

NHS ENGLAND – BOARD PAPER

Title:

Mental Health Programme Update

Lead Director:

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Purpose of Paper:

To provide an update on the Mental Health Programme including progress made in 2017/18, consider key risks to successful delivery and consider the activities planned for 2018/19.

Patient and Public Involvement:

The Five Year Forward View for Mental Health (FYFVMH) is an ambitious programme of work to transform mental health services in England, and was written in partnership with over 20,000 people with mental ill health. NHS patients and other 'experts by experience', commissioners and providers have been involved in the development of all care pathway documents, service recommendations and, where possible, clinical networks across the country. The programme's Independent Advisory and Oversight Group includes patients, who sit alongside professionals from the voluntary and community sector and other health leaders to scrutinise and hold the programme to account.

In 2017/18, members of the public and our patients have been engaged in informing care, including through:

- The roll-out of a national children and young people's participation programme through the YoungMinds charity
- Involving service users in the development of the improving access to psychological therapies long term conditions guide;
- Consultation with new parents in local perinatal mental health care service development; and
- Co-producing peer mentorship, advocacy and personal development projects for black men in secure care.

The Board is invited to:

Review progress to date, risks and the plans for 2018/19.

Mental Health Programme Update

Purpose

1. To update the Board on the progress made in delivering the expansion of care and investment set out in the *Five Year Forward View for Mental Health* as delivered by the Mental Health Programme.

Background

2. For too long, too many people with mental health needs have struggled to get the support they need, have experienced unequal outcomes compared to those with physical health needs, and have experienced stigma and discrimination.
3. Currently, one in four people will experience a mental health problem in their lifetime and the estimated cost of mental ill health to the economy, NHS and society is £105 billion a year. Both the human cost and the cost to the public purse have led to calls for a new focus and investment to improve support for those who need it.
4. Decades of underinvestment in mental health care and prevention have created significant unmet demand, which although the NHS in England is beginning to address it, will take sustained ongoing commitment from the health service, Government, councils, schools, the voluntary sector and others, to reach the standard that patients should expect.
5. The 2015 report of the independent Mental Health Taskforce set out the start of a journey to achieve this transformation. The Taskforce's *Five Year Forward View for Mental Health* recommended investing significantly to improve care: priorities identified included perinatal and children's service, crisis care, psychological therapies, liaison services in acute and emergency settings and suicide prevention – supported by additional funding in mental health growing to £1 billion by 2020/21. Moreover, it recommended wider action by other partners to support people to find good quality housing and employment options, to better engage with their communities and to tackle inequalities.
6. The NHS and its partners accepted the Taskforce's recommendations and are two years into implementing a new mental health programme to deliver the changes outlined by 2020/21. This will help an extra one million children, young people and adults to receive high-quality support when they need it, at every stage of life.

Programme Delivery

7. Throughout 2017/18, the recommendations included in the *Five Year Forward View for Mental Health* have been progressed significantly with more people getting help through improved access to a more varied range of services. The

first ever waiting times for mental health treatments have been introduced and are being met or are on track for the 2020/21 ambition. In 2017/18, the **Mental Health Investment Standard** was met nationally, meaning spending on mental health went up faster than overall programme funding.

8. By 2020/21, there will be increased access to specialist **perinatal mental health** support in all areas in England allowing at least an additional 30,000 women each year to receive evidence-based treatment, closer to home, when they need it. Progress over 2017/18 has included over 7,000 additional women accessing specialist perinatal services as of March 2018, exceeding the ambition of over 2,000 more women receiving this care. In addition, the announcement of four new eight-bedded **Mother and Baby Units** that will provide specialist care and support to mothers in the South East, South West, North West and East of England.
9. By 2020/21, there will be a significant expansion in access to high quality mental health care for **children and young people**, with at least 70,000 additional children and young people receiving community-based treatment. This is expected to deliver improved access for children and young people from current levels of one in four who need care to one in three. Furthermore, by 2020/21, community **eating disorder** services will be put in place in all areas ensuring that 95% of children in need receive treatment within one week for urgent cases and four weeks for routine cases.
10. Data from Q3 2017/18 shows that 77% of children and young people are receiving treatment for **eating disorders** within one week for urgent cases and 83% within four weeks for routine care, on track to achieve the 95% ambition for 2020/21.
11. All Sustainability and Transformation Partnerships (STPs) are planning to achieve the 2017/18 trajectory to see 70,000 more children and young people by 2020/21. Initial analysis of the 2017/18 **access** target data suggests data quality issues with the return with activity goals being substantially under-counted, therefore ongoing work with CCGs and providers to improve data quality is underway.
12. Our commitment to improve local provision of **Tier 4 inpatient mental health services** for children and young people is being delivered with 113 additional beds opened across the country as of 31 March 2018. NHS England is also working closely with the Care Quality Commission on any potential bed closures to ensure service provision expands, since CQC-driven bed closures are partly offsetting our newly commissioned bed growth.
13. NHS England is on track to deliver improved access to care for highly **vulnerable and complex children** and young people at risk of entering or within secure care. We are improving access to evidence-based interventions in secure children's homes, training centres and youth offending institutions, and creating regional teams across the country to support services working with highly complex children and young people in their communities.

14. By 2020/21, there will be increased access to **psychological therapies** so at least 25% of adults with common mental health conditions access services each year, in good time and recover from their condition. The majority of these services will be integrated with physical health care.
15. In February 2018, the annualised access rate for Improving Access to Psychological Therapies (IAPT) was 16% in line with our commitment to help one in four people by 2021. The recovery rate for these services was the highest ever recorded, at 51.9%, whilst waiting times exceeded our target, with nine in ten people completing treatment waiting under six weeks and 98.7% less than 18 weeks.
16. In 2017/18, pilot areas across England have demonstrated success in delivering mental health care for people with long-term conditions like diabetes and respiratory illness. In 37 communities, these pilot projects point to improved physical and mental health and have led to a reduction in the need for hospital, GP and A&E usage.
17. We also continue to expand the mental health therapist workforce in primary care, with 600 moving into GP surgeries as of Q3 2017/18.
18. By 2020/21, **adult community mental health services** will provide improved access to Early Intervention in Psychosis services and crisis services, and improved support for people with a severe mental illness.
19. The national standard for people starting treatment for **Early Intervention in Psychosis** (EIP) within two weeks was exceeded, 75.9% achieved nationally in March 2018 against a standard of 50%. Ongoing improvement is underway to ensure that patients are able to have access to the full range of NICE recommended treatment and support once they have been allocated a care co-ordinator within an EIP team.
20. We remain on track to deliver our ambition of 24 hour 'Core 24' **mental health liaison teams** to 50% of acute hospitals by 2021. To date, £30m transformation funding has been awarded to 74 hospital sites from 2017-2019 with a further £18m of winter funding awarded in 2017/18 to support mental health liaison, crisis resolution and schemes to support children and young people.
21. **13 New Care Models** in tertiary mental health services have gone live across the country spanning Child and Adolescent Mental Health Tier 4, adult secure and adult eating disorder services. These New Care Models are reducing out of area placements and the average length of stay helping to bring patients closer to home and improving their interaction with local services through the delegation of the responsibility of the budget for inpatient services to local providers.
22. Nationally, we continue to meet the **dementia** diagnosis rate with 67.7% people living with dementia having received a formal diagnosis, compared to

an ambition of 66.7%. The standard has been consistently achieved since July 2016.

Supporting Local Delivery

23. Delivery of the programme remains on track, and even stronger local assurance processes have been included for next year: NHS England and NHS Improvement's 2018/19 Planning Guidance including the requirement that all Clinical Commissioning Groups (CCGs) meet the Mental Health Investment Standard. This commitment underpins delivery of local services, tailored to individual communities, for every stage of life and for an increasingly wide range of conditions.
24. The operating model for the mental health programme is now well established. National leadership for the implementation programme is through a national Mental Health and Dementia Programme Board, chaired by the National Mental Health Director, Claire Murdoch (and CEO of Central and North West London NHS Foundation Trust). Through the operating model, responsibility for delivery is devolved to regional Senior Responsible Officers who provide programme management, assurance and improvement support to local areas.
25. £4 million has been provided to regional teams to ensure delivery support and clinical leadership is provided for all these services being developed.

Next steps

26. In line with *Five Year Forward View for Mental Health* and NHS England and NHS Improvement's 2018/19 Planning Guidance, our key next steps include:
 - a. Ensuring 32% of children and young people in need (49,000 more children and young people nationally) have access to evidence based treatment. Local areas will be measured against set trajectories.
 - b. Tracking delivery against regional implementation plans to ensure inpatient stays for children and young people will only take place where clinically appropriate, will have the minimum possible length of stay, and will be as close to home as possible to avoid inappropriate out of area placements.
 - c. Continuing to roll-out the expansion of specialist perinatal mental health services to ensure 9,000 additional women nationally have access to specialist care through the development of specialist community services and inpatient mother and baby units.
 - d. Monitoring achievement against the 19% access-to-treatment target for the IAPT programme. In 2018/19, the standard of 75% of people accessing treatment within six weeks and 95% of accessing treatment within 18 weeks will continue to be maintained, as will the 50% IAPT recovery rate.
 - e. Ensuring all areas commission an integrated IAPT long term condition service.

- f. Ensuring 53% of people experiencing a first episode in psychosis will be treated with a NICE approved care package within two weeks of referral, with all EIP teams demonstrating improvement (compared to 2017/18) across all domains relating to NICE concordance within the Royal College of Psychiatrists' Centre for Quality Improvement self-assessment.
- g. Continuing to work towards the ambition that all acute hospitals have all-age liaison services by 2021. Areas in receipt of wave 1 transformation funding will be required to deliver against plans to meet the 'Core 24' service standard for adults and achieve the ambition that 50% of acute hospitals will meet Core 24 nationally by 2020/21.
- h. Reducing inappropriate out-of-area placements against locally set trajectories agreed by STP mental health leads. This will achieve an overall national reduction of approximately one-third in 2018/19 (to be eliminated by 2020/21). This will be supported by continued investment in Crisis Resolution and Home Treatment Teams, which offer intensive home treatment as an alternative to an acute inpatient admission.
- i. 60% of those on the Severe Mental Illness Register (280,000 people nationally) will receive the complete suite of recommended physical checks and follow up.
- j. Expanding Individual Placement and Support (IPS) services by 25%, using locally set STP trajectories and measured against data from NHS Benchmarking.
- k. Continuing to exceed the 66.7% diagnosis rate for dementia.

Addressing mental health inequalities

27. The Five Year Forward View for Mental Health highlights that:

'Mental health problems disproportionately affect people living in poverty, those who are unemployed and who already face discrimination... To truly address this, we have to tackle inequalities at a local and national level.'

28. The programme is committed to addressing health inequalities in the round, including but not limited to those people defined as having protected characteristics under the Equality Act 2010. Deprivation has also been identified as both a significant factor in and consequence of mental health problems, and therefore understanding, measuring and taking practical steps to address socio-economic inequalities in relation to mental health is an important part of the programme.
29. For the first time in 2018/19, Key Performance Indicators have been designed to tackle health inequalities directly, such as improving access to care and outcomes for people with Severe Mental Illness (SMI), and supporting people with SMI to gain and retain meaningful employment.
30. The programme will continue its work to address health inequalities in 2018/19 on areas including:

- a. Continuing to monitor the effectiveness of financial levers introduced in 2017 for improving access rates and outcomes for older people and Black, Asian and Minority Ethnic (BAME) communities engaged in IAPT. Analysis at a national level shows that recovery outcomes for Black and minority ethnic groups are below white British levels (46.8% BME vs. 51.1% of White British in Quarter 3 2017/18).
- b. Measuring and making progress against the commitment that by 2021, 280,000 people with SMI have their physical health needs met. Delivery in secondary care has been incentivised by the development of a Commissioning for Quality and Innovation (CQUIN) financial lever. To support delivery in primary care, funds have been made available in CCG baselines and we are tracking delivery through the 2018/19 Planning Round.
- c. Delivering three strands of work arising from the Black Voices Network in Secure Care:
 - i. A peer mentorship programme targeted specifically at Black men;
 - ii. A BAME-specific advocacy project;
 - iii. A personal development and skills training programme, designed specifically to meet the needs of Black men.

31. We are working on mapping activity and access data to census data to see whether it is possible to assess the relative impact on deprived, elderly and BAME communities using census data as a proxy.

Implications

Risks

32. Ensuring the transformation and sustainability of the *Five Year Forward View for Mental Health* can only be achieved through a significant expansion in the size and skill mix of the workforce to meet current and future all-age mental health service demand. Achieving this can only be realised through sustained national and local partnership across national bodies, NHS providers, local authorities and the third sector to ensure we recruit, train and retain the right workforce.
- a. In July 2017, Health Education England published *Stepping Forward to 2020/21: The Mental Health Workforce Plan for England*. This set out that the NHS will establish 21,000 posts and employ 19,000 additional members of staff by 2020 with 11,000 drawn from the 'traditional' pools of professional regulated staff and 8,000 people moving into new roles (e.g. peer support workers, nursing associates, etc.).
 - b. STP-level workforce plans detailing workforce needs are currently in development.
 - c. Salary support for 2018/19 has been reviewed.
 - d. NHS Improvement continues to lead and implement a mental health workforce retention programme.
 - e. Ongoing work is underway by NHS England, Health Education England and NHS Improvement to bring together workforce, funding and activity data to inform ongoing monitoring.

33. As mental health services continue to be transformed to be on par with physical health services, so does data quality improve. As more robust data continues to become available, the ability to monitor achievement against mental health transformation and drive improvement will progress.
- a. NHS Digital, NHS England, NHS Improvement, the Care Quality Commission, Public Health England (Mental Health Intelligence Network) and the Department of Health and Social Care have agreed a joint multi-agency data quality improvement plan.
34. The scale and complexity of transformation and savings required in the timeframe may prove challenging to successful delivery, including how to make best use of savings realised from the acute sector.
- a. Key performance indicators have been developed and in-year performance is monitored at monthly Performance and Delivery Group meetings, quarterly regional deep-dives and quarterly Mental Health and Dementia Board Meetings.
 - b. A delivery plan has been implemented to provide clear direction on programme requirements and a strategic communications plan has been implemented to ensure the programme requirements are clearly understood by influential stakeholders.
 - c. A bespoke programme is in place to provide support to Integrated Care Systems (ICSs) to deliver the ambitions of the *Five Year Forward View for Mental Health* and drive integration at the local level.

Recommendations

35. The Board is invited to review progress to date, and expected future progress, in implementing the *Five Year Forward View for Mental Health* as delivered by the Mental Health Programme.