

A national perspective



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Better Together - a Collective Conversation Transforming Mental Health and Wellbeing

The national perspective of mental health

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Transforming
health and social care
in Kent and Medway



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 multi-agency suicide prevention plans in place by 2017.
Older People

Increase access to evidence-based psychological therapies to reach 25% of need, 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.

Process to ensure delivery in STPs and 'Integrated Care System' (ICS) footprints in 18/19:



Annex 1: 2018/19 Deliverables

Reminder of 2018/19 deliverables – drawn from 'Next Steps on the NHS Five Year Forward View' published in March 2017

The NHS already has two-year priorities, set out in last year's Planning Guidance and the March 2017 publication of the Next Steps on the NHS Five Year Forward View. This Annex confirms these deliverables for 2018/19.

For national targets we will, where appropriate, provide disaggregated STP and CCG-level improvement targets and templates to ensure plans are completed on a consistent basis.

1. Mental Health

Overall Goals for 2017-2019

We published Implementing the Mental Health Forward View in July 2016 to set out clear deliverables for putting the recommendations of the independent Mental Health Taskforce Report into action by 2020/21. The publication of Stepping Forward to 2020/21 in July 2017 provides a roadmap to increase the mental health workforce needed to deliver this. Making parity a reality will take time, but this is a major step on the journey towards providing equal status for mental and physical health. These ambitions are underpinned by significant additional funding for mental health care, which should not be used to supplant existing spend or balance reductions elsewhere.

Progress in 2017/18

- On track to ensure an extra 35,000 children and young people are able to access services this year.
- 70 new or extended community eating disorder services funded and commissioned.
- 81 new beds for Children and Adolescent Mental Health Services (Tier 4) and at least another 80 beds will open by

Deliverables for 2018/19

Additional funding has now been built into CCG 2018/19 allocations to support the expansion of services outlined in this planning guidance and the specific trajectories set for 2018/19 to deliver the Five Year Forward View for Mental Health. Progress to be made against all deliverables in the Next Steps on the NHS Five Year Forward View and the Implementing the Mental Health Forward View.

Support regions: implementation activities at STP level.
Support delivery of 1st Year Care 2018/19.

Stepping Forward to 2020/21: Mental Health Workforce Plan for England (Health Education England)

The 2017/18 Mental Health Delivery Plan defines in-year delivery priorities for ACSs and STPs

Children and Young People's Mental Health

- Ensure that all provider are submitting data to NHS Digital and Action Programme of data quality.
- Deliver the target mental health insurance standards.
- Develop, monitor and deliver plans.

Suicide Prevention

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

Older People and Dementia

- Use the dementia diagnosis rate and increase the number of people being diagnosed with dementia and living in care, within 5 years of diagnosis.
- Reduce unmet needs between STPs for dementia care with a special focus on South group.

Adult Mental Health: Early

- Use the IOPF access, recovery and living time standards. Commission additional psychological therapies for people with anxiety and depression, with the majority of the increase targeted with physical health care.
- Deliver regional and STP workforce plans to ensure sufficient numbers of nurses to meet commitments and increase numbers of employment across, continuing with new role teams.

Adult Mental Health: Community, Acute and Older Care

- Secure the IOPF access, recovery and living time standards. Commission additional psychological therapies for people with anxiety and depression, with the majority of the increase targeted with physical health care.
- Deliver regional and STP workforce plans to ensure sufficient numbers of nurses to meet commitments and increase numbers of employment across, continuing with new role teams.

Perinatal Mental Health

- Demonstrate at STP and regional level accuracy and implementation of plans and introduction to meet regional ambition by 2020/21; these plans may need to demonstrate performance in strategic planning across multi-agency governance, mental health practice and delivery between community and inpatient services. Delivery against STP and Regional plans in 2017/18.

NHS England

Mock Up: Iteration #1

STPM Tracker - National View

Programme	Reporting Purpose	Owner	Date
[Insert Programme]	[Insert Forum/Meeting]	[Insert Report Owner]	DD/MM/YYYY

Commitments

Code	Deliverable	Performance		Region				
		Target	YTD Current Status	L	M&E	N	SE	SW
PC01	Boarded Access	30%	%	↑	↓	↓	↓	↓
[Metadata Code]	[Deliverable Description]	%	%	↑	↓	↓	↓	↓

Note to continue with position matrix

Headlines

Key Updates (by Status Exceptions)	Next Steps
<ul style="list-style-type: none"> Exception reporting, highlighting developments/updates/stories or narratives to support the metrics/exceeded done but that might not be covered by the exception reporting. Content to be completed at regional/programme level. 	<ul style="list-style-type: none"> Summary of upcoming events may affect/ support the overall vision. Action being taken in response to the issues highlighted by the exception reporting and upcoming issues.

NHS England **NHS Improvement**

Issue Planning Guidance Feb 2018 reiterating and confirming the “must do’s” for mental health as for the *Implementation Plan for the Five Year Forward View for Mental Health*

Provide ‘Operationally focussed’ Delivery Plan 2018/19: aligned with planning guidance to provide detail breakdown of “asks” and delivery. New deliverables for 18/19 notably include individual placement & support, suicide prevention and all areas commissioning IAPT-LTC.

Track progress using the ‘STP tracker’ being developed by NHSE and NHSI central operations. This will include STP level trajectories across KPIs.

The national perspective: better integration of physical and mental health

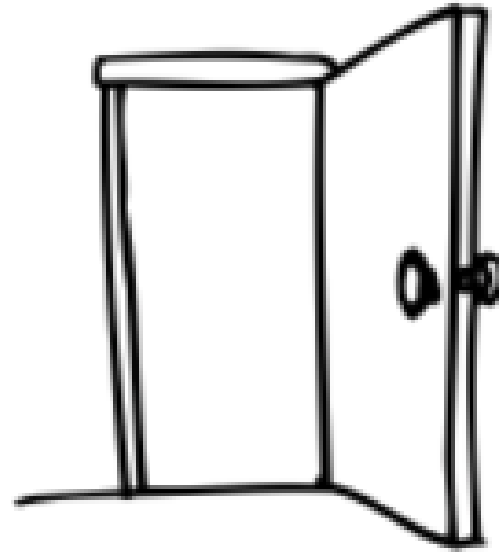


We currently have a two door system for health:

Physical health care



Mental health care



The FYFV for mental health notably aims to create a 'one door' approach.



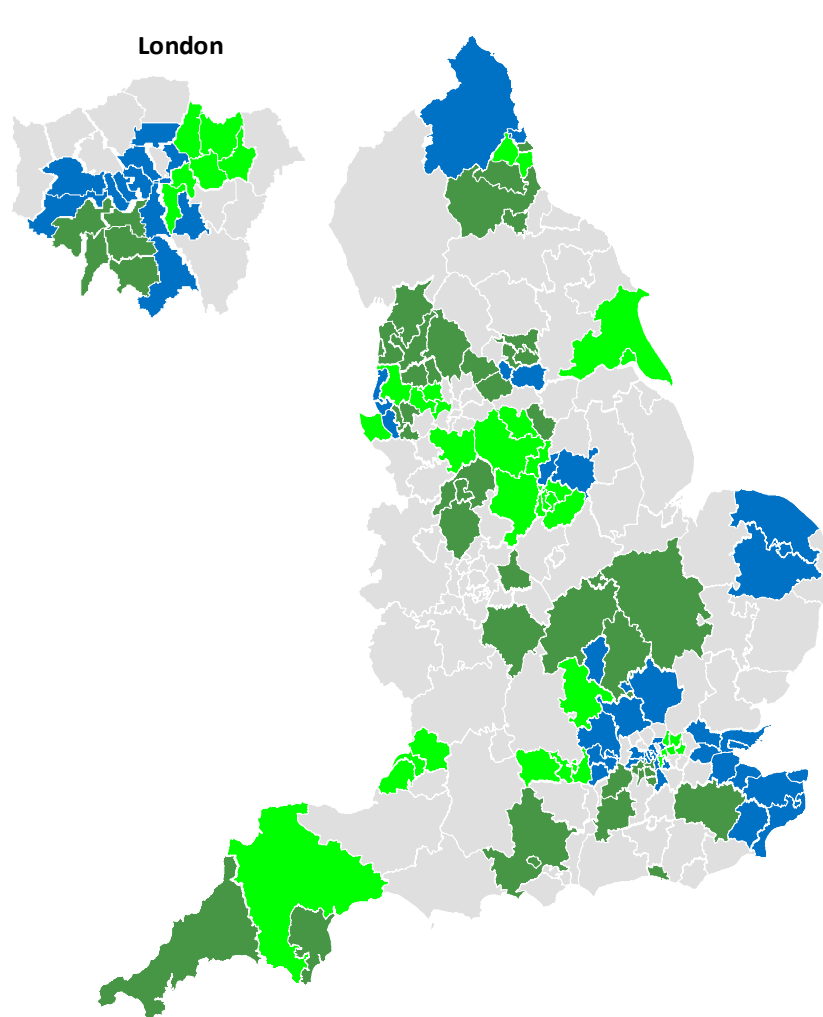
The case for change:





- A 15-20 year gap in life expectancy for people with SMI
- For circulatory diseases and cancer, deaths for people with mental health problems are 2-3 times higher than for the rest of the population.
- Medically unexplained symptoms have been estimated to account for between 20 and 50% of consultations and £3 billion per year spend.
- Estimates suggest potential to save up to £1.45bn by reducing emergency inpatient admissions for people with mental health problems thanks to better integrated MH and PH pathways (Strategy Unit, Mids & Lancs CSU).



Core 24 U&E Liaison Mental Health: Wave 1 transformation funding

By 2020/21, all acute hospitals will have all-age mental health liaison teams in place, and at least 50% of these will meet the 'Core 24' service standard as a minimum.



	Areas that currently have access to core 24 liaison services
	Areas that have successfully bid in Wave 1 to meet core 24 liaison services by the end of 2017/18*
	Areas that have successfully bid in Wave 1 to meet core 24 liaison services by the end of 2018/19*
	Areas with liaison services that are not yet at core 24 service level

IAPT - Long Term Conditions (LTC): Programme Overview



Five Year Forward View for Mental Health Commitment – ‘Commission additional psychological therapies so that at least 25% of people with anxiety and depression access treatment by 2020/21, with the majority of the increase integrated with physical healthcare.’

Aim of Early Implementer Project:

- To implement integrated psychological therapies at scale – improving care and outcomes for people with mental health problems and long term physical health problems, and distressing and persistent medically unexplained symptoms.

Wave 1 and Wave 2 Early Implementers:

- Wave 1: 22 areas joined in 2016/17 and Wave 2: 15 further areas joined in 2017/18. Areas received central funding to develop IAPT-LTC services including new data collection and national and local analysis of impact.
- An evidence-based treatment pathway for IAPT-LTC was commissioned via NCCMH (National Collaborating Centre for Mental Health) - currently under review for approval.

Planning for the Future:

- From April 2018, all areas are expected to develop IAPT-LTC services to meet the FYFV commitment.
- Results point to a reduction in healthcare utilisation in primary and secondary care following the implementation of the new LTC pathways.

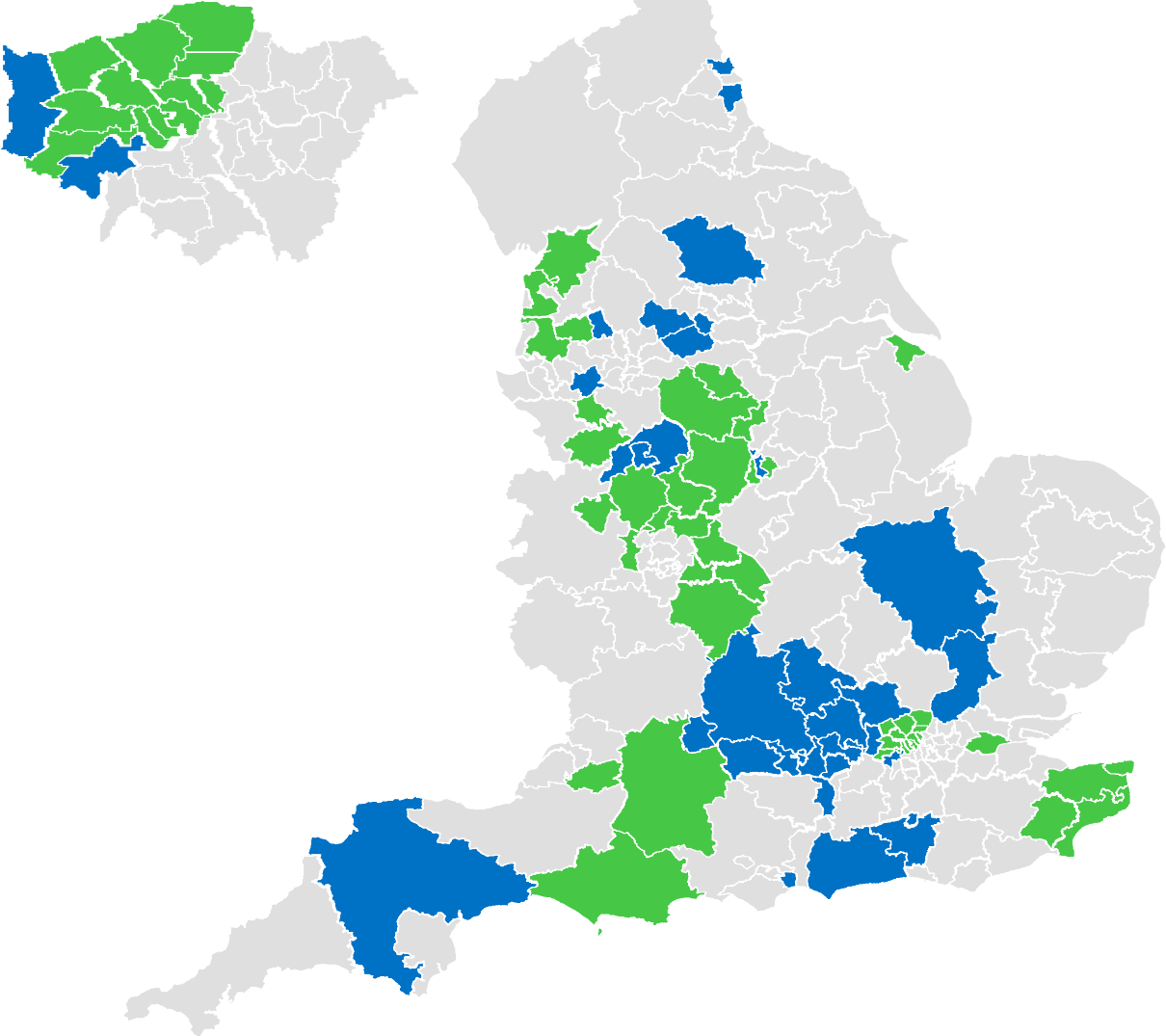
IAPT Wave 1 and 2 CCGs: Delivery update



England



London



Key

Wave 1
Wave 2

Better Physical Health for People with Severe Mental Illness: programme overview



By 2020/21, 280,000 people with SMI will have access to evidence-based physical health checks and interventions.

People living with SMI:

- are at increased risk of poor physical health, and their life-expectancy is reduced by an average of 15–20 years mainly due to preventable physical illness.
- are at double the risk of obesity and diabetes, 3 times the risk of smoking, hypertension and metabolic syndrome and 5 times the risk for dyslipidaemia than the general population.
- lack the access to physical healthcare – less than a third of people with schizophrenia in hospital have received the recommended assessment of CVD risk in previous 12 months.
- have less access to planned physical care and less access to cancer screening and early intervention than the general population.
- have 3.2 times more A&E attendances and 4.9 times more unplanned inpatient admissions than the general population with significantly higher length of stays.
- use more emergency hospital care than those without

**The national perspective:
eliminating out of area
placements and improving
crisis provision**



OAPs: What is the ask?

FYFVMH deliverable: the practice of sending people out of area for acute inpatient care due to local acute bed pressures eliminated entirely by no later than 2020/21.



Linked deliverables:

By 2020/21, NHS England should expand Crisis Resolution and Home Treatment Teams (CRHTTs) across England to ensure that:

- a 24/7 community-based mental health crisis response is available in all areas;
- these teams are adequately resourced to offer intensive home treatment as an alternative to an acute inpatient admission.

Progress: Acute Out of Area Placements

- For the first time, national data has been published; a crucial first step to eliminating the inappropriate use of such placements.
- Provisional STP level trajectories to eliminate by 2020/21 submitted.
- Establishing a targeted local support through a National Quality Improvement Network.
- In 2017/18, new investment to support crisis resolution and home treatment teams operate in line with evidence, including crisis vanguards for children and young people.

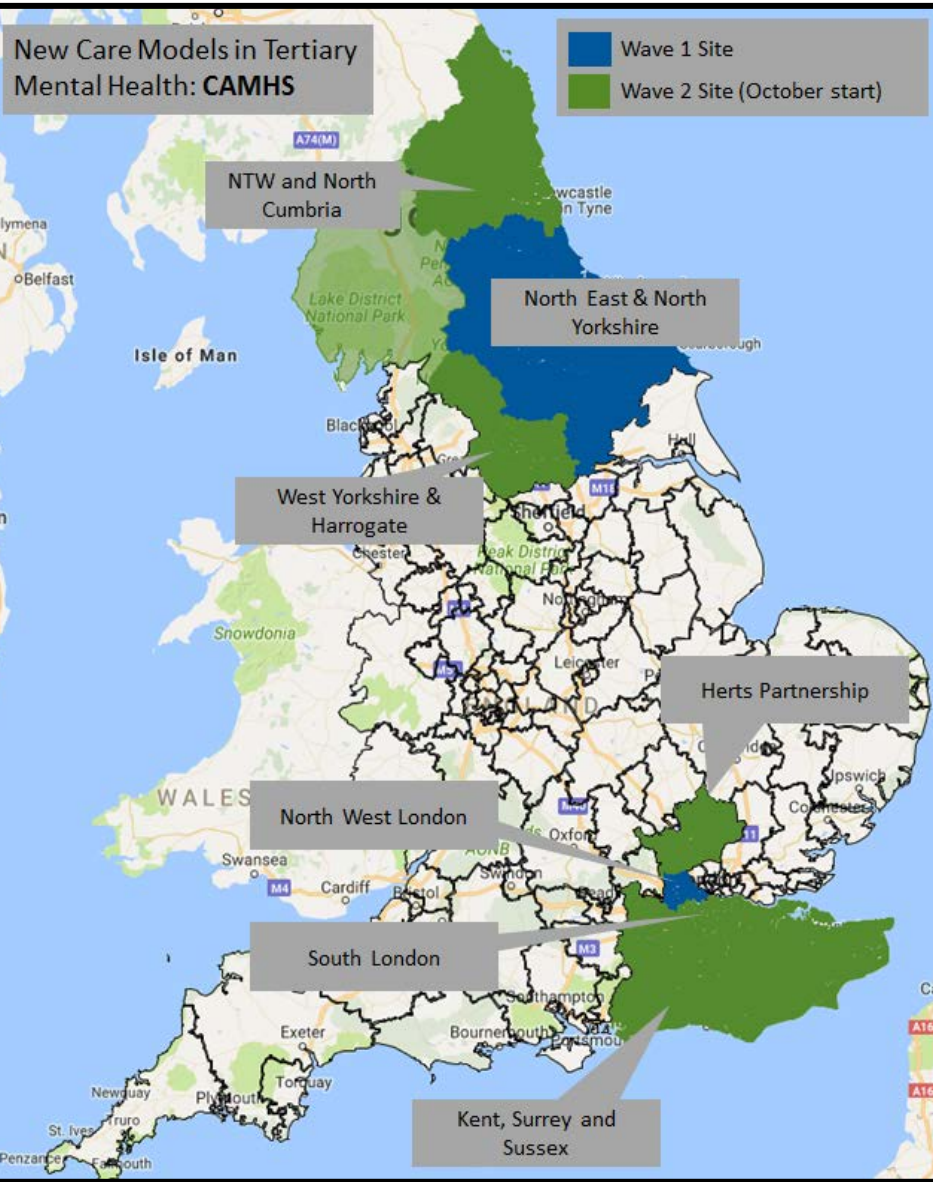
New Care Models in Mental Health: Reducing Out of Area Placements for Specialist Mental Health Care

Maps of coverage



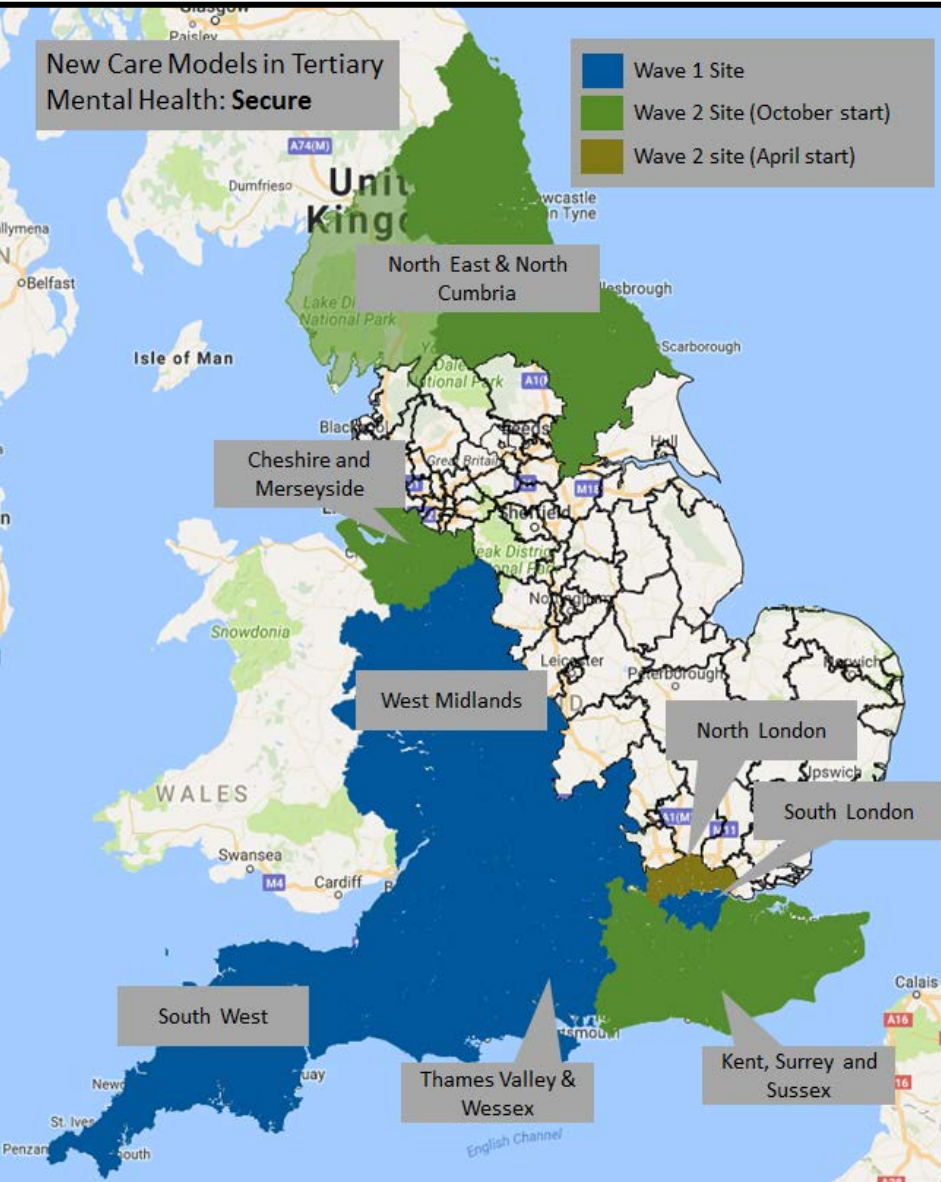
New Care Models in Tertiary Mental Health: **CAMHS**

- Wave 1 Site
- Wave 2 Site (October start)



New Care Models in Tertiary Mental Health: **Secure**

- Wave 1 Site
- Wave 2 Site (October start)
- Wave 2 site (April start)



The national perspective: developing digital solutions to improve mental health services

The MH FYFV set a vision for harnessing digital technology to drive transformation and support:

- convenient access to services, greater choice and networks to drive peers support
- a more nuanced mental health service, combining digital and face-to-face interventions.
- the secure sharing of patient data, both through electronic health records, and to support benchmarking, planning and promote public scrutiny across the pathway.
- Access to effective digital mental health products through NHS Choices.

Three priority areas:

Improved use of data and system interoperability

- Global Digital Exemplars for mental health
- Health Based Place of Safety Capacity Management tool

Information to promote wellbeing, better use of services and self management

- Improving mental health information online
- Improving the mental health content of 111

Accelerated design and uptake of digital tools & therapies

- Digitally-assisted IAPT therapy
- Developing apps and resources for inclusion on an online digital health tools library

What might this field look like in five years?

- Technology changing fast – lots of unknown but potential *could* include...
 - Remote therapy through virtual and augmented reality
 - Mobile virtual working becomes the norm...moving to more shared versatile Community hubs
 - Virtual therapists meeting current substantial unmet need
- For now...
 - We will use Global Digital Exemplars as indicators of the possible
 - Whatever the progress in technology we will stay firmly grounded in the need for safe effective care

