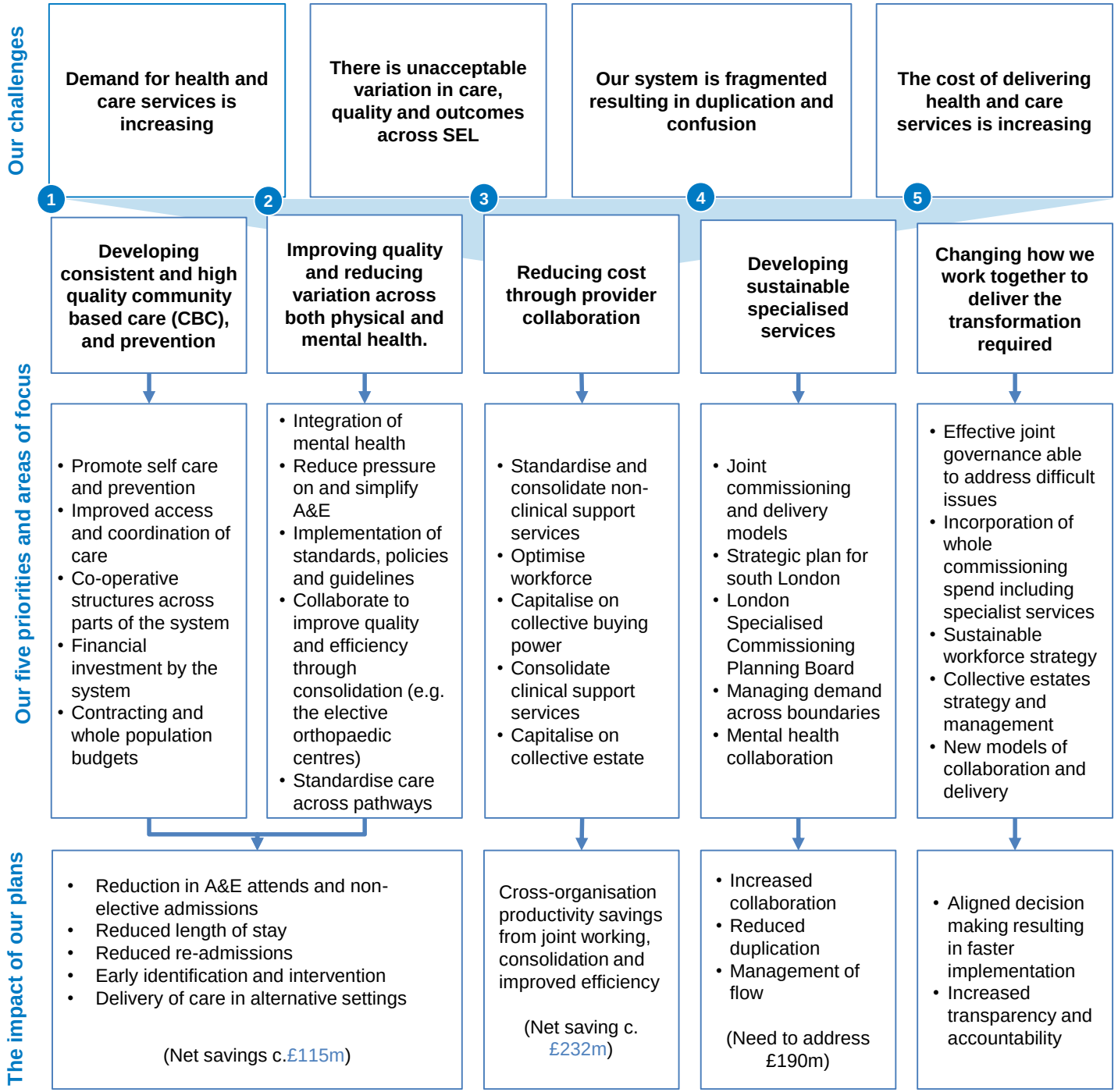
Mental Health

Delivery plan

21st October 2016

STP plan on a page

We have worked collaboratively to develop our plan for south east London, and where there is a benefit to the system and to our residents we will deliver collaboratively, whilst much will be continued to be delivered locally. Our STP doesn't capture everything that we are doing as a health and care economy. Instead it focuses on five priority areas and related areas of focus that we believe will have the greatest impact on our challenges and pressures to collectively address the three gaps of health, quality and finance while increasing value. The delivery of these plans will be supported by a new cross-organisational governance that will allow us to overcome difficulties and collectively manage the transformation required.



STP milestones over the next five years

To deliver our plans set out on the previous slide we have established workstreams centred around clinical areas.

Each group is clinician led and has a senior responsible officer.

	2016/17	17/18	18/19	19/20
Urgent and emergency care	• Plan to achieve 7-day services developed with Healthy London Partnership in line with the London Quality Standards • Evaluation of short stay paediatric unit • Assess options for CORE 24 and CORE Comprehensive for larger teaching hospitals • Ensure mental health needs are identified and addressed as well as physical health needs	• Front door streaming at co-located sites • Rapid-response teams in place • Digital access to care plans • Integrated Urgent Care in place • Planning for 4 hour wait target for mental health and ceasing OATs • Plan to achieve pan-London s136 pathway and HBPoS specification • Improved drug and alcohol services, co-located wherever possible. 18/19 screening for MH needs in centres. Including identification and treatment of those with LTCs and co-morbid MH conditions and MUS	• Priority 7-day standards in place for 50% of population • Enhanced emergency department front door	• 7 day services in place for 95% of population • Urgent and emergency care facilities spec compliant
Planned care	• Elective care centres pre consultation business case and consultation • GSTT and LGT meeting referral to treatment standard	• Elective care centres decision • All providers meeting referral to treatment standard • Identification and treatment of comorbid mental health conditions, which impact on all aspects of the pathway, including non-surgical options, the point of surgical intervention, pre-op interventions and post-surgical rehab and recovery rates to optimise success	• (If agreed) Elective care centres built and go live	• Elective care centres benefits realisation
Cancer	• Support development of Accountable Clinical Network • SE London Cancer Improvement Plan to address Cancer Waits Standards, including review of diagnostics demand and capacity • Opening of Cancer Centres at Guy's and Queen Mary's • Develop and implement training and education package for primary care to support earlier detection and improved support to people living with cancer as a long term condition	• Evaluate outcomes of multidisciplinary diagnostic centre pilot • Roll out of multidisciplinary diagnostic centre model across SEL • Go live of single Acute Oncology phone line for south east London • Delivery of timed cancer pathways to support achievement of faster diagnosis and 62 Day treatments cancer waiting times standards • Roll out and evaluate primary care training and education package • Around 40% of the risk of developing cancers are potentially modifiable by lifestyle changes. Implement behavioural psychological interventions to support preventative measures. • Recovery Package available to patients	• Implementation of consistent community based care offer to support those living with and beyond cancer including addressing mental health needs • Full implementation of diagnosis provisions for NICE guidelines and GP access • Implementation of breast, prostate and cancer patients access to stratified pathways of care	• Improved care coordination and streamlined patient flow through the system through implementation of care navigators
Children and young people	• Development of SEL children and young people population planning network	• Improving access to children and young people's mental health services trajectory to 2020 agreed • Children and young people performance dashboard • Taking a preventative approach, incorporating working more closely with other agencies to tackle the wider determinants of mental illness	• Integrated care models for children and young people with long term conditions • Building parenting and peer support in the community • Develop emotional literacy and resilience through school based support, alongside earlier identification and intervention • 18/19 - Integrated care models for C&YP with LTCs and MUS	• Strengthened primary care to support and treat children and young people
Maternity	• Maternity performance dashboard, • Standardised information on birth setting choices • Local specialist perinatal MH services, which span Tier 1-4 service provision, with trained staff at each tier - GPs, Health Visitors and MH Midwives, Specialist perinatal MH community Team and MBU, with evidence-based treatment, including psychology. LCNs promote physical and mental wellbeing before conception. identfy those at high risk before 10 weeks.	• Standardised maternity specification, including mental health • Saving Babies Lives care bundle implementation • Agreed obstetric consultant cover trajectory • Identifying high risk perinatal MH women before 10 weeks.	• Increased out of labour ward births • Local continuity of care ambition achieved • Promoting mental and physical wellbeing and identifying high risk women	• Full access to local specialist perinatal mental health services • 20% reduction in stillbirths

Mental Health Delivery Plan:

Leadership and Governance:
The joint SROs for the Mental Health programme are Jo Murfitt (Chief Officer, Greenwich CCG) and (TBC) the Chief Executive from SLaM or the TBC CE of Oxleas MH Trust. A Mental Health Steering Group has been established to support delivery across the system, beneath the Steering Group working groups will be established dedicated to the delivery of each priority.

Context:
Mental Health is a key priority in South East London to ensure those with mental health needs are cared for and treated in the same way as those that require physical health care. Whilst we are making progress in this area there is still a lot more that needs to be done to improve the care and quality gap for the local SEL population. Key focus areas include delivering services that address people's mental and physical health needs in an integrated way, ensuring issues are detected soon enough to avoid people going into crisis and ensuring multiple organisations and professions work together across boundaries to provide more holistic health care for the patient. In SEL we aspire to high quality mental health services and are committed to meeting national and regional standards, including what is set out in the Mental Health Five Year Forward View.

Objectives:
SEL aspires to high quality services across all mental health pathways, integrating mental health throughout all physical health pathways and vice versa and are committed to meeting national and regional policies, these are outlined in the NHSE operating plan and detailed below. There maybe instances where local services meet a higher access and operating standard, due to local need and sustainability across the whole STP and in line with other relevant professional standard guidance (such as Future in Mind, NICE, RCPsych Joint Commissioning Panel for Mental Health, London SCN standards), this higher standard should be aimed for across the 6 Boroughs, i.e. a levelling up (and not down) of the playing field. Once we have SEL baselines, the gap to be bridged will become clearer. The need to improve data collation and use, runs throughout this work and system-wide outcomes will be important, as citizens move through different parts of the health and social care services. The areas of work are summarised below:

1. By 2020/21, access standards and care pathways, with accompanying quality standards and guidance, for the full range of MH conditions based on the timetable set out in the MH 5YFV will be completed and implementation planned; **(see slide 6)**
2. **U&EC:** Core 24 in place in 50% of SEL trusts by 2020/21 or sooner.
3. **U&EC:** HBPoS provision All of our boroughs will have a designated HBPOS in line with the specification requirements by 2020/21. S136 pathway comliant by 2019/20.
4. **U&EC:** By 18/1920 75% of acute sites with appropriate demand models in place
5. **U&EC:** 24/7 access to community crisis resolution teams and home treatment teams SEL wide
6. **U&EC:** Eliminating our of area placements by 20/21
7. **U&EC:** Eliminate out of area placements for non-specialist acute care by 2020/21;
8. **Digital:** Increase digital maturity in Mental health services. Commissioners should support the interoperability of healthcare records and the expansion of e-prescribing across secondary mental healthcare services
9. **Maternity:** Increase access to specialist perinatal MH care, to meet demand, both community and in-patient, including psychological therapies in line with NICE guidance and JCP-MH guidance in this area;

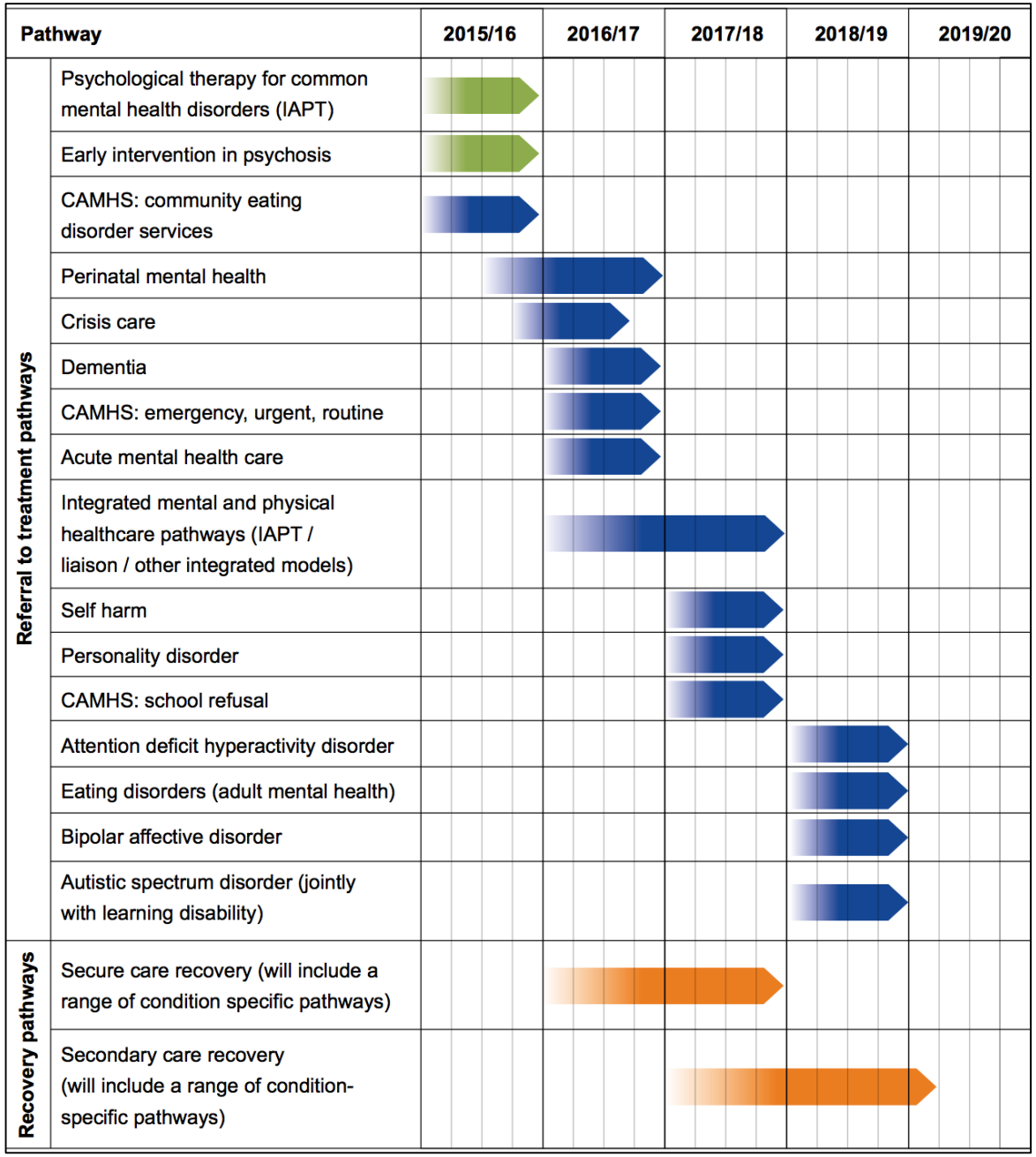
Mental Health Delivery Plan:

Objectives cont/d:

10. **Commissioning:** Additional psychological therapies provided so that 25 % (in line with the planning guidance) of people with anxiety and depression access treatment, with the majority of the increase from the baseline of 15% to be integrated within primary care;
11. **Commissioning:** More high-quality mental health services for children and young people, so that at least 30% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018 and 24/7 U&EC MH services that effectively meet the diverse needs of the communities;
12. **Commissioning:** Expand capacity so that more than 50%, rising to at least 60% by 2020/21 of people experiencing a first episode of psychosis begin Early Intervention (EI) treatment with a NICE-recommended package of care within two weeks of referral;
13. **Commissioning:** Increase access to individual placement support for people with severe mental illness in secondary care services by 25% by April 2019 against 2017/18 baseline;
14. **Commissioning:** Increase baseline spend on mental health to deliver the Mental Health Investment Standard and areas to publicly report on how they are addressing unmet MH need and MH inequalities;
15. **Commissioning:** Reduce suicide rates by 10% against the 2016/17 baseline;
16. **Commissioning:** Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support;
17. **Commissioning:** Work to implement the NHSE defined reduction in premature mortality among people with SMI in order that by 2020/21, 280,000 more people living with SMI have their physical health care needs met by increasing early detection and access to physical health care, including screening and NHS Health Checks, using outreach workers/care training to improve access. To cover 30% of the population on GP register with SMI and 60% in 2018/19. Doubling access to individual placement and support (IPS)
18. **CBC:** Commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine cases; and one week for urgent cases;
19. **CBC:** Ensure delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals, for all ages. Specialist C&YP and Older Adults expertise for those with physical health LTCs and Medically Unexplained Symptoms (MUS) embedded;
20. **CBC:** Improve the secure care pathway and complex needs services, including for CAMHS, to increase access to high quality care that prevents avoidable admissions, supports recovery and 'step-down', as close to home as possible, addressing existing fragmented pathways in secure care, increase provision of community based services, including forensic and rehabilitation/Assertive Outreach teams with appropriate residential rehabilitation, and supported housing;
21. **CBC:** Increase the use of personal budgets for those with multiple and complex needs;
22. Specific actions to substantially reduce Mental Health Act detentions by 2020/21 through the provision of earlier intervention and reduce the current significant over-representation of BAME and other disadvantaged groups in acute care, with relevant partners in NHSE and SEL, setting out the acute care service standards.
23. **CBC:** Good practice in the management of MH in the workplace and provision of occupational MH expertise and effective workplace interventions to be in place from 2016 onwards.
24. **CBC:** Work with PHE to implement the Prevention Concordat programme, which will include joint prevention plans that include MH, comorbid alcohol and drug misuse, parenting programmes and housing by 2017.

Proposed mental health pathway and infrastructure development programme

(MH taskforce FYFV)



Mental Health Delivery Plan:

Priority	2016/17	17/18	18/19	19/20	20/21
Mental Health Urgent and Emergency Care					

CORE24 in Acute Trust Emergency Departments (All ages)
 	
KPIs:
• Meeting 4 hour ED target
• Reduced length of stay
• Reduced ED re-attendances
• 30 day readmissions (over 18s)
• Non-elective length of stay (over 18s)
• Non-elective admissions (over 18s)
• Non-elective admissions (under 18s)
• 30 day readmissions (under 18s)
• Proportion of acute hospitals meeting the 'core 24' service standards:
  • Liaison teams commissioned to operate 24/7
  • Team operating close to recommended minimum workforce numbers to operate 24/7
  • Team meeting recommended response times (1hr for emergency, 24 hr for ward referrals)
• A&E and Ward Liaison mental health services spend
 	
Proposed oversight:
SEL UEC network oversight with programme delivery sitting underneath
	-Use baselines already collected by UEC network on liaison psychiatry models across SEL with a focus on current workforce models.
	-Perform gap analysis with CORE24 standard
	-Identify best practice and alternative models (both London wide and nationally)
	-Bidding for national funding (Oct) Wave 1 – through A&E delivery boards.
	- 50% of SEL trusts to have Core24 in place
	- Plan for delivery of Core 24 or alternative models agreed for remaining sites
		-Determine CORE24 model appropriate for each Trust (e.g. CORE24 comprehensive for larger hospitals, GSTT & Kings)
		-Assess new workforce models and possible network arrangements across SEL
		-Affordability analysis considering wider system savings & ensuring model is sustainable
		-Determine implementation phasing for SEL
		-Provider development programme to implement new service models
		-Wave 1 funding available
			-Provider development programme continues to implement new service models
			-Evaluation of CORE24 model
			-Bidding for wave 2 funding
				-Wave 2 funding available
				-Bidding for wave 3 funding
				- Core 24 or other alternative models in place across all SEL trusts
					-Wave 3 funding available
					-Bidding for wave 4 funding
					- CORE 24 would be a minimum standard for psychiatric liaison in SEL Acute Trusts
					- Core 24 or other alternative models in place across all SEL trusts

Mental Health Delivery Plan: U&EC

Priority	2016/17	17/18	18/19	19/20	20/21

S136 Pathway and HBPoS provision (All ages)
 	
KPIs:
• Meeting 4 hour ED target
• Reduced ED attendances
• Reduced s136 detentions
• Reduced s136 readmissions
  • 30 day readmissions (over 18s)
  • Non-elective length of stay (over 18s)
  • Non-elective admissions (over 18s)
  • Non-elective admissions (under 18s)
  • 30 day readmissions (under 18s)
  • Number of detentions under the Mental Health Act
  • Proportion of users of the MHA that are BME
  • Total number of s.136 detentions taken to police cells as a place of safety
  • Number of these that are under 18
 	
Proposed oversight:
The delivery mechanism will largely sit with HLP with involvement from all STP footprints. Overseen by MH Steering Group and UEC network.
	-Pan London HBPoS specification and s136 pathway finalised
	-Collect and review baseline across SEL *(HLP to support)*
	
	s136 pathway:
	-Provider development programme (MH/Acute Trusts/LAS)
	-Consistent acute and MH pathway developed across SEL, to include LAS *(HLP to support)*
	-Opening of St. Thomas' ED including new MH facilities, finalise plans for PRU and QEH
	
	HBPoS provision:
	-Opening of SLaM consolidated HBPoS site, piloting London specification
	-Pan-London options appraisal for HBPoS provision *(HLP to support)*
	-Implementation of South London HBPoS capacity tool *(HLP to support)*
	- 3 of our 6 (50%) boroughs will have a designated HBPOS in line with the specification requirements
		S136 pathway
		-Implementation of Acute and MH pathways across SEL
		-Provider development programme (MH/Acute Trusts/LAS)
		-Outcome measures established and monitored *(HLP to support)*
		-Evaluate outcomes of St. Thomas' MH facilities & review other SEL ED facilities
		
		HBPoS provision:
		- Provider development programme across HBPoS sites
		-Determine wider SEL HBPoS provision, using pan-London option analysis *(HLP support)*
		-Affordability analysis *(HLP support)*
		-Assess CCG/Local Authority commissioning arrangements for HBPoS provision
		- 3 of our 6 (50%) boroughs will have a designated HBPOS in line with the specification requirements
			S136 pathway
			-Provider development programme continued (MH/Acute Trusts/LAS)
			-Outcome measures monitored
			
			HBPoS provision
			HBPoS provision
			-Up-skilling and recruitment of specialised staff
			- 3 of our 6 (50%) boroughs will have a designated HBPOS in line with the specification requirements
				S136 pathway
				-Improved care coordination and pathways & London s136 pathway compliant
				
				HBPoS provision
				-Roll out of new SEL
				5 of our 6 (80%) boroughs will have a designated HBPOS in line with the specification requirements
					HBPoS provision
					All of our boroughs will have a designated HBPOS in line with the specification requirements

Mental Health Delivery Plan: U&EC

Priority	2016/17	17/18	18/19	19/20	20/21

Drug and Alcohol Services (All ages)
 	
KPIs:
• Reduced hospital admissions
• Reduced bed days and length of stay
• Reduction of clinical incidents
  • 30 day readmissions (over 18s)
  • Non-elective length of stay (over 18s)
  • Non-elective admissions (over 18s)
  • Non-elective admissions (under 18s)
  • 30 day readmissions (under 18s)
 	
Proposed oversight:
SEL MH Programme Board
	-Stocktake of drug and alcohol services across SEL covering both acute and community settings, connect with social services
	-Review demand across SEL and how this differs across local areas
	-Review best practice & cost/ benefits
	-Understand and develop links between health, social care, health in justice
	- 20% of SEL acute providers have on site D&A teams to meet demand
		-Revise models that can be applied across SEL with aim of having 50% of acute sites with appropriate demand models in place
		-Affordability analysis considering wider system savings
		-Testing new models and evaluating
			-Testing new models and evaluating
			-Revise models that can be applied across SEL with aim of having 75% of acute sites with appropriate demand models in place
				- By Q4 19/20 other agreed models implemented across remaining SEL acute sites	

Mental Health Delivery Plan: U&EC

Priority	2016/17	17/18	18/19	19/20	20/21

Effective community mental health services- 24/7 crisis care support/intensive home treatment teams (All ages)
 	
KPIs:
• Reduced length of stay
• Reduced bed days and length of stay
• Reduced ED re-attendances
  • 30 day readmissions (over 18s)
  • Non-elective length of stay (over 18s)
  • Non-elective admissions (over 18s)
  • Non-elective admissions (under 18s)
  • 30 day readmissions (under 18s)
  • Proportion of areas delivering a 24/7 community-based crisis response and intensive home treatment
  • CCG IAF Mental Health Transformation Milestones- Total Crisis rating
  • Crisis resolution home treatment team spend
  • Proportion of CYP showing reliable improvement in outcomes following treatment **– is this in the right priority?**
 	
Proposed oversight:
SEL MH Programme Board
	-Review current baseline across SEL and current workforce models of entire crisis response (in hours/out of hours)
	-Review recommended best practice and relationship with other services (e.g. D&A, rapid response teams)
	-Perform gap analysis with CRT CORE standard / HTAS standards
	-CHRT funding to CCG baselines from 2017 over 4 years *(amounts will be worked out by 'fair shares' formula)*
		-Collect and monitor clinician and patient reported outcomes & feedback
		-Networking OOH services across SEL
		-Specification and pathway development (reviewing MCP models)
		-Affordability analysis considering wider system savings
		-Agree and commission new crisis response models (reflecting both CYP and adults)
		-Determine implementation phasing across SEL
		-Provider development programme for new service models
			-Provider development programme for new service models (including the monitoring of PROMs)
			- 24/7 access to community crisis resolution teams and home treatment teams
			- Models implemented SEL wide
			- Further work to develop HTT services for older people with more clear structures to prevent admissions out of working hours of MHOA HTT
				24/7 access to community crisis resolution teams and home treatment teams
				- Models implemented SEL wide
					24/7 access to community crisis resolution teams and home treatment teams
					- Models implemented SEL wide

Mental Health Delivery Plan: U&EC

Priority	2016/17	17/18	18/19	19/20	20/21

Ceasing out of area transfer and mental health inpatient bed target (All ages)
 	
KPIs:
• Reduced costs from private OATs
• Reduced bed days and length of stay
  • 30 day readmissions (over 18s)
  • Non-elective length of stay (over 18s)
  • Non-elective admissions (over 18s)
  • 30 day readmissions (under 18s)
  • Non-elective length of stay (under 18s)
  • Non-elective admissions (under 18s)
  • Total number of bed days for CYP aged 0-17 inclusive in CAMHS tier 4 wards
  • Total number of admissions of CYP aged 0-17 inclusive in CAMHS tier 4 wards
  • Total bed days of CYP (under 18 years old) in adult in-patient wards
  • Total number of CYP (under 18 years old) in adult in-patient wards
  • Number of non-specialist acute MH OATs and number of bed nights
  • Cost of OAPs
  • CCG IAF Mental Health Transformation Milestones- Total OATs rating
 	
Proposed oversight:
SEL MH Programme Board
	-OATS definition defined nationally (published Oct 16)
	-Baseline data collected and capacity assessed
	-Review best practice
	-SEL plan developed for ceasing OATs across footprint (both acute and non-acute)
	-Process defined to collect routine data & monitoring (including bed type, placement provider, placement reason, duration & cost).
		-Standardised care pathway developed for all OATs across SEL in place across half of SEL boroughs
		-Interdependencies with wider crisis care pathway revision
		-Review links with community housing/ placements & alternative provision
			-Implementation of plan and standardised care pathway achieved SEL wide	Eliminate out of area placements for non-specialist acute care by 2020/21.	

Mental Health Delivery Plan: maternity

Priority	2016/17	17/18	18/19	19/20	20/21
Increased access to specialist perinatal mental health support *KPIs:* • Reduced bed days and length of stay • Reduced waiting times for women accessing services • Additional number of women receiving specialist perinatal care compared to baseline • Collection and recording of routine outcomes measures for perinatal MH • Referral to treatment waiting times for access to evidence based care • CCG spend on specialist perinatal community service *Proposed oversight:* SEL MH Programme Board	-National funding bids submitted and processed (Wave 1 – Community Services Development Fund) -Review current baseline across SEL and workforce modelling at CCG, Trust and STP footprint *(HLP support)*	-Determine appropriate model and approach (SEL or wider South London) -Support through London Perinatal Mental Health Network to develop local service redesign and configuration *(HLP support)* -Determine training requirements to meet national competencies -National funding bids submitted and processed (Wave 2 – Community Services Development Fund)	-Determine implementation phasing across SEL -Wave 2 funding allocated -Provider development programme for new service models	-National funding channelled through CCG baseline allocations to support development of specialist perinatal community teams	Increased access to specialist perinatal mental health support allowing at least an additional 30,000 women each year to receive evidence-based treatment, closer to home

Mental Health Delivery Plan: digital

Priority	2016/17	17/18	18/19	19/20	20/21
Increase digital maturity in Mental health services					- Commissioners should support the interoperability of healthcare records - The expansion of e-prescribing across secondary mental healthcare services

Mental Health Delivery Plan: CBC (all ages)

Priority	2016/17	17/18	18/19	19/20	20/21
Mental Health Community Based Care *(Mental Health is integral within all community based care priorities, including workforce initiatives. Priorities detailed below are specific mental health initiatives that SEL will focus on)*					
Implement the Prevention Concordat programme		Working with PHE to create joint prevention plans that include MH, comorbid alcohol and drug misuse, parenting programmes and housing by 2017.			
High Impact Scheme: 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals, for all ages. Specialist C&YP and Older Adults expertise for those with physical health LTCs and Medically Unexplained Symptoms (MUS) embedded; *KPIs:* • To be confirmed *Proposed oversight:* SEL CBC Delivery Board	-Scope current evidence focussed on LTC and MUS models *(HLP support)* -Assess potential impact across SEL -Recommend approach and models to CBC Delivery Board	-Agree and develop service model across SEL following agreement from CBC Delivery Board			
Improved mental health awareness and ability to manage mental health conditions in the 'community' *KPIs* • Non-clinical workforce trained to recognise and support mental and physical health needs • Patient reported experience "I can manage my own condition and get support to do this if I need to" • Community Eating Disorder service access times • Additional number of CYP starting treatment in NHS funded community services • CYP MH spend: Eating disorders • CYP MH spend: Total • Proportion of CCGs 'Fully compliant' in the CCG IAF Crisis Transformation Milestones Q1b • Proportion of CYP aged 0-18 inclusive meeting their mutually agreed goals against number of CYP accessing services • Average waiting time measure *Proposed oversight:* SEL CBC Delivery Board	-Develop core competencies for the non-clinical workforce in partnership with mental health -Liaise with education providers to develop education and training -Commence pilot in two boroughs -Develop indicators to measure benefits (patient/carer, staff and clinical staff)	-Continue pilot and carry out an independent evaluation -Report published	-Established career pathways for non-clinical workforce -Alignment of education and apprenticeship programme -Improved recruitment and retention of non-clinical workforce -Improved staff satisfaction	- Commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine cases; and one week for urgent cases	

Mental Health Delivery Plan: CBC

Priority	2016/17	17/18	18/19	19/20	20/21
Mental Health Community Based Care *(Mental Health is integral within all community based care priorities, including workforce initiatives. Priorities detailed below are specific mental health initiatives that SEL will focus on)*					
Risk Stratification: Targeting lower level mental health across population groups for proactive intervention, to ensure that people are supported to be able to manage their own condition *KPIs:* • Patient reported experience "I can manage my own condition and get support to do this if I need to" • Health related quality of life improvements for those with LTCs and carers (Use of EQ5D or similar as a wellbeing score indicator for those within this cohort) • Proportion of people aged 18-69 in employment	-Convening an expert group to: -Identify mental health and social factors that will affect physical and/or mental health (depression/social isolation, housing etc) -Isolate through data analytics and local approaches, fields/codes that will enable identification and proactive intervention -Create guidance for local implementation - Good practice in the management of MH in the workplace and provision of occupational MH expertise and effective workplace interventions to be in place from 2016 onwards.	-Commission and implement local approaches	-Adoption of risk algorithms/factors into local approaches -Personalised care plans encompassing physical and mental health		
Secure care pathway and complex needs services, • including for CAMHS, • to increase access to high quality care that prevents avoidable admissions, supports recovery and 'step-down', as close to home as possible, addressing existing fragmented pathways in secure care, increase provision of community based services, including forensic and rehabilitation/Assertive • Outreach teams with appropriate residential rehabilitation, and supported housing; *KPIs* • Aadmissions • Proportion of people aged 18-69 on CPA in stable accommodation • Proportion of people aged 18-69 on CPA in employment • *Proportion of CCGs 'Meeting expectations' across the CCG IAF CAMHS Transformation Milestones* • Additional number of CYP starting treatment in NHS funded community services • Length of stay in secure inpatient care • Spend on community forensic model		Increase the use of personal budgets for those with multiple and complex needs;			

Mental Health Delivery Plan: commissioning

Priority	2016/17	17/18	18/19	19/20	20/21
Early Intervention in Psychosis ***Including access to Ultra High-Risk Mental State (ARMS) for Psychosis services*** *KPIs:* • Reduction in attendances to A&E relating to incidents of self harm and attempted suicide • For ARMS, reduced conversion to psychosis and reduced Duration of Untreated Psychosis (DUP), • Proportion of people experiencing a first episode of psychosis meeting both criteria a & b • Commencing treatment within two weeks of referral • Proportion of people who are waiting more than two weeks following referral • Commencing treatment with a NICE approved package of care • EIP spend	-Demand modelling, benchmarking skilled workforce capacity and understanding accurate reporting *(HLP support)* -Self-assessment and peer review of progress *(HLP support)* - At least 50% of people with first episode psychosis starting treatment with a specialist EIP service within two weeks of referral to teams that meet the quality standards in recent early intervention commissioning guidance	-Capacity and demand modelling and assessment of gaps -Use workforce capacity and modelling to formulate service improvement plans & develop local service model -Accurate reporting avoidance of unwanted effects	-Agree data quality improvement and performance monitoring plans -Commission training to support workforce requirements -Evaluate model and service improvements		At least 60% of people with first episode psychosis starting treatment with a specialist EIP service within two weeks of referral to teams that meet the quality standards in recent early intervention commissioning guidance

Mental Health Delivery Plan: commissioning

Priority	2016/17	17/18	18/19	19/20	20/21
Increase access to evidence based psychological therapies *KPIs:* • Access to IAPT services for 25% of need. • Successful completion of IAPT treatment • Access to CYP IAPT services for 30% of need/ waiting times • Reduction in attendances to A&E relating to incidents of self harm and attempted suicide • IAPT Access to treatment (current standard) • IAPT recovery rate (current standard) • IAPT recovery rate for BME • IAPT recovery rate for Older people • IAPT referral to treatment time (current standard) • IAPT spend • Proportion of respondents to CMH survey who felt they had received support re their PH needs • Proportion of people with SMI who have received complete list of physical checks • Level of compliance with Physical health SMI CQUIN • Suicide: age-standardised death rate per 100,000 population • Hospital admissions for self-harm: rate per 100,000 - Age 0-17 • Hospital admissions for self-harm: rate per 100,000 - Age: 18+ • Proportion of discharges from hospital followed up within 7 days • Net movement of people off benefits or into employment from IAPT • Physical health outcomes for people being treated in integrated services • IPS reach: Number of people getting access to IPS. To be measured against baseline as the target is to double the reach	-Baseline analysis on and current service configuration -Learning's from Wave 1 phase & evaluating cost savings -Scoping of new IAPT services working with new patient groups, specifically LTC -Bidding for Individual Placement Support (IPS) funding in autumn 2017, bids submitted in December 2017	- Use evidence base to explore new training programmes alongside an expansion of existing IAPT training commissions - Assess SEL involvement in wave 2 early adopter - Multi agency suicide plans in place	- All areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018 - Increase Individual placements for people with severe mental illness in secondary care by 25% by April 2019 against 2017/18 baseline - To cover 30% of the population on GP register with SMI and 60% in 2018/19.	- At least 32% of children with a diagnosable condition are able to access evidence-based services by 2019	- By 2020/21, there will be increased access to psychological therapies, so that at least 25% of people with common mental health conditions access services each year. - Work to implement the NHSE defined reduction in premature mortality among people with SMI in order that by 2020/21, 280,000 more people living with SMI have their physical health care needs met by increasing early detection and access to physical health care, including screening and NHS Health Checks, using outreach workers/care training to improve access. - Reduce suicide rates by 10% against the 2016/17 baseline

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MH Investment standard Increase baseline spend on mental health to deliver the Mental Health Investment Standard and areas to publicly report on how they are addressing unmet MH need and MH inequalities; *KPIs:* • Individual Placement and Support Programme spend • Mental health spend as a proportion of overall CCG allocation	Establish current baseline spend	Multi-agency suicide prevention plan in place by 2017			To fund by 2020/21: • 600,000 more people each year accessing talking therapies • Mental health liaison services in every acute hospital A&E • 24/7 community-based mental health crisis response available in every area, including "adequately resourced" crisis teams • At least 30,000 more women each year accessing perinatal mental health services • At least 60% of people experiencing psychosis getting a NICE-approved care package within two weeks of referral • A doubling of individual placement and support programmes for people with mental health conditions who are out of work • At least 280,000 more people living with severe mental illness having their physical health needs met by increasing access to physical care assessments • More specialist community provision and 'step down' services for forensic mental health patients • The national roll out of liaison and diversion schemes across England
Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support;	- CCGs working with primary care and MH Older Adults to develop primary care based care planning for dementia in line with forthcoming NHSE guidance- in the Improvement Assessment Framework	increase proportion of those assessed and commencing on a treatment plan in the Memory Service within 6 weeks by 20% in 17/18	- Achieve and maintain a diagnosis rate of at least two-thirds, or for those unable to meet that ambition, make sustained gains towards the national ambition with a view to halving the number of CCGs not meeting the ambition by March 2019.		• Reduce wait times to 6 weeks from referral to treatment (PM Challenge and ABA dementia)