



**FIVE YEAR
FORWARD VIEW FOR
MENTAL HEALTH:
ONE YEAR ON**

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Foreword

The *Five Year Forward View for Mental Health*, published in February 2016, set out a clear and unarguable agenda for the reform of mental health care. The strategy it proposes, built around the evidence and opinion of the thousands of people who contributed to its development, is to increase significantly the availability and quality of care and treatment for people with mental health problems - to improve their outcomes and wellbeing but also to tackle the wider costs of mental ill health to the health service and society as a whole.

The publication of the *Five Year Forward View for Mental Health* was a watershed moment, and one year on from publication it is important to reflect on the progress that has been made. In July, we published an unprecedented implementation plan, setting out the expectations for the six NHS arm's length bodies to increase access to mental health services year-on-year, backed by a clear position on the new money available locally to support transformation. This plan serves as a blueprint for the actions required to make a reality of the *Five Year Forward View for Mental Health*. This was reinforced by the 2017-2019 planning guidance which amounted to the clearest ever prioritisation for mental health as a "must do" for the NHS – spelling out the actions required of commissioners and providers.

We are already starting to see the impact of this focus on mental health through Sustainability and Transformation Plans, where increasingly local systems are not only rising to the challenge but also recognising the opportunity of investing in mental health to deliver a more sustainable health and care system. Across England as a whole we are seeing the expected investment in mental

health services in these plans – but within these there remain some areas that have more to do, and we must continue to make the case and challenge where necessary.

Delivering this sort of change is not just about writing plans or making national announcements, but about people seeing and feeling the benefit. This report demonstrates the areas in which we are beginning to see improved access to care, as well as giving some of the many examples of good local practice in services. But that is not to underestimate the challenges which lie ahead.

There is, undeniably, much to do to make a reality of our aspirations for transformation in mental health services. As leaders of both service providers and the national programme, we are realistic about the challenges and competing pressures faced by the NHS and its key partners, and the position of the mental health system within that environment. Whilst there has been good early progress, there remains a long distance to travel. It will continue to be critical for all partners to maintain a focus on delivery and work together to overcome the risks we face.

Nonetheless, there are reasons to be optimistic. We should draw confidence from the sense of commitment and common purpose of those working in mental health care at all levels – something which has become even more evident over the past twelve months – and the many local and individual stories which act as examples of success. And we must all continue to press the unarguable gains from getting this right: gains for people who use services, their families and communities, and gains for the NHS itself in creating a more balanced, equal and sustainable future.



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Introduction

The recommendations of the *Five Year Forward View for Mental Health* to transform health services were accepted by all the NHS bodies, and in July 2016 together they published a detailed implementation plan for achieving its ambitions. *Implementing the Five Year Forward View for Mental Health*ⁱ laid out a blueprint for the delivery of the main objectives of the strategy, setting clear expectations for different services and the outcomes anticipated by 2020/21.

The programme to deliver the *Five Year Forward View for Mental Health*ⁱⁱ is complex and contains numerous different elements. It is a long-term agenda that requires concerted effort from multiple organisations to input and invest over time to achieve its objectives. However, whilst most outcomes look towards 2020/21 for their delivery, the implementation plan makes clear the need for early action and collective focus to lay the foundations for a new approach to services and care. This document provides an outline of the progress made in the first year of this programme.

- Over 120,000 more people are expected to receive mental health care and treatment in priority services in 2016/17.
- The Mental Health Investment Standard is planned to be met across England as a whole in 2017/18 and 2018/19.
- The first national access standards for mental health treatment have come into effect – with the waiting time targets met.
- A new Mental Health Dashboard has been launched to provide unprecedented transparency of performance against key indicators.
- The first comprehensive all-age mental health workforce strategy has been co-produced for publication in April 2017.

The first year since publication of the *Five Year Forward View for Mental Health* has seen progress in all key areas as an unprecedented national programme has been launched, led by a single Senior Responsible Officer for all NHS organisations. As the profile of the programme has continued to grow across the NHS, this has been matched by the prioritisation afforded to mental health across national and local organisations.

The *Five Year Forward View for Mental Health* set out a series of recommendations for the NHS. Although most anticipate a longer timeframe, seven were proposed to be delivered within the first year of the programme to provide some of the necessary infrastructure to support progress. Of these, six have already been achieved, and the seventh is planned to be completed in April 2017.

The first year of the programme can point to many signs of progress and positive outcomes. However, in common with most programmes of this scale and ambition, not all milestones have been met as planned. Progress with workforce development has taken longer than anticipated due to the complexities of delivering a strategy for such a diverse group of professionals. Plans for specific projects and funding have in some cases had to be moved back to later years to match the capacity of teams to deliver them. Nonetheless, whilst there remain challenges within the programme and the wider environment to be overcome in order to deliver the aims of the *Five Year Forward View for Mental Health*, the first year represents a more than promising start.

Early progress in expanding services

Across all priority areas set out in *Implementing the Five Year Forward View for Mental Health* it is expected that the first year of this programme will see at least 120,000 more people receiving mental health services – a decisive step towards the target of one million more people receiving the care they need by 2020/21. This does not include all mental health services but focuses on those services subject to specific recommendations made by the *Five Year Forward View for Mental Health*, and the overall total may be higher.

Within this number, progress is being made at different rates in relation to different areas, reflecting the fact that certain programmes are already being delivered whilst others are laying the groundwork for implementation in future years. This is set out in more detail in the sections which follow.

Ensuring sufficient investment in mental health

The commitments of the *Five Year Forward View for Mental Health* can only be met through sufficient prioritisation of mental health at a local level, and allocation of resources which match the level of ambition. The number of additional people treated is a strong indication of a greater focus afforded to mental health by local organisations; and this is supported by financial reports which demonstrate that across England as a whole the additional funding expected to be provided in 2016/17 for services has been invested in full to support the programme.

Ensuring that these plans become a reality for local organisations and people who use services will continue to be a priority for the national programme. Whilst the Investment Standard is reported to be met across England as a whole, there remain small subsets of CCGs who have not met, or are not yet planning to meet, this expectation. To assure that local spending plans for mental health services are sufficiently robust to deliver the programme, NHS England will be carrying out an exercise in advance of April 2017 to compare commissioner plans with projected allocations and the expectations of local providers. In addition to the ongoing transparency of spending provided by the new Mental Health Five Year Forward View Dashboardⁱⁱⁱ, this will ensure independent scrutiny of investment to deliver the outcomes of the programme.

Sustainability and Transformation Plans (STPs) as a delivery vehicle for mental health

STPs, by facilitating collaboration across the health and care systems at the local level, can be a powerful medium to deliver the *Five Year Forward View for Mental Health*. Indeed, wider determinants of health such as housing, schooling and employment, are key to deliver the transformation needed in mental health services and care. The most advanced STPs provide good examples of how collaboration across the health and care systems could benefit people with mental health needs.

NHS England and NHS Improvement national and regional teams will work closely with STPs in 2017/18 to harness the changes needed in STP delivery and ensure that the opportunities to benefit people with mental health needs are leveraged to their maximum through collaborative working across health and care organisations. Work is currently underway to develop the mental health improvement and support offer across national and regional teams, to ensure successful delivery of mental health care and services elements of STPs and the *Five Year Forward View for Mental Health*.

Children and young people's mental health

During 2016/17:

- 21,000 more children and young people are expected to access treatment in NHS-commissioned community teams (compared to 2014/15).
- 556 staff working in children and young people's services have begun training courses to improve skills in evidence-based treatment.
- 150 newly recruited staff have started courses to qualify as therapists.
- The first ever national access standard for children and young people with an eating disorder has begun to be measured in community teams.
- All English regions have developed plans to improve inpatient beds usage and ensure the right capacity so that children and young people receive care as close to home as possible.

Improving outcomes for children and young people is a priority for the *Five Year Forward View for Mental Health*. By 2020/21, there is expected to be a significant expansion in access to high-quality treatment in the community, so that 70,000 more children and young people are seen each year. This increase in capacity and quality in community teams will ensure that more children and young people are able to access the care they need closer to home – and will result in reduced use of inpatient beds and a shift in the focus of care towards communities.

Most recent figures show that there are around 240,000 children and young people on the caseloads of NHS mental health services at any one time, and 35,000 new referrals each month^{iv}. National data have been published since May 2016 and are not yet robust enough to make comparisons over the course of this first year, but as local organisations develop services to build towards the 2020/21 target, it is expected that the number of children and young people treated will have increased by 21,000 compared to 2014/15 in line with the trajectory set out in the implementation plan:

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.	28%	30%	32%	34%	35%
Number of additional CYP treated over 2014/15 position	21,000	35,000	49,000	63,000	70,000

Progress towards the expansion of services is supported by information from CCG financial reports which demonstrate that across England as a whole there are plans to invest the full sum of £149 million additional funding provided for children and young people’s mental health in 2016/17. However, a small subset of CCGs have not planned to use this funding in full for this purpose. Actual spending at CCG-level will be published and monitored through the Mental Health Dashboard to support transparency; and all CCGs are expected to make sufficient investment over the course of the programme to deliver the commitments for outcomes and expansion in access. In addition to the planned investment in CCGs of £149 million, NHS England allocated an additional £25 million during the year to support targeted activity to improve waiting times and reduce backlogs.

The expansion of services anticipated by 2020/21 requires a parallel increase in the number of skilled staff able to provide care and treatment. National investment has begun in 2016/17 to deliver the 1,700 new therapists who are estimated to be required within five years. In line with the new all-age workforce strategy for mental health, the first 150 training places have been made available this year

for newly-recruited therapists. Most of these courses will complete within 12 months.

In terms of improving skills of current staff, a further expansion of the service development programme, Children and Young People’s Improving Access to Psychological Therapies (CYP IAPT), has meant that support is now available for staff working in areas covering 92% of the 0-19 population in England. Training courses begun in this year will lead to a further 706 staff trained in the provision of evidence-based therapies, in addition to the c2,000 staff who have already been trained since the programme began in 2011. Where local organisations invest in staff training through CYP IAPT, this has been shown to have a significant impact on quality and productivity of services. For example, Derby CCG and Derby City Council have trained staff across the NHS, local authority and voluntary sectors, with the NHS delivering care to 25% more children and young people from the same number of staff.

In relation to inpatient services for children and young people, over the past year NHS England has led a wide and consultative review to consider the local requirements for inpatient beds and make recommendations on how the

availability and use of beds can be improved. This review will underpin the next stage of the process, in which a number of new beds will be opened and other capacity moved to areas of greatest need - with the aim of ending inappropriate placements of children and young people and ensuring care is provided in the right setting, as close to home as possible.

Specific investment has also been made to increase access to community-based treatment for children and young people with an eating disorder and, during 2016/17, the first ever national access standard has begun to be measured across the country. By 2020/21, it is expected that 95% of children and young people will access treatment within four weeks for routine cases, and within one week in urgent cases – improving outcomes and also reducing the need for inpatient stays significantly. The first data demonstrating performance against this standard will be published in May 2017 and will mark a critical step in providing transparency for this objective.

In the past year, the NHS has also developed, or initiated, a series of projects which will act to improve quality and will support the overall programme in later years. These include:

- A significant step forward in setting out the evidence base for different care and treatment pathways for children and young people. Together these pathways will help commissioners and providers to implement evidence-based treatments which deliver the best outcomes. This year, NHS England has launched work to develop a single, generic pathway for children and young people's mental health in community settings, which will look across health, care, education and other settings. Separate pathways have also been developed for publication before April 2017 on crisis care for children and young people, and on the use of inpatient beds for eating disorders.
- NHS England, together with the Department for Education, has delivered a pilot programme to develop single points of contact between NHS services and schools, working with 255 schools across 27 CCGs. This has shown improved relationships between schools and NHS services, with schools more confident about when to refer on for further support.

Perinatal mental health

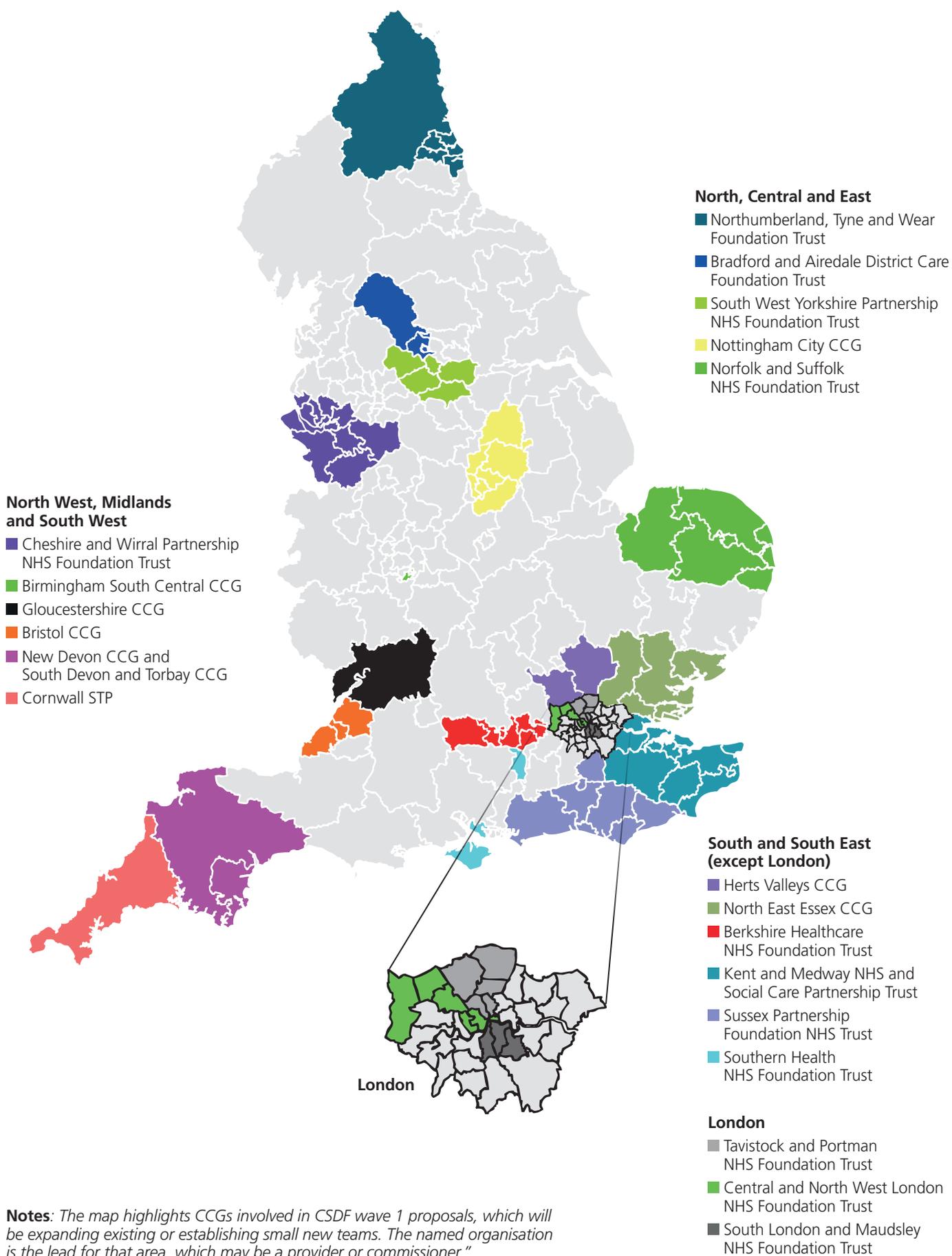
During 2016/17:

- At least 750 more women should receive access to specialist perinatal mental health support and care through new services put into place this year.
- New or expanded specialist community teams for perinatal mental health will begin to be put in place in the first wave of 20 areas receiving targeted transformation funding.
- Four new inpatient mother and baby units are being commissioned by NHS England to provide services in the areas of greatest need.
- A further 8 beds have been commissioned in existing units to deliver immediate in-year capacity to treat more women – the equivalent to opening a whole new unit.

The *Five Year Forward View for Mental Health* is clear in its objective that specialist perinatal mental health services should be available for all women and their families who need them. Over the course of this programme to 2020/21, this requires a significant increase in access in most areas of England – since only 15% of localities are thought to have services which fully meet NICE guidelines.

During the first year of this programme, emphasis has been placed on beginning to tackle gaps in access to treatment, whilst embedding the enabling infrastructure to deliver more sustainable change. The Perinatal Specialist Community Services Development Fund was launched in August 2016, making available £40 million over three years in its first wave for the growth of evidence-based specialist community teams. The Fund was heavily over-subscribed, with the successful 20 areas chosen representing a range of organisations including 90 CCGs and six STP ‘footprints’ across all English regions. All sites are beginning to expand and improve their services in this year. In total, it is expected that at least 750 more women will access specialist care in 2016/17 through these 20 sites alone – ahead of the estimated national trajectory set out in the implementation plan for the *Five Year Forward View for Mental Health* – rising to 9,000 by 2018/19. A second wave of funding under this scheme will be launched later in 2017.

Specialist perinatal mental health community teams – Community Services Development Fund Wave 1



In relation to specialist inpatient mother and baby units, national procurement has started with the aim of delivering four new eight-bed units in areas of the country with particular challenges around access: East Anglia, North West, South West peninsula and South East coast. Contracts will be awarded in April 2017 so that implementation can proceed at pace in the coming year. In concert with these new units and to deliver more rapid improvement in capacity, an additional eight beds have been commissioned in existing units during 2016/17, with plans to expand further next year.

In addition to these developments, the NHS has also developed or initiated a series of projects which will act to improve quality and support the overall programme in later years. These include:

- Development of the first guidance and supporting tools for the perinatal mental health pathway, setting out evidence-based treatment and interventions which will underpin how services are measured in future years.
- NHS England has invested £1.2 million for workforce development to improve awareness and skills related to perinatal mental health. The required networks are driving this development. It is expected that these funds will support the training of 3,000 staff locally, including those in mental health, maternity and primary care workforce, during 2016/17.

- Health Education England has developed a competency framework which, for the first time describes the skills and competences of different multi-disciplinary staff in relation to perinatal mental health. The framework will act as a crucial reference point for future workforce development to ensure sufficient skills are in place. It is being piloted in four areas (Birmingham, Cumbria, Devon and Kent) before wider roll out in 2017/18.
- NHS England and Health Education England are working with the Royal College of Psychiatrists to deliver a programme to identify and train specialist perinatal psychiatrists to lead future teams – this programme envisages training 10 new perinatal psychiatrists in 2017/18 through a bursary scheme. A training course to enable general psychiatrists to support women in the perinatal period in wider mental health settings has also trained 78 psychiatrists this year.

Perinatal mental health was also identified as a core issue in the national maternity review *Better Births*^{vi}. The work above therefore also supports the NHS's Maternity Transformation Programme to promote good mental health for all women in this period and ensure systems work effectively across whole pathways of care, focused on openness, transparency and prevention. In support of this, perinatal mental health has been made a priority within the Public Health England-led elements of the maternity programme.

Adult mental health: Common mental health problems

During 2016/17:

- Over 72,500 more people with common mental health problems will access psychological therapies compared with the previous year.
- New integrated services have been set up so that an additional 6,000 people will receive integrated treatment – with 22 new sites starting in January 2017.
- The latest data (November 2016) show that 88.8% waited less than 6 weeks, and 98.5% waited less than 18 weeks.
- Almost half of people completing treatment in November 2016 (48.9%) moved to recovery.
- Over 600 new training places have been made available to continue to increase the number of skilled therapists to deliver services.

The commitment for expanding psychological therapies is one of the most ambitious of the programme. By 2020/21, it is expected that an extra 600,000 people with common mental health problems will access psychological therapies each year – an increase from 900,000 to 1.5 million people. At the same time, a majority of the new services put in place will be integrated with physical healthcare, including 3,000 new therapists co-located in primary

care. Moreover, whilst delivering this expansion and transformation, the existing targets for access and recovery will be maintained across all services.

During the past 12 months for which there are data, 972,000 people accessed psychological therapies – an increase of 72,500 on the previous twelve months and above the indicative target for numbers of people set in the mental health implementation plan. Most recent performance shows that 87.8% of people entering treatment waited less than six weeks and 98.3% waited less than 18 weeks^{vii}, in both cases exceeding national standards. Nearly half (49.0%) of people who have completed treatment moved to recovery in October 2016 – the highest figure for recovery ever reported and closing in on the target of 50%.

Improving the equality of access and outcomes for people in services has also been an area of focus, and NHS England has supported Age UK to run a campaign to encourage older people to access services. This is supported further by the new mental health Quality Premium, which asks CCGs to focus on outcomes for people from black and minority ethnic groups, and access to services for older people. To reinforce the focus on improvement in these areas, the Mental Health Dashboard now includes this information.

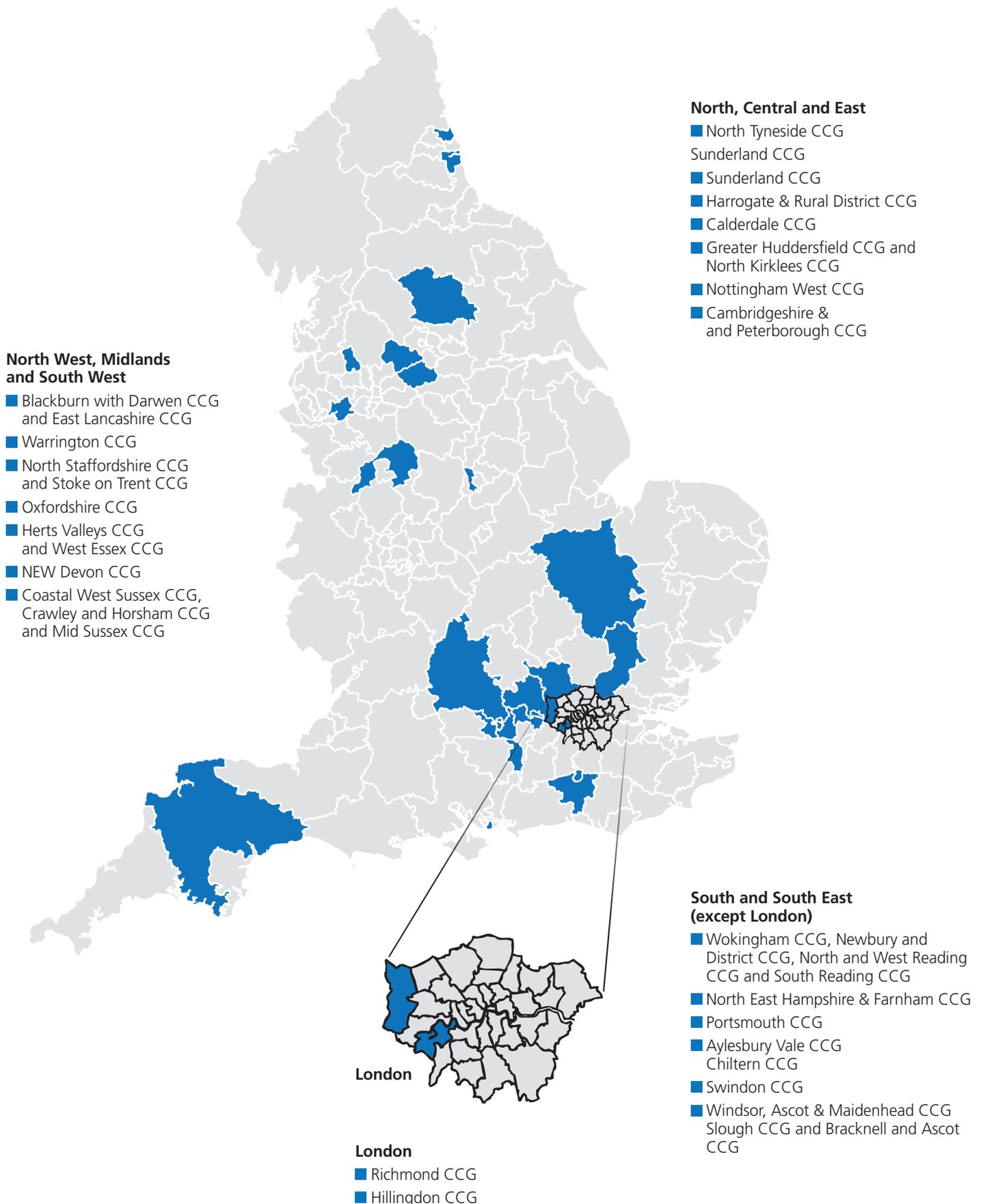
Digitally-enabled therapies represent an opportunity to further broaden access and improve quality of services – if high quality

products are safely delivered. To enable commissioners and providers to confidently increase their use of digital in services, a new endorsement process is in development for products. This is summarised further in a later section of this document.

Employment support is part of broader integrated care in IAPT services – for those both in and out of work. In 16/17 we have designed a major initiative to improve the number of employment advisors in IAPT and selected 101 CCGs to take part. The new employment advisors will start supporting people in IAPT in the first quarter of 2017/18.

In parallel with the continued delivery of the core psychological therapies offer, during 2016/17 a significant new project was initiated to develop the future model and achieve the aim of the Five Year Forward View for Mental Health that therapies be more closely integrated with physical health services. In January 2017, 22 new 'early implementer' projects were launched across 30 CCGs with the objective of providing psychological therapies wherever people receive their physical healthcare and using the opportunity to build a more holistic approach to the person's care and treatment which delivers better outcomes and reduces pressure on acute NHS services. Over 1,000 people have already started treatment in new integrated services. Services are expected to treat 30,000 people in integrated settings including primary care in 2017/18, and set a baseline for future growth and transformation:

IAPT Early Implementer CCGs



The expansion of services rests on training sufficient new therapists. Good progress has been made in 2016/17 with over 600 therapists starting training in addition to those already planned to maintain overall numbers.

Adult mental health: Community, acute and crisis care

During 2016/17:

- More than 10,000 people experiencing a first episode of psychosis have started treatment with a specialist team. In November 2016, more than 75% of people starting treatment did so within two weeks in line with the new national standard.
- New transformation funding to develop mental health liaison services in acute hospitals drew nearly 70 bids ahead of implementation in 2017/18.
- The use of police cells as places of safety continued to decline, accounting for only 7% of detentions and having more than halved since 2014/15.
- For the first time, national data has been published to show the number of adults being placed out of area for acute mental health inpatient care; a crucial first step to eliminating the inappropriate use of such placements.

Adult community mental health services represent the majority of NHS mental health services, with more than one million people in contact with services at any one time across trust-based and IAPT services. As a result, a core priority of the NHS mental health programme is to support community services for adults of all ages to deliver high-quality, evidence-based interventions which improve outcomes, enable recovery, manage demand and integrate with other local services including primary care, social care, housing and voluntary sector services.

In April 2016, a new national access and waiting time standard was introduced for mental health, for Early Intervention in Psychosis (EIP) services^[1]. The standard requires that at least 50% of people with a suspected first episode of psychosis commence treatment with a NICE-recommended package of care within two weeks of referral. From December 2015 to November 2016, data show that more than 10,000 people with a first episode of psychosis started treatment with a specialist EIP team. Since its inception, the waiting time element of this standard has been exceeded every month; with the most recent data at December 2016 showing 74.4% of people who started treatment did so within two weeks.

To deliver against the new standards, EIP services have had to expand capacity and skills. Data from the NHS Benchmarking Network show the coverage of EIP services increasing during 2015/16 with 10% more people being supported on caseloads compared to 2014/15. Responding to rising demand, which has seen referral rates

to EIP services increasing by 12% in the last year, NHS providers have increased the number of staff employed in EIP services by 9%.

The new EIP standard is a combination of a waiting time element and a quality element, which requires that treatment is in line with relevant NICE guidelines and quality standards. This second element is more challenging, and will take time to implement in full – the mental health implementation plan envisages the process of meeting this element fully to take until 2019/20. Progress is being measured for the first time through a self-assessment conducted by all EIP teams in England, and independent validation managed by the Royal College of Psychiatry's Centre for Quality Improvement, which will help local areas identify the improvements they need to make.

For the wider cohort of adults receiving treatment from community mental health services, NHS England has commissioned a new three-year programme of work to deliver the first set of treatment pathways to define high-quality care for adults with more severe or complex mental health needs in the community. This will build on the approach taken for EIP services, and support delivery of a number of recommendations of the *Five Year Forward View for Mental Health*, including access to physical health assessment and interventions, psychological therapies and employment support.

In relation to urgent and emergency care for mental health, a number of steps have been taken this year to drive improvement as new funding comes into effect from 2017/18:

- NHS England has launched the first phase of a project to provide funding to develop mental health liaison services in acute hospitals. The first wave of funding – amounting to £15 million in each of 2017/18 and 2018/19 – will support successful sites to put in place services which meet the Core 24 service standard for adults and older adults.

- Guidance and supporting tools^{viii} were published in November 2016 to describe the model pathway for urgent and emergency mental health liaison services, and further implementation guidance will follow in 2017 for both the community-based urgent and emergency mental health care pathway and the acute mental health care pathway, to support local areas in improving their response times and treatment pathways.
- Further guidance on best practice in relation to 'blue light' services will be published by April 2017 to support NHS organisations to deliver their new statutory obligations under the Policing and Crime Act 2017^{ix} – in particular in relation to limitations on the use of police cells as places of safety. This practice has seen significant reduction since the publication of the Mental Health Crisis Care Concordat^x, with the most recent 2015/16 figures showing a further decrease of more than 50% in just one year.
- NHS England, together with NHS Digital and the Department of Health launched the first national definition and data collection for out of area placements (OAPs) for non-specialist acute mental health inpatient care, with the first report published in December 2016^{xi}. This new collection will provide crucial underpinning to the ambition to eliminate inappropriate acute placements by 2020/21.

In relation to mental health in armed forces communities, NHS England has been working closely with partners in the Ministry of Defence, armed forces charitable sectors, serving personnel and veterans and their families to develop a consistent and high-quality pathway for mental health services during transition from the forces. This has included commissioning, for the first time, national armed forces veterans' mental health services – Transition, Intervention and Liaison (TIL) services – as set out in NHS England's commissioning intentions in October 2016^{xii}.

Adult mental health: Secure care pathway

During 2016/17:

- NHS England has carried out the first national audit of mental health secure services at individual and service level, providing new information about who is using the service, where they are placed, and how long their stay is in hospital.
- As a result, a model for community forensic services has been developed in partnership with those using secure services and clinicians, which will be tested more widely in 2017/18.
- To support a focus on equalities, NHS England has conducted focused work with black men using the secure care system, to ensure that their perspectives and needs are incorporated into the development of the community model.

The Secure Care programme has taken significant steps during the past year to develop the understanding of the pathway and the population within it, as part of a range of preparatory activities in advance of wider implementation of reforms in future years. This has included the first individual-level audit of secure care carried out nationally, which has demonstrated:

- 5,500 people in total are in low and medium secure mental health beds designated as mental illness or personality disorder beds in England at any one time (this excludes patients in beds designated as learning disability or autism beds).
- 77% of people detained in low and medium secure mental health services are men, 63% have a primary diagnosis of psychosis, and 26% have a secondary diagnosis of substance misuse.
- Black and Black British groups are four times more likely to be detained in secure mental health care than White British, and six times more likely in London.
- The provision of a community forensic mental health service can reduce length of stay in secure inpatient care by around 240 days.

In response to this audit, NHS England has worked with individuals using the service and expert clinicians to co-produce a model for optimal forensic community services. An essential part of this process has been working specifically with black men to understand their views on what they need from mental health secure care and forensic community services.

NHS England is also collaborating with colleagues from the criminal justice system to assess the level of mental health needs within prisons, and how these may be best addressed, and to streamline the interface between prison and secure mental health services so that individuals with mental health needs have access to appropriate services as speedily as possible.

Health and justice

During 2016/17:

- NHS England published the first strategy for improving the mental and physical health of people in the criminal justice system.
- Liaison and diversion services have been expanded to cover police custody suites and courts in areas representing 68% of the population of England.
- Over the first half of the year, 7,180 more people have received liaison and diversion services than in the previous six months.

Children, young people and adults in contact with the criminal justice system or in detained settings are more likely to smoke, misuse drugs or alcohol, have mental and physical health problems, report having a disability, self-harm or attempt suicide. Their lives are often further complicated by complex social and personal issues such as unemployment, low educational attainment or homelessness, relationship problems and exposure to violence and abuse.

In October 2016, NHS England published *Strategic direction for health services in the justice system 2016-2020: Care not custody, Care in custody and Care after custody*^{xiii}. This document set out for the first time the NHS's strategy for improving the health of people in the justice system, and how services in all relevant settings need to evolve and improve between now and 2020. Its focus supports the recommendations set out in the *Five Year Forward View for Mental Health* and the earlier Crisis Care Concordat,

with priority areas including reducing health inequalities, early intervention and supporting recovery and continuity of care.

In relation to liaison and diversion services, for which a specific commitment was made in the *Five Year Forward View for Mental Health*, expansion has progressed over the course of the year and services now work across 68% of police custody suites and courts in England, ahead of the indicative trajectory in the mental health implementation plan and on track to meet the planned 100% coverage by 2019/20. This expansion has supported a total of 32,800 people of all ages to access liaison and diversion services in the first six months of 2016/17 alone – an increase of 22% on the previous six months.

In parallel and to support the wider strategy, new Health and Justice Indicators of Performance (HJIP) have been developed to support all healthcare commissioning across detained and secure settings. These indicators have demonstrated increasing demand but also an equivalent increase in access to both mental health and substance misuse services through the liaison and diversion programme, as well as services in prisons and Immigration Removal Centres.

Suicide prevention

During 2016/17:

- The National Suicide Prevention Strategy was refreshed by Government to support a renewed focus on key at risk groups and activity to deliver the national ambition of reducing suicides by 10% by 2020/21.
- Local suicide prevention plans are in place or being developed in 95% of local authorities in England, supported by national guidance issued by Public Health England and partners.

The *National Suicide Prevention Strategy*^{xiv} was refreshed by the Government in January 2017 to support further action to achieve the commitment to a 10% reduction in suicides by 2020/21. The refreshed strategy places a clear expectation on the role of local multi-agency plans and actions to deliver the ambition, underpinned by more robust local and national data. It also focuses on the need for more effective targeting of suicide prevention support for high risk groups, such as middle aged men, those in places of custody/detention and/or in contact with the criminal justice system and with mental health services, and those who self-harm.

At a local level, the strategy is clear that all localities should have suicide prevention plans in place. To support areas to deliver this, Public Health England has provided local suicide data profiles for each area across England and published comprehensive guidance on developing a local suicide prevention action plan^{xv}. Public Health England has also provided tailored support through a series of nine masterclasses across England, which will be completed at the end of March 2017.

A stocktake by Public Health England in December 2016 confirmed that 95% of local authorities have a suicide prevention plan or are planning to develop one in 2017. This information is available in an atlas of variation^{xvi} which displays visually on a map of England a subset of data from the suicide prevention profile. A quality assessment of local plans is to take place later this year commissioned by the Department of Health.

Testing new approaches

During 2016/17:

- Six pilot sites have been selected to deliver new models of care through which providers of inpatient beds take on responsibility for expenditure and commissioning.
- A further nine urgent and emergency care 'vanguard' areas have been chosen to test models of crisis care for children and young people, supported by investment of £4.4 million.

In a separate and aligned project, NHS England has invested £4.4 million to develop and improve models of mental health crisis care for children and young people, in order to support wider learning and uptake of models across the country. Nine of the existing urgent and emergency care 'vanguard' areas have been chosen to pilot new approaches and collect information on outcomes.

The new care model programme will give mental health trusts the incentives and responsibility to greatly improve local services and end the practice of sending people long distances to receive treatment, unless this is clinically necessary. The six sites cover adult secure services and inpatient services for children and young people. They will take responsibility for a commissioning budget of around £362m and, by reducing admissions and lengths of stay, are predicting savings of £50m within two years. These savings will be reinvested in better local services including crisis teams; triage teams; supported housing; and beds.

Harnessing digital delivery

Digital technology can accelerate more sophisticated and acceptable service delivery, data capture, interpretation and support, and have a very significant transformational and long-term impact. Adoption of digitally-enabled service delivery is long overdue in mental health systems, and should be a key element to support the ambitions of *The Five Year Forward View for Mental Health*.

Over the past year, the NHS has developed the first digital strategy for mental health, bringing together investment of £67.7 million over three years. The strategy sets a direction for digitalisation within mental health services, balancing both the technical and systems requirements of interoperable organisations and the need to test and develop digital means of therapy and other services for people with mental health needs. Significant work is already underway, including:

- The NHS 111 service is being transformed to provide a more intelligent clinical triage tool for mental health problems to help improve identification and advice.
- Embedding new routes of self-referral to psychological therapies through NHS Choices, to improve how people with common mental health problems locate and access treatment.

In order to help develop the evidence base for digital therapies and support emerging tools, NHS England has commissioned a Digital Development Lab through which new tools can be tested, evaluated and endorsed by clinicians for wider use through a new library on NHS.uk. The first suite of six tools and apps are already being developed through this approach, and over time this is expected to significantly improve access to new platforms for digital therapy.

Infrastructure and hard-wiring the system

During 2016/17:

- Health Education England will publish the first comprehensive all-age mental health workforce development strategy to underpin the full range of commitments.
- The Five Year Forward View for Mental Health Dashboard was published, providing an unprecedented oversight of national and local performance and outcomes against key indicators.
- Public Health England has co-produced materials to support local partners to deliver plans which prevent mental illness and promote good mental health.
- The CCG Improvement and Assessment Framework included a number of mental health metrics and milestones, supporting an independent assessment and rating of each CCG for the first time.
- NHS Improvement published a new Single Oversight Framework for provider organisations, including a suite of specific indicators for mental health.
- New guidance for the NHS was published setting out outcome-based payment approaches for mental health.
- The CQC has tested approaches to assess the care given to people with mental health needs in inspections of acute trusts.

Workforce development

In April 2017, Health Education England will publish a comprehensive workforce strategy for the future of mental health services. This strategy is the culmination of detailed engagement and consultation over the course of the year and will support the delivery of all commitments in the *Five Year Forward View for Mental Health*.

The strategy will show how the workforce requirements set out in each of the areas of the *Five Year Forward View for Mental Health* will be delivered, with timescales and the numbers of staff required where available to deliver the improved outcomes expected in all of these areas. However, this means that a radically different approach is needed to increase capacity in the workforce and to skill up those working in these areas as well as implementing innovative new models of care. The strategy will therefore be essential to those responsible for commissioning or delivering mental health services and those involved with education and training in mental health, particularly in any of the pathway areas. However, although this strategy focuses on the pathway areas which have been prioritised for the reasons set out in the *Five Year Forward View for Mental Health*, the principles apply to all mental health services and should be seen in that context.

Implementing the *Five Year Forward View for Mental Health* will be achieved as a result of changes in the composition and deployment

of the staff providing mental health care in the NHS in England, both in specialist services and in primary care. Delivering the vision will require close partnership working between local organisations – including local government, housing, education, employment and the private, independent and voluntary sectors – all of whom play a key role in preventing mental ill health and supporting those with mental health difficulties. It is therefore essential that all involved in the delivery of mental health services have the knowledge and skills required to deliver high quality care and have access to education and training.

In line with this wider strategy, Public Health England has supported development of the public mental health workforce through the development of an action plan to increase availability and uptake of mental health promotion and prevention learning and development across the workforce. This includes delivering a train the trainers programme to establish a network of 100 trainers across England to lead promotion and prevention training of the existing workforce.

Data and transparency

Transparency will continue to be a key lever for monitoring progress and incentivising local organisations to prioritise mental health. Over the past year there have been a series of major developments which together amount to the most substantial improvement in transparency ever provided for NHS mental health services. The Mental Health Five Year Forward View Dashboard, first published in October 2016, is chief amongst these developments. For the first time, this dashboard provides oversight across a range of CCG- and STP-level indicators which capture data on access to services, outcomes and financial investment relevant to the *Five Year Forward View for Mental Health* commitments.

Further supporting transparency, mental health was included as one of six priority areas within the CCG Improvement and Assessment Framework (IAF) for 2016/17^{xvii}, supported by a series of indicators and metrics which reported on progress against transformation milestones. The inclusion of mental health within the first iteration of the CCG IAF meant that an independent panel was able for the first time to analyse and rate all CCGs based on their performance against key measures – providing another important incentive for progress. An initial assessment of CCGs was published in October 2016 and will be followed by a year-end assessment in June 2017 and then annually thereafter. This data has been made available through MyNHS^{xviii}.

In order to strengthen assurance of the quality of provision, NHS Improvement's new Single Oversight Framework (SOF)^{xix} includes a suite of key indicators for mental health and is intended to help NHS providers attain, and maintain, Care Quality Commission ratings of 'Good' or 'Outstanding'. Together with CCG IAF, the SOF will provide a rich picture of performance across the country and help support providers and commissioners to assure their ability to sustain services that are best able to meet the needs of their users.

The National Mental Health Intelligence Network (NMHIN) works with all system partners and particularly NHS England to ensure public health profiles (Fingertips profiles) provide the whole pathway context and aid transparency through offering a wide range of metrics. NMHIN has developed a mental health Joint Strategic Needs Assessment toolkit to support local areas undertaking needs assessment, including a profile which was published in February 2017 and a user guide to be published shortly. A new Crisis Care profile was launched in August 2016 and existing profiles are going through major refreshes to ensure that they take account

of the latest data set development and that STP views are added. New profiles will also be published and developed for perinatal mental health, suicide prevention and physical health care of people with mental illness.

Underpinning all data collections, metrics and dashboards is the quality of the information captured from local service providers and commissioners. The past year has seen a significant improvement in data coverage and quality following the full implementation of the new Mental Health Services Data Set (MHSDS) from January 2016. Although achieving sufficient robustness of data in all areas will take time, the MHSDS is already the most comprehensive collection of all-age data captured by the NHS. Version 2.0 of this dataset, which will further enhance our ability to measure the quality of mental health services is due to go live on 1st April 2017. This has notably been supported by concerted action by NHS Digital, NHS England and NHS Improvement to encourage and support the necessary systems changes at a local level.

Prevention Concordat and an increasing focus on prevention

Public Health England is working with partners to develop a Prevention Concordat Programme for Better Mental Health. The programme aims to galvanise local and national action around the prevention of mental illness and promotion of good mental health; and facilitate every local area to put in place effective prevention planning arrangements by the end of 2018. Local plans, led by health and wellbeing boards, local authorities and CCGs, will enable every area to use the best data available to plan and commission the right mix of provision to meet local needs.

In the first year of the programme, Public Health England is creating a suite of Prevention Concordat resources to support local areas.

These include a rapid review of evidence of what works which was published in July 2016 by the Mental Health Foundation^{xx}, and tools for mental health joint strategic needs assessments, calculating return on investment for key interventions and training local mental health champions. In addition, local prevention planning guidance is being developed for launch in 2017, informed by stakeholder events which included local authorities, CCGs, experts by experience, members of the police, fire, and rail services, charities, national bodies, and providers.

System incentives

NHS England and NHS Improvement have taken a number of steps to embed mental health within the frameworks and processes that drive quality and activity in the NHS, drawing upon this financial infrastructure to help underpin delivery of *Five Year Forward View for Mental Health* ambitions and ensure that progress is sustained.

In December 2016, NHS England and NHS Improvement published new payment guidance^{xxi} setting out model approaches to outcomes-based payments for adult and older people's mental health and psychological therapies. Consistent with the recommendations in the *Five Year Forward View for Mental Health*, the 2017-19 local pricing rules for mental health now require commissioners and providers to link prices to locally agreed quality and outcome measures and achieving access and waiting-time standards. Explicitly linking a component of payment to achieving quality standards and outcomes offers a clear focus for providers, commissioners and the local system to work together to deliver safe and effective care in service users' best interests. All commissioners and providers are expected to adopt a transparent, locally appropriate, payment approach from 2017/18.

In addition, NHS England updated the NHS Standard Contract^{xxii}, mandated by NHS England for use by commissioners for all contracts for healthcare services other than primary care. This includes a number of key performance standards aligned to the delivery of *Five Year Forward View for Mental Health*, including the national EIP access and waiting time standard, enshrining the delivery of these standards within the core expectations of providers.

Alongside the standard contract, NHS England published a two year Commissioning for Quality and Innovation (CQUIN) scheme intended to drive providers to deliver key clinical quality improvements and transformational change. The revised CQUIN framework for 2017-2019 includes three indicators specific to mental health providers^{xxiii} as well as broader cross-cutting indicators with direct impact on staff wellbeing and preventing ill health by risky behaviours.

The three mental health indicators seek to encourage system collaboration in areas that will benefit the quality and experience for patients:

- drawing children and young people's mental health services, and adult mental health services together in order to provide more coherent pathways between children's and adult settings
- encouraging collaboration between acute and mental health providers across the urgent care pathway to ensure that people presenting at A&E with psychosocial needs have these needs met more effectively through an improved integrated service offer
- and encouraging stronger links between secondary mental providers and primary care to meet the physical healthcare needs of those with severe and enduring mental illness

Aligned to the CQUIN framework, NHS England has taken steps to refresh the Quality Premium scheme with Mental Health constituting a core element of the scheme. Designed to present a transformative opportunity for system-wide change across a CCG, the Quality Premium for 2017-2019^{xxiv} is intended to reward CCGs for improving quality of services and will focus on a number of the core inequalities identified by the *Five Year Forward View for Mental Health*. The refreshed Quality Premium includes three measures addressed to key areas of inequitable expectations for access to good quality care. It is expected that commissioners will seize the investment opportunity presented by the quality premium to prioritise at least one of these areas for improvement to receive the premium overall.

The Care Quality Commission has also been looking at how it can strengthen the integration of mental and physical health in its regulation of health services. This has included a number of pilots to test approaches to assess the care given to people with mental health needs in inspections of acute trusts, and starting the development of improved guidance for inspections of mental health services. Implementation of strengthened approaches in mental health settings, acute trusts and primary care will be rolled out from 2017/18.

Conclusion

Within a year of the publication of the *Five Year Forward View for Mental Health*, there is much cause for optimism. The infrastructure needed to sustain change has been put in place, and, in many areas, people who use services are beginning to feel the benefits of the new and expanded services on offer.

We must be mindful, however, that this is a long-term programme and we should not expect to see results immediately in all areas. This first stage of the programme necessarily requires preparatory work to lay the foundations for transformation, including developing local plans that meet local system needs before increased funding becomes available over the five year period. Moreover, it is important to remember that even by 2020/21 the programme will not fully bridge the service gap that exists for people with poor mental health, and further work will be needed beyond the first five years to continue to expand transformation of mental health services and meet the needs of the whole population - as the *Five Year Forward View for Mental Health* itself set out.

Nonetheless, more people than ever before are talking about mental health and identifying it as a priority for the health and care system. Across the country, mental health services are busier than ever: whether that be through improving the care of people in emergency departments, delivery of crisis care in the community, reducing the numbers of people detained in police custody, or working with the voluntary and independent sector to improve housing, employment and IAPT services. Considerable thanks must go to the dedicated staff who continue to deliver improvements in a tough climate. One year on, there is clear momentum behind this programme nationally and locally: the challenge now is to maintain and build on this to achieve next year, and beyond.

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