Implementing the Mental Health Taskforce Report

NHS England North

4th May 2016
Housekeeping

Please could we ask that you write your name on a sticky label (informal badge)

The Wi-Fi is Park Plaza Hotels & Resorts (open access)

Should you wish to tweet, our hashtag is #NHSmentalhealthnorth please tweet responsibly!

Toilets are located (through the doors directly in front of you past the refreshment stations)

There is no fire alarm planned – should the alarm sound we will be escorted to safety – back to reception and left by the church

You’ll see an evaluation sheet in your packs – we’d really appreciate it if you could complete and hand back to Michelle at the end of the day.

We may be taking pictures throughout the event – should you object to this, please let a member of the team know. Finally, could we ask that you turn your phones to silent

www.england.nhs.uk
Welcome and aims of the day

Dr. Mike Prentice
Aim of the day

The aim of the event is to facilitate the first of a series of regional and local events/networks to develop the North’s response to the Mental Health Taskforce Report, supporting organisations in the initial planning discussions towards the creation of local delivery plans. The format of the event will take an operational and delivery focus delivered via interactive workshops and discussions.
A new mindset: the Five Year Forward View for mental health

Paul Farmer
Chief Executive
mind.org.uk
The report in a nutshell:

- 20,000+ people engaged
- Designed for and with the NHS Arms’ Length Bodies
- All ages (building on Future in Mind)
- Three key themes:
  - High quality 7-day services for people in crisis
  - Integration of physical and mental health care
  - Prevention
- Plus ‘hard wiring the system’ to support good mental health care across the NHS wherever people need it
- Focus on targeting inequalities
- 58 recommendations for the NHS and system partners
- £1bn additional NHS investment by 2020/21 to help an extra 1 million people of all ages
- Recommendations for NHS accepted in full and endorsed by government

Simon Stevens: “Putting mental and physical health on an equal footing will require major improvements in 7 day mental health crisis care, a large increase in psychological treatments, and a more integrated approach to how services are delivered. That’s what today’s taskforce report calls for, and it’s what the NHS is now committed to pursuing.”

Prime Minister: “The Taskforce has set out how we can work towards putting mental and physical healthcare on an equal footing and I am committed to making sure that happens.”
The current state of mental health

Mental health problems in the population:

One in ten children between the ages of 5 to 16 has a diagnosable mental health problem.

One in five mothers has depression, anxiety or in some cases psychosis during pregnancy or in the first year after childbirth.

One in four adults experiences at least one diagnosable mental health problem in any given year.

One in five older people living in the community and 40 per cent of older people living in care homes are affected by depression.

Experiences of mental health care:

It is estimated that up to three quarters of people with mental health problems receive no support at all.

People with severe mental illness are at risk of dying 15 - 20 years earlier than other people.

Suicide rates in England have increased steadily in recent years, peaking at 4,882 deaths in 2014.

In a crisis, only 14% of adults surveyed felt they were provided with the right response.

“The NHS needs a far more proactive and preventative approach to reduce the long term impact for people experiencing mental health problems and for their families, and to reduce costs for the NHS and emergency services”.
The costs of mental health care today

- Poor mental health carries an economic and social cost of £105 billion a year in England.

- Analysis commissioned by the Taskforce found that the national cost of dedicated mental health support and services across government departments in England totals £34 billion each year, excluding dementia and substance use.

Total cost of mental health support and services in England 2013/14 (£bn)
Poor mental health can drive a 50% increase in physical care costs

Physical healthcare costs 50% higher for type 2 diabetics with poor MH

Annual physical healthcare costs per patient, 2014/15 (£)

- Mostly healthy: £1,200
- Type 2 diabetes with good MH: £2,290 (+50%)
- Type 2 diabetes and poor MH: £3,430

Presence of poor mental health responsible for £1.8bn of spend on type 2 diabetes pathway

Note: Does not include spend on prescribing psychiatric drugs and other mental health services
Source: Hex et al, 2012; APHO Diabetes Prevalence Model for England 2012; Long-term conditions and mental health: The cost of co-morbidities, The King’s Fund
There is now a cross-party, cross-society consensus on what needs to change, with a real desire to shift towards prevention and transform care.

Public attitudes towards people with mental health problems have improved by 6% in recent years.

Mental health is a top priority for the NHS amongst young people.

Over 1000 employers recognise the importance of mental health and are starting to act.

There has been important progress e.g. through the development and implementation of NICE guidelines, the introduction of the first ever access and quality standards, & CYP transformation.
Aims and scope of the Taskforce

To develop a Mental Health Five Year Forward View for action by the NHS arms-length bodies, including:

- Engaging experts by experience and carers to co-produce priorities for change
- Focusing on people of all ages – taking a ‘life course approach’
- Address equality and human rights
- Enabling cross-system leadership
- Making comprehensive recommendations on data and requirements to implement changes, monitor improvement and increase transparency
- Assess priorities, costs and benefits as well as identifying and addressing key risks and issues
The themes identified through the engagement process informed the four priorities that shape the full set of recommendations...
Priority 1: A 7 day NHS — right care, right time, right quality

Selection of key recommendations for 2020/21:

• No acute hospital should be without all-age mental health liaison services in emergency departments and inpatient wards, and at least 50 per cent of acute hospitals should be meeting the ‘core 24’ service standard as a minimum.

• A 24/7 community-based mental health crisis response should be available in all areas across England and services should be adequately resourced to offer intensive home treatment as an alternative to an acute inpatient admission. For adults, NHS England should invest to expand Crisis Resolution and Home Treatment Teams (CRHTTs); for children and young people, an equivalent model of care should be developed within this expansion programme.

• At least 10% fewer people should take their own lives through investment in local multi-agency suicide reduction plans.
Priority 2: An integrated approach to mental and physical health care

Selection of key recommendations for 2020/21:

• 30,000 additional women each year should have access to evidence-based specialist mental health care during the perinatal period.

• There should be an increase in access to evidence-based psychological therapies to reach 25 per cent of need so that at least 600,000 more adults with anxiety and depression can access care (and 350,000 complete treatment) each year. There should be a focus on helping people who are living with long-term physical health conditions or who are unemployed. There must also be investment to increase access to psychological therapies for people with psychosis, bipolar disorder and personality disorder.

• 280,000 more people living with severe mental illness have their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention.
Priority 3: Promoting good mental health and preventing poor mental health

Selection of key recommendations for 2020/21:

The best start in life:
• Implement the whole system approach described in Future in Mind, helping 70,000 more children and young people to access high quality care.

Employment:
• Up to 29,000 per year more people should be supported to find or stay in work each year through increasing access to psychological therapies for common mental health problems (described above) and doubling the reach of Individual Placement and Support (IPS).
• Ensure that qualified employment advisers are fully integrated into expanded psychological therapies services.
• Identify how the £40 million innovation fund and other investment streams should be used to support devolved areas to jointly commission more services that have been proven to improve mental health and employment outcomes.
Selection of key recommendations for 2020/21:

**Justice:**
- Establish a comprehensive health and justice pathway.
- Expand Liaison and Diversion schemes nationally.

**Housing:**
- Explore the case for using NHS land to make more supported housing available (DH, CLG, NHSE, HMT)
- Use evidence to ensure that the right levels of protection are in place under the proposed Housing Benefit cap to Local Housing Allowance levels for people with mental health problems who require specialist supported housing
Priority 4: ‘Hard-wiring’ mental health across the NHS

System transformation:
- Promote equalities and reduce health inequalities in mental health through leadership and transparency
- Integrate commissioning for prevention and quality
- Establish comprehensive access pathways and standards for mental health (across conditions, ages and settings)
- Promote a co-ordinated approach to innovation and research
- Produce and deliver on a multi-disciplinary workforce plan
- Improve data and transparency, including a MH FYFV dashboard
- Reform payment and incentives to move away from unaccountable block contracts
- Update the regulatory framework
- Establish strong leadership (local, national and cross-Government) for a mentally health society

The Chief Scientist, working with all relevant parts of government, the NHS ALBs, independent experts, industry and experts-by-experience, should publish a report a year from now setting out a 10-year Government and ALB strategy for mental health research.

HEE should develop a multi-disciplinary workforce strategy for mental health to deliver the Taskforce report. To support the future of “Think Ahead”, DH should train more than 300 new Mental Health social workers and 5,000 CYP IAPT therapists over the next three years from the £1.4bn investment.

DH should establish a new independent system for conducting or monitoring investigations into all deaths in in-patient mental health settings, including individuals who are detained under the Mental Health Act, on a par with the way other deaths in state detention are investigated.
NHS England is investing additional funding in mental health - growing to £1 billion by 2020/21 - to deliver the priority recommendations for the NHS in the strategy.

This is additional to the £280m annual funding announced for children, young people, and perinatal care in 2014/15.

The funding will help an extra 1 million children, young people and adults to receive high-quality support when they need it by 2020/21.

CCGs should be increasing overall mental health spending over and above the growth in their total baseline allocation to improve the quality of mental health care in line with the strategy, and re-invest any resulting efficiencies in the provision of that care.

**Transparency**: Through implementing the Taskforce recommendations, by 2020/21 we will be clearer about where money is spent on providing high quality mental health care across the NHS to facilitate improvement in outcomes and greater accountability, both locally and nationally.
Co-production
- Taskforce was co-produced with stakeholders across the NHS and wider Government; delivery must also be co-produced

Leadership
- Across Government
- Arms-length bodies
- Local leadership
- Community leadership
Planning Guidance & Mandate: the NHS should ensure measureable progress towards parity of esteem by implementing Taskforce priorities, including ‘must dos’ for 2016/17. Further guidance will be issued to support areas in developing their Sustainability and Transformation plans.

Trial and evaluation: Starting this year, NHS England and ALB partners will work with local areas to trial the implementation of proven and new models of care to identify how to target investment and realise savings locally to reinvest in mental health.

Transparency: The CCG Assessment and Performance Framework will include key mental health measures. To complement this, a full mental health dashboard should be produced by the summer of 2016.
Governance and oversight: By no later than Summer 2016, NHS England, the Department of Health and the Cabinet Office should confirm what governance arrangements will be put in place to support the delivery of this strategy. This should include arrangements for reporting publicly on how progress is being made against recommendations for the rest of government and wider system partners, the appointment of a new equalities champion for mental health to drive change and creating an independent external advisory board to provide independent scrutiny and challenge to the programme.
Proposed pathway and infrastructure development

- Broadly aligned with NICE guidelines and quality standards

- Includes ensuring current support is fully NICE-concordat and that people have co-produced care plans that are recovery and outcomes-focused
Five priorities for 2016/17

1. Access and waiting time standards
   • Local areas to deliver access and waiting time standards for Improving Access to Psychological Therapy (IAPT) services and Early Intervention in Psychosis (EIP) services

2. CAMHS
   • NHSE, HEE, PHE, Government and other key partners resource and implement Future in Mind, building on CAMHS Local Transformation Plans and integrating them into Sustainability and Transformation Plans (STPs)

3. Prevention Concordat
   • PHE to develop a national Prevention Concordat programme that will support all Health and Wellbeing Boards and CCGs to put in place updates JSNAs and joint prevention plans
Five priorities for 2016/17 (contd.)

4. Increasing transparency and accountability
   • DH to consult on minimum service expectations for HSCIC to turn around new and change existing data sets by summer 2016
   • NHSE and NHSI to develop and introduce revised payment system
   • NHSE and PHE to set a clear plan to develop and support Mental Health Intelligence Network

5. Workforce development
   • HEE and others to produce costed, multi-disciplinary workforce strategy, addressing training needs for future and existing staff by end of 2016
Local priorities for 2016/17

- Invest in mental health services in line with expectation in planning guidance that CCGs increase spending by at least as much as their uplift
- Full delivery of IAPT and EIP access and waiting time standards
- Ensure Taskforce recommendations are embedded in local Sustainability and Transformation Plans
Priorities for 2017/18

• Investing in care pathways for:

  • perinatal mental health
  • crisis care
  • dementia
  • CAMHS: emergency, urgent routine
  • acute mental health care
For further information and to share your views

- **Visit:**
  www.england.nhs.uk/mentalhealth/taskforce

- **Follow:**
  @NHS England

- **Contact** NHS England:
  england.mhtforce@nhs.net

- **Contact** Paul Farmer:
  p.farmer@mind.org.uk
Improving access to high-quality mental health services
Content

• Mental Health Taskforce Overview
• Achieving Better Access
• Safe, Effective and Compassionate Care
• Integrating Physical and Mental Health
Mental health problems in the population:

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Taskforce priorities

Priority 1: A 7 day NHS – Right Care, Right Time, Right Quality

Priority 2: An integrated approach to mental health and physical health

Priority 3: Promoting good mental health and preventing poor mental health

Priority 4: ‘Hardwiring’ mental health across the NHS

Moving away from hospital care

Community focus/ Primary Care

Timely access to treatment

Evidence based (NICE concordant) care
The first NHS Constitution

New rights for physical health...

Section 3a: You have the right to access certain services... within maximum waiting times...

Covers:
- Start of consultant-led treatment within 18 weeks
- Seen by cancer specialist within two weeks (urgent)

The NHS commits to provide convenient, easy access to services within waiting times set out in the Handbook to the NHS Constitution.

... but not routinely for mental health*

* Other than 7-day wait for follow-up after discharge from psychiatric inpatient care for people on a Care Programme Approach
More than just a waiting time....

Equivalent standards to physical health:

- **Tackle long waits for treatment**: ensure access to services is timely.
- **Reduce the treatment gap**: increase the number of people accessing treatment.
- **Embed NICE-concordant care**: ensure that services are evidence-based, clinically effective, safe and recovery-focused.
## Access & quality: approach

| Expert input and engagement | Expert reference group  
<table>
<thead>
<tr>
<th></th>
<th>Collaboration with NCCMH</th>
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| Developing the standards   | Mapping the pathway to NICE recommended treatment  
|                           | Clock starts and clock stops |
| Developing the dataset     | Specifying data to report waiting time  
|                           | Specify routine outcome monitoring |
| Mapping current activity   | Audit or self assessment of current waiting times  
|                           | Gap analysis, including costs |
| Publication of sector support material | Including the case for investment, detail of care pathway and expectations on providers best practice and service model exemplars |
Access & quality: implementation

**Shaping levers & incentives**
- Planning guidance, payment system development, standard contract etc. Engagement with **NHS Improvement, CQC**

**Workforce development**
- Work with **HEE** to ensure capacity, capability and confidence to deliver standard, particularly NICE-recommended interventions

**Quality improvement**
- Baseline clinical audits of quality of care. Quality improvement and assessment scheme or quality improvement network

**Implementation support and system preparedness**
- Work with regions, NHS England operations, and NHS Improvement (and others if required) to understand readiness and need for support.
Programme to date

Early intervention in psychosis
- 50% of people experiencing a first episode of psychosis treated with a NICE-approved package of care within two weeks of referral
- £40m recurrent funding

Psychological therapies
- 75% adults treated within 6 weeks, and 95% within 18 weeks
- £10m non-recurrent funding

Eating disorders – children and young people
- By 2020, 95% of CYP commence NICE concordant treatment in 4 weeks for routine or 1 week for urgent cases
- Improve CYP access to dedicated, evidence-based community services
- Standard developed and thresholds to be set for implementation by 2017
- £30m recurrent funding
The new EIP implementation guidance provides:

- service user, carer and clinical perspectives in describing **first episode psychosis** and ‘at risk mental states’, the support offer, and recovery.
- key facts regarding psychosis **incidence** and why incidence levels may vary from area to area.
- a description of **EIP services and their benefits**, the essential **interventions recommended by NICE** that are relevant for EIP services and other key service functions.
- a description of the **EIP skill mix** necessary to deliver care in line with NICE recommendations. (see the link to HEE workforce tool below)
- A description of the **optimal service models** for urban, suburban and sparsely populated rural areas.
- To **describe best practice** in joint working with children and young people’s mental health services.

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Further planned programmes to achieve better access between now and 2017

- Perinatal Mental Health
- 24/7 U&E 'blue light' mental health response
- CYP Generic
- Dementia
- Acute Mental Health
- 24/7 U&E mental health liaison in acute hospitals
- 24/7 U&E community mental health response
- Integrated Physical and Mental Health
- Crisis CYP
Safe, effective and compassionate care

Francis Report

NICE

NCCMH (RCPsych & BPS)
Safe, effective and compassionate care (continued)

What Staff

Are needed

To deliver care in a safe & compassionate way
Safe, effective and compassionate care (continued)

- NICE recommended treatment needed in each setting
- Identify competencies to provide treatment
- Systematic review of leadership and team working
Safe, effective and compassionate care (continued)

CAMHS & Adult Panels

Consider Competencies and team factors

Recommend the staff required to deliver service

www.england.nhs.uk
Integrating physical & mental health

• **Mental ill-health increases the risk of physical ill-health** (depression increases risk of heart disease; schizophrenia increases risk of CV disease, COPD, cancer, obesity and diabetes)

• **Physical ill-health increases the risk of mental ill-health** (diabetes, COPD or stroke lead to an increased risk of depression and anxiety)

• **Mental ill-health worsens the outcomes of co-existing physical ill-health** (depression increases mortality in heart disease; serious mental illness (SMI) lowers survival in breast cancer)
Integrating physical & mental health (continued)

- *Mental ill-health may be mistaken and treated as if it was a physical illness* (hypochondriasis; somatisation/medically unexplained symptoms - MUS), often at great cost to the individual and the NHS.
Integrating physical & mental health (continued)

- **Physical health can be seriously impaiRED as a direct result of mental health problems** (for example, liver damage due to alcohol abuse or paracetamol overdose, or blood borne infection resulting from heroin abuse).
Integrating physical & mental health (continued)

• *Mental health is commonly significantly impaired following physical trauma and violence* (PTSD, triggering psychosis, depression and anxiety).

• *Chronic physical ill-health is one of the key factors associated with completed suicide.*

• *Exposure to violence in early life correlates with completed suicide as an adult*
Integrating physical & mental health: what do we need to do?

• Train physical health professionals to do good basic mental health
• Train mental health professionals to do good basic physical health
• Integrate mental and physical healthcare
  • ALBs (NICE, CQC, HEE, PHE)
  • Commissioning specialist services
  • Commissioning secondary and primary care
• Aim to integrate mental health and physical health providers (systematic review)?
Q&A Session

Dr. Mike Prentice
11:00 - Refreshments & Networking

Back at 11:30
2016/17 Regional Delivery & Sustainability and Transformation Plan (STP) Process

Dr. Mike Prentice & Carol Stubley

28 April 2016
# Achieving and maintaining the ambitions and standards: North Aggregate Position

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<thead>
<tr>
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<th>2016/17</th>
<th>2020/21</th>
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<tr>
<td></td>
<td>Actual</td>
<td>Standard</td>
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<tr>
<td><strong>IAPT Access</strong></td>
<td>11.3% (YTD Jan ‘16)</td>
<td>15% annually</td>
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<td>3.79% rolling Q</td>
<td>3.75% quarterly</td>
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<tr>
<td><strong>IAPT Recovery</strong></td>
<td>46.1%</td>
<td>50% monthly</td>
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<tr>
<td><strong>IAPT 6wks</strong></td>
<td>75.4%</td>
<td>75% monthly</td>
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<tr>
<td><strong>IAPT 18wks</strong></td>
<td>92%</td>
<td>95% monthly</td>
</tr>
<tr>
<td><strong>Dementia Diagnosis</strong></td>
<td>72.4%</td>
<td>67% maintained</td>
</tr>
<tr>
<td><strong>EIP 2wks</strong></td>
<td>Data embargoed until April 16 data</td>
<td>50% monthly</td>
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Achieving and maintaining the ambitions and standards

2016/17 CCG plans submitted in April show that in the north region:

**IAPT Access**
- Rates will continue to be met, but with **reduced** numbers being planned for
  - people receiving therapy (20 CCGs over 10% reductions)
  - prevalence of those with common MH disorders (3 CCGs over 10% reductions)
- 3 CCGs are planning to fail this standard

**IAPT Recovery**
- Rates will **not** be met in any quarter within the year
- **Reduced** numbers are being planned for people recovering after treatment (8 CCGs over 10% reductions)
- 2 CCGs are planning to fail this standard

**Dementia Diagnosis**
- Dementia 2/3rds ambition will continue to be met, but will **reduce** by 5% rather than increase
- **Reduced** numbers are being planned for people being diagnosed with dementia (61 CCGs over 10% reductions)
- 2 CCGs are planning fail this standard

To assure the regional position and address variation, credible plans are needed based on:

- Assessing gap between current performance to plan
- Minimising the risk of unmet need (IAPT prevalence)
- Ensuring key underpinning elements are in place to support delivery
- Ensuring key enablers in place that address: Workforce, Data, Oversight arrangements, Funding.
Assurance Process: Overview

2016/17 Mental Health programme priorities

- Liaison Mental Health
- Early Intervention Psychosis
- Improving IAPT services
- Eating Disorders
- Perinatal Mental Health
  - Crisis Response – community based
  - Effective transition between services
  - Improving Dementia services
  - Integrated Care
  - Parity of Esteem
  - Crisis Care Concordat
  - Out of area treatments (OATS)
  - Suicide Prevention

NHS England North
Mental Health Programme Board
SRO – Mike Prentice

NHS England Local Offices (DCO teams)

Commissioners (CCGs)

Mental Health Providers
The Five Year Forward View for Mental Health: Progress update and implementation planning

Kevin Mullins – Head of Mental Health
kevin.mullins@nhs.net
The five year forward view for mental health has set out a clear strategy for change in four key areas.

Promoting good mental health and helping people lead the lives they want to live

- Implement the whole system approach described in Future in Mind, helping at least 70,000 more children and young people to access high quality care each year by 2020.
- Up to 29,000 per year more people should be supported to find or stay in work each year through increasing access to psychological therapies for common mental health problems and doubling the reach of Individual Placement and Support (IPS).
- Ensure that qualified employment advisers are fully integrated into expanded psychological therapies services. Establish a comprehensive health and justice pathway.
- Explore the case for using NHS land to make more supported housing available (DH, CLG, NHSE, HMT)

30,000 additional women each year should have access to evidence-based specialist mental health care during the perinatal period.
- There should be an increase in access to evidence-based psychological therapies to reach 25 per cent of need so that at least 600,000 more adults with anxiety and depression can access care each year. There should be a focus on helping people who are living with long-term physical health conditions
- 280,000 more people living with severe mental illness have their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention.

Integrating Care

- No acute hospital should be without all-age mental health liaison services in emergency departments and inpatient wards, and at least 50 per cent of acute hospitals should be meeting the ‘core 24’ service standard as a minimum.
- A 24/7 community-based mental health crisis response should be available in all areas across England. For adults, NHS England should invest to expand CRHTTs
- At least 10% fewer people should take their own lives through investment in local multi-agency suicide reduction plans.

Creating a 7-day NHS for mental health (right care, right time, right place & recovery focused)

- Promote equalities and reduce health inequalities in mental health through leadership and transparency
- Establish comprehensive access pathways and standards for mental health (across conditions, ages and settings)
- Promote a co-ordinated approach to innovation and research
- Produce and deliver on a multi-disciplinary workforce plan
- Improve data and transparency across the life course, including a MH FYFV dashboard
- Reform payment and incentives to move away from unaccountable block contracts
- Establish strong leadership (local, national and cross-Government) for a mentally health society

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<table>
<thead>
<tr>
<th>Date</th>
<th>Funding commitment</th>
<th>Specified policies</th>
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<tbody>
<tr>
<td>December 2014 Autumn Statement</td>
<td>£150 million over five years (£30 million per year from 2015/16)</td>
<td>Children and young people’s eating disorders services</td>
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<tr>
<td>March 2015 Budget</td>
<td>£1.25 billion over five years (£250 million per year from 2015/16)</td>
<td>Children and young people’s mental health transformation:</td>
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<tr>
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<td>“Budget 2015 will be providing over £1 billion over the next 5 years to start new access standards which will see over 110,000 more children cared for over the next Parliament. Alongside this, the government will be providing £118 million by 2018-19 to complete the roll-out of the Children and Young People’s Increasing Access to Psychological Therapies (CYP IAPT) programme.”</td>
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<td>“Budget 2015 announces an additional £75 million over the next 5 years to give the right care to more women who experience mental ill health during the perinatal or antenatal period.”</td>
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<tr>
<td>November 2015 Spending Review and Autumn Statement</td>
<td>“Investing an additional £600 million in mental health services” [over the SR from 2016/17].</td>
<td>“Additional investment will mean that significantly more people will have access to talking therapies every year by 2020. NHS England’s Mental Health Taskforce will report in early 2016 and the government will work with them to set out transformative plans, including for perinatal mental health and coverage of crisis care.”</td>
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<tr>
<td>January 2016 Prime Minister announcement</td>
<td>“Almost a billion pounds of investment” [over five years]</td>
<td>• £290 million to provide specialist care to mums before and after having their babies</td>
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<td></td>
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<td>• Nearly £250 million for mental health services in hospital emergency departments</td>
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<td>• Over £400 million to enable 24/7 treatment in communities as safe and effective</td>
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<td>alternative to hospital. [All over five years from 2016/17]</td>
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<td>February 2016 Mental Health Taskforce publication</td>
<td>“The taskforce suggests, and the NHS accepts, investing over £1bn a year of additional funding in NHS care by 2020/21 to reach one million more people”.</td>
<td>“This investment is in addition to the previously announced new funding for children, young people and perinatal care”.</td>
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## IAPT Transformation Funding

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<th>2016/17 £m</th>
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<th>2018/19 £m</th>
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<th>2020/21 £m</th>
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<tr>
<td><strong>Costs</strong></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>20 (central programme funds)</td>
<td>88 (central programme funds)</td>
<td>157 (majority CCG baselines)</td>
<td>233 (majority CCG baselines)</td>
<td>308 (majority CCG baselines)</td>
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<tr>
<td><strong>Savings</strong></td>
<td>0</td>
<td>-26</td>
<td>-122</td>
<td>-236</td>
<td>-364</td>
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<tr>
<td><strong>Net costs</strong></td>
<td>20</td>
<td>62</td>
<td>35</td>
<td>-3</td>
<td>-56</td>
</tr>
</tbody>
</table>
# There are now clear programmes and deliverables set out up to 2021

## Promoting good mental health and helping people lead the lives they want to live

<table>
<thead>
<tr>
<th>16/17</th>
<th>17/18</th>
<th>18/19</th>
<th>19/20</th>
<th>20/21</th>
<th>Benefits realised</th>
</tr>
</thead>
</table>
| Children and young people’s mental health services transformation | Suicide reduction | Individual placement and support (employment) | Community rehab/step down | Secure care transformation | - By 2020, 70,000 more CYP have access to high quality care each year.  
- 10% fewer suicides  
- IPS reach doubled and 29000 people find or stay in work  
- Transforming secure services to provide more specialist community provision and ‘step-down’ care to reduce the dependence on secure in-patient units. |
| Mental health NMC | | | | | |

## Integrating Care

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<tr>
<td>1</td>
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<td>4</td>
</tr>
<tr>
<td>Specialist perinatal care</td>
<td>Delivering evidence based psychological therapies to people of all ages with long term conditions and expanding access for adults from 15% to 25%</td>
<td>OATS dataset change</td>
<td>STPs development and assurance</td>
</tr>
<tr>
<td></td>
<td>Evidence based physical care screening and interventions for those with SMI</td>
<td>Crisis resolution home treatment teams + OATs reduction</td>
<td>STP delivery mechanism including via CCG improvement and assessment framework and regional support</td>
</tr>
<tr>
<td></td>
<td>Premature mortality reduction plans in place</td>
<td>Liaison mental health services</td>
<td>Outcomes based payment approach in place</td>
</tr>
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<td></td>
<td></td>
<td>EIP to 50%</td>
<td>HEE workforce strategy</td>
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<td>EIP service improvement</td>
<td>5 year data plan</td>
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<td>Liaison and Diversion</td>
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</table>

## Creating a 7-day NHS for mental health (right care, right time, right place & recovery focused)

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## Hard-wiring mental health across health and social care

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<tbody>
<tr>
<td>1</td>
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</tr>
<tr>
<td>STPs development and assurance</td>
<td>STP delivery mechanism including via CCG improvement and assessment framework and regional support</td>
<td>EIP to 50%</td>
<td>CYP LTPs refreshed and integrated into STPs</td>
</tr>
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<td></td>
<td>Outcomes based payment approach in place</td>
<td>EIP service improvement</td>
<td>Mental health integral to STPs</td>
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<td>Outcomes based payment approaches implemented</td>
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<td>Data and transparency revolution including scorecard and dashboard</td>
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<td>Workforce strategy delivered</td>
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</table>

*Investment back loaded therefore majority impact in later years*
## Proposed mental health pathway and infrastructure development programme

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<tbody>
<tr>
<td>Psychological therapy for common mental health disorders (IAPT)</td>
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<tr>
<td>Early intervention in psychosis</td>
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<tr>
<td>CAMHS: community eating disorder services</td>
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<tr>
<td>Perinatal mental health</td>
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<tr>
<td>Crisis care</td>
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<tr>
<td>Dementia</td>
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<tr>
<td>CAMHS: emergency, urgent, routine</td>
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<tr>
<td>Acute mental health care</td>
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<tr>
<td>Integrated mental and physical healthcare pathways (IAPT / liaison / other integrated models)</td>
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<tr>
<td>Self harm</td>
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<tr>
<td>Personality disorder</td>
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<tr>
<td>CAMHS: school refusal</td>
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<tr>
<td>Attention deficit hyperactivity disorder</td>
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<tr>
<td>Eating disorders (adult mental health)</td>
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<tr>
<td>Bipolar affective disorder</td>
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<tr>
<td>Autistic spectrum disorder (jointly with learning disability)</td>
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<tr>
<td>Secure care recovery (will include a range of condition-specific pathways)</td>
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<tr>
<td>Secondary MH recovery (will include a range of condition-specific pathways)</td>
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</tbody>
</table>

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A 5YFV mental health scorecard (supported by detailed planning) is being developed to support tracking of programme and benefits (including CCG IAF measures).

<table>
<thead>
<tr>
<th>Programme</th>
<th>Lead owner (org)</th>
<th>Key Objectives</th>
<th>Risks</th>
<th>Delivery status</th>
<th>Upcoming milestones</th>
<th>Outcomes</th>
<th>Quality</th>
<th>Access (vs need)</th>
<th>Spend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting good mental health and helping people lead the lives they want to live</td>
<td>DH/NHSE</td>
<td>Allocation of funding/ workforce</td>
<td></td>
<td></td>
<td>CYP LTPs CYP workforce audit</td>
<td></td>
<td>CYP metric</td>
<td>CYP metric</td>
<td>Generic CAMHS &amp; ED standards</td>
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<tr>
<td>IPS</td>
<td>TBC</td>
<td></td>
<td></td>
<td>Planning</td>
<td>Health and work WP</td>
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<td>Suicide</td>
<td>DH/PHE</td>
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<td>Planning</td>
<td>Annual statistics</td>
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<td>Establish a truly integrated mental and physical health service</td>
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<td>IAPT integrated care launch</td>
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<td>Recovery</td>
<td>AWT standard</td>
<td>IAPT access</td>
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<td>IAPT expansion (including LTC) and recovery</td>
<td>NHSE</td>
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<td>Planning</td>
<td>OATs national ambition</td>
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<td>Crisis Metric</td>
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<td>‘Core 24’ liaison</td>
<td>NHSE</td>
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<td>Planning</td>
<td>First EIP data</td>
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<td>CRHTT</td>
<td>NHSE</td>
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<td>OATS metric</td>
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<td>OATS</td>
<td>NHSE</td>
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<td></td>
<td>Planning</td>
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<td>OATS metric</td>
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<tr>
<td>Hard-wiring mental health across health and social care</td>
<td>NHSE</td>
<td>Data quality/ workforce</td>
<td></td>
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<td>Workforce strategy</td>
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<td>AWT standard</td>
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<tr>
<td>Workforce</td>
<td>HEE</td>
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<td>CCG IAF</td>
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<td>Transformation</td>
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<td>Planning</td>
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<td>Transparency and data</td>
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<td>HSCIC1st publication</td>
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<td>Payment approach</td>
<td>NHSE/NHS</td>
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<td>MH Dashboard</td>
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</table>

Note – indicative lines only

RAG ratings are estimated – to be confirmed following submission of highlight reports

Note – metrics for a number of areas are in development

Indicates CCG IAF measure

A 5YFV mental health scorecard (supported by detailed planning) is being developed to support tracking of programme and benefits (including CCG IAF measures).
### Programme tracking

<table>
<thead>
<tr>
<th>Programme</th>
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<th>Spend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting good mental health and helping people lead the lives they want to live</td>
<td></td>
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<td></td>
<td>The number of people in secondary services in employment</td>
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<tr>
<td>IAPT for employment and EAs</td>
<td>DH/DWP Joint Unit</td>
<td>Workforce CCG engagement</td>
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<td>Employme nt gap</td>
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<tr>
<td>Housing</td>
<td>DWP/CLG</td>
<td>Tenants chose not to enter supported housing</td>
<td>Planning</td>
<td></td>
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<td>People in secondary services in settled accommodation</td>
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<td>Stigma</td>
<td>DH</td>
<td>CO don’t approve TTC grant bid</td>
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<td>Employers</td>
<td>TBC</td>
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<td>Health and business network launch</td>
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<td>Schools</td>
<td>DfE</td>
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<td>Establish a truly integrated mental and physical health service</td>
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<td>GP training</td>
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<tr>
<td>Creating a 7-day NHS for mental health</td>
<td>Health and justice pathway</td>
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<td>Data</td>
<td>DH/HSCIC</td>
<td>5 year plan</td>
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<td>Mental health research</td>
<td>DH</td>
<td>10-year strategy</td>
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<td>Governance</td>
<td>DH/CO</td>
<td>Robust governance</td>
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**Indicates CCG IAF measure**

**Note – metrics for a number of areas are in development**
With a number of quick wins providing opportunities to demonstrate early progress over next 6 months

<table>
<thead>
<tr>
<th>Month</th>
<th>Promoting good mental health and helping people lead the lives they want to live</th>
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<tbody>
<tr>
<td>March</td>
<td>CYP MH LTP Quantitative analysis</td>
</tr>
<tr>
<td>April</td>
<td>CYP &amp; secure YOI invest</td>
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<tr>
<td>May</td>
<td>Qual. Analysis of CYP MH LTPs</td>
</tr>
<tr>
<td>June</td>
<td>CYP LTPs aligned with STPs (and assessed)</td>
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<td>July</td>
<td>Supported housing review</td>
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<tr>
<td>August</td>
<td>CYP workforce audit (summer)</td>
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<td>Sept</td>
<td>Innovation fund</td>
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<tr>
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<tr>
<th>Creating a 7-day NHS for mental health (right care, right time, right place &amp; recovery focused)</th>
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<th>Hard-wiring mental health across health and social care</th>
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<th>Key meetings (excluding weekly MCS meetings)</th>
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NHSE-led programmes have recently refreshed governance to support delivery

This slide maps governance arrangements for the NHSE-led component of the programme and key inter-dependences with other parts of the portfolio i.e. cross-government work led by DH or led by other ALBs (highlighted). Other related programmes e.g. led by NHSI, PHE and CQC will also be invited to the MHFYFV Programme Board and have their own governance structures reporting directly into the FYFV Board.
Payment component linked to outcomes

• 5YFV for mental health sets out **a revised payment system should be in place by 2017/18** for adult mental health services, and that a similar scheme should be introduced across services for children and young people as soon as possible

• Overarching requirement that the payment approach adopted has a payment component linked to outcomes

• Strong emphasis on outcomes is expected in STPs

Sector support package:

• Guidance on proposed payment approaches, inclusive of outcomes development paper due for release during Mental Health Awareness week: 16-22 May

• Series of regional workshops and webinars to support the sector

Developing quality and outcomes support material

• Recommends a framework approach to outcomes

• ‘How to’ guide for selecting the suite of outcomes and measures to be included

• Provides a range of quality and outcome measures that are currently in use

• Outcomes delivery Plan with focus on engagement of clinical and experts-by-experience; continuous quality improvement and Digital maturity to enable data flow

“We will develop the active collection and use of health outcomes data”

5 Year Forward view
Framework Approach to Outcomes Measures

Taskforce report recommends a combination of national and locally developed outcome measures which are a combination of clinical, social and physical.

- **National Outcome Measures:** will measure the impact of services and allow for national benchmarking.
- **Local Outcome Measures:** Developed in coproduction with all stakeholders, including clinicians and leading role of experts-by-experience with a wider menu of measures which reflect the needs and priorities of the local population.

Local areas will need to ensure that their final framework is:

1. **Defined by what the person using the service wants to achieve.**
2. **Supported by appropriately-trained clinicians** with access to sufficient time and resources, able to effect change within their care settings.
3. **Agreed by, and set realistic objectives for, all organisations** involved in care.
4. **Backed by appropriate infrastructure** – IT systems that facilitates work at a clinical level up to national data sharing, e.g. digital enablement or appropriately skilled support staff, to facilitate the collection and analysis of data.
5. **Driven by good leadership** – that facilitates and mandates the roll-out and best quality use of data.
6. Underpinned by relevant quality improvement methodology to ensure **continuous feedback and effective roll-out and use of measures.**
Making it happen
milestones to be aligned across SDP and 5YFV MH implementation plan

<table>
<thead>
<tr>
<th>By 2020 there will be:</th>
<th>We will know if this has been achieved by:</th>
</tr>
</thead>
</table>
| System wide transformation of the local offer to children and young people underway with LTPs embedding key Future in Mind principles fully integrated into STPs across the country | CCG assurance process  
A suite of high level metrics in place that measure access, spend and progress towards delivery of agreed components in the transformation programme |
| At least 70,000 more CYP receiving swift and appropriate access to care each year      | Monitoring of new national data returns                                                                         |
| Completed national roll-out of CYP IAPT programme with at least 3,400 more staff in existing services trained to improve access to evidence based treatments | Assurance of Mandate requirements with HEE                                                                 |
| 1,700 additional new staff to support improved access to evidence based treatments      | Assurance of Mandate requirements with HEE                                                                 |
| Evidence based community Eating Disorder services for CYP across the country  
95% of those in need of Eating Disorder services seen within 1 week for urgent cases & 4 weeks for routine cases | Mental Health Services Dataset  
The baseline will be set in 2017 enabling a trajectory to be set                                             |
| Improved access to and use of inpatient care, having the right number and geographical distribution of beds to match local demand with capacity | Data from new national bed management system for Tier 4 will enable monitoring of occupancy and out-of-area placements |
| Plans to improve crisis care for all ages, including investing in places of safety      | Reduction in the numbers of CYP admitted to inpatient beds or police cells  
Number of CYP receiving NICE concordant care                                                            |
Making it happen
milestones to be aligned across SDP and 5YFV MH implementation plan

<table>
<thead>
<tr>
<th>By 2020 there will be:</th>
<th>We will know if this has been achieved by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fully integrated health and justice clinical pathway</td>
<td>Health and Justice collaborative commissioning networks established with all CCGs</td>
</tr>
<tr>
<td>Better care for CYP with LDs e.g. by preventing unnecessary admission to hospital and lengthy stays, ensuring treatment has clearly defined outcomes and planning for discharge from admission</td>
<td>Regional quality frameworks covering all CCGs will monitor compliance Assuring Transformation National Dataset published monthly</td>
</tr>
<tr>
<td>Social marketing campaign to tackle stigma</td>
<td>Evaluation insights</td>
</tr>
</tbody>
</table>

This list does not cover wider cross-Government programmes that support delivery of the *Future in Mind* vision. OGDs will be engaged and, where relevant, held to account through:

- Ministerial bilateral meetings  
- National Children and Young People’s Mental Health Oversight Board  
- Partnership Board  
- EDS delivery group
Thank You & questions?
Roundtable discussions

• Initial thoughts from morning presentations
• Risks / issues / actions
• Where do you start to build the foundations to deliver a collaborative response across your locality for mental health including adult / CYP / Perinatal
• What are your mechanisms to communicate?
• Are you already involved in an STP delivery process? If not, how could this be realised for your locality?
12:30 - Lunch & Networking

Back at 13:30 straight to workshop room

Yorkshire & Humber – in the main suite Park 3 – 5

Cumbria & North East – Plaza 5 upstairs

Manchester – Park 1 this floor

Cheshire, Merseyside & Lancashire – Park 2 this floor
Feedback from workshops & next steps

Dr. Mike Prentice