Mental Health Currencies Review

HFMA Mental Health Conference

March 2021

Ellie Melbourne and Sam Stringer

NHS England and NHS Improvement

Contents

What are the current challenges?

The payment system for mental health has been largely static in recent years:

- Almost all providers are paid on relatively simple **block payments**
- There is a lack of high quality **activity, outcome and cost data**, particularly in a combined format which enables comparison of provider efficiency within and between systems
  - The existing **currency model** has seen very mixed uptake, resulting in patchy and poorly comparable activity data
  - There's a lack of **key metrics** to track and incentivise performance, including patient access (need, demand and waits) and outcomes
  - **Patient level costing** hasn't been available before now
  - Some of the most **vulnerable patients** receive continuously and directly funded care, without effective quality measures

The **Mental Health Investment Standard** is incrementally increasing mental health expenditure, mandated at commissioner/system level, but this isn't strongly linked to quality or level of provision.

How should we respond?

We'll need to align currency and payment approaches for mental health to fit within the wider future payment system built around Integrated Care System (ICS) leadership and enabling population health management.

This means finding the right fit for mental health patients and services, and identifying opportunities for change implementation at a rate that makes sense for each system.

For 2022 onwards, we're considering an incremental approach to mental health payment policy, as we co-develop the infrastructure needed to support new approaches which could include e.g.:

- Enhanced intelligence in fixed payment design
- Variable payment for priority areas of MH provision
- Targeted incentives focussing on access, outcomes or data quality
- Risk / pathway sharing models to allow more dynamic cross-provider funding to follow patients

Developing new currency models for mental health at this point offers the opportunity to ensure models align with emerging Integrated Care System led population health management approaches.

We're looking at opportunities to align the emerging mental health and community currencies, to enable more flexibility within system pathways, e.g. we're looking at the complexity factors to be applied to these models with a view to standardising these where possible.

MH currencies review

- A review of MH clusters was initiated at the request of Claire Murdoch
- A steering group was convened by NHS England to discuss and review potential new models and key issues that need to be addressed as part of any currency model
- The steering group agreed important factors that should be covered by a mental health currency and applied the factors to the current clusters scheme
- Many of the requirements identified by the working group were not covered by clusters

	Clusters
Currency design code covers	
Condition	Partially
Interventions	No
MH comorbidities	Partially
Complexities	Partially
Severity	Partially
Safety profile	Partially
Supplementary information available on:	
Outcome data	Yes
Cost by setting	No
Cost by pathway	Partially
Cost by step	No
Data collection is:	
Value add for clinicians	No
Low admin burden	No
Low risk of errors	No
The currency unit	
Groups to a single currency	Yes
Groups similar resource consumption together	No

The purpose of a Mental health currency model

Resourcing, planning and deliver of better evidence based care

A new mental health currency could allow us to identify how effective interventions are for patient groups, how much they cost and in turn how service delivery can be improved

Consistent groupings allow us to nationally compare interventions and outcomes for groups of patients, helping us understand and implement better care across the board

The aims of a new currency model

Align mental health with physical health

Reduce clinical burden

A nationally consistent approach to grouping patients

In development

Mental Health Groups proposed model

The model proposes 17 currency groups, which will be further refined. Each group will rate severity and will use data that is already being collected to group patients.

Disorder group	A. Psychotic disorders & bipolars*	B. Common mental health disorders	C. Personality disorders	D. Eating disorders	E. Organic Mental Disorders
Severity level	A1 **Mild**	B1 **Mild**	C1 **Mild**	D1 **Mild**	E1 **Mild**
	A2 **Moderate**	B2 **Moderate**	C2 **Moderate**	D2 **Moderate**	E2 **Moderate**
	A3 **Severe**	B3 **Severe**	C3 **Severe**	D3 **Severe**	E3 **Severe**
Cross cutting settings *(common across disorder groups)*	F *Crisis care*	*Crisis care*	***Crisis care***	*Crisis care*	*Crisis care*
	G *Secure care*	*Secure care*	***Secure care***	*Secure care*	*Secure care*

*Includes affective and non-affective disorders, can be split into two groups if clinically appropriate
*Will also consider relevance of MHRGs for perinatal mental health services and CYP MH

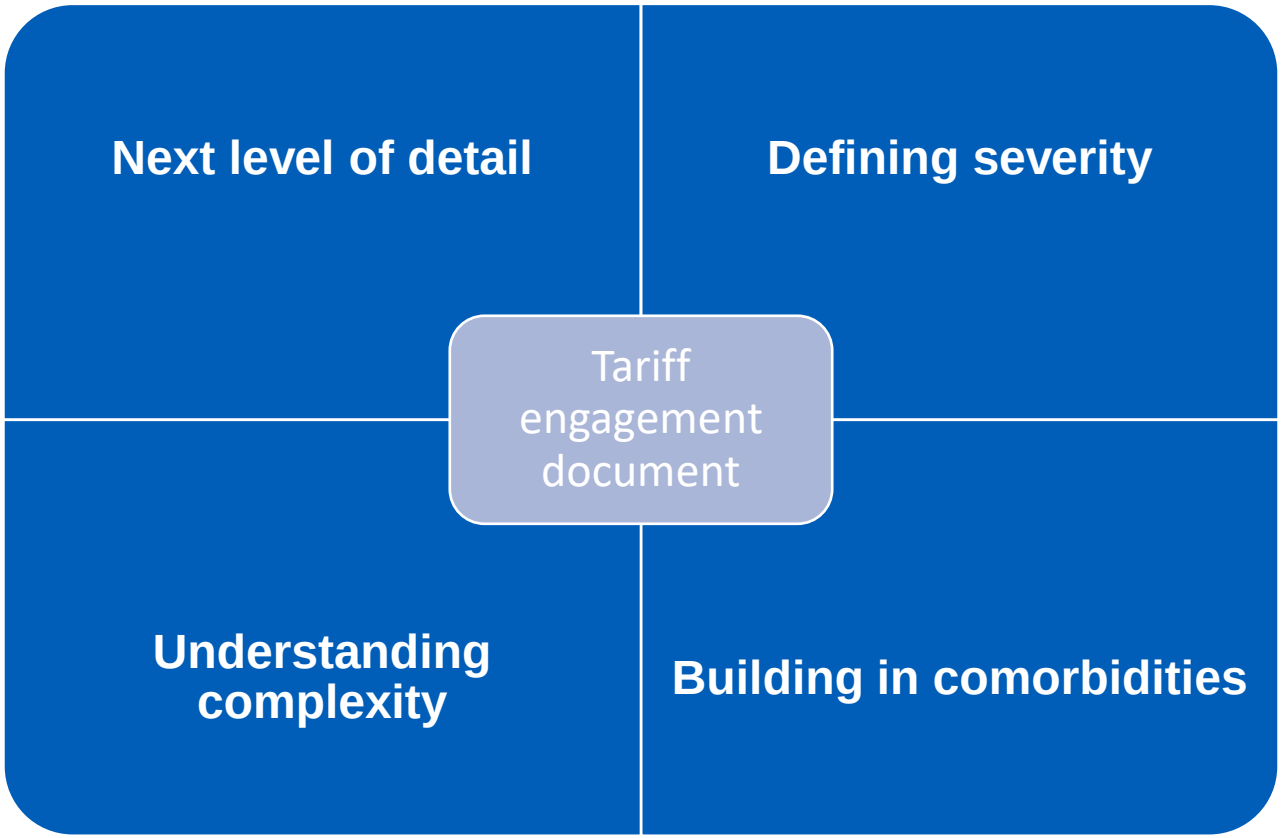
17 groups

Tariff Engagement Process

The engagement for the national tariff happened in three phases:

- **Policy creation** – policy leads met with subject matter experts to discuss policies being considered and how they might be implemented
- **Tariff engagement** – once the policy proposals were drafted, these were published so that all stakeholders could comment on them
- **Statutory consultation** – before the tariff can be published a consultation exercise must run allowing all stakeholders to feedback on finalised proposals

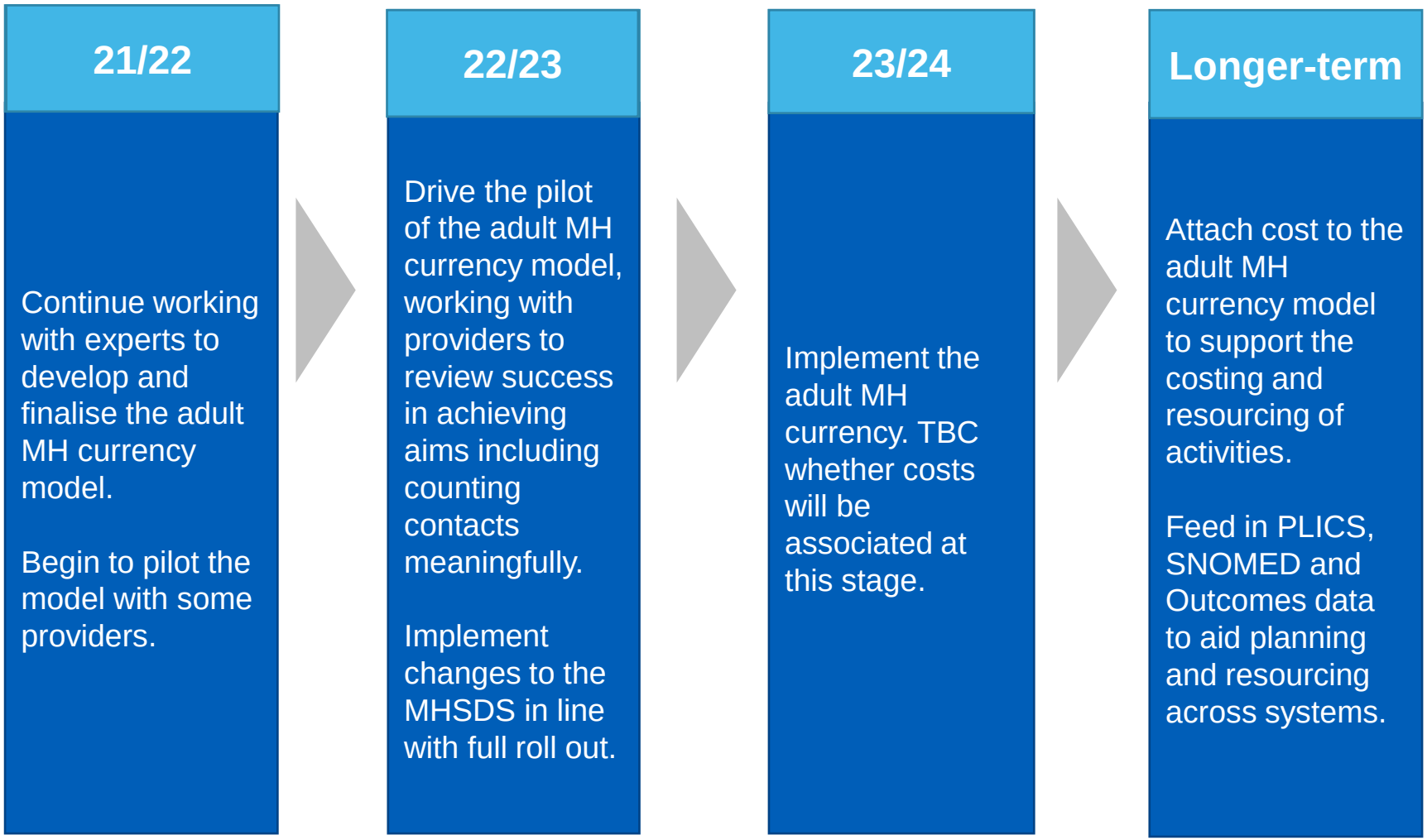
Our key findings



Next Steps

Defining Severity	Finalising adult MH currency model	Publish clear implementation guidance	Prepare for currency model pilot
Working alongside clinical experts, we are developing the model and defining the severity ratings of mild, moderate and severe. There will be detailed guidelines published on how each category of severity is defined.	We will further engage with our stakeholders to finalise the details of the currency model. This will include complexity factors, the process of the data collection and how the data will be used.	We will publish clear guidance on the details of the currency model ahead of any implementation. Guidance will map out how patients will be grouped, how data will be flowed and the expectations for providers.	We hope to pilot our currency model with a number of providers in 21/22. This will mean establishing pilot sites / the length of the pilot, preparing for data collection and working to support the sites throughout the pilot.

Long term goals



*we are aware there is interesting in development of currencies for CYP and would welcome engagement on the issue

Questions

- What areas should we focus on to ensure the model best supports the information that is most important to you? Could it be any of the following:
    - need/demand
    - activity and patient flows
    - costs and cost drivers
    - quality and outcomes
    - better basis for payment

- What patient or service groups are you most concerned about and how well would these be tracked by the proposed currency model?