

Mental health in the NHS Five Year Forward View and Long Term Plan

Workforce Minimum Dataset Workshop



Five Year Forward View for Mental Health



Simon Stevens: "Putting mental and physical health on an equal footing will require major improvements in 7 day mental health crisis care, a large increase in psychological treatments, and a more integrated approach to how services are delivered. That's what today's taskforce report calls for, and it's what the NHS is now committed to pursuing."

Prime Minister: "The Taskforce has set out how we can work towards putting mental and physical healthcare on an equal footing and I am committed to making sure that happens."

- 20,000+ people engaged
- Designed for and with the NHS Arms' Length Bodies
- All ages (building on Future in Mind)
- Three key themes in the strategy:
 - High quality 7-day services for people in crisis
 - Integration of physical and mental health care
 - Prevention and early intervention
- Plus 'hard wiring the system' to support good mental health care across the NHS wherever people need it
- Focus on targeting inequalities
- 58 recommendations for the NHS and system partners
- £1bn additional NHS investment by 2020/21 to help an extra 1 million people of all ages
- Recommendations for NHS accepted in full and endorsed by government

Mental Health Five Year Forward View: priorities for 2020/21

70,000 more children will access evidence based mental health care interventions.

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

Older People

No acute hospital is without all-age mental health liaison services, and at least 50% are meeting the 'core 24' service standard.

Older People

At least 30,000 more women each year can access evidence-based specialist perinatal mental health care.

10% reduction in suicide and all areas to have multiagency suicide prevention plans in place by 2017.

Older People

Increase access to
evidence-based
psychological therapies,
helping 600,000 more
people per year.
Older People

The number of people with SMI who can access evidence based Individual Placement and Support (IPS) will have doubled.

280,000 people with SMI will have access to evidence based physical health checks and interventions.

Older People

60% people experiencing a first episode of psychosis will access NICE concordant care within 2 weeks including children.

Inappropriate out of area placements (OAPs) will have been eliminated for adult acute mental health care.

New models of care for tertiary MH will deliver quality care close to home reduced inpatient spend, increased community provision including for children and young people.

There will be the right number of CAMHS T4 beds in the right place reducing the number of inappropriate out of area placements for children and young people.

Over-arching themes: 5 Year Forward View for Mental Health



- Integrate mental health and physical health care into the health service at all levels and in all parts of NHS
- Reduce our dependence on institutional solutions to people's (mental) health problems – and make them high quality when we do use them
- Create more/better alternatives to institutional care primary, community and home care/treatment – acute, crisis and non-acute and self-help
- Help mothers, children and young people prevention, secondary prevention, early intervention across the lifespan
- Timely access to what works and focus on what has the chance to produce lasting change (work, psychological therapies, self management)

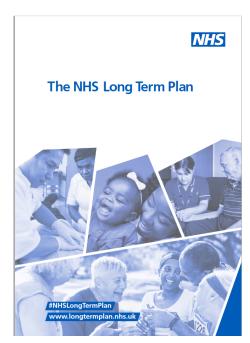
Mental health in the Long Term Plan – an overview

England

Our headline ambition is to deliver 'world-class' mental health care, when and where children, adults and older people need it.

The NHS Long Term Plan published on 7 January 2019 commits to grow investment in mental health services faster than the overall NHS budget. This creates a new ringfenced local investment fund worth at least £2.3 billion a year by 2023/24. Further, the NHS made a new commitment that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health **spending**. This will support, among other things:

- Significantly more children and young people to access timely and appropriate mental health care. NHS-funded school and college-based Mental Health Support Teams will also be available in at least one fifth of the country by 2023.
- Those with moderate to severe mental illness will access better quality care across primary and community teams, have greater choice and control over the care they receive, and be supported to lead fulfilling lives.
- We will expand perinatal mental health care for women who need specialist mental health care during and following pregnancy.
- The NHS will provide a single-point of access and timely, ageappropriate, universal mental health crisis care for everyone, accessible via NHS 111.



Core Mental health LTP ambitions (By 2023/24) (1/3)



Children and Young People

- At least an additional 345,000 children and young people aged 0-25 will be able to access support via NHS funded mental health services and school or college-based Mental Health Support Teams by 2023/24.
- Extend current service models to **create a comprehensive offer for 0-25 year olds** that reaches across mental health services for children, young people and adults.
- Over the next five years the NHS will fund new Mental Health Support Teams working in schools and colleges, building on the support already available, which will be rolled out to between one-fifth and a quarter of the country by the end of 2023.
- All children and young people experiencing crisis will be able to access crisis care 24 hours a day, seven days a week by 2023/24.

Perinatal

- We will increase access to evidence-based care for an additional 24,000 women with moderate to severe perinatal mental health difficulties and a personality disorder diagnosis each year by 2023/24.
- Offer partners of women accessing specialist perinatal mental health services and maternity outreach clinics evidence-based assessment for their mental health.
- We will integrate maternity, reproductive health and psychological therapy for women experiencing mental health difficulties directly arising from, or related to, the maternity experience in Maternity Outreach Clinics.

Core Mental health LTP ambitions (By 2023/24) (2/3)



Crisis care

- Anyone experiencing mental health crisis will be able to call NHS 111 and have 24/7 access to the mental health support they need in the community by 2023/24.
- By 2023/24, 70% of mental health liaison services will meet the 'core 24' service standard.
- Clear standards for access to urgent and emergency specialist mental health care will be in place.
 Waiting times targets for emergency mental health services will be in effect by 2020.
- Bereavement support for families and staff who are bereaved by suicide, who are likely to have experienced extreme trauma and are at a heightened risk of crisis themselves will be rolled-out
- We will Improve signposting towards and increase alternative forms of provision for those in crisis, for example, sanctuaries, safe havens and crisis cafes.
- New mental health transport vehicles will be introduced.
- Mental health nurses will be introduced to ambulance control rooms.
- The mental health competency of ambulance staff will be increased through an education and training programme

Adults with moderate to severe mental illness

- By 2023/24, 370,000 adults and older adults with SMI will have greater choice and control over their care, and be supported to live well in their communities via new and integrated models of primary and community care.
- Test four-week waiting times for adult and older adult community mental health teams.
- Further increase the number of people receiving physical health checks to an additional 110,000 people per year, bringing the total to 390,000 checks delivered each year including the ambition in the Five Year Forward View for Mental Health
- The NHS will support an additional 35,000 people with severe mental illnesses to participate in the Individual Placement and Support programme each year by 2023/24.

Core Mental health LTP ambitions (By 2023/24) (3/3)



Suicide reduction

- Full coverage across the country of the existing suicide reduction programme.
- This will be further supported by the design and roll out of a **Mental Health Safety Improvement Programme** with a focus on suicide prevention and reduction for mental health inpatients.

Other commitments

- By 2023/24 an additional 380,000 people per year will be able to access **NICE-approved IAPT services**.
- Reduce length of stay in units with a long length of stay to the national average of 32 days.
- Ensure that the parts of England most affected by **rough sleeping** will have better access to specialist homelessness NHS mental health support, integrated with existing outreach services.
- Expand geographical coverage of NHS services for people with serious **gambling** problems, and work with partners to tackle the problem at source.
- Implement universal smoking cessation offer as part of specialist mental health services.
- Support the development of apps and online resources to support good mental health and enable recovery.
- All mental health providers will reach a core level of digitisation by 2024.
- Extended the Getting It Right First Time (GIRFT) programme across to community health services and primary care from April 2019.

Ensuring we have, and can measure, the workforce ambition



- The significant commitments set out in the FYFV and LTP will require a large expansion in the mental health workforce, and additional training requirements across a number of areas.
- Local areas are expected to have 1-year 'transitional' operational plan in place for 2019/20 by April 2019. The 2019/20 Planning Guidance will support the development of 1-year operational plans, which will focus on landing Five Year Forward View for Mental Health ambitions and gearing-up the system for LTP delivery.
- A National Implementation Framework will be published in Spring 2019 to support local areas to develop a comprehensive 5-year plan coming into effect in Autumn 2019. This will feed into the 'national implementation programme', being published in the autumn, which will also take into account decisions from the government spending review on workforce, social care, public health and capital investments.
- Collection of data, via ESR and the wMDS, will be integral to measuring the success of delivery of both the FYFV and LTP. Currently data from independent and third sector providers is not submitted to a sufficient standard yet many of the commitments include these providers in delivery.

Transitional year: 2019/20 Shared Planning Guidance



Published on Friday 11th January, the Planning Guidance includes the following key elements:

Under 'Mental Health Investment' - requirement to triangulate activity on deliverables and funding with required workforce

"The level of investment required by CCGs in mental health will be significant. It is important that commissioners achieve value for money for this investment, and **so contracts must include clear deliverables supported by realistic workforce planning**. Commissioners and providers will need to work together, supported by STPs/ICSs, to make sure that these deliverables are met and to agree appropriate action where they are not. **STP/ICS leaders, including a nominated lead mental health provider, will review each CCG's investment plan underpinning the MHIS to ensure it covers all of the priority areas for the programme and the <u>related workforce</u> requirements."**

Under 'Mental Health' operational plan requirements

"Mental health workforce expansion including training and retention schemes, both to meet existing demand and to provide the additional workforce required to complete implementation of the FYFVMH and deliver the Long Term Plan. STPs/ICSs must fully understand current workforce and required expansion numbers, how this translates into provider-level expansion plans, and where there are key local pressure points for service areas or staff groups, identifying mechanisms to mitigate. They must ensure that funds for training and other workforce requirements are used for that purpose. STPs/ICSs need to ensure workforce information is accurately recorded in the Electronic Staff Record"