisis and generic CAMHS**

# Urgent and emergency mental health care

- A **24/7/365 single point of access** for all professionals, service users and carers to use for support, advice, information and request assessment;

- Ensure that Mental Health Detentions under **Section 136** do **not** happen **in police cells** - and **capital investment to develop HBPoS**;

- Introduce a **Waiting Time Standard for 'Blue Light Services'** in mental health crises

- Establish **Liaison teams in all A&E** departments with **Waiting Time Standard**; 50% reach 'CORE 24'

- Establish **24/7 Crisis and home treatment teams** in all parts of England; establish a **Waiting Time Standard** for community Crises

Crisis Care Concordat | Mental Health

# Eliminate Acute and PICU OATs due to lack of capacity by 2020 (building on recommendations from the Crisp Commission)

The Commission to review the provision of acute inpatient psychiatric care for adults

OLD PROBLEMS, NEW SOLUTIONS: Improving acute psychiatric care for adults in England

FINAL REPORT

FEBRUARY 2016

'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**.'

Source:rcpsych.ac.uk

# Early intervention in Psychosis

- Introduce **Waiting Time** for EIP:

- By 2020/21: **60% will receive NICE concordant care within 2 weeks** of a referral reaching the EIP service

- Extended to include **15 to 65** years

- Includes CBTp for people with **'at risk mental states'** (ARMS)

- **National EIP network and national audit**
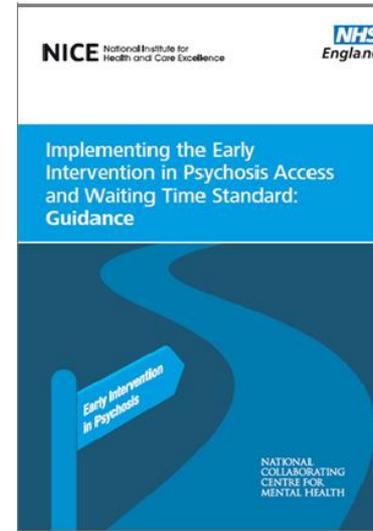
# More people using **IAPT** are recovering than ever before – and **new investment in LTCs and MUS** coming



Legend:
- ■ Recovery
- ■ Reliable Improvement

The 50% recovery rate standard was met by 105 CCGs in February

83% of people completing treatment in February waited less than 6 weeks for treatment

2015/16 April-Feb March data not yet published
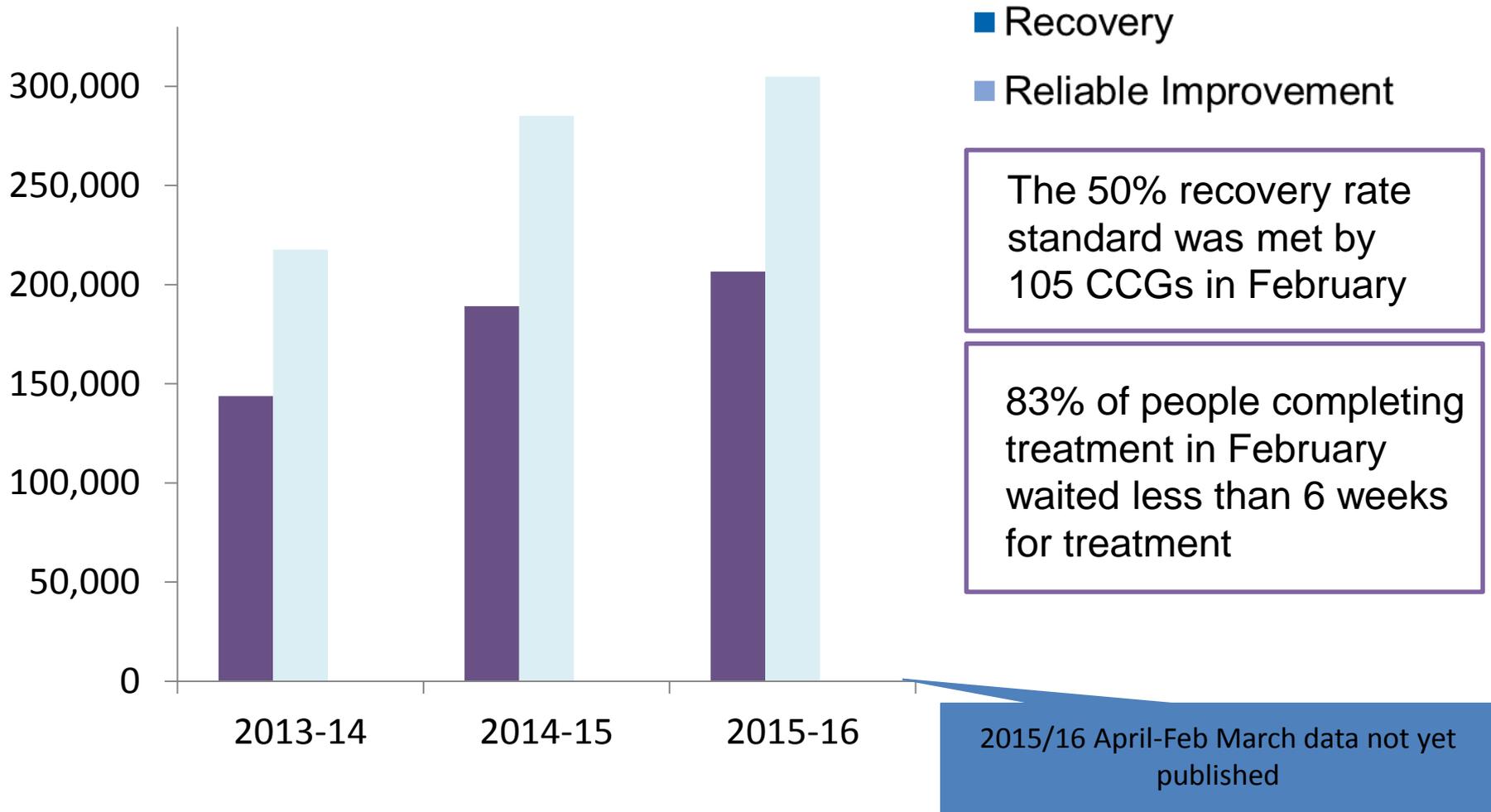
**Number of people completing IAPT treatment and moving to recovery / showing reliable improvement April 2012- March 2015**

# New care model for secure mental health and Tier 4 CAMHS



Delivering the Forward View:
NHS planning guidance
2016/17 – 2020/21
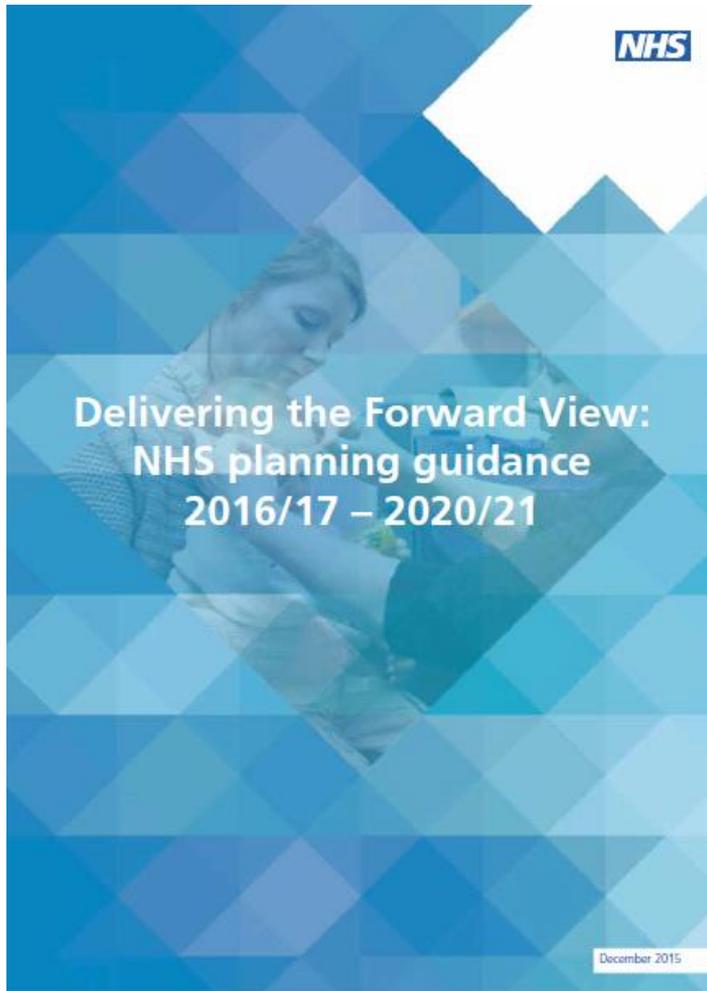
- In December 2015
- Local areas asked to come forward to express an interest in **secondary providers managing budgets for tertiary secure services and Tier 4 CAMHS**
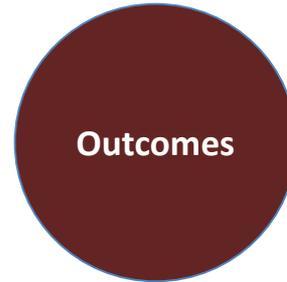
- In June 2016
- Letter to Providers and Commissioners asking for formal applications

- By July 2016
- **New care model sites** were announced

# Mental health dashboard to be published (CCG improvement and assessment framework) in September 2016

**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?

# Thank you!
# and
# Any questions?