

# 4. Adult mental health: common mental health problems

## 2020/21 Objectives

By 2020/21, there will be increased access to psychological therapies, so that at least 25% of people (or 1.5 million) with common mental health conditions access services each year. The majority of new services will be integrated with physical healthcare. As part of this expansion, 3,000 new mental health therapists will be co-located in primary care, as set out in the General Practice Forward View.

In parallel, we will maintain and develop quality in services; including meeting existing access and recovery standards so that 75% of people access treatment within six weeks, 95% within 18 weeks; and at least 50% achieve recovery across the adult age group.

The increase in access to psychological therapies will be targeted. Two-thirds of the additional people receiving services will have co-morbid physical and mental health conditions or persistent medically unexplained symptoms. Many of these services will be co-located with primary and community care, meaning more convenient and tailored treatment and relieving pressure on general practice as set out in the *General Practice Forward View*<sup>v</sup>.

Delivering these new integrated services is critical to building care holistically around the needs of the person to improve their outcomes and support them to achieve wellbeing. This approach is also expected to release significant savings and efficiencies for the

NHS, based on evidence which demonstrates reduced healthcare utilisation in, for example, A&E attendances, short stay admissions and prescribing costs. Identification and reinvestment of these savings will allow new services to become fully sustainable within 12 months.

During 2016/17 and 2017/18, a targeted group of geographies will work to develop the evidence base for implementing these new services at scale, supported by wider investment in training and infrastructure. From 2018/19 integrated services will be rolled out across all CCGs, in line with the indicative trajectory set out below:

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

The objective to maintain and improve quality includes improving recovery rates, addressing geographical variation, improving the availability of choice, and ensuring services are in step with the evidence base. It also means addressing variation in outcomes and access to services for different population groups – including people from black and minority ethnic groups, people with a learning disability, older people, and women in the perinatal period.

## Delivering the objectives: Workforce requirements

The expansion of psychological therapies services will require building skills and capacity in the workforce. This includes top-up training in new competencies for long-term conditions and medically unexplained symptoms for current staff, targeted training in working with older people, and training new staff to increase overall capacity – such as the 3,000 additional mental health therapists located in primary care.

The table below outlines the indicative trajectory of additional staff needed to deliver the objective, year-on-year. The number of staff that will need to be trained to supply this

workforce will vary by area and may exceed these numbers, taking into account the current trend for a high proportion of psychological wellbeing practitioners to transition to high intensity roles and rates of part-time working.

This is in addition to training needed to maintain the current workforce. Alongside achieving the planned expansion, attention will also be paid to issues of sustainability in the current workforce – including improving wellbeing, morale, retention and career development of the people who deliver services to improve stability.

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

## Delivering the objectives: Investment and savings

The table below sets out the additional investment required to deliver the objective:

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

### Key

Local Funding
National Funding

In the first two years funding to support this objective is held centrally, allowing a targeted approach to develop new integrated psychological therapies services. £17.8 million of funding in 2016/17 and up to £54 million in 2017/18 will go directly to training new staff and delivering new 'early implementer' integrated services. Remaining funds in 2017/18 will support further training, quality improvement and expansion of current IAPT services. From 2018/19 funding is in CCG baselines to mainstream integrated services, building on the experience from the first two years.

The majority of investment is for staff training and salaries. As this funding is held locally from 2018/19, sustainability and transformation plan (STP) areas will need to plan for and fund trainees and accredited training courses to meet expansion and savings objectives.

Delivering new integrated services is expected to deliver substantial savings, with services quickly becoming self-sustaining. The table below models expected savings based on the investment identified above:

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

These savings are based on evidence of physical health improvements for people with long-term conditions when co-morbid mental health problems are treated in an integrated way<sup>vi</sup>. Reduced healthcare utilisation in, for example, A&E attendances, short stay admissions and prescribing costs will release funds to enable

continued investment in these new services<sup>vii</sup> <sup>viii</sup>. The conditions for which there will be the greatest reduction in cost are those for which depression or anxiety co-morbidity leads to a 50-100% increase in physical healthcare costs. The strongest evidence is in diabetes, COPD, cardiovascular disease and for some

people, chronic pain and medically unexplained symptoms. It is expected that over the longer term, fewer complications will result in reduced demand across the pathway.

Further monies are also expected to be released following the closure of in-patient beds for people with a learning disability and/or autism in order to develop community services, as part of implementing Building the right support<sup>ix</sup>.

In addition, expansion can further be supported by improvements in productivity of services (which varies significantly) including appropriate use of digitally-enabled therapy. NHS England will be supporting this by setting out a programme for digitally-enabled IAPT in autumn 2016.

## Delivering the objectives: Data, payment and other system levers

There is already a well-developed data collection for Improving Access to Psychological Therapies (IAPT) services, and this will be expanded and improved to understand progress and allow services to benchmark themselves. The CCG

Improvement and Assessment Framework for 2016/17 includes an assessment of performance against the IAPT recovery rate. The key metrics at a local level are set out in the table below.

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)

An outcomes-based currency for psychological therapies for common mental health problems has been developed and is already available for local use<sup>x</sup>. The tariff will be applied in shadow form in 2017/18 and implemented in 2018/19.