



**Barking and Dagenham,
Havering and Redbridge**
Clinical Commissioning Groups

BHR Mental Health Transformation Programme

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Introduction

BHR partners are working together to move forward their shared integration aspirations and address system wide issues through the BHR Integrated Care Partnership (ICP). The ICP vision is to accelerate improved health and wellbeing outcomes for the people of Barking & Dagenham, Havering and Redbridge and deliver sustainable high quality health and wellbeing services.

A number of clinically led transformation boards have been established to coordinate transformational change across the system that will drive down costs whilst improving both quality and outcomes. The Mental Health Transformation Programme was established in June 2018 to co-ordinate transformational change across mental health services.

Mental health transformation is a national priority with the overarching strategy and trajectories for improvement set out on the NHS Forward View and more recently the NHS Long Term Plan (January 2019). Key deliverables are embedded in NHS Operating Plan requirements. There is a London wide Transformation Programme Board and a NEL STP programme across in place to co-ordinate change across London.



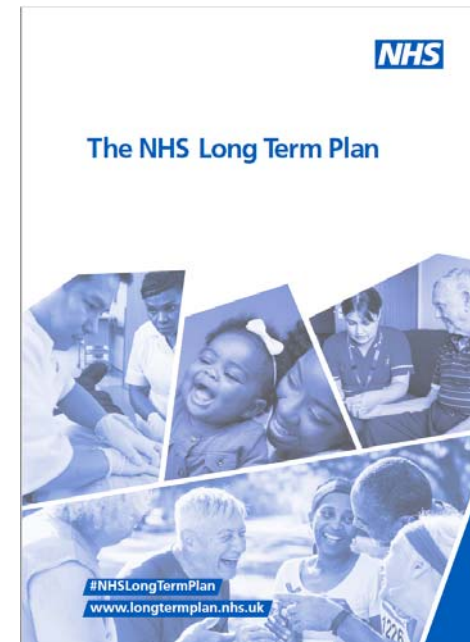
Mental health in the Long Term Plan

An Overview

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

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

- Significantly **more children and young people from 0 to 25 years old** to access timely and appropriate mental health care. NHS-funded school and college-based Mental Health Support Teams will also be available in at least one fifth of the country by 2023.
- People with **moderate to severe mental illness** will access better quality care across primary and community teams, have **greater choice and control** over the care they receive, and be supported to lead fulfilling lives.
- We will **expand perinatal mental health care** for women who need specialist mental health care during and following pregnancy.
- The NHS will provide a single-point of access and timely, age-appropriate, **universal mental health crisis care** for everyone, accessible via NHS 111.



NHS Long Term Planning

The direction of travel for the NHS is for localised / population level approaches to transformation and delivery. It is expected that all STPs will move to ICS status by 2020/21.

- Local areas are expected to have **1-year 'transitional' operational plan** in place for 2019/20 by April 2019, based on the 2019/20 Planning Guidance.
- A **National Implementation Framework** will be published in Spring 2019 to support local areas to develop a comprehensive 5-year plan coming into effect in Autumn 2019.
- This will feed into the **'national implementation programme'**, being published in the autumn, which will also take into account decisions from the government spending review on workforce, social care, public health and capital investments.

LTP for MH at A Glance (by 2023/24)

345,000 more CYP will access help via NHS funded mental health services and school or college-based Mental Health Support Teams

Provide better community mental health support to 370,000 people with SMI via new and integrated models of primary and community care

24,000 additional women will access specialist perinatal mental health services. The period of care will be extended from 12 months to 24 months post-birth

Anyone experiencing mental health crisis will be able to call NHS 111 and have 24/7 access to the mental health support they need

380,000 more people will access NICE-approved IAPT services each year

Reduced length of stay in units with a long length of stay to the national average of 32 days

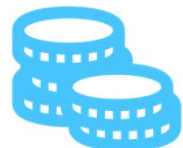
Ensure that the parts of England most affected by rough sleeping will have better access to specialist homelessness NHS mental health support

Expand geographical coverage of NHS services for people with serious gambling problems

Expand the existing suicide reduction programme to all STPs in the country

2019/20 Transitional Year Planning Guidance Overview

Mental Health Investment Standard (MHIS):



For 2019/20 the standard requires CCGs to increase spend by at least their overall programme allocation growth plus an additional percentage increment to reflect the additional mental health funding included in CCG allocations for 2019/20

STP/ICS leaders, including a nominated lead mental health provider, will **review each CCG's investment plan** underpinning the MHIS to ensure it covers all of the priority areas for the programme and **the related workforce requirements**.

Funding is **for transformation and expansion of services**, as outlined in **Implementing the Mental Health Forward View**.

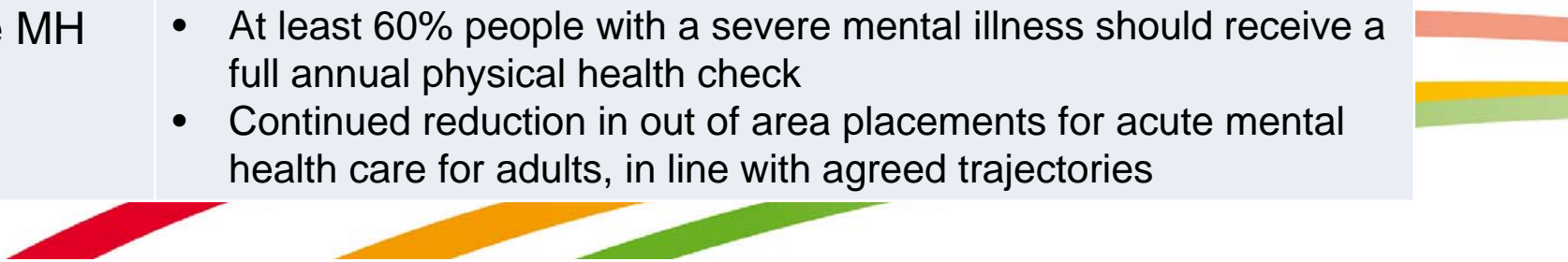


CCGs must, in association with STPs and ICSs, commission services that deliver improved services **set out in the plan** such as **community mental health teams for people with Severe Mental Illness (SMI)**

Assurance will be requested from NHS England / NHS Improvement Regional Directors that systems are partnering Provider Collaboratives to manage care for patients from the area needing specialised services.

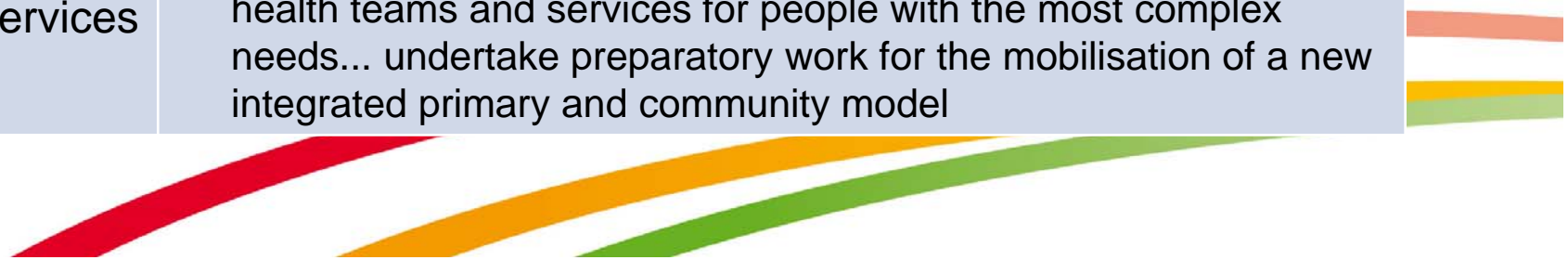
National “must dos” 19/20

Domain	Standard (March 2021)
IAPT	<ul style="list-style-type: none"> • Provide timely access to treatment for at least 22% of those who could benefit • At least 50% of people who complete IAPT treatment should recover • At least 75% of people should begin treatment within 6 weeks • At least 95% of people should begin treatment within 18 weeks • Nationally, 3,000 mental health therapists should be co-located in primary care by 2020/21 to support the increase in access to be delivered through IAPT-Long Term Conditions services
Dementia	<ul style="list-style-type: none"> • At least two thirds (66.7%) of people with dementia, aged 65 and over, should receive a formal diagnosis
Psychosis	<ul style="list-style-type: none"> • At least 56% of people aged 14-65 experiencing their first episode of psychosis should start treatment within two weeks
Acute MH	<ul style="list-style-type: none"> • At least 60% people with a severe mental illness should receive a full annual physical health check • Continued reduction in out of area placements for acute mental health care for adults, in line with agreed trajectories



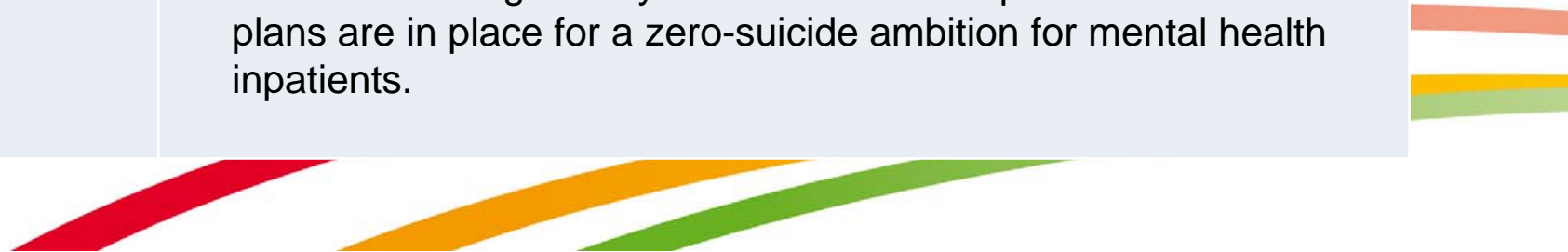
National “must dos” 19/20

Domain	Standard (March 2021)
CYP	<ul style="list-style-type: none"> • At least 34% of children and young people with a diagnosable mental health condition should receive treatment from an NHS-funded community mental health service, • At least 95% of children and young people with an eating disorder should be seen within one week of an urgent referral • At least 95% of children and young people with an eating disorder should be seen within four weeks of a routine referral
Perinatal	<ul style="list-style-type: none"> • Each CCG... should ensure increased access to NICE concordant community-based specialist perinatal mental health services (in secondary care settings) for at least 4.5% of their population birth rate.
Community MH services	<ul style="list-style-type: none"> • Stabilise and bolster core adult and older adult community mental health teams and services for people with the most complex needs... undertake preparatory work for the mobilisation of a new integrated primary and community model



National “must dos” 19/20

Domain	Standard (March 2021)
SMI	<ul style="list-style-type: none"> • Develop plans to establish baselines and track access to psychological therapies for people with severe mental illness • Ensure adults and older people have access to Crisis Resolution Home Treatment Teams (CRHTTs) that meet minimum functions • 50% of acute hospitals to deliver Corer 24 liaison mental health services by 2020/21. • Ensure there is a crisis response service that meets the needs of under 18 year olds • Ensure 60% national increase in access to Individual Placement and Support (IPS) services in 2019/20.
Suicide prevention	<ul style="list-style-type: none"> • Deliver against multi-agency suicide prevention plans, working towards a national 10% reduction in suicides by 2020/21. This includes working closely with mental health providers to ensure plans are in place for a zero-suicide ambition for mental health inpatients.



BHR Plan on a Page

Mental health transformation plan

By 2020/21 will we deliver:

1. NHS constitutional standards for mental health access.
2. Enhanced capacity in clinical services to match demand.
3. Procurements for IPS and dementia support.
4. An improved interface between primary and secondary mental health services.
5. Improved urgent and emergency care pathway for mental health patients.

2018/19 objectives:

Improve mental health and wellbeing, including self-care and prevention.	Improve access to, and the quality of, mental health services.	Manage additional demand for mental health services.	Ensure mental health is at the heart of new models of integrated care.
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Key initiatives:

MENTAL HEALTH& WELLBEING	PRIMARY CARE	CLINICAL SERVICES	CRISIS
<p>Deliver a strategy to reduce avoidable suicides. In progress</p> <p>Commission a new service for Individual Placement Support (IPS). In progress</p> <p>Commission additional capacity in specialist perinatal mental health. In progress</p> <p>Keep more people with low to moderate mental health needs out of secondary care. In progress</p>	<p>Improve access to IAPT and recovery rates. BHR off track (Havering CCG on track)</p> <p>Improve dementia diagnosis rates. On track</p> <p>Improve the quality and uptake of LD health checks. In progress</p> <p>Commission a new model for dementia post diagnosis support (Havering). In progress</p> <p>Streamline primary care referrals into NELFT services. In progress</p> <p>Develop a primary care model for mental health. Not started</p>	<p>Enhance capacity in CAMHS services. In progress</p> <p>Enhance capacity in community recovery, psychology and assessment teams. In progress</p> <p>Increase the number of people with SMI having a physical health check. In progress</p> <p>Develop new model for IAPT, with increased capacity for 2019/20. In progress</p>	<p>Improve access to early intervention on psychosis. Complete</p> <p>Implement changes to S136 pathway. In progress</p> <p>Review psychiatric liaison service against core standards. Not started</p> <p>Improve children and young people's crisis pathway. Not started</p>

Progress to date

IAPT

	Q1	Q2	Q3
Access rate - standard	3.75%	4.0%	4.25%
Access rate - actual	4.04%	3.79%	4.41%
Recovery rate - standard	50%	50%	50%
Recovery rate - actual	60.22%	61.74%	40.98%

- IAPT task and finish group established and meeting every 2 weeks to increase in-year access to IAPT services, improve recovery rates and develop a new model for 2019/20

Dementia diagnosis

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
%	57.88	58.11	59.66	59.65	59.53	60.12	62.15	62.88	62.78	-	-	-

- Improvement plan in place to achieve the 67% dementia diagnosis standard in place

Children and Young People

- Havering CCG is expected to achieve the 32% access target for 2018/19

18/19 Investment

Havering CCG has invested in the NELFT older people's mental health team, access and assessment team, community recovery team, secondary care psychology, IAPT and CAMHS.


Engagement

A BHR stakeholder workshop was held on 28 February 2019 to help shape the BHR programme plan to deliver the long term plan requirements and needs of local service users.



Approach to prevention

Approach to prevention

- Develop and maintain a BHR-wide needs assessment to guide future planning, and evidence progress overtime with population level outcomes
 - Work with both health and non-health partners to address the determinants of mental ill-health, including identifying people with debt / employment problems
 - Use social prescribing to ensure that individuals get access to help and support (linking to local area coordination)
 - Promote good mental health by tackling stigma, through system leadership, and as part of discharge arrangements
 - Prevent poor physical health among people with mental ill-health through MECC
 - Improve services for people with co-existing substance misuse and mental health problems
 - Own and champion a coordinated comprehensive approach to suicide prevention across BHR
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Next steps

- Review the outputs of the stakeholder event held on 28 February 2019.
- Refine the plan on a page to reflect the 19/20 transitional year
- Progress planning for delivery of long-term term plan
- Agree a dashboard of outputs and outcomes

