

Mental Health Delivery Plan 2017- 2018

DRAFT

May 2017



Purpose of this document

- This document aims to support the delivery in 2017/18 of the Five Year Forward View for Mental Health, an ambitious national programme **and one of the four priority areas for the NHS in 2017/18**. The programme scales up over the next 4 years delivering access to evidence based care for 1 million more people using £1 billion of additional funding by 2020.
- Mental health is a very high profile area with high ministerial and stakeholders expectations. In the context of this delivery plan, it is particularly important to note that in 2017/18, there will be a higher level of scrutiny for the Mental Health Children & Young People Programme, both in terms of programme delivery and spend.
- This Delivery Plan is an answer to the key issues raised by our regional colleagues during our extensive consultation led throughout Q4 2016/17:
 - **From the perspective of the regional Chief Operating Officers and central Operation Direction-** the need to provide a set of KPIs to be the basis of performance management and accountability between the Regions and the national SRO for Mental Health. We are currently discussing a suggested set of KPIs for agreement between the Regions and the national SRO for Mental health.
 - **From the perspective of our regional and STP working-level Mental Health colleagues-** the need to provide a comprehensive overview of delivery activities for 2017/18, clarifying key responsibilities across the system, and providing a clear timeline for implementation so that the whole system can deliver at pace with a single understanding of what needs to happen, when and where.
- This document does not aim to be:
 - **A final version-** we are looking forward to receiving comments from our regional colleagues and to iterate this document in May.
 - **A way to extend the list of deliverables against which the regions will be held accountable-** All our deliverables are based on the Planning Guidance 2017-19, the Mental Health implementation plan as referenced in the Planning Guidance and the 'Next Steps on the NHS 5 year Forward View' published in March 2017.

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Mental Health Operating Model

Purpose and Background

- This Delivery Plan supports the implementation of an emerging Operating Model for Mental Health that refreshes and amends current governance, accountability and delivery mechanisms regionally and nationally; driving implementation to best deliver the **5 Year Forward View for Mental Health Programme (FYFVMH)** through a **single finance, performance and operational lens**.
- It sets out the **core delivery requirement** for the Mental Health programme in 2017/18 with plans agreed to facilitate the transfer of funding at the start of the financial year 2017/18.
- This Delivery Plan will set out further details on the proposed delivery structure for the programme and the **deliverables for each of the Mental Health work streams**.

Functions

- Funds are devolved to the regions to **supplement business as usual** resource targeted at supporting **delivery of national priority**.
- New funding should not offset admin funded regional resources that should be expected to support the delivery of a national clinical priority.
- Funding for the provision of the **Intensive Support Team** has been retained centrally. Regions will have access to this support resource in line with the principles set out in the Operating Model.
- Funding is being made available to secure the following functions from the Regions:
 - **Improvement support for services, commissioners and STPs** - to support local areas to deliver the FYFVMH, improve the quality of their services through quality measurement and improvement and to secure co-ordination and clinical buy-in to the delivery agenda. This may include the commissioning and funding of the Mental Health function in a range of delivery vehicles and structures: clinical networks, CSU, AHSNs etc. It is expected that this improvement function will include dedicated clinical leadership capacity.
 - **Operational oversight: reporting and improvement support** - to oversee delivery against operational standards, support accountability through the CCGIAF and to secure recovery where required where performance standards are not being delivered locally. Where outcomes and metrics are still in development and the operational oversight needs to focus on strategic planning, gap analysis and other activities supporting future implementation, this should be delivered. This includes the co-ordination and provision of appropriate support where required, including brokering access to the national support offer.
 - **Co-ordination and programme management** - to support accountability and co-ordination of regional activity in support of the Mental Health programme including reporting to the Mental Health programme PMO, supporting regional preparedness and implementation programmes in line with the national FYFVMH programme plan.
- The Regions will develop their own approach to delivering these functions in response to local factors and needs, within the broader context of overall delivery of the FYFV for Mental Health with the support, where required, from the national programme team.

Mental Health Operating Model

Accountability

- **NHS England Regional Directors** will be accountable to the **national SRO for Mental Health** for the three devolved functions. Funding will be predicated on regional delivery plans being agreed between national and regional teams, to take forward the Mental Health Delivery Plan in 2017/18.
- Further accountability arrangements will be **co-developed between regional and national teams** (E.g., quarterly deep dives etc.).

Delivery Plan

- The full Mental Health Programme Delivery Plan covers two sets of deliverables:
 - **Deliverable 1:** Demonstrate, through robust regional plans, progress against the key deliverables of the Mental Health Programme Delivery Plan for 2017/18. These deliverables are in line with commitments as per the FYFVMH Taskforce Report and Implementation Plan. As part of this, and to fulfil SFIs – regions should confirm that resources and programme monies will be used in support of the three devolved functions, and that these functions will help deliver the outcomes required by the FYFVMH. It is expected that regional plans will demonstrate the devolved funding acts as the top-up of existing regionally funded functions for all health including mental health.
 - **Deliverable 2:** Where regions choose to spend funding on delivery vehicles and structures outside the NHS England programme teams, they are expected to ensure the devolved funding is used for deliverables aligned with the priorities of the Mental Health Programme Delivery Plan for 2017/18 e.g. by aligning regional business plans with those from Clinical Networks, Commissioning Support Units, and Academic Health Science Networks etc.

The Operating Model will be based on three mechanisms

1. Accountability and planning

c. £5m devolved predicated on regional plans being aligned to MH Delivery Plan 17/18.

3 devolved functions:

- Commissioning of delivery support resources
- Operational oversight
- Programme management.

Accountable to MH SRO for devolved functions against MH Delivery Plan 17/18 deliverables.

National MH Programme team

(Clinical & Strategy team, Performance team, finance etc.)



Regional team

RODD, MD and MH lead

2. Coordinated delivery support between NHSE nat/reg and NHSI

'Core Intelligence Brief':

- Common set of data used to decide where to target delivery support
- Looking at 'hard' data and intelligence to cover full FYFVMH delivery.

Common support menu:

- All support resources available mapped.

Coordinated governance:

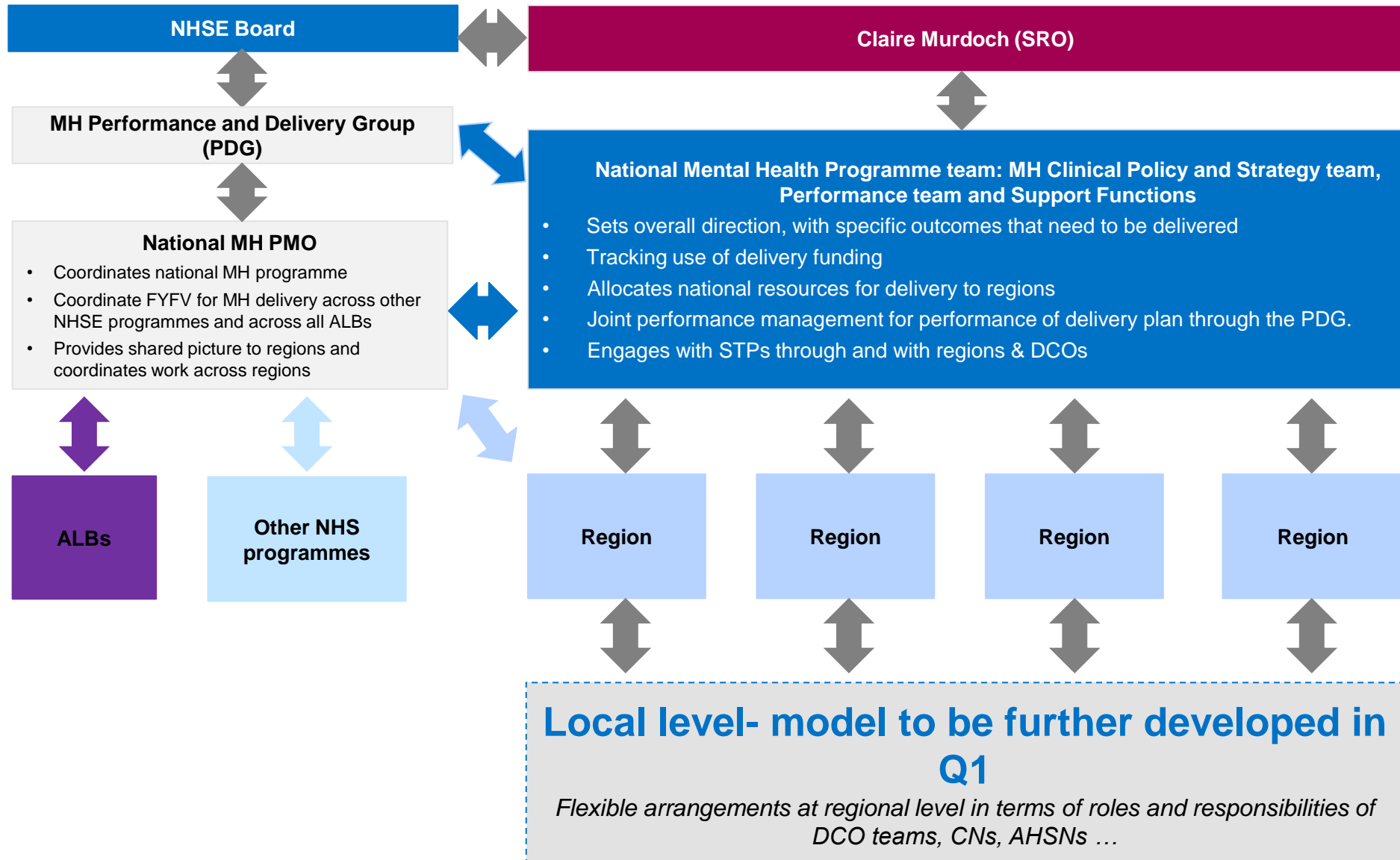
- Coordinated commissioning to avoid duplication of work and maximise use of existing resources for delivery support.

3. Ways of working

Programme coordination through national MH PMO.

BAU ways of working between national MH programme teams and regional MH leads to provide ongoing support.

Mental Health Programme – Overall structure



Model of Support for Delivery

- MH programme resource will be realigned across the system to support transformation:



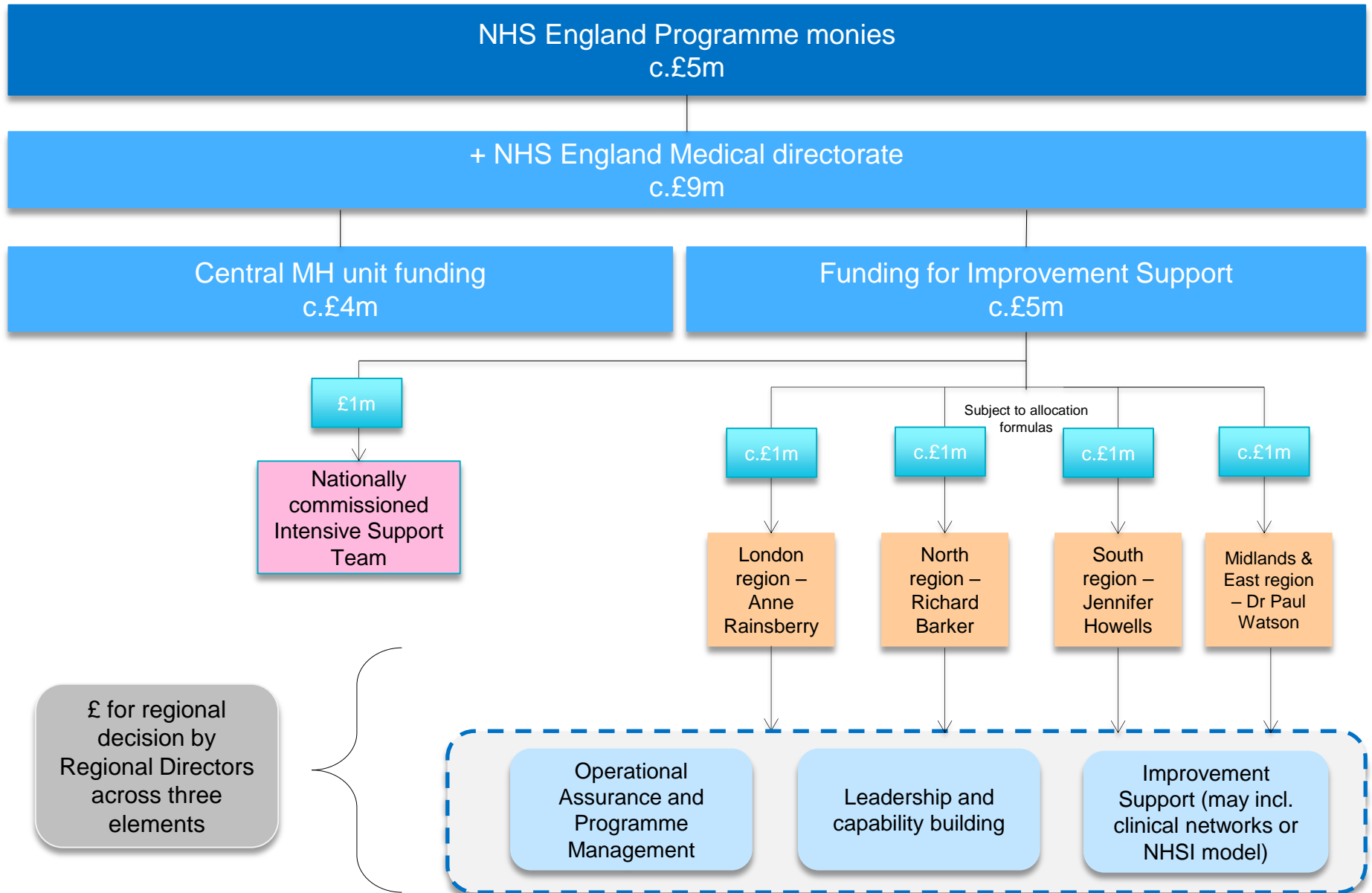
National team provides:

- Allocation of MH resource.
- Programme workstream steering groups incl. national clinical and leadership expertise.
- Prog. insight and coordination.
- Partnership working with other national programmes to implement shared delivery of barriers and ALBs.
- National briefing and comms.
- Providing guidance on improvement, acting as an extended resource, as required, at the SRO, and boards.
- Governance.
- National insight and coordinating function.
- Spec Comms support (analytics and operational)

- Operationalisation of national delivery plan based on regional insights to deliver 5YFV.
- Drive consistent, STP-facing delivery.
- Operational assurance based on working prog. Made on regional footprint.
- Commission delivery for implementation and support for regional and local level incl. CNs, HSN, CSUs, prog resources etc.
- Reporting on regional MH implementation progress.
- Collective resource to STPs based on agreed frameworks and STP status
- Support to STPs, CCGs and Providers.
- Dedicated Spec Comms support (analytics and operational) to support local delivery (e.g., NCM sites etc.)

- Overall transformation plan – including details for MH delivery.
- Support for local areas (CCGs / providers/STPs) to deliver.
- Reporting to region on progress, including delivery of MH outcomes.
- TBC depending on further engagement.

Of the £9m of NHS England Central Funding



Local funding will be available to support service development in a range of areas

Meeting the Mental Health Investment Standard (MHIS):

- The Mental Health Investment Standard is forecasted to be met across England as a whole in 2016/17 (based on month 10 position) and planned to be met in 2017/18 and 2018/19.
- A number of CCGs do not plan to meet the MHIS. Further scrutiny of plan returns underway, CCGs are encouraged to continue to ensure that both performance and finance metrics will meet national expectations through 17/18 and 18/19.

2017/18 CCG Baseline allocations:

(£m)			
CYP		Adult MH	
CYP Mental Health	140	Crisis and Acute care	43
Eating Disorders	30	EIP	11
		Physical Health Interventions	41

Additional monies allocated in 2017/18:

Perinatal:

- Develop and implement new MBUs in the 4 areas identified (East of England, North West, South West and South East Coast), supported by some central capital funding.

IAPT:

- £20m in 2017/18 to support Wave 2 early implementer projects for integrated psychological therapies and expansion.

Liaison Mental health:

- £15m offered to 74 sites to develop mental health liaison services in acute hospitals in 2017/18.

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2017/18 STP priorities on one page



Children and Young People's Mental Health

Set out how areas will continue the expansion in access to high-quality mental health care. This should ensure the multi-agency approach agreed in the LTPs becomes business as usual. In addition to existing [CCG commitments](#) on increasing access to services and progress toward the CYP Eating Disorder standard, we expect STPs would set out plans/KPIs for:

- The increase in access to community based services, with reduction in unwarranted variation in times for treatment
- Reduction in inappropriate OAPs for inpatient CAMHS (Tier 4)
- demonstrating improved capacity and capability in the CYP MH workforce
- Ensuring robust local and national data flows"



Secure Care, New Care Models and Health and Justice

- Support regional implementation activities at STP level.
- Support delivery of MH New Care Models.



Infrastructure, Finance, Workforce

- Ensure that all provider are submitting data to NHS digital and support improvement of data quality.
- Deliver the Mental Health Investment Standard.
- Develop workforce delivery plans.



Suicide Prevention

- Develop plan to reduce suicides (10% by 2020/21), with local government and other partners.



Older People and Dementia

- Meet the dementia diagnosis rate and increase the number of people being diagnosed with dementia and starting treatment, within 6 weeks of referral.
- Reduce unwarranted variations between STPs for diagnosis rate, with a special focus on BAME group.



Adult Mental Health: IAPT

- Meet the IAPT access, recovery and waiting time standards.
- Commission additional psychological therapies for people with anxiety and depression, with the majority of the increase integrated with physical healthcare.
- Develop regional and STP workforce plans to ensure sufficient numbers of trainees to meet commitments and increase numbers of employment advisors, coordinating with HEE local teams.



Perinatal Mental Health

- Demonstrate at STP and regional level existence and implementation of plans and trajectories to meet regional ambition by 2020/21, these plans notably need to demonstrate partnerships in strategic planning across multi-professional perinatal mental health pathways and delivery between community and inpatient services. Delivery against STP and Regional plans in 2017/18.



Adult Mental Health: Community, Acute and Crisis Care

- Expand capacity so that more than 50% of people experiencing a first episode of psychosis start treatment within two weeks of referral with a NICE-recommended package of care.
- Commission effective 24/7 Crisis Response and Home Treatment Teams as an alternative to acute admissions.
- Establish baseline and trajectory for elimination of out of area placements for non-specialist acute care by 2021.
- Develop plan, including trajectory, to deliver integrated physical and mental health provision to people with severe mental illness.
- Assure that service development plans are in place to meet ambition of all acute hospitals with all-age liaison services by 2020/21 and 50% meeting Core 24 service standard for adults: assurance of successful Wave 1 bidders plans.
- Take part in bidding process for Individual Placement & support transformation funding and insure preparedness for IPS expansion.



Children and Young People's Mental Health

Key Planning Guidance

Deliverables: 17/18

- At least 30% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.
- Commission 24/7 urgent and emergency mental health service for CYP and ensure submission of data for the baseline audit in 2017.
- All services working within the CYP IAPT programme.
- Community eating disorder teams for CYP to meet access and waiting time standards: All localities expected to baseline current performance against the new standard and start measurement against it.

Full FYFVMH Deliverables: 17/18

- Reduce the number of out of area placements for CYP and use of in-patient beds overall.
- Mobilisation and implementation of the recommendations from the Tier 4 CAMHS review.
- Monitor outcomes and progress in the new Crisis Care service models for CYP, in line with the wider Crisis Care pathway.



Perinatal Mental Health

Key Planning Guidance

Deliverable: 17/18

- Increase access to evidence-based specialist perinatal mental health care: regional plans and trajectories in plan to meet national ambition of 2,000 additional women accessing care.
- Commission additional or expanded specialist perinatal mental health community services to deliver care to more women within the locality.

Full FYFVMH Deliverables: 17/18

- Build perinatal MH capability by developing a competence framework describing the skills needed in the workforce.



Adult Mental Health: IAPT

Key Planning Guidance

Deliverable: 17/18

- Commission additional psychological therapies for people with anxiety and depression, with the majority of the increase integrated with physical healthcare, so that at least 16.8% of people with common MH conditions access psychological therapies.
- Ensure local workforce planning includes the numbers of therapists needed and mechanisms are in place to fund trainees.

Full FYFVMH Deliverables: 17/18

- 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.
- Increase the number of employment advisors in IAPT through funding, monitoring and reporting on Employment Advisors in the IAPT project.



Adult Mental Health: Community, Acute and Crisis Care

Key Planning Guidance

Deliverable: 17/18

- Expand capacity so that more than 50% of people experiencing a first episode of psychosis start treatment within two weeks of referral with a NICE-recommended package of care.
- Commission effective 24/7 CRHTTs as an alternative to acute in-patient admissions.
- Reduce the number of OAPs for non-specialist acute care: localities plans in place to eliminate appropriate OAPs by 2020/21.
- Deliver integrated physical and mental health provision to people with SMI, in line with national ambition of 140,000 people with SMI receiving a full annual physical health check.
- Assure that service development plans are in place to meet ambition of all acute hospitals with all-age liaison services by 2020/21 and 50% meeting Core 24 service standard for adults; assurance of successful Wave 1 bidders plans.
- Increased access to IPS: insure preparedness for IPS expansion; STP areas selected for targeted funding.



Suicide Prevention

Planning Guidance Deliverables: 17/18

- Reduce number of suicides compared to 2016/17 levels in line with national ambition to reduce suicides by 10% by 2020/21: delivery of local implementation support which includes action to deliver the requirement that all local areas have local multi-agency suicide prevention plans by the end of 2017.

Full FYFVMH Deliverables: 17/18

- Support learning from suicides and preventing repeat events.
- Contribute to the annual multi agency suicide prevention plans review, led by PHE.
- Participate in the Prevention Concordat programme which will support the objective that all local areas have a prevention plan in place.



Older People and Dementia

Planning Guidance Deliverables: 17/18

- CCGs continue to work towards maintaining a dementia diagnosis rate of at least two-thirds of the estimated number of people with dementia.
- Increase the number of people being diagnosed with dementia, and starting treatment, within six weeks from referral; with a suggested improvement of at least 5% compared to 2015/16.

Full FYFVMH Deliverables: 17/18

- Monthly reporting of diagnosis rate.
- Update dementia extract.
- Reduce variation between geographies.



Infrastructure, Finance

Planning Guidance Deliverables: 17/18

- Ensure data quality and transparency: ensure that providers are submitting a complete accurate data return for all routine collections; development of quality and outcomes measures in line with national guidance; engage with CCQ in relation with EBTPs.
- Increase digital maturity in mental health in line with the national guidance.
- Increase baseline spend on mental health to deliver the Mental Health Investment Standard.

Full FYFMH Deliverables : 17/18

- Ensure that MHSDS is delivering relevant, timely and accurate data.
- Support delivery of national payment system, CQUINs and Quality premium schemes.
- Support finance collections, including on programme lines of spend.
- Develop a new annual schedule of updates to the MHSDS will allow NHS partners to work together.
- Development of oversight and assessment frameworks.



Secure Care, New Care Models and Health and Justice

Full FVFVMH Deliverables: 17/18

- Developing early stage regional plans for roll out of forensic community services.
- Deliver community based alternatives to secure inpatient services such that people requiring services receive high quality care in the least restrictive setting.
- £36 million funding to support the Secure Care objective held centrally from 2017/18, allocation to specific localities will be determined through a bidding process.
- 75% of population with access to liaison and diversion.
- Support learning from suicides and preventing repeat events.
- 6 NCM sites chosen, going live in 2017 and supporting to delivery local services.

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What is the offer to the public?

- By 2020, at least 70,000 more CYP receiving swift and appropriate access to evidence based treatment each year.
- More effective CYP community services working in partnership with other agencies.
- Every local area publishes a transparent joint agency offer to children and young people in line with Future in Mind proposals, fully integrated into STPs across the country, as set out in the LTPs for CYPMH and Wellbeing Guidance and FYFVMH Implementation Plan.
- Community and inpatient services working together to improve crisis care in both A&E and community settings, reducing the number of inappropriate inpatient admissions.
- Improved access to inpatient care, with the right number and geographical distribution of beds to match local demand with capacity.
- By 2020, 95% of those in need of Eating Disorder services receive evidence based treatment within 1 week for urgent cases and 4 weeks for non-urgent/routine cases.
- A better offer for CYP with extra vulnerability to MH problems: repatriation of CYP with LD/ASD in inpatient or 52-week residential settings under Transforming Care Programme; pilots to test integrated personal budgets for looked after children; improved community and secure system services with CYP with highly complex needs.

How will CCGs and Providers deliver the offer?

CCGs will:

- Increase access in line with trajectories (CYP access (EH9) and eating disorders (EH10).
- Refresh and republish Local Transformation Plans with their partners (including CYP and families) annually and deliver agreed actions.
- Follow guidance to deliver community eating disorders services (published), EIP (published), a generic needs based pathway including crisis care (planned 2017), inpatient eating disorders (planned 2017).
- Plan and commission services for children and young people presenting in crisis
- Work with NHS England Specialised Commissioners to develop place based commissioning.
- Work with providers:
 - to embed joint agency transition planning with young people and families/carers;
 - to ensure data is flowing to the MHSDS as required, including improving IT systems where necessary for data flow.
 - Ensure 3,400 existing staff receive training in evidence-based treatments co funding with NHS England CYP IAPT programme up to 2018 and using CCG and provider resources thereafter.
 - Recruit 1700 new staff - Wellbeing Practitioners for CYP and 'recruit to train' (HEE lead).

Work with providers to deliver the NHSE CYPMH offer:

- Universal and bespoke support via CNs, MH improve framework available;
- The National Specialised Commissioning team and MH Policy teams and IST providing bespoke support.

Examples

- North East Lincolnshire's Crisis and Intensive Home Treatment Service for CYP supports young people with their mental health needs in the community and helping them to stay at home.
- Doncaster Consultation and Advice Service named CYP MHS practitioner to work directly with schools and GPs in each locality. They offer regular consultation slots for professionals to book into to discuss cases and a range of further support.
- Durham and Darlington Community Eating Disorder Service staff trained in evidence based interventions through CYP IAPT to deliver swift access (incl self-referral) for young people and parents/carers.

Outstanding Issues

- Recommissioning inpatient services and joining up community services in placed based commissioning.
- Workforce - recruitment of new staff and training existing staff.
- Data – around 30% of providers still not submitting to MHSDS and continuing issues with data quality in existing submissions.

Delivery Plan - CYP: Access to treatment

Milestone	Implementation activities	Responsibility	Timeframe
At least 70,000 more CYP receiving swift and appropriate access to care each year by 2020/21. In 2017/18, at least 35,000 additional CYP treated over 2014/15 baseline.	Publish the generic and crisis implementation guidance and helpful resources to support providers and commissioners	<ul style="list-style-type: none"> NHSE national team 	Summer 2017
	Working with NHS Digital to ensure that the Mental Health Services Dataset (MHSDS) can capture and measure the relevant aspects of the generic and eating disorder needs based pathway.	<ul style="list-style-type: none"> NHSE national team NHS Digital 	Continuous; MHSDS refreshed annually
	Working with Providers to ensure that they are ready to flow data through the MHSDS, and where supporting system upgrades	<ul style="list-style-type: none"> CCGs NHSE regional teams NHS Improvement 	Autumn 2017
	Local support material and workshop events	<ul style="list-style-type: none"> Local Mental Health Improvement Teams NHSE regional teams NHSE national team 	Continuous
	Identify and monitor local workforce needs and issues: <ul style="list-style-type: none"> Skill mix and capacity Staffing numbers in relation to demand Ability to deliver evidence based interventions 	<ul style="list-style-type: none"> Local CYP IAPT collaboratives Local HEE NHSE regional teams 	Continuous

Delivery Plan - CYP: Eating Disorder

Milestone	Implementation activities	Responsibility	Timeframe
Evidence based community Eating Disorder services for CYP across the country – By 2020, 95% of those in need of Eating Disorder services receive treatment within 1 week for urgent cases and 4 weeks for non-urgent routine cases.	NHS England will work with NHS Digital to identify and monitor progress towards meeting the access and waiting time standard.	<ul style="list-style-type: none"> NHSE national and regional team NHS Digital 	National and regional data showing progress towards meeting the standard by 2020 is to be published in May 2017 and every quarter thereafter.
	CCGs to commission dedicated evidence based community eating disorder teams, with the right skill mix and capacity to deliver the access and waiting time standard for an increasing number of young people in 2017-18	<ul style="list-style-type: none"> CCGs NHSE regional teams 	CGG IAF indicator monitor use of funds for eating disorders. Continuous
	Delivery of whole team training for community eating disorder services	<ul style="list-style-type: none"> HEE NHSE national and regional team 	2017
	The Quality Network for Community Eating Disorder services is to be completed in 2017 by the RCPsych Centre for Quality Improvement.	<ul style="list-style-type: none"> NHSE national and regional team 	2017
	Establish link with community services and inpatients beds.	<ul style="list-style-type: none"> NHSE regional teams Specialised Commissioning Central Support Team 	Continuous

CAMHS Tier 4 Review: Activities and responsibilities

Milestone(s)	Implementation activities	Responsibility	Timeframe
<ul style="list-style-type: none"> Mobilisation and Implementation of the Tier 4 CAMHS Review recommendations to: <ul style="list-style-type: none"> ensure beds are available when they are needed. support an ambition to eliminate inappropriate out of area placements for CYP by March 2020. 	Submission of completed and signed off regional CAMHS Implementation plans in line with the approval by EGM of the CAMHS T4 service review outcomes.	<ul style="list-style-type: none"> Specialised Commissioning Regions 	By 17 th May 2017
	Develop Procurement Strategy based on regional implementation plans. Review and finalise double running cost impacts using regional plans.	<ul style="list-style-type: none"> Specialised Commissioning Central Support Team 	By 24 th May 2017
	<ul style="list-style-type: none"> Approval of procurement strategy and the plan and allocation of double running costs. Implementation of changes using Regional Implement Boards (RIBs) for oversight, co-ordination and stakeholder engagement. Oversight and coordination of implementation process to be supported national to maintain the integrity of the national bed stock and the messages. 	<ul style="list-style-type: none"> Specialised Commissioning Oversight Group, Regions and Central Support team 	By 24 th May 2017 2017 - 19
	<ul style="list-style-type: none"> Active bed management/ use of capacity establishing links with community services. 	<ul style="list-style-type: none"> Specialised Commissioning Regional and Central Support team 	Continuous

Delivery Plan - CYP Improving Access to Psychological Therapies (IAPT)

Milestone	Implementation activities	Responsibility	Timeframe
To reach services covering 100% of 0-19 population by 2018.	<p>Existing staff to complete evidence-based training in CYP by the end of 2018.</p> <p>Embed CYP IAPT principles (delivering evidenced, collaborative and outcome-focused care with the full participation of CYP and parents/carers) in existing services and market the programme to services not yet participating in the programme.</p> <p>Monitor progress.</p>	<ul style="list-style-type: none"> • NHSE • HEE • CYP IAPT learning collaboratives (<i>this is partnership between service providers and higher educational institutions - HEIs at a regional level</i>) 	2017 and 2018
2017 HEE will commission training for staff working in inpatient units to a curriculum developed by the programme.	Curricula to support delivery of whole team training for inpatient CAMHS units was developed by the programme in 2016.	<ul style="list-style-type: none"> • NHSE 	2017
	HEE commissioned the HEIs within the learning collaborative to deliver this training in 2017.	<ul style="list-style-type: none"> • HEE 	2018

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Adult MH – Common MH Problems: Summary

What is the offer to the public?

- By March 2021 1.5m people a year will access IAPT (Improving Access to Psychological Therapy) treatment – with 1.02m people a year by the end of 2017/18 and 1.16m people a year by the end of 2018/19
- The majority of the expansion will be new integrated services – supporting people with co-morbid depression / anxiety disorders and physical long term conditions, or ‘medically unexplained symptoms’
- To enable IAPT expansion 4500 new therapists will be trained, including 3000 more therapists co-located in primary care
- 75% of people will start treatment within 6 weeks of referral, and 95% within 18 weeks
- At least 50% of people who complete treatment will move to recovery
- We will work towards more equal access to and outcomes from treatment for the whole adult population.
- Working with NICE we will develop an endorsement process for digitally enabled therapy – ensuring that the right information is available for areas to choose products.

Examples

- In Sunderland forging integrated care pathways with physical health services has resulted in an integrated way of working with a range of specialist health services, including; stroke, dermatology, COPD and cardiology. People with long term health conditions now make up 46% of people entering treatment, recovery rates are promising and high levels of satisfaction are reported.
- In Buckinghamshire new therapists located in primary care are working across physical health long term conditions. This year 27 new therapists are working across 45 practices, pioneering new ways of working.
- Older people’s access to services is low – at 7% of all people entering treatment nationally
- In Sheffield 18% of people entering treatment are over 65, improvements have been led by senior staff in an older people’s strategy group.

How will it be delivered?

- Implementation guidance for both core and integrated IAPT plus links to planned mental health liaison published in 2017 to support local delivery of services
- Regional & STP workforce plans developed to ensure supply of new staff available to meet access ambitions and current workforce is maintained
- Activity and outcomes based payments for IAPT implemented – shadow implementation in 17/18 and full implementation in 18/19
- Early implementer programme for integrated IAPT services in 16/17 and 17/18 – with additional data collection and robust impact analysis of Wave 1 services
- All CCGs to commission new integrated IAPT services from 2018/19

IAPT Implementation 2017 to 2018

Area	17/18	18/19	By 20/21
People accessing treatment a year	1.02m (16.8%)	1.16m (19%)	1.5m (25%)
Therapists trained	940 ‘replacement’ 600 ‘expansion’	940 ‘replacement’ 1170 ‘expansion’	4500 ‘expansion’ in total 3000 more therapists co-located in primary care
Improving quality in services	Meet 50% recovery standard. Ongoing work to improve access to and outcomes from services for whole population – supported by Quality Premium in 17/18 & 18/19		
Payment	Shadow implementation	Full implementation	Payment supporting delivery of high quality & efficient services
Integrated IAPT development	Wave 1 & 2 early implementers	All areas start commissioning integrated services	Integrated psychological therapies embedded in care pathways
Employment support	Wave 1 starts	Wave 2 starts	Evaluation available
Digitally enabled therapy endorsement	Endorsement process set up and testing in IAPT services underway		Range of digitally enabled therapy products endorsed

Outstanding Issues

- Refresh of technical waiting times guidance
- Baselineing and assuring delivery of the 3000 therapists in primary care commitment
- Updated IAPT data set in 2018 tbc

Delivery Plan - Adult MH: IAPT

Milestone	Implementation activities	Responsibility	Timeframe
Maintain and improve quality in IAPT services	Assurance and quality improvement support (including for staff wellbeing) to ensure 50% recovery standard and waiting times standards met	• NHSE regional teams	Ongoing
	Quality improvement support for reducing inequalities in IAPT – e.g. older people's access, recovery according to ethnicity, access and outcomes for people in the perinatal period	• NHSE regional teams	Ongoing
	Publish 'core' IAPT implementation guidance	• NHSE national team	Autumn 2017
Support shadow implementation of payment by activity / outcomes	Baseline current contracting and payments, ensure infrastructure in place to calculate payments	• NHSE national team	June 2017
	Support CCGs in shadow implementing a new payment scheme	• NHSE national team & regions	From Summer 2017
Expansion of IAPT services: access and workforce (including 3000 therapists in primary care)	Assurance and quality improvement support to ensure 16.8% access standard met in 2017/18	• NHSE national team & regions	Ongoing
	Develop regional and STP workforce plans to ensure sufficient numbers of trainees to meet commitments, coordinating with HEE local teams	• NHSE national team & regions • STPs	October 2017
Support delivery of integrated IAPT services	Fund, monitor & report on Wave 1 and 2 integrated IAPT early implementers	• NHSE national team	Ongoing
	Commission and manage impact analysis of Wave 1 early implementers	• NHSE national team	Ongoing
	Assure performance and delivery for Wave 1 and Wave 2 areas as required	• NHSE national team & regions	Ongoing
	Support for delivery of integrated IAPT outside early implementers	• NHSE regional teams	Starting Q1
	Workshops on integrated IAPT delivery	• NHSE national team & regions	Autumn 2017
Increase the number of employment advisors in IAPT	Fund, monitor and report on Employment Advisors in IAPT project, and update regional teams	• Health and work unit (HWU)	Ongoing
	Assure CCG / provider performance as necessary	• HWU • NHSE regional teams	Ongoing

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Adult MH – Community, Acute & Crisis Care: Summary

What is the offer to the public?

In 2017/18 we will ensure:

- 50 per cent of people experiencing a first episode of psychosis commence treatment with a NICE – approved care package within 2 weeks of referral
- 140,000 more people living with severe mental illness (SMI) have their physical health needs routinely checked
- The first wave of funds is allocated to deliver a doubling in the reach of Individual Placement and Support (IPS) programmes, supporting people with SMI to access sustainable paid employment
- The capacity of Crisis Resolution and Home Treatment Teams (CRHTTs) is increased so that more people have access to 24/7 crisis care response and intensive home treatment as an alternative to admission.
- That at least 13 per cent of acute hospitals meet the 'core 24' service standard for adults by March 2017.
- That inappropriate out of area placements for acute mental health care for adults are reduced.

Examples of regional implementation support

- London Stolen Years project – London clinical network established steering group supported by Darzi Fellow to support improvement of physical health for people with SMI. Project has established physical health leads network, commissioning guidance and CCG assessment tools.
- North region liaison mental health network - Brings together representatives from commissioners, providers and clinical networks under the leadership and stewardship of the regional mental health team. Supports regular workshops and events to enable peer-to-peer learning, sharing of best practice, regional baselining and place-based planning.

How will it be delivered?

- Development and publishing of quality benchmarks and resource packs for community, acute and crisis mental health services. This will include implementation guidance, and quality assessment & improvement schemes.
- Publication of guidance for CCGs on improving physical health care for people living with SMI.
- Publishing new routine national datasets and commissioning audits of crisis & acute care.
- Launching new national audit on current provision of IPS.
- Continued support for CCGs and providers to meet the EIP standard.
- Support for wave 1 liaison mental health funding sites and support preparation for wave 2 liaison mental health funding bids.
- Support to increase provision and investment in CRHTTs in line with evidence base.
- Routine reporting of acute out of area placements, trajectories set for elimination by 2021.

AMH Funding 2017 to 2018

In addition to funding made available to regions as part of the Mental Health Operating Model, funding has been made available for CCGs and providers to deliver the AMH priorities through both CCG baselines and target investment.

	Investment in CCG baselines	Targeted investment
Early intervention in psychosis	£11 million	
SMI physical health	£41 million	
Liaison mental health expansion		£15 million
CRHTT expansion	£43 million	

Outstanding Issues

- Workforce challenges (capacity and skills gaps) to deliver transformation of mental health services.
- Continued poor data quality of national collections to outline progress and measure outcomes.
- Emerging evidence that uplifts to CCG baselines in 2017/18 not being spent for intended purpose

Delivery Plan - Adult MH (1/2)

Milestone	Implementation activities	Responsibility	Timeframe
Develop, publish and promote guidance and commission provider services, benchmarks and support packs (recommended response times, NICE-concordant interventions, data collection and outcome measurement).	Publish regional plans for EIP services across the full age range (14-65) and for people with ARMS.	<ul style="list-style-type: none"> NHSE regional teams STPs 	June 2017
	Publish guidance to support delivery of comprehensive physical health checks within primary care, incl. material for CQUIN scheme.	<ul style="list-style-type: none"> NHSE national team 	June 2017 – Sept 2017
	Disseminate UEMH liaison quality benchmarks and supporting resource packs and publish for acute, community and crisis .	<ul style="list-style-type: none"> NHSE national team 	April 2017 July 2017
	Launch CCQI self-assessment QI scheme for CRHTTs, acute care and UEMH liaison and coordinate response.	<ul style="list-style-type: none"> NHSE regional teams NHSE national team STPs 	July – Oct 2017
Meet the referral to treatment component of the EIP standard - Target for 2017/18 is 50%.	Implement regional plans to ensure CCGs and providers meet the RTT component of the standard.	<ul style="list-style-type: none"> NHSE regional teams NHSE national team STPs 	June 2017 Ongoing
Ensure all providers can offer a NICE-concordant package of care, establishing clinical leadership to ensure continued improvement against the EIP standard.	Support providers to begin flowing interventions and outcomes data to MHSDS as SNOMED codes.	<ul style="list-style-type: none"> NHSE regional teams NHSE national team STPs 	Ongoing
	Develop and implement local workforce and training plans to ensure full delivery of the EIP standard.	<ul style="list-style-type: none"> NHSE regional teams STPs 	June 2017
	Appoint appropriate clinical leadership for EIP standard to support CCGs and providers, with an established regional support programme for activities.	<ul style="list-style-type: none"> NHSE regional teams STPs 	By June 2017
STPs to develop plans to inform national baseline and trajectory: <ul style="list-style-type: none"> Physical health for people with SMI OAPs 	Next STP plans to include plan for improving physical health of people with SMI and assured by regions.	<ul style="list-style-type: none"> STPs NHSE regional team 	
	Establish local and national OAP activity baselines, STPs to develop local trajectories for eliminating OAPs by 2021 to establish a national trajectory.	<ul style="list-style-type: none"> NHSE regional teams NHSE national team STPs 	July – Nov 2017
Expand access to Individual Placement and Support by: <ul style="list-style-type: none"> Establishing baseline levels of provision of IPS Running STP level bids process Ensuring preparedness for IPS expansion 	Oversee NHS Benchmarking and Centre for Mental Health to deliver baseline audit and publish it.	<ul style="list-style-type: none"> NHSE national team 	Aug - Oct2017
	Secure sign off from Investment Committee to design and launch a bidding process for transformation funding and run it.	<ul style="list-style-type: none"> NHSE regional teams NHSE national team STPs 	Sept – Dec 2017
	Develop competency framework for employment specialists, regional IPS networks to Commission and launch national implementation support to including access to IPS experts for challenged services, evaluating services and sharing and disseminating good practice on both commissioning and delivery.	<ul style="list-style-type: none"> HEE NHSE national team NHSE regional teams 	Dec 2017 – Mar 2018

Delivery Plan - Adult MH (2/2)

Milestone	Implementation activities	Responsibility	Timeframe
Data: <ul style="list-style-type: none"> Establish new routine national statistics report for liaison / acute / CRHTTs (NHSD) / OAPs Publish data on provision of physical health checks. 	Agree specification with NHS Digital for GPES extraction of required data on physical health checks in primary care and publish CQUIN performance data for 15/16 and 16/17.	<ul style="list-style-type: none"> NHSE national team 	June 2017
	Publish data on CCG level performance in relation to provision of physical health checks in primary care	<ul style="list-style-type: none"> NHSE national team NHS Digital 	April 2018
	Refining of MHSDS dataset changes and national reporting priorities for CRHTTs, acute pathway and UEMH liaison .	<ul style="list-style-type: none"> NHSE national team NHS Digital 	Sept 2017
	Supporting comms and guidance to support data submission/quality of MHSDS reports and provide routes for local feedback to national team/ assurance of data quality with routine use of MHSDS.	<ul style="list-style-type: none"> NHSE regional teams NHSE national team 	(TBC for UEMH) June 2017-March 2018
	OAPs: (1) improve data quality of new collection, (2) phase out special bespoke OAPs collection for routine MSHDS collection.	<ul style="list-style-type: none"> NHSE regional teams NHSE national team STPs 	(1) Apr 2017 (2) Mar 2018
Regional capability and networks established to drive improvements in physical health, CRHTT implementation, acute pathway and liaison implementation for all urgent & emergency liaison services, including: <ul style="list-style-type: none"> Assurance of successful liaison wave 1 bidders; Support for potential liaison wave 2 bidders to submit successful bids and expand services in the interim to move towards Core 24. 	Raise awareness of quality benchmarks and evidence base for UEMH liaison, CRHTTs and acute pathway.	<ul style="list-style-type: none"> NHSE regional teams NHSE national team STPs 	(Liaison) April 2017 – Mar 2018
	Benchmark baseline performance against the published quality benchmarks for UEMH .	<ul style="list-style-type: none"> NHSE regional teams NHSE national team STPs 	(Liaison) April 2017-Mar 2018
	Appoint dedicated clinical expert time to support delivery in each region and bring together local experts, CCGs and providers to establish QI networks.	<ul style="list-style-type: none"> NHSE regional teams STPs 	May 2017
	Create local workforce development programme.	<ul style="list-style-type: none"> NHSE regional teams STPs HEE regional 	May 2017
	Conduct evaluation of innovative approaches, particularly of liaison wave 1 funding models, including economic and financial modelling.	<ul style="list-style-type: none"> NHSE regional teams NHSE national team STPs 	May 2017-March 2018
Establish national and regional baseline of CRHTT and acute care activity, and drive increased investment.	Determine KLOEs for fully operating CRHTTs, UEMH and acute care for regional assurance role.	<ul style="list-style-type: none"> NHSE regional teams NHSE national team 	May 2017
	(1) Feed back data from national audit of CRHTTs , CCG financial tracker; and (2) CCQI self-assessment scheme(s) for crisis/acute , CCGs, regional teams and providers.	<ul style="list-style-type: none"> NHSE regional teams NHSE national team 	(1) May 2017 (2) Oct 2017
	Establish stratification of services in region (using available data) including regional centres of excellence for UEMH liaison of services at Core 24 to support other services.	<ul style="list-style-type: none"> NHSE regional teams NHSE national team 	June 2017

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What is the offer to the public?

- By 2020/21, an additional 30,000 women each should be supported to access evidence-based, specialist perinatal mental health treatment.
- £365m investment from 2015/16-2020/21 for phased work programme to build capacity and capability and increase access to specialist support, closer to home, including through:
 - increased supply of multi-disciplinary specialist community perinatal mental health teams
 - increased supply of specialist inpatient beds (Mother and Baby Units)
 - perinatal mental health networks covering England (as recommended in NICE guidelines).
- Healthcare professionals should be trained, competent and confident in recognition, treatment and support for women with perinatal mental health problems.
- Women and their families should have a positive experience of care with services joined up around them.
- There is earlier diagnosis and intervention, women are supported to recover and fewer women and their infants suffer avoidable harm.
- There is more awareness, openness and transparency around perinatal mental health in order that partners, families, employers and the public can support women with perinatal mental health conditions.

How will it be delivered?

- Specialised commissioning is expanding bed capacity in existing MBUs and procuring four additional MBUs in areas with particular access issues. Further review to identify long-term sustainability – by end 2018/19.
 - Funding to expand/develop new MDT specialist perinatal mental health teams through centrally-managed CSDF 2016/17-2018/19 and then in CCG baselines from 2019/20.
 - Perinatal MH networks developed to provide clinical expertise and leadership for consistent, high quality and evidence based care for women, babies and their families, developing whole system pathways, supporting strategic planning for best use of funds and achieving outcomes, and supporting implementation of guidance, etc.
 - Workforce development activities – including building clinical leadership capacity, multi-disciplinary competency framework for PMH (HEE), workforce strategy and plan (HEE) to address supply and confidence/competence of PMH workforce.
 - Updating national datasets to collect core, standardised metrics on pathways, activity and outcomes for PMH, including where women are in system.
 - Work to ensure that incentives and levers in the system support improvement – including oversight and assessment frameworks, payment models, etc.
 - Facilitation of national network events to bring areas together to support learning and sharing of good practice (in partnership with regions).
 - Events, progress reports and dedicated central team contacts for CSDF sites.
- At a regional level, delivery of the ambitions should be supported through:
- Ensuring the multi-disciplinary and regional Perinatal Mental Health networks are retained (as recommended by NICE), robust and visible with clear strategic integrated pathways and plans in place (including workforce strategy plan) for effective strategic planning for future funding. This includes engagement of system partners across the pathway and ensuring women and families can be involved in regional and local decision-making.
 - Through networks, support and enable collaboration between inpatient and community services, enabling work outside traditional boundaries, given the highly specialist nature of inpatient MBU services.
 - Support the dissemination and implementation of national guidance, local tools and resources to improve PMH including the evidence based treatment pathways and CCQI self assessment tools, and preparation for national dataset changes as necessary, supporting submission of data for national collections.
 - Supporting service developments in CSDF wave 1 areas including sharing learning, assisting stakeholders to work together and providing leadership and clinical expertise. Through networks, support preparation of local areas for wave 2 of the CSDF, enabling high quality submissions.
 - Regionally and through networks, host and facilitate multi-professional PMH networks and regional events to reduce variation, showcase good practice, spread innovation and learning.

Examples

- The LSE and Centre for Mental Health estimates that perinatal mental illness costs the NHS and social services around £1.2 billion for each annual cohort of births. A significant proportion of this cost relates to adverse impacts on the child. By 2020/21, the total national investment in specialist perinatal mental health is line with their estimates to close the gap in access to specialist services (£140m).
- Perinatal Mental Health Specialist Community Services are variable and generally fragmented across the country bringing inequality in terms of access. Currently less than 15% of localities provide these at the full level recommended in NICE guidance.
- Good quality, evidence-based perinatal mental healthcare is shown to
 - Improve access to evidence-based treatment with greater detection and improved recovery rates, improving outcomes for women and their children.
 - Reduce in pre-term birth, infant death, special educational needs, poor school attainment, and depression, anxiety or conduct problems in children.
 - Reduce costs per birth to NHS caused by mental health problems during perinatal period.
- Twenty areas (covering 90 CCGs and 6 STPs) have been selected as part of the first wave of the Community Services Development Fund. The link below highlights the focus and scope of the service.
<https://www.england.nhs.uk/mental-health/perinatal/community-services/>

The PMH Offer 2017 to 2018

- Implementation of Wave 1 CSDF plans – over 6,000 women estimated to receive specialist support from sites
- Launch submission process for CSDF Wave 2 with additional £20m for 2018/19.
- Launch evidence-based treatment pathways guidance for timely access to evidence-based treatment, with routine monitoring of outcomes.
- Launch of College Centre for Quality Improvement self-assessment tools for specialist perinatal mental health teams (community and inpatient) as quality improvement support linked to pathways.
- Implementation of training year for 10 perinatal psychiatrists via bursary scheme, with additional 10 completing masterclass sessions (RCPsych in partnership with NHS E and HEE).
- Roll out of multi-disciplinary competency framework for PMH by HEE.
- Begin implementation of four new, eight-bed MBUs. Increase existing capacity by further 7 beds.
- Continued expectation of operation of networks (delivery outlined above).
- Bespoke national data collection on PMH in advance of changes to national datasets to support understanding of progress and development.
- Continued facilitation of activity with networks to aid information sharing, collaboration and development of good practice.
- Engagement with wave 1 CSDF sites through progress reports, visits, contact with national team and national events.
- Monitoring of PMH community spend through finance tracker.

Outstanding Issues

- Continued engagement and discussion on workforce strategy and workforce development plan, in partnership with HEE.

Delivery Plan: Perinatal MH

Workstream area	Implementation activities	Responsibility	Timeframe
MBU capacity development	Complete procurement process for additional MBUs to preferred bidder status	<ul style="list-style-type: none"> Specialised Commissioning - Central Support Team 	End April 2017
	Finalise contract award for preferred bidders with detailed mobilisations plans embed within the contracts that support the delivery of the four new units within the required time frames South West, North West, East of England by March 2018. South East from April 2018. Ensuring compliance with the stipulated conditions precedent	<ul style="list-style-type: none"> Specialised commissioning - Regional teams 	From June 2017
	Agreed expansion of in-year capacity in existing units and outreach requirements	<ul style="list-style-type: none"> Specialised Commissioning - Regional teams 	June 2017
	Ongoing identification of quality and improvement elements for MBUs	<ul style="list-style-type: none"> Specialised commissioning CRG 	Ongoing
Workforce development	Publish revised skills and competency framework	<ul style="list-style-type: none"> HEE 	July 2017
	Implement clinical leadership bursary scheme for perinatal psychiatrists	<ul style="list-style-type: none"> RCPsych NHSE national team HEE 	By end 2017/18
	Completion of previously-agreed training plans to upskill multi-professional workforce	<ul style="list-style-type: none"> PMH networks NHSE regional teams 	June 2017
	Complete national PMH maternity workforce survey and share results with Maternity Transformation Programme workforce leads	<ul style="list-style-type: none"> HEE 	June 2017
	Implement agreed workforce development activities as outlined by workforce strategy / steering group	<ul style="list-style-type: none"> NHSE regional teams NHSE national team HEE 	Ongoing
Perinatal mental health networks	Ongoing maintenance of PMH networks	<ul style="list-style-type: none"> PMH networks NHSE regional teams 	Ongoing
	Support and enable collaboration between inpatient and community services, enabling work outside traditional boundaries, given the highly specialist nature of inpatient MBU services.	<ul style="list-style-type: none"> PMH networks NHSE regional teams 	By March 2018

Delivery Plan: Perinatal MH

Workstream area	Implementation activities	Responsibility	Timeframe
Perinatal mental health networks	Support dissemination and implementation of national guidance, local tools and resources to improve PMH including the evidence based treatment pathways and CCQI self assessment tools, and preparation for national dataset changes as necessary, supporting submission of data for national collections.	<ul style="list-style-type: none"> PMH networks NHSE regional teams 	By March 2018
	Supporting service developments in CSDF wave 1 areas including sharing learning, assisting stakeholders to work together and providing leadership and clinical expertise. Through networks, support preparation of local areas for wave 2 of the CSDF, enabling high quality submissions.	<ul style="list-style-type: none"> PMH networks NHSE regional teams 	By March 2018
	Facilitate national network events for collaboration	<ul style="list-style-type: none"> NHSE regional teams NHSE national team 	Quarterly 17/18
Data and metrics	Launch evidence-based treatment pathways guidance	<ul style="list-style-type: none"> NHSE national team 	June 2017
	Complete linkage with Maternity Dataset	<ul style="list-style-type: none"> NHS Digital 	April 2017
	Agree data expansion items for 2018 update to MHSDS	<ul style="list-style-type: none"> NHSE national team NHS Digital 	By June 2017
	Launch self-assessment tools to support local quality improvement aligned with pathways	<ul style="list-style-type: none"> NHSE national team CCQI 	By December 2017
	Develop technical guidance / FAQs to support evidence-based treatment pathways	<ul style="list-style-type: none"> NHSE national team NHS Digital NHSE regional teams 	Following pathway publication
Building community capacity	Progress monitoring, liaison and engagement with CSDF wave 1 sites	<ul style="list-style-type: none"> NHSE national team 	Ongoing
	Launch CSDF wave 2 process	<ul style="list-style-type: none"> NHSE national team 	Q2 2017/18
	Selection of wave 2 sites for funding 2018/19	<ul style="list-style-type: none"> NHSE national team 	Q3 2017/18
	Ongoing engagement with Maternity Transformation Programme	<ul style="list-style-type: none"> NHSE national team 	Ongoing

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What is the offer to the public?

Develop a new model of specialist forensic community care in 2017-18 to improve outcomes for people affected by mental illness and significant issues with risk and safety. Outcomes will be:

- preventing avoidable admissions to secure care
- reducing length of stay through least restrictive services closer to home.

Proof of concept to be developed and tested through New Care Model (NCM) sites from 2017/18, and fully evaluated through further pilot sites prior to roll out in 2019/20 and 2020/21.

Improved quality of care and treatment including reduction in unwarranted variation across providers.

How will it be delivered?

- First national dataset on Adult MH Secure Care activity (patient and service level) produced in 2016/17. Data has been validated with Specialised Commissioning hubs and currently informing service review, which is ongoing.
- NHSE to test and refine the Community Forensic Model to develop proof of concept.
- Evaluation of NCM sites after Year 1 and share learning across 2017/18 and 2018/19.
- Roll out via co-commissioning models, including further NCM sites 2019/20 and 2020/21.
- NHSE to implement actions to manage demand in prisons and streamline the prison/health interface, to expedite remission from secure care back to prison. First linked HMPPS/ NHSE data set developed in 2016/17.
- NHSE develop a workforce plan to support recovery focussed in-patient and community services in 2018/19.

Proposed Specialist Community Forensic Team (SCFT) model for testing

- New Specialist Community Forensic Team to expedite recovery as part of whole secure care pathway and reduce LoS through intensive support in the community. Focus on expediting recovery and reducing length of stay in hospital, whilst maintaining effective risk management. Includes
- SCFT may also enable hospital avoidance for new entrants through early intervention. Care model in development includes:
 - Care pathway management out of the service
 - Robust and specialist long term case management
 - Specialist forensic risk assessment and management
 - 7/7 24hr crisis response
 - Delivery of effective offence specific interventions, psychosocial interventions, substance misuse interventions
 - Vocational and employment support, in-reaching into housing providers
 - Carer support

The Secure Care Offer 2017 to 2018

- Development of first ever mental health secure care data set – patient and service level data. Continue to support commissioning & assurance.
- Co-production of new mental health secure care strategy (Q1 2017/18).
- Testing new Specialist Community Forensic Team model for effectiveness in preventing avoidable admissions, reducing length of stay and reducing Out of Area Placements in pilot area as part of NCM roll out (Q2-4).
- Development of agreed regional plan for wider roll out (Q2 2017/18) for measurable reduction in average and variation in length of stay.

Delivery Plan - Secure: Access to Treatment

Milestone	Implementation activities	Responsibility	Timeframe
Apply the first national adult mental health secure care data set	Use the national data set to develop demand and capacity profiles for secure mental health care within each regional specialised commissioning hub, in order to align commissioning of these services with local need.	<ul style="list-style-type: none"> NHSE national team NHSE Specialised Commissioning regions 	Ongoing
Test community forensic model concept	Co-production exercise involving service users, carers clinicians, including New Care Model sites and Black Voices Network (plus review of existing evidence).	<ul style="list-style-type: none"> NHSE national team 	Ongoing
Launch secure services strategy	Publish a cross NHSE Mental Health Secure Services strategy document pulling together progress and next steps across NHSE functions. Hold national MHSC Conference Summer 2017 to share learning for wider take up by providers and clinicians.	<ul style="list-style-type: none"> NHS England national team Specialised Commissioning regional and national teams 	July 2017
Developing early stage regional plans for later roll out of forensic community services	Planning with regional NHSE specialised commissioning hubs, considering demand, capacity and opportunities for reinvestment in community forensic services	<ul style="list-style-type: none"> NHS England Regional Spec Comm. NHS England national team Moving towards co-commissioning model e.g. further NCM sites. 	Commencing October 2017
Further pilot /evaluation of the forensic community model	Selection of partner organisations , implementation and evaluation – including link with NCM sites. Ensure accessible and effective for highest risk for admission and longest LoS = Black British men.	<ul style="list-style-type: none"> NHS England national team 	To be completed by April 2018
Delivery against national plans for roll-out	Roll out of specialist community forensic team model 2019/20 and 20/21 in line with regional planning. Monitoring community and inpatient activity data to track improved outcomes	<ul style="list-style-type: none"> NHS England Regional Spec Comms 	To be completed by end 2020/21

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Health and Justice (CYP): Summary

What is the offer to the public?

Improved access to meet the needs of high risk/ high harm/ high vulnerability children and young people who are accessing Health and Justice commissioned services in:

- Secure estate
- Specialist Community services
- Developing collaborative commissioning arrangements across all agencies

Meeting needs may include:

- Speech and Language therapy to support Health and Justice directly commissioned service.
- Improve Counselling/therapies for young victims of sexual abuse.
- Increased health navigation within the YOS and step down programmes from secure placements
- Trauma support and outreach therapeutic counselling.
- Family therapy and systematic working.

How will it be delivered?

Through three Workstream Projects:

- Roll out of Specialist Child and Adolescent Mental Health Services for High Risk Young People with Complex Needs (Community F:CAMHS).
- Development of a Framework for Integrated Care for the Children and Young People's Secure Estate (SECURE STAIRS).
- Development of Collaborative Commissioning Networks.

Health and Justice Objectives 2017 to 2018

- Improved mental health and wellbeing among this cohort by identifying and addressing the mental health needs of high risk children and young people in a range of secure, residential and community settings;
- Reduction of risk of harm amongst this cohort from self harm, suicide, substance misuse, violence and other harmful behaviours linked to poor mental health;
- Direct improvement in young people's mental health and well-being whilst in the Children and Young People's Secure estate;
- Evidence of sustained improvement in young people's ability to live safely within the community: e.g. reduced rate of readmission to the secure estate; reduced frequency and severity of offending behaviour after a stay in the secure estate;
- Support to access to relevant provision across agencies in line with the children or young person's identified needs, including transition to secure, other residential or adult services; local provision that is supplemented with specific specialist input where necessary – all will impact by reducing demand on urgent care services as mental health needs of this cohort will be more comprehensively and consistently addressed across the entire Health and Justice pathway.

Outstanding Issues

Numbers of skilled/ clinical staff to meet the recruitment needs of the Workstream.

Delivery Plan - Health and Justice (CYP): Access to Treatment

Milestone	Implementation activities	Responsibility	Timeframe
Roll out of Specialist Child and Adolescent Mental Health Services for High Risk Young People with Complex Needs (Community F:CAMHS) throughout 2017/18.	<ul style="list-style-type: none"> Publication of Specification. Procurement of services: ITT/ Evaluation/ Contract Award/ Commencement. Contract Variations and implementation of new specification. Procurement of Evaluation 	<ul style="list-style-type: none"> Specialised Commissioning Central Team. Specialised Commissioning Central Team in partnership with Regional Teams (Midlands/East/ South) Specialised Commissioning Regional Teams (North and London). Health and Justice Central Team in partnership with Arden & GEM. 	<ul style="list-style-type: none"> June 2017. June/Sept/Oct/ Dec 2017. September 2017 – March 2018. July 2017.
Development of a Framework for Integrated Care for the Children and Young People's Secure Estate (SECURE STAIRS) and implementation across the estate throughout 2017/18.	<ul style="list-style-type: none"> Scoping the Secure Estate: completion of Action Plans/ Commissioning Plans and all party agreement to implement. Finalised Specification and Training Outline. Procurement of Implementation Team and Evaluation. Scheduled and sequenced implementation across the Secure Estate. 	<ul style="list-style-type: none"> Health and Justice Central Team/ Establishments/ H&J Commissioners/ DfE/ HMPPS & YJB. Health and Justice Central Team. Health and Justice Central Team in partnership with Arden & GEM. Health and Justice in partnership with DfE/ HMPPS/ YJB & MoJ. 	<ul style="list-style-type: none"> June 2017. April & May 2017. July 2017. July 2017- March 2019.
Development of Collaborative Commissioning Networks across the UK throughout 2017/18.	<ul style="list-style-type: none"> Mapping of need across the pathway. Stakeholder Engagement Events. Collaborative Commissioning Bids. Collaborative Commissioning Plans. Mobilisation of Plans. 	<ul style="list-style-type: none"> Health and Justice Commissioners with partners including Clinical Networks, CCGs, LAs, CSC, YOTs, SARCS, Secure Establishments, Third Sector. 	Oct 2016 – March 2018 across 10 H&J Regions.

Health and Justice (Adults): Summary

What is the offer to the public?

- Hospital transfer and remission guidance to be approved and delivered against in 2017.
- Centre for Mental Health analysis and Shaw Review accepted recommendations for IRC estate embedded in practice from 2017.
- Mental Health Specification review completed by Dec 2017.
- Optimum service design workshops completed by July 2017.
- Pilots developed at workshops to begin in August 2017.
- Workshops regarding pinch points and escalations (lessons from Woodhill and PS) mid June 2017.
- Specific work addressing suicide and self harm and measures in place to reduce incidents across secure and detained estate.

How will it be delivered?

- Series of workshops to test specification and service design and pinch points in hospital transfers.
- Pilot agreed service design across selected establishments.
- Task and Finish group to steer Shaw and CMH recommendation delivery.
- Established escalation procedure for delayed hospital transfers.
- The 14 day standard from first identification of requirement to transfer to hospital from prison to the transfer taking place is still the current guidance.
- Support established co-working pathways between commissioning teams.
- Effective partnership work between MOJ, DH and NHS commissioning bodies.

Health and Justice Objectives 2017 to 2018

- Improve mental health outcomes for the Health and Justice patient population.
- Contribute to the reduction in incidents of self harm and self inflicted deaths across the secure and detained estate
- Improve understanding and co-working arrangements between commissioning arms to secure better outcomes for this patient population.
- Pilot sites will be operational within 2017 and evaluated in relation to better patient outcomes
- Inappropriate delays in hospital transfers and remissions will be reduced
- Revised mental health service specification for the secure estate signed off in 17/18
- Mental health service specification for the IRC estate is in place.

Outstanding Issues

Numbers of skilled/ clinical staff to meet the recruitment needs of the workstreams.

Delivery Plan - Health and Justice (Adults): Access to Treatment

Milestone	Implementation activities	Responsibility	Timeframe
Finalise transfer and remission guidelines and publish.	<ul style="list-style-type: none"> Guideline changes agreed Revised guidelines published Established joint working and escalation protocols embedded in practice 	<ul style="list-style-type: none"> HMPPS, HO and NHS E. Specialised Commissioning central team and Health and Justice specialist team. Specialised Commissioning Regional Teams (All) 	<ul style="list-style-type: none"> 2017 2017/18 From April 2018
Service redesign and revised specification.	<ul style="list-style-type: none"> Workshop to consider effective redesign . Pilot sites to be identified Evaluation of pilots sites Full implementation of service design and revised specification published 	<ul style="list-style-type: none"> Health and Justice Central Team/ Establishments/ H&J Commissioners/ DH/ HMPPS MOJ Health and Justice Central Team. Health and Justice Central Team in partnership with NHS Spec comm and MH commissioning team and HMPPS Regions 	<ul style="list-style-type: none"> July 2017. August 2017. July 2017. July 2017-March 2019.
Development of Collaborative Commissioning Networks across the UK throughout 2017/18.	<ul style="list-style-type: none"> Mapping of need across the pathway. Stakeholder Engagement Events. Collaborative Commissioning Bids. Collaborative Commissioning Plans. Mobilisation of Plans. 	<ul style="list-style-type: none"> Health and Justice Commissioners with partners including Clinical Networks, CCGs, LAs, CRC's NPS , Secure Establishments, Third Sector. 	<ul style="list-style-type: none"> 17/19 across H&J Regions.

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Suicide Prevention: Summary

What is the offer to the public?

- The Five Year Forward View for Mental Health (FYFVMH) ambition is for the number of people taking their own lives to be reduced by 10% nationally by 2020/21 compared to 2016/17 levels.

Examples

The West Midlands Mental Health Commission has explored how devolution can help encourage more integrated working and placed based approaches that are community wide and not restricted by service boundaries.

<https://westmidlandscombinedauthority.org.uk/what-we-do/commissions/mental-health/updates/>

Cheshire and Merseyside – No More Zero Suicide Strategy – combines a community and services approach to preventing suicide

<http://www.no-more.co.uk/transforming-services>

More examples available in PHE's Local Suicide Prevention Planning Guidance

How will it be delivered?

- Every local area should have a multi agency suicide prevention plan in place by 2017. These plans should set out targeted actions in line with the National Suicide Prevention Strategy demonstrating how they will implement interventions targeting high-risk locations and supporting high risk groups.
- A suite of data, tools and guidance is available to support the development of these plans on the **PHE portal**
- DH will be undertaking a quality assessment of suicide prevention plans towards the end of 2017.

The Suicide Prevention Offer 2017 to 2018

PHE's role is to help support the creation of multi agency local suicide prevention action plans in every local authority area by December 2017 (this is on track to be achieved). PHE will work with its network of 9 PHE Centre's to provide support to CCGs and Primary Care working with local authorities to develop plans based on PHE's guidance.

PHE is also contributing to the DH led review of the assessment of the quality of local suicide prevention plans. This is likely to take place across 2017 and 2018.

PHE is also working with NHSE and other partners to consider best how to guide the allocation of the £25m allocated to support suicide prevention work across the system from 2018 - 2020

Outstanding Issues

Need to establish allocation of funding between 2018/19 to 2020/21 – work on this is underway.

Delivery Plan - Suicide Prevention: Access to Treatment

Milestone	Implementation activities	Responsibility	Timeframe
Continue to develop system to monitor progress	PHE have established a system for annual review and this information is available on an atlas of variation . DH are undertaking plans for quality assessment towards the end of 2017	<ul style="list-style-type: none"> • Lead - PHE and DH • Support - NHSE, NHS I, HEE • Align - PHE to NHS I and NICE 	By 30 th Nov 2017
Agree suicide and self harm prevention strategy	Government has a refreshed Suicide Prevention Strategy which was refreshed on 9th January 2017. Discussions are under way on the most effective way to revitalise the Governance and delivery arrangements of the strategy. These discussions are being led by DH along with ALBs and the Government's National Suicide Prevention Strategy Advisory Group.	<ul style="list-style-type: none"> • Lead - PHE and DH • Support - NHSE, NHS I, HEE • Align - PHE to NHS I and NICE 	By 31 st May 2017
Support learning from suicides and preventing repeat events	Discussions are now under way on the most effective way to revitalise the Governance and delivery arrangements of the strategy. These discussions are being led by DH along with ALBs and the Government's National Suicide Prevention Strategy Advisory Group.	<ul style="list-style-type: none"> • Lead – NHSI • Support - CQC, NHS E and PHE • Align - NICE 	By 31 st March 2018
Undertake annual multi agency suicide prevention plans review	PHE have established a system for annual review of suicide prevention plans and this information is available on an atlas of variation. DH are undertaking plans for quality assessment towards the end of 2017	<ul style="list-style-type: none"> • Lead - PHE and DH • Support - NHSE, NHS I, HEE • Align - PHE to NHS I and NICE 	By 31 st Dec 2017
Start: agree use of funding with DH and NHS E	Confirmation from national team regarding use and distribution of funding	<ul style="list-style-type: none"> • Lead – NHSE, NHSI and PHE 	By 1 st March 2018

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What is the offer to the public?

- At least two-thirds of those with dementia will have a formal diagnosis and access to appropriate post-diagnostic support
- Unwarranted variation in diagnosis rates and post-diagnostic support between geographies will be reduced
- By March 2021 people with suspected dementia can expect to receive a diagnosis within 6 weeks from referral
- By March 2021 people newly diagnosed with dementia can expect to have a named coordinator of care, a care plan, and at least one annual review of that care plan

Examples

- As at the end of March 2017 the national dementia diagnosis rate was 67.6%. This maintains achievement of the national ambition for a prolonged period.
- Stockport successfully reduced waiting times from referral to diagnosis to six weeks through providing integrated services between primary and secondary care.
- RightCare dementia scenario illustrates the cost savings that can be achieved through use of an optimal care pathway.

How will it be delivered?

- Monthly diagnosis rates will continue to be monitored and reported by geography
- A care plan template and guidance was published in February 2017. NHS England will work to get this implemented into GP IT systems by 2020
- NHS England will provide a dedicated national intensive support resource for dementia until at least March 2019

The Dementia Offer 2017 to 2018

- Throughout 2017/18 - 2018/19 there will be a continued focus on maintaining the national ambition for the diagnosis rate. Additionally, we will report on this for BAME groups and drive up data quality in this area.
- Unwarranted variation in diagnosis rates will be tackled with support from the national intensive support team with the aim of reducing the number of CCGs more than ten percentage points below the national ambition
- Following publication of the new pathway we will ensure all providers are aware of the requirements and supported to make any changes necessary to meet them.

Outstanding Issues

- Implementation plan for new pathway not yet approved for publication

Delivery Plan - Dementia: Diagnosis Rate

Milestone	Implementation activities	Responsibility	Timeframe
Monthly reporting of diagnosis rate	Transfer of monthly workbook content to NHS Digital's website	<ul style="list-style-type: none"> NHSE national team NHS Digital 	May 2017
	Act on monthly reports to identify areas needing to improve	<ul style="list-style-type: none"> NHSE regional team STPs 	Ongoing
	Identify practices not signed up to the extraction and follow up	<ul style="list-style-type: none"> NHSE regional team 	Ongoing
Update dementia extract	Agree scope of changes with NHS Digital	<ul style="list-style-type: none"> NHSE national team 	May 2017
	Implement changes	<ul style="list-style-type: none"> NHSE national team NHS Digital 	Sept 2017
	Communicate changes to stakeholders	<ul style="list-style-type: none"> NHSE national team NHSE regional team 	Sept 2017
	Ensure practices sign up to revised extract	<ul style="list-style-type: none"> NHSE regional team 	Oct 2017
Reduce variation between geographies	Provide dedicated IST resources	<ul style="list-style-type: none"> NHSE national team 	Ongoing
	Reduce any unwarranted variation between STPs in: <ul style="list-style-type: none"> ❖ Diagnosis rate ❖ Diagnosis rate for BAME groups 	<ul style="list-style-type: none"> NHSE national team NHSE regional team STPs 	Ongoing

Delivery Plan - Dementia: Access to Treatment

Milestone	Implementation activities	Responsibility	Timeframe
Treatment pathway implemented	Publish pathway implementation plan	<ul style="list-style-type: none"> NHSE national team 	Aug 2017
	Communicate pathway standards	<ul style="list-style-type: none"> NHSE national team NHSE regional team 	Sept 2017
	Agree reporting requirements from MHSDS	<ul style="list-style-type: none"> NHSE national team 	Aug 2017
	Baseline performance against the standards	<ul style="list-style-type: none"> NHSE national team 	Sept 2017
	Monitor achievement of the standards	<ul style="list-style-type: none"> NHSE national team 	Sept 2017 onwards
Deploy care plan template onto GP IT systems	Set up task & finish group to oversee this work	<ul style="list-style-type: none"> NHSE national team 	May 2017
	Deploy template onto one system	<ul style="list-style-type: none"> NHSE national team 	Oct 2017
	Deploy template onto remaining systems	<ul style="list-style-type: none"> NHSE national team 	March 2018 onwards
	Encourage GPs to adopt the template	<ul style="list-style-type: none"> NHSE regional team STPs 	Oct 2017 onwards

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New Care Models: Summary

What is the offer to the public?

- By April 2019 we will:
 - Reduce by ~280 the number of patients out of area for adult low and medium secure and CAMHS inpatient services
 - Invest approximately £50m in community services to reduce the need to admit patients in these services
 - Reduce unnecessary admissions to these services
 - Reduce the average length of stay for patients in these services
- Note that these figures relate to the first wave of the programme – an additional cohort of sites is due to join the programme, so the benefits are likely to be much greater
- Additional services commissioned include: crisis and home treatment teams, supported housing, other community services and additional beds

Examples

- Six sites form part of the first wave:
 - Adult Secure
 - South London Partnership (lead provider: Oxleas FT)
 - South West (lead provider: Devon Partnership)
 - Thames Valley and Wessex (lead provider: Oxford Health FT)
 - West Midlands (lead provider: Birmingham and Solihull FT)
 - CAMHS Tier 4
 - North East and North Yorkshire (lead provider: Tees, Esk and Wear Valley FT)
 - North West London (lead provider: West London)
- The additional sites that form wave 2 have yet to be selected.

How will it be delivered?

- Established pilot sites (New Care Model sites) with a lead provider taking responsibility for the budget
- Devolve pathway management to lead providers – working with providers and regional commissioners to implement the programme
- Establishing a second wave of pilot sites – these will be selected in June and announced following the lifting of purdah after the general election. The second wave of sites are expected to go live at the beginning of October
- A formal evaluation will be commissioned to review the impact of the programme and develop best practice for future commissioning strategy

The NCM Offer in 2017/18

The offer to providers as part of the New Care Models programme is the transfer of Specialised Commissioning funding to the lead provider, rather than representing additional funding. Some resource will be available to support implementation

	Specialised Commissioning funding transferred	Additional support
Wave 1	~ £360 million	
Wave 2	TBC	£600 thousand

Outstanding Issues

- Wave 2 application and selection process is ongoing
- Arrangements for transfer of funds from Specialised commissioning to lead providers have not been confirmed
- Data quality issues

Delivery Plan – New Care Models

Milestone	Implementation activities	Responsibility	Timeframe
Transfer of Specialised Commissioning budget to lead providers	Implement interim financial process – providers working with regional commissioners to validate the data and establish standard processes for reviewing and confirming this on an ongoing basis	<ul style="list-style-type: none"> • NCM providers • Regional commissioners 	Staggered implementation of full financial transfer – in place for all by October 2017
	Raise purchase order for initial investment of expected NCM savings	<ul style="list-style-type: none"> • Regional commissioners 	May 2017
	Communicate to all providers regarding change in commissioning responsibility and impact on flow of data/invoices	<ul style="list-style-type: none"> • Central team 	May 2017
Finalise full year activity baseline for Wave 1 sites	Disaggregate M12 data and send to each NCM site	<ul style="list-style-type: none"> • Central team 	May 2017
	Collaborate to validate M12 data against activity, and use this to update the baseline figure and adjust the budget	<ul style="list-style-type: none"> • NCM providers • Regional commissioners 	By July 2017 (end of Q1 2017/18)
Implement clinical improvements as part of NCM site	Repatriate patients from out of area	<ul style="list-style-type: none"> • NCM providers 	Ongoing
	Where appropriate, avoid admissions and discharge patients due to increase community support	<ul style="list-style-type: none"> • NCM providers 	Ongoing
	Invest in new services to support implementation of clinical model	<ul style="list-style-type: none"> • NCM providers 	Ongoing
Establish second cohort of NCM sites to go live in October 2017	Collaborate to develop applications for second wave of NCM programme, and develop business case if successful	<ul style="list-style-type: none"> • All interested providers and regional commissioners 	19 th May – application deadline July – business cases due for selected sites
	Select sites through competitive selection process, and support them to develop business cases and in preparation to go live in October	<ul style="list-style-type: none"> • Central team 	By October 2017

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What is the offer to the public/system?

- By **April 2018** we will have increasingly relevant, high quality national MH data to support benchmarking and identify gaps in services.
- We will strive to ensure consistency in assurance of MH services through aligned national dashboards and oversight, insight and assurance frameworks
- We will move towards a focus on measuring mental health services on the outcomes they achieve.
- We will focus on ensuring that MH services are appropriately rewarded to deliver high quality care.
- We will consider how to improve the use of digital technology to drive quality MH services.

Examples

The Five Year Forward View for mental health highlighted the need for a data and transparency revolution to ensure greater consistency in the available and quality of NHS funded services across the country.

The MH FYFV dashboard, first published in October 2012 and quarterly thereafter, includes a range of measures aimed at charting progress against the recommendations in the MH FYFV and allowing benchmarking where possible. Development of the dashboard highlighted the paucity of data in some areas of the MH programme. By 2020 we will strive to ensure that robust nationally collected data is available to all CCGs and providers of mental health services, and the public to support high quality MH commissioning and service development – identifying best practice and ensuring that support in service delivery can be given to those where improvement is needed.

How will it be delivered?

- By **April 2018** a cross government and ALB five year plan for MH data will be in place
- Data collection specifications will be published as part of evidence based treatment pathways implementation guidance [TBC – with Simon Stevens' office]
- A core intelligence brief will be introduced at the heart of the new MH operating model alongside a review of measures in the NHS I Single Oversight Framework, NHS E CCG IAF and CQC Insight Framework to ensure alignment from Q1.
- The Mental Health Intelligence Network will continue to grow its local mental health profiles and support the use of this information to shape service improvement.
- In **2017/18** the International Consortium on Health Outcome Measures will start to develop a standard set of outcome measures aligned to evidence based treatment pathways, alongside a review of current use of outcomes in MH to identify robust outcome measures to support service delivery.
- A review of the use of payment approaches including the a review of cluster currencies, and other financial incentives, for MH will be undertaken in **2017/18** with recommendations for future national tariffs.
- A plan for how digital technology may be used to support transformation in MH will be published in **2017**.

Infrastructure programme objectives 2017 to 2018

The underpinning infrastructure to support the transformation of mental health services will be developed between now and 2020/21 when we can expect to see:

An updated mental health services dataset, more closely aligned to national policy aims	April 2017 and annually thereafter
Increased transparency in the presentation and use of MH data for assurance and monitoring progress	Ongoing from July 2017
Improved payment systems which support high quality delivery and focus on improving outcomes	April 2018 onwards
A robust set of outcome metrics to measure the quality of mental health services	Ongoing from 2017

Outstanding Issues

- Local initiatives to support improvements in data quality and reduce burden of data returns on providers
- Support development and refinement of payment approaches, financial levers and outcome measures

Delivery Plan – Enablers: Infrastructure

Milestone	Implementation activities	Responsibility	Timeframe
Update to Minimum Data Set	Regular schedule of updates to MHSDS, UEC and IAPT datasets and communicating changes to regions, providers and STPs	<ul style="list-style-type: none"> NHSE regional teams NHSE national team 	Ongoing from April 2017
	Collate data as part of business as usual reporting	<ul style="list-style-type: none"> STPs 	Ongoing
	Quality assurance of MHSDS data submissions in line with standard contract obligations	<ul style="list-style-type: none"> NHSE regional teams 	April 2017 onwards
	Design and support adherence with data collections for policy development and assurance	<ul style="list-style-type: none"> NHSE regional teams NHSE national team 	Ongoing
Development of oversight and assessment frameworks	Publication and dissemination of CCG IAF ratings	<ul style="list-style-type: none"> NHSE regional teams NHSE national team 	July 2017
	Mobilise support on the basis of CCG IAF & SOF and additional operational plan measures	<ul style="list-style-type: none"> NHSE regional teams NHSE national team 	July 2017 onwards
Review of payment mechanisms	Evaluation of new MH payment mechanisms and incentives	<ul style="list-style-type: none"> NHSE national team 	June 2017 onwards
	Support for development of payment mechanisms and new financial incentives	<ul style="list-style-type: none"> NHSE regional teams (especially NCM and Placed based commissioning) NHSE national team 	Winter 2017 onwards Summer 2017 onwards for NCM
Development of outcomes based measures for mental health	Commissioning the development of a standard set of outcome measures for mental health	<ul style="list-style-type: none"> NHSE national team 	April 2017 onwards
	Review of use of outcomes measures	<ul style="list-style-type: none"> NHSE regional teams NHSE national team 	July 2017 onwards

What is the offer to the public?

- Investment and reform of the Mental Health workforce to ensure that we have enough people with the right skills in the right place to deliver care.
- The workforce plan covers for the expansion areas: supply of newly trained staff, reduction in attrition, new roles, service redesign etc.
- The above, together with development of EBTPs, will result in improved services and health outcomes for people with mental ill health.

Examples

- Crisis and Home Treatment Teams workforce needs modelled to reflect best-practice
- Growth in integrated IAPT services
- Multidisciplinary teams providing perinatal care
- New roles such as wellbeing practitioners for CYP supporting care in the community

How will it be delivered/ next steps?

What will the plan provide:

- Expansion needs for each of the expansion areas reflecting latest evidence set out in NCCMH pathways to ensure that the new workforce have the competencies to deliver evidence based interventions
- Supply through national and other training schemes will be identified
- Innovative plans for new staff groups and to develop new skills in existing staff will be identified to mitigate outstanding risks and generate exciting career opportunities

Timeframe for development and implementation of the workforce plan:

- National numbers on demand and available supply for expansion areas and indicative break-down by regions shared with regions as soon as possible from mid-May
- Overall workforce plan expected to be published by end of May/beginning of June. Governance set up to cover: further development of workforce, risk mitigation and delivery tracking
- Plan to inform workforce planning at regional level. LWABs with the support of national ALBs (HEE, NHSI, NHSI) to support CCGs and STPs to identify local workforce needs and supply strategies to deliver the overall expansion
- Delivery against local workforce plans will start being tracked in the summer 2017/18

Outstanding Issues

- Supply gap, especially for staff with long training cycles
- Funding predicated on expected savings across health system being achieved
- Strengthening workforce for core services alongside development of expansion areas
- Delivery of workforce plan largely dependant on local factors: CCG training funding, provider workforce planning

Delivery Plan - Enablers: Workforce

Milestone	Implementation activities	Responsibility	Timeframe (indicative)
Workforce delivery plan	Share key national and regional figures with regions	[TBC]	Mid- May- end of May
	Publish national plan		End of May/June
	Start tracking delivery		Summer 2017
Regional and STPs workforce delivery plan	Develop workforce plan at regional and STP level (iterative process)	[TBC]	By end Q1 2017/18
	Engage with providers/ CCGs to ensure implementation		By end Q1 2017/18
Track delivery of workforce plan	Track delivery at regional level	[TBC]	Summer 2017
	Track overall national delivery		Summer 2017
	Inform refresh of workforce plan		Autumn 2017- Q4 2017/18

Appendices-

Recommended Clinical Network specifications

Framework to support regions and Clinical Networks to deliver local and national support for children and young people's mental health system wide transformation in 2017-18

Background

Improving the quality of access and care to mental health services is a priority for NHS England to deliver the vision set out in *Future in Mind (FiM)*. This report described a national ambition for system wide sustainable transformation to improve the outcomes for children and young people (CYP) with mental health problems. *The Five Year Forward View For Mental Health (FYFV)* builds on this ambition with recommendations aligned to FiM. NHS England has developed a major service transformation programme to significantly reshape the way services for children and young people with mental health needs (CYP MH) are commissioned and delivered across all agencies over the next five years in line with proposals put forward in *Future in Mind* and recommendations set out in *The Five Year Forward View for Mental Health*.

A national approach to supporting the transformation of Children and Young People Mental Health & Well Being Services

NHS England have worked closely with regional colleagues and Clinical Networks (CNs) to plan and establish a CYP Mental Health Improvement Team (MHIT) which consists of a small national *hub* with *local delivery arms* within each CN. In 2015, Regional Medical Directors agreed a MHIT specification which set out key deliverables and that the *local delivery arms* would :

- Complement current local support for CYP MH transformation forming part of one cohesive CYP MH team within each CN.
- Support the delivery of and inform the direction of national and regional CYP MH priorities as they evolve over the next three years (to March 2020).
- Work with the National MHIT “hub” which sits within the NHS England Children and Young People Mental Health Clinical Strategy and Policy Team which provides the overall direction and coordination of the work to deliver the programme

MHIT Framework (17/18)

This framework builds on the 2015 Specification (Framework) refreshed for 2016-17. Going forward the local improvement and support offer will be defined through the Mental Health Operating Model (MHOM). The MHIT Framework has been developed to sit within MHOM and has an increased emphasis on evidencing delivery and impact; with key deliverable set out below to be used as a *framework/guide* to support the focus and role of *local delivery arm* of the MHIT.

Funding Resource:

This work is part of a five year programme, it is anticipated that full year funding will be available as part of MH Programme funding to each CN until March 2020

NHS England have allocated £1,465,380 within the Mental Health Programme funding envelope which will be allocated to regions in line with the agreed allocation formula within the MOU to support to recruit/resource the core elements of a *local delivery arm* as set out below. This is in addition to £500K allocated to support assurance.

Key Deliverables 2017/18 – building on 2016/17	Description	Progress and Measures
<p>Maintain and continue to develop the <i>local delivery arm</i> of CYP MH Improvement Team within each CN footprint</p>	<p>Recruitment of <i>local delivery arm</i> (CN Manager led). Funding has been provided to support the following core elements in addition to the regional/ local existing commitment.</p> <ul style="list-style-type: none"> • Project/improvement expertise recruitment of a CYP MH Improvement Manager (suggested minimum 0.5wte Band 8a). • Specialist mental health & wellbeing expertise, knowledge of the full spectrum of NHS CYP MH service provision - recruitment of a CYP MH (NHS) Clinical Advisor (suggested 0.3wte Band 8c/d Consultant). Role may be split and/or be linked to the local CYP Improving Access to Psychological Therapies (IAPT) Learning Collaborative. • Mental health and emotional wellbeing expertise able to influence social care and education, including knowledge of wider system, particularly vulnerable young people and those receiving primary support from local authority social care and schools – recruitment of a CYP MH Local Authority (LA) Specialist Advisor (suggested LA salary range £60- £80K equivalent of 0.4wte Band 8d) • Project support, including service user & carer support, local initiatives and learning development events <p>NB: suggested salary ranges/ hours are a guide only to allow for local flexibility and need</p>	<p>Recruitment to all three core CYP MH Improvement team posts (or recruitment plans in place), with additional local roles where appropriate.</p> <p>While posts remain unfilled recruitment plans will be in place and/or evidence of dedicated expertise to reach across the whole CYP system. For example models of LA engagement in the absence of a LA Advisor will demonstrate links into</p> <ul style="list-style-type: none"> • Regional Directors of Children's Services (ADCS) groups • Local Government Association (LGA) • Education • Reach and involvement with senior managers and Directors of local children's services

Key Deliverables 2017/18 – building on 2016/17	Description	Progress measures
Maintaining effective ways of working	<p>The <i>local delivery arm</i> will hold both a local and national role:</p> <p>Within the CN the <i>local delivery arm</i> will:</p> <ul style="list-style-type: none"> • Be accountable to the CN manager • Complement current local CYP MH transformation work • Develop relationships with wider CN colleagues • Once funding and business plan has been agreed with region and national team, the CN manager will work with and account for use of programme resources to both regional colleagues and the national <i>hub</i> through this Framework <p>As part of the wider national CYP MH Improvement Team the <i>local delivery arm</i> will :</p> <ul style="list-style-type: none"> • Participate in monthly meetings/calls with the national <i>hub</i>, including role specific meetings/calls with Advisors • Contribute to national priorities work <ul style="list-style-type: none"> ○ Sharing expertise, local learning and intelligence to influence national work. ○ Cascading information, national steer to support local work. • Build national priorities into local plans. • Establish models of communication/ influence with wider system colleagues both regionally and nationally in particular where LA where engagement is weak 	<p>CN work programme progress</p> <ul style="list-style-type: none"> • Quarterly CYP MH Improvement team meetings • Quarterly Impact reports to regional and national teams • Local reporting mechanisms • National and bespoke MHIT meetings and requests for updates

Key Deliverables 2017/18 – building on 2016/17	Description	Progress measures
<p>Maintain and develop effective governance structures and local quality improvement networks across CN footprint</p>	<ul style="list-style-type: none"> • Maintain existing local CYP MH Transformation Steering Group to include all key partners (CYP MH, Specialist and Health & Justice commissioners, CYP IAPT Collaborative Leads, LA, Public health England (PHE), Directors of Commissioning Operations (DCOs) Health Education England (HEE), CYP and their families. • Build on existing local CYP MH networks • Work with system wide CYP MH stakeholders including CYP and their families • Support local learning communities to establish quality improvement networks (e.g. Eating disorders/Early Intervention Psychosis (EIP)) 	<p>Establishment and maintenance of a local CYP MH Transformation Steering group (or equivalent) with evidence of</p> <ul style="list-style-type: none"> • Regular meetings (suggested bi – monthly) • Agreed terms of reference • Evidence of strong cross system membership • Or plans in place to secure wider stakeholder representation if strong cross system membership is not in place (see key partners list in column across)
<p>Support improvements in local commissioning arrangements</p>	<ul style="list-style-type: none"> • Delivery/support of regular forum/groups • Set up/build on support mechanisms for local commissioners - group and 1:1 support opportunities. • Provide targeted support e.g. task and finish groups to support improvements in specific CYP MH areas (Looked after Children etc.) • Support improvements in joint commissioning by facilitating engagement with and from LA partners (Social Care, H & J, Public Health with education), and supported by Health and Wellbeing Boards. • Work with Specialised Commissioning, CCGs and STPs to develop Place – Based Commissioning of the whole CYP MH pathway. • Work with Health and Justice Commissioners who directly commission services. • Support the National Commissioning Development Programme and future initiatives - cascading information, sharing intelligence and raising profile with local area including specialised and public health commissioners 	<p>Activity reported through MHIT Quarterly Impact Report including</p> <ul style="list-style-type: none"> • Number of established regular and bespoke forums/ groups –(terms of reference, outputs & impact) • Learning events/workshops (with outputs and impact) • Task and finish groups (products delivered and impact) • Development and sharing of local products (resources, tools, guidance) - with evidence of impact • Stakeholder feedback - local commissioners, providers, CYP and families etc. • Progress towards CYP MH whole system engagement/partnership building with regional partners - HHE, Specialist commissioners and H & J • Place – Based commissioning plans <p>Commissioner development activity through</p> <ul style="list-style-type: none"> • National Commissioner Development Programme • Local training/peer support groups etc. • Bespoke 1:1 support

Key Deliverables 2017/18 – building on 2016/17	Description	Progress measures
Support the delivery of 100% access to Children and Young People Improving Access to Psychological Therapies Programme.	<ul style="list-style-type: none"> Where appropriate support the establishment of new CYP-IAPT Learning Collaborative. Where a Learning Collaborative is in place <ul style="list-style-type: none"> improve CYP IAPT participation support their role in provider development building on the strong value system of the CYP IAPT programme. draw on the expertise of the Collaborative to drive transformation. support all local partnerships to join the programme. support CYP IAPT Collaboratives to develop sustainable business plans beyond 2018 	Progress towards delivery of 100% access to Children and Young People Improving Access to Psychological Therapies Programme including <ul style="list-style-type: none"> Evidence of close working between local MHIT and CYP-IAPT Collaborative Spread through local partnership programme sign up Evidence of support for new initiatives and their delivery such as ‘recruit to train’ and Wellbeing Practitioners for CYP where appropriate
Support the development of an available, sufficient and effective, skilled local CYP MH workforce across the CN footprint.	<ul style="list-style-type: none"> Work with local commissioner and providers to understand local workforce needs and gaps. Influence workforce planning and development through HEE, LA regional networks for DCS and Directors of Public Health Support the development of local system wide workforce strategies Contribute to national workforce strategy/priorities. 	Evidence of local workforce planning support <ul style="list-style-type: none"> Completion of local workforce gap analysis Workforce planning progress with HEE and CYP IAPT Collaborative Regional/local workforce planning group (terms of reference, outputs & impact) 1:1 work with CCGs Delivery of local workshops/events (outputs & impact) Development of local products/resources/guidance Evidence of support for new initiatives e.g. ‘Recruit to train’ and Wellbeing Practitioners for CYP where appropriate.
Support improvements in the care for specific groups	<ul style="list-style-type: none"> Provide support to projects to deliver improvements across local areas for specific groups (looked after children, care leavers, CYP with learning disabilities, CYP in contact with the youth justice system, on child protection registers, suffering from neglect or sexual exploitation etc.) 	<ul style="list-style-type: none"> Evidence of work to assist areas with identifying issues related to equalities, inequalities and vulnerability where required, for instance through workshops and protocols as appropriate. <p>Evidence of support to Health and Justice workstreams to</p> <ul style="list-style-type: none"> Develop Specialist Child and Adolescent Mental Health Services for High Risk Young People with Complex Needs (Community FCAMHS) Health and Justice Collaborative Commissioning Networks

Key Deliverables 2017/18 – building on 2016/17	Description	Progress measures
<p>Support areas to prepare and plan for key priorities for CYP MH including evidence based treatment pathways (EBTP)</p> <ul style="list-style-type: none"> • Community eating disorders services • Urgent and emergency MH (crisis) response for CYP (community and liaison in A&E and in patient wards) • Generic CYPMH pathway <p>New Models of Care</p> <p>Develop national data/MHSDS/dashboard of metrics</p>	<p>Provide support and enable areas to undertake preparatory work</p> <ul style="list-style-type: none"> • Support quarterly submissions - EBTP self-assessment tool (TBC) • Support national audit and development of improvement plans. • Support the establishment/development of local quality improvement networks (e.g. Eating disorders/EIP) where appropriate • Promote the spread of learning/sharing developing practice locally and nationally • Use of workshops/ forums in support of change (local and national) <p>Support areas developing and testing new models of care where appropriate, for example local urgent and emergency care Vanguard testing CYP MH crisis pathways</p> <p>Work with CCGs and providers to</p> <ul style="list-style-type: none"> • Support the flow of data to the MHSDS by all NHS commissioned CYPMHS providers • Support the improvement of data quality and completeness - flagging issues to the national MHIT and NHS Digital as appropriate • Support regional/DCO Assurance & Delivery teams in the process of using MHSDS and local data items to monitor service performance & outcomes • drive service improvement including through the development and use of common dashboards and benchmarking 	<p>Development of new evidence based services/pathways in local areas (ED, CYP MH crisis, generic)</p> <p>Evidence of preparatory work underway and progress</p> <ul style="list-style-type: none"> • Progress through EBTP readiness matrix • Development of local plans • Increased membership of quality improvement networks (ED, EIP - crisis and generic tbc) • Local participation in national audits to inform current position, progress towards CYP priorities e.g. crisis services. • Delivery of local workshops/ events ((outputs and impact) • Development of local products (guidance/tools) <p>Evidence of support to improve the quality, flow and use of local data flowing to the MHSDS</p> <ul style="list-style-type: none"> • Benchmark of quality of flow/returns from local services currently • Development of products to measure progress and improve quality e.g. local dashboards • Local groups/forums (terms of reference & outputs)
<p>Support the delivery of Local Transformation Plans and their integration into Sustainability and Transformation Plans (STPS) and work going forward across the CN footprint.</p>	<p>Work with regional, DCOs and national colleagues through the MHOM to provide improvement and support offer to CCGs, providers (and STPs) to include:</p> <ul style="list-style-type: none"> • identifying potential risk/areas of concern • identifying areas of emerging good practice • providing local intelligence and CYP MH expertise to sense check plans • helping to assess and define levels of additional area support • Forming part of agreed local support and improvement offers. 	<p>CN Work Programme Progress updates</p> <ul style="list-style-type: none"> • Intelligence re: areas of concern and evidence of support plan and outcomes • Wider support through MH OMPM <p>Improvements in the MH dashboard and CCGIAF and MHSDS going forward</p>

Reporting and further contribution 2017/18

The local clinical network 'spoke' will :

Set out their annual local CYP MH transformation action plan within the overall business plan for their region. The action plan should

- be shared with the national team (who will provide support and guidance with the planning process) in **Quarter 4**
 - be developed in collaboration with regional colleagues within and beyond NHS England (HEE regional leads and CYP IAPT Collaboratives etc.)
 - be inclusive in the with CN business plans
 - include key milestones which will contribute to the delivery of national and local priorities

Provide Work programme updates through the **Quarterly Regional MHIT** meetings with the national MHIT, regional and assurance colleagues

Provide **Quarterly Impact Progress** reports which will **demonstrate measurable impact of local work and progress towards the key deliverables set out in this Framework** and further updates as and when required

Contribute to the delivery of locally determined CN CYP MH work stream objectives and KPIs, informing progress through local reporting mechanisms

Contribute to the national CYP MH transformation programme work plan objectives 2017/18 and going forward

Perinatal MH improvement priorities 2017/18

Ensure the multi-disciplinary and regional Perinatal Mental Health network is robust and visible with clear strategic plans in place (including workforce strategy plan).

Implement local multi-professional perinatal mental health pathways and improve engagement of system partners across the pathway (note, this includes documenting and communicating the pathways, whilst it is important that the pathways are kept under review as service provision increases). This explicitly also needs to include supporting and enabling collaboration between inpatient and community services, with their different commissioning responsibilities, and enabling work outside traditional boundaries, given the highly specialist nature of inpatient MBU services.

Support the dissemination and implementation of national guidance, local tools and resources to improve PMH including the evidence based treatment pathways and CCQI self assessment tools, and preparation for national dataset changes as necessary, supporting submission of data for national collections.

Develop the infrastructure to enable women and families to be involved in regional and local decision making.

Support service developments in CSDF wave 1 areas including sharing learning, assisting stakeholders to work together and providing leadership and clinical expertise (to also join the national team on CSDF site visits and where possible).

Prepare areas for wave 2 of the CSDF and support high quality submissions.

Host and facilitate multi-professional PMH networks and regional events to reduce variation, showcase good practice, spread innovation and learning