



Summary of NHS mental health implementation plan 2019/20 – 2023/24



Introduction

The *NHS mental health implementation plan 2019/20 – 2023/24*¹ (the implementation plan) sets out how a £2.3bn local investment fund will be used to build upon the work of the *Five-year forward view for mental health*². The overview section describes how the implementation plan fits with the system planning approach and other sections of the *NHS long term plan*³. The second part considers each ambition in more detail; it sets out the targets for the next five years; the funding that will be available to support each one; and the workforce necessary to achieve it.

Section one - overview

Ringfenced investment of at least £2.3bn each year will be made available for mental health services by 2023/24. This funding will be used to support work across the core ambitions of the *NHS long term plan*:

- specialist community perinatal mental health
- children and young people's mental health
- adult common mental illnesses (IAPT)
- adult severe mental illnesses (SMI) community care
- mental health crisis care and liaison
- therapeutic acute mental health inpatient care
- suicide reduction and bereavement support
- problem gambling mental health support

¹ NHS, *NHS mental health implementation plan 2019/20 – 2023/24*, July 2019

² Mental health taskforce, *Five-year forward view for mental health*, February 2016

³ NHS England, *The NHS long term plan*, January 2019

rough sleeping mental health support

These areas will be supported by investment in:

- provider collaboratives and secure care
- digitally enabled mental health care
- improving the quality of mental health data

Delivery of the commitments in these areas will be a mix of ‘fixed’, ‘flexible’ and ‘targeted’ approaches. Fixed deliverables will have a national trajectory to ensure that the whole country moves at the same pace to deliver the change. The trajectories will combine the commitments from the *Five-year forward view for mental health* and the implementation plan. A tool will be made available to regions during summer 2019, to apportion the national target to local systems.

Flexible deliverables allow the pace of change to be determined locally, with the target to achieve the same end point by 2023/24. Targeted deliverables will only apply to certain sites who will receive specific funding for these elements.

The implementation plan expects systems to work in partnership with mental health providers to develop their five-year plans. It is also expected that local health systems will work jointly to develop and confirm clinical commissioning group mental health investment plans, including a lead mental health provider in the process.

Workforce

Workforce numbers stated in the implementation plan are in addition to the existing requirements specified in *Stepping forward to 2020/21: the mental health workforce plan for England*⁴. The implementation plan sets out indicative numbers to inform local workforce planning. Overall, by 2023/24 it is anticipated that there will be an additional 27,460 whole time equivalent staff working in the sector, with over 10,000 of these in community care for adults with severe mental illness, as shown in **Table 1**. The workforce profile is shown in annex B of the implementation plan.

Table 1: Summary of indicative additional workforce requirements

Programme area	2019/20	2020/21	2021/22	2022/23	2023/24
Perinatal mental health	0	200	590	990	990
Children and young people’s mental health	310	1,220	3,440	5,750	8,050
Adult common mental illnesses (IAPT)	0	0	1,000	1,980	2,940
Adult severe mental illnesses (SMI) community care	650	2,180	3,720	7,570	10,880
Adult liaison mental health	0	0	110	180	250
Adult crisis alternatives	400	810	1,210	1,610	2,010
Ambulance mental health provision (all ages)	0	500	750	1,010	1,260
Therapeutic acute mental health inpatient care	0	110	230	450	760
Suicide reduction and bereavement support	10	30	40	50	60
Problem gambling mental health support	10	10	30	50	80
Rough sleeping mental health support	40	70	110	140	180
Total	1,430	5,130	11,230	19,790	27,460

⁴ Health Education England, *Stepping forward to 2020/21: the mental health workforce plan for England*, July 2017

Financial transparency

The *NHS long-term plan* made the commitment that investment in mental health services will grow faster than the overall NHS budget. In order to demonstrate that this will be achieved, systems are required to set out how they will meet the mental health investment standard (MHIS); use the investment in CCG baselines set out in the implementation plan; and how the transformation funding identified will be used.

The CCG baseline allocations are based upon a national notional assumption of growth funding in mental health programmes. National payment approaches will be developed which will review the current work into a national currency model.

Table 2 shows the total amounts that will be made available to support mental health over the next five years. A breakdown of these figures is available in annex A of the implementation plan. The final two years are currently indicative figures.

Table 2: Mental health programme financial profile

Five-year profile (£m in cash terms)	2018/19 (baseline)	2019/20	2020/21	2021/22	2022/23	2023/24 (settlement ends)
Central / transformation	206	409	498	561	868	1,088
CCG baseline	275	596	991	1,227	1,482	1,921
Total	481	1,005	1,489	1,788	2,350	3,009

Mental health equalities

The *NHS long-term plan* sets out the requirement for all systems to specify how they will reduce health inequalities by 2023/24; this includes mental health inequalities. Key headline indicators will be developed during 2019/20 for equality across mental health services. Where possible, these will be included in NHS accountability and transparency frameworks by 2020/21.

Involvement of the voluntary, community and social enterprise (VCSE) sector

The implementation plan states that the involvement of the VCSE sector in the design and delivery of services can ensure that they are genuinely co-produced, recognising the local context. Systems, commissioners and mental health providers are asked to consider how the VCSE sector could support local ambitions and whether the current commissioning approach encourages, or blocks, their involvement.

Alignment with other parts of the *NHS long-term plan*

The implementation plan recognises that mental health plans must align with other areas of the system in order to fully achieve the stated ambitions. A number of areas are set out for consideration such as how urgent and emergency care services need to be aligned with 24/7 mental health crisis care.

Section two – implementation plan for mental health

Each section of the implementation plan sets out the delivery trajectory for a specific area of mental health. The changes from the *Five-year forward view for mental health* are indicated in each case. This summary sets out the final ambition for each section; whether it is to be delivered on a fixed, flexible or targeted basis; and an overview of the financial resources available to support delivery. For further detail, please refer to the *NHS mental health implementation plan 2019/20 – 2023/24*.

Perinatal mental health

By 2023/24, 66,000 women will have access to specialist community care. This is a fixed target, building on the ambition in the *Five-year forward view for mental health*. The extension of care to 24 months after birth and partners' access to a mental health assessment is a flexible deliverable, with systems expected to demonstrate when this will become available. In addition, all systems are expected to have maternity outreach clinics in place by 2023/24, based upon the principles identified by pilot sites in 2020-2022.

CCG baselines include funding growth for:

- sustaining and expanding specialist perinatal mental health teams (from 2019/20 onwards)
- extending the period of care to 24 months (from 2020/21 onwards)
- providing assessments for partners of women accessing the service (from 2020/21 onwards)
- implementing maternity outreach clinics (from 2022/23 onwards)

Central / transformation funding will be made available to:

- support the expansion of specialist community perinatal mental health teams (in 2019/20 and 2020/21)
- test models for maternity outreach clinics in selected areas (in 2020/21 and 2021/22)

Children and young people's (CYP) mental health

The majority of delivery requirements for CYP mental health services are fixed and build on, or maintain, targets from the *Five-year forward view for mental health*.

345,000 additional children and young people will have access to NHS funded mental health services by 2023/24. In some places this will be through mental health support teams (MHST) which is a targeted deliverable for selected areas. A manual for these teams is currently in development.

The implementation plan expects that the existing 95% referral to treatment time standards are maintained for CYP eating disorder services and, by 2023/24, there will 100% coverage of 24/7 mental health crisis care provision for children and young people. Over the next two years, joint agency local transformation plans should be aligned with sustainability and transformation partnership (STP) plans. By 2023/24 CYP mental health plans should be aligned with plans for special educational needs and disability (SEND), children and young people's services, and health and justice.

The only flexible deliverable in this section is to develop a comprehensive offer for 0-25 year olds that reaches across CYP mental health services and adult services. This flexibility recognises that there will be existing partnerships in place that vary by area.

CCG baselines include funding growth for:

- sustaining and expanding CYP community eating disorder teams (from 2019/20 onwards)
- service expansions for community and crisis CYP mental health services (from 2019/20 onwards)

Central / transformation funding will be made available to:

- support further expansion to CYP services, including crisis services (from 2020/21 onwards)
- pilot young adult pathway adjustments for eating disorders in selected areas (in 2019/20 and in 2020/21 but from adult mental health transformation monies)
- continue to pilot four week waiting times in selected areas (in 2019/20 and in 2020/21)
- establish and expand mental health support teams in selected areas (from 2019/20 onwards)

Adult common mental illnesses (IAPT)

Increased access to psychological therapies (IAPT) will be expanded to cover a total of 1.9m adults and older adults by 2023/24. All existing targets will be maintained over the period.

CCG baselines include funding growth for:

- sustaining and commissioning IAPT services, including for long term conditions (from 2019/20 onwards)
- salary support – this includes CCGs providing 40% salary support for trainees who start before the end of 2022/23, and funding 100% of salary support for trainees starting in 2023/24

Central / transformation funding will be made available for:

- salary support for IAPT trainees (distributed via HEE to providers) until 2023/24

A 2019/20 CQUIN has been introduced for all IAPT providers linked to the number of referrals finishing a course of treatment.

Adult severe mental illnesses (SMI) community care

For adults with severe mental illness, all deliverables are fixed. By 2023/24, at least 370,000 adults will be receiving care from integrated primary and community mental health teams. In addition, 390,000 people will be receiving physical health checks by this date.

The implementation plan states that 55,000 people will have access to individual placement and support (IPS) services by 2023/24. The 60% access standard for early intervention in psychosis (EIP) will be maintained and 95% of services will achieve level 3 NICE concordance.

All areas will receive a year on year increase in baseline funding to improve community mental health provision. From 2019/20 all local systems are therefore expected to stabilise and improve current core community services, whilst meeting the deliverables outlined above.

Work needs to be done in each area to prepare for the new integrated primary and community model from 2021/22. This includes strengthening local relationships with primary care networks, secondary mental health care, local authorities and the VCSE sector. The fixed deliverables described in this section must all be considered essential components of a comprehensive community-based offer for severe mental illness.

CCG baselines include funding growth to:

- deliver commitments for physical health care and EIP
- deliver commitments on improving IPS services (from 2021/22 onwards when current funding ceases)
- stabilise and bolster current core community services (in 2019/20 and 2020/21)
- deliver new models of integrated primary and community care for people with severe mental illness (from 2021/22 onwards)

Central / transformation funding will be made available for:

- testing, evaluating and refining new models of integrated primary and community care in selected areas (in 2019/20 and 2020/21)
- implementing and expanding new models of integrated primary and community care across England (from 2021/22 to 2023/24)

In addition, central funding will be used for nationally led developments to increase workforce capacity and skills for this cohort.

Mental health crisis care and liaison

The implementation plan states that there will be 100% coverage of 24/7 age-appropriate crisis care by 2023/24. This is a fixed deliverable with some flexible elements in how it is achieved. Coverage will include 24/7 crisis resolution home treatment teams (CRHTT) (fixed), a range of complementary and alternative crisis services to A&E (flexible), and a programme for mental health and ambulances (flexible). In addition, all general hospitals will have mental health liaison services, with 70% meeting the core 24 standard for adults and older adults (targeted).

Access and waiting time standards will be tested during 2019/20 and introduced in a phased manner thereafter.

CCG baselines include funding growth for:

- sustaining and expanding existing crisis services and those established via central / transformation funding
- delivering the mental health and ambulance programme (from 2020/21)

Central / transformation funding will be made available for:

- community crisis services, including alternative provision and expansion (from 2019/20 to 2023/24) and expanding CRHTTs (in 2019/20 and 2020/21 only)
- mental health liaison service expansion to achieve core 24 standard in selected areas
- piloting standards as part of the clinical review of standards in selected areas

Therapeutic acute mental health inpatient care

By 2023/24 the therapeutic offer from inpatient mental health services will be improved, contributing to improved patient outcomes and reduced length of stay. This will be achieved through increasing staffing levels and reviewing the skill mix. The exact staffing model is flexible, but systems are expected to support national work to determine the optimal models.

The elimination of inappropriate out of area placements continues to be a nationally fixed ambition. Taking steps to improve acute mental health care and reduce length of stay, will support systems to manage bed capacity.

CCG baselines include funding growth for:

- improving staffing levels and skill mix (from 2020/21)

A 2019/20 CQUIN has been introduced which focuses on follow up with patients within 72 hours of discharge.

Older people's mental health

Older people's mental health provision is embedded across all parts of adult mental health services within the implementation plan. All areas need to plan to improve access and treatment for older adults and deliver it through an integrated approach across mental and physical health, social care and VCSE boundaries. Services need to consider how to link with care homes, primary care networks and geriatric provision among others, in order to ensure that the needs of older people are taken into account.

Funding to support older people's mental health is included in each service set out in the implementation plan.

Suicide reduction and bereavement support

Targeted support will be available to enable the geographical expansion of the suicide reduction programme, based upon rates of suicide in each area. By 2023/24 all STPs will have received investment for a localised programme. The implementation plan states that there will be significant local autonomy on how the programme is implemented, as long as it is in line with published guidance.

Central / transformation funding will be made available (via targeted allocation) for:

- rolling out the localised suicide prevention programme across all areas by 2022/23
- rolling out suicide bereavement support service across all areas by 2023/24

Problem gambling mental health support

A geographically targeted programme will open 15 new NHS specialist problem gambling clinics by 2023/24. Provision for under-18s will also be piloted.

Central / transformation funding will be made available to those areas involved.

Rough sleeping mental health support

All system plans are expected to include provision to ensure that mental health services can support rough sleepers. The implementation plan specifies that this will be a holistic approach involving several partners in order to ensure long term care and support.

In addition, 20 high need areas will establish new specialist mental health provision for rough sleepers by 2023/24. These will be STP led initiatives for those areas with a high number of rough sleepers, where an integrated approach is already being taken to their care. Learning will be shared between sites to develop best practice.

Central / transformation funding will be made available to those areas involved.

Provider collaboratives and secure care

The specialised commissioning mental health budget will be increasingly devolved directly to lead providers within NHS-led provider collaboratives; starting with adult low and medium secure mental health services, children and young people's mental health inpatient services (CAMHS tier 4) services and adult eating disorder inpatient services. NHS-led provider collaboratives will be able to reinvest savings they make on improving services and pathways.

The implementation plan states that all appropriate specialised mental health services and learning disability and autism services will be managed through NHS-led provider collaboratives over the next five years. These provider collaboratives will become the vehicle for rolling out specialist community forensic care.

The provider collaborative model will be trialled in 2019/20, with an expectation that 100% of the country will be covered by 2023/24. The collaborative may include providers in the housing sector, independent sector and other NHS trusts.

Systems will be required to support the development of NHS-led provider collaboratives and enter into formal arrangements with them to jointly plan and deliver mental health services.

Central / transformation funding will be made available for:

- trialling specialist community forensic teams in selected areas

Digitally enabled mental health care

The implementation plan expects that 100% of mental health providers will be fully digitised and integrated with other parts for the health and care system by 2024. This is part of the wider requirement on systems to set out their comprehensive digital strategy and investment plan over the next five years. Guidance will be tested and refined during summer 2019 to define the level of digitisation that systems need to achieve.

Funding to support digitally enabled mental health care will be available within the wider digital programme. Funding for digital capability in specific mental health priority areas is included in the relevant part of the implementation plan.

Improving the quality of mental health data

All areas are expected to improve the quality of mental health data, particularly in relation to data flow to the mental health services data set (MHSDS). It is expected that duplicate collections will be retired where possible by the end of 2020/21.

The model hospital programme will offer support to providers with the largest data quality issues and a 2019/20 CQUIN has been introduced for all mental health trusts, for improving the quality and breadth of data submitted to the MHSDS.

Standard sets of outcomes will be developed by the International Consortium for Health Outcome Measures (ICHOM) for a number of areas by 2020/21.