

1. Introduction

Sustainability and Transformation Plans (STPs) are an opportunity to improve mental health services across the country, reversing historic underinvestment and integrating them with physical health services to achieve [parity of esteem](#). STPs provide areas with an opportunity to think more holistically across mental and physical health, rather than just in a mental health 'section'. The [Five Year Forward View for Mental Health \(MH5YFV\)](#) and [Dementia Implementation Plan](#) give the NHS a blueprint for realising improvements by 2020. STPs are the mechanism for putting this into action, changing service delivery for people by the end of the decade.

2. Success in 2020/21

Local areas should plan to make substantial progress in three key areas over the next five years:

- i. **Improve access to and availability of mental health services** focusing particularly on three areas: (a) significantly more children and young people accessing high quality mental health care; (b) specialist perinatal mental health services available locally for all women who need them; and (c) access to psychological therapies to meet 25% of need, integrated into physical health pathways. The NHS also needs to continue to expand rapid access for people experiencing their first episode of psychosis in line with NICE-approved care. Through these and other multi-agency actions, the MH5YFV concluded we can reduce suicide rates by 10%.
- ii. **Develop community services, taking pressure off inpatient settings.** This means that STP areas have all-age mental health liaison services in acute hospitals. In primary and community care, they have mental health crisis support and home treatment teams, eating disorder services for children and young people and new rehabilitation and services for complex needs, improving the experience of care.
- iii. **Providing people with holistic care, recognising their mental and physical health needs.** For people living with severe mental illness this includes the right physical health services, such as regular health checks and associated interventions. Across all NHS providers, it means supporting physical and mental health needs in every interaction and including wider needs, such as better employment support and integration with justice commissioners to develop all-age liaison and diversion schemes. By taking such steps, the NHS should aim to reduce the health gap between people with mental health problems and the population as a whole.

3. How do we get there?

Immediate actions – from 16/17

- Work with experts by experience (people who use services and their families/carers) and other partners to develop the mental health aspects of your plan.
- Work collaboratively at a senior level to develop and promote the vision for mental health transformation – fostering engagement and leadership at all levels.
- Continue transformation of children and young people's mental health services by refreshing and republishing [Local Transformation Plans](#) (which will need to be incorporated into your STP) with a clear, agreed trajectory to 2020; improving access to services.
- Baseline current provision of community eating disorders for children and young people and specialist perinatal mental health services, and understand the physical health of people with mental health problems. Allocate investment required to commission the additional services needed to meet new standards and deliver NICE-recommended care.
- Work with local government and other partners to develop plans for reducing suicides.

- Continue to deliver a two-thirds dementia diagnosis rate and start to improve the support for people living with dementia and their carers, for instance through improving care planning.
- Embed new access and waiting time standards for mental health services:
 - 50% of people experiencing their first episode of psychosis to access treatment within two weeks – focusing on both improving waits and ensuring services are fully NICE concordant;
 - 75% of people with relevant conditions to access psychological therapies in six weeks, and 95% in 18 weeks.
- Design integrated physical and mental health services to improve the physical health of people with severe mental illness and the mental health of people with other long term conditions, through joint commissioning approaches and integrated multidisciplinary teams.
- Improve data and reporting including returns to the [Mental Health Services Data Set](#) and develop plans to implement [new payment approaches](#) such as capitation, year of care or episode based payments with associated outcomes.

By the end of the decade

- Commission additional psychological therapies so that at least 25% of people with anxiety and depression access treatment each year, the majority of which is integrated with physical healthcare.
- Deliver better employment support for people with mental health problems, with improved employment support in psychological therapies services and a doubling of Individual Placement Support for people with severe mental illness in secondary care services.
- Commission additional high-quality mental health services for children and young people, so that at least an extra 70,000 people nationally are able to access services by 2020. This should include all areas being part of [CYP IAPT](#) by 2018.
- Ensure all women can access evidence-based specialist perinatal mental health care locally.
- Implement a suicide reduction plan together with local government and other local partners that reduces suicide rates by 10% against the 2016/17 baseline.
- Expand capacity so that more than 60% of people experiencing a first episode of psychosis receive treatment within two weeks of referral.
- Commission community eating disorder teams; 95% of children and young people to receive treatment within four weeks of referral for routine cases, and one week for urgent cases.
- Commission effective 24/7 mental health crisis response services in all areas with Crisis Response and Home Treatment Teams as an alternative to acute admissions, supporting the elimination of out of area treatments for non-specialist acute care.
- At least half of all acute hospitals locally should meet the 'core 24' standard for mental health liaison as a minimum, with the remainder aiming for this level.
- New models of care (MCPs or PACS) are providing integrated physical and mental health services across the STP area. All services collect and use routine outcome monitoring and therapeutic information for improving services.

In 2016/17, CCGs have been allocated additional funding to transform children and young people's mental health services, and to commission the additional capacity required to meet the new access and waiting time standards. Moreover, the Planning Guidance requires CCGs to invest in mental health services by at least as much as their allocation growth in this year (2016/17). CCGs should transparently share their mental health planned and actual expenditure with key partners locally.