Nottinghamshire County Council

Health Scrutiny Committee

Tuesday, 15 October 2019 at 10:30

County Hall, **West Bridgford, Nottingham, NG2 7QP**

AGENDA

Notes

(1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

(2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

(3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Noel McMenamin (Tel. 0115 977 2670) or a colleague in Democratic Services prior to the meeting.

(4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

(5) This agenda and its associated reports are available to view online via an online calendar - http://www.nottinghamshire.gov.uk/dms/Meetings.aspx

Nottinghamshire County Council

minutes

HEALTH SCRUTINY COMMITTEE

Tuesday 10 September 2019 at 10.30am

Membership

Councillors

Keith Girling (Chair)
Martin Wright (Vice-Chair)
A Richard Butler
Kevin Greaves
John Longdon
David Martin
Liz Plant
Kevin Rostance (Items 1-4 inclusive)
Steve Vickers
Muriel Weisz
Yvonne Woodhead

Officers

Martin Gately	Nottinghamshire County Council
Noel McMenamin	Nottinghamshire County Council

Also in attendance

Hazel Buchanan	Greater Nottingham CCG
Allan Cole	Patient Representative
Lucy Dadge	Greater Nottingham CCG
Dr Miriam Duffy	National Rehabilitation Centre
Dr James Hopkinson	Nottingham University Hospitals Trust
Hester Kapur	Healthwatch Nottingham and Nottinghamshire
Jane Laughton	Healthwatch Nottingham and Nottinghamshire
Piera Santullo	National Rehabilitation Centre
Dr Amanda Sullivan	Greater Nottingham CCG

1. MINUTES

The minutes of the last meeting held on 23 July 2019, having been circulated to all Members, were taken as read and were signed by the Chair

2. APOLOGIES

Councillor Richard Butler

The following temporary change of membership for this meeting only was reported:

- Councillor John Longdon had replaced Councillor Stuart Wallace.

3. DECLARATIONS OF INTEREST

None.

4. NATIONAL REHABILITATION CENTRE

Dr Amanda Sullivan, accompanied by Hazel Buchanan, Allan Cole, Lucy Dadge, Miriam Duffy, James Hopkinson and Piera Santullo, introduced the item, providing an update on developing a National Rehabilitation Centre, to be co-located alongside the Defence National Rehabilitation Centre at Stanford Hall.

The following points were made:

- The regional clinical facility will provide 63 beds in an estate designed to optimise rehabilitation, including overnight accommodation for families and with access to state-of-the-art facilities and equipment;

- The current Major Trauma Centre in Nottingham was in need of considerable renovation and upgrade, lengths of stay there were too long and the Centre lacked specialist expertise in a range of disciplines;

- Current service delivery was also disjointed, and the proposed clinical model would provide single-point referral, regular multi-disciplinary reviews and early access to support services;

- Engagement activity to date reported broadly positive feedback, with most people welcoming the concentration of expertise and facilities, and being willing to travel further to access better services;

- Wider expected benefits included longer term savings in community and social care, enhanced research opportunities and improved education and training.

During discussion, a number of issues were raised and points made:

- It was acknowledged that Linden Lodge provided a very good outreach service, and commissioners and providers would together to ensure a similar offer under these proposals;

- It was confirmed that there was a clear delineation between the treatment of military patients at the adjoining defence rehabilitation establishment (DNRC) and civilian patients at the NRC, and was not a mixed environment. However, on occasion facilities and expertise from the defence ‘side’ would be available to civilians, as would research, education and training between defence and civilian staff;

- It was explained that there was no specific Memorandum of Understanding between the NRC and DNRC about access to services in time of war, but it

was expected that special legislation would be enacted nationally, if necessary, to cover this eventuality;

- It was explained that the increased patient numbers, combined with the increased nature and intensity of rehabilitation envisaged at the NRC, meant that more staff would be required, and that current jobs were not at risk;

- The Business Case was due by end March 2020 and further engagement will be taking place towards the end of 2019. While it was intended that the new model of provision will be cost-neutral over time, there was still a financial gap to resolve;

- It was confirmed that when military personnel were discharged from service it fell to the NHS to provide the required treatment;

- It was explained that NHS England is currently undergoing changes which could have a positive impact on the commissioning of services for rare or complex conditions;

- The CCG undertook to take into consideration how services currently provided at Portland College would fit the proposed clinical model.

The Chair thanked Dr Sullivan and her colleagues and partners for their attendance at the meeting,

5. HEALTHWATCH NOTTINGHAM AND NOTTINGHAMSHIRE

Jane Laughton, Chief Executive Officer, Healthwatch Nottingham and Nottinghamshire HWNN), accompanied by Hester Kapur, introduced the report, providing an update on the work being undertaken by HWNN, and identifying the organisation's future priorities and aspirations.

Ms Laughton and Ms Kapur made the following points:

- .Healthwatch was established nationally as an independent patient and public champion. The Healthwatch Nottingham and Nottinghamshire (HWNN) remit included collating the views of patients and the wider public, influencing the planning and delivery of health and social care services, helping the public access health and care services and holding commissioners and providers to account;

- HWNN also focussed finding the voice of those from a cross-section of society who were 'seldom heard', the homeless, current and ex-offenders, deprived and isolated communities, those with learning difficulties and disabilities and new and emerging communities;

- HWNN supported the Care Quality Commission in conducting site visits, having powers to 'enter and view' health and social care facilities. The organisation also conducted outreach work, and carried out short-term specific projects and surveys;

- The organisation had recently refreshed its strategy for 2019-2021, building on the amalgamation of the City and County elements of Healthwatch. Priorities for 2019-2020 were on the frail elderly and on mental health for young people. Short focused work would also be carried out on domestic violence and sexual abuse survivors, access to primary care for the homeless, access to NHS for refugees, and mental health and drug/alcohol use;

- HWNN was anxious to explore how it could co-operate with the Committee to maximise its impact on behalf of Nottinghamshire residents.

The following points were made in discussion:

- The Committee was anxious to help raise the profile of HWNN and asked for contact details to be distributed to members. It was suggested that HWNN details should be available on the Nottinghamshire Help Yourself website, and HWNN confirmed that it welcomed receiving referrals from councillors and elsewhere on behalf of residents;

- It was explained that the organisation received all its funding from both the City Council and County Council, with the City providing one-third and the County the remainder;

- HWNN confirmed that a significant proportion of complaints received were about GP Services. While issues with GP appointments were systemic across services in general, it should be possible to provide a breakdown of complaints received by District, and possibly by GP practice, to get a sense of where complaints 'hotspots' might be;

- While HWNN did not have powers to escalate complaints, closer working with the Committee could help hold service providers to account. The Committee asked that Martin Gately in Democratic Services explore practical ways for HWNN and the Committee to work more closely together.

The Chair thanked Ms Laughton and Ms Kapur for their attendance at the meeting.

6. WORK PROGRAMME

The Committee agreed the work programme without amendment.

The meeting closed at 12.29pm.

CHAIRMAN

Nottinghamshire County Council

Report to Health Scrutiny Committee

15 October 2019

Agenda Item: 4

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

WHYBURN MEDICAL PRACTICE UPDATE

Purpose of the Report

1. To introduce a briefing on the latest position with provision of service at the Whyburn Medical Practice.

Information

2. Members will recall that the previous providers handed their contract back to the commissioners, which resulted in an exercise to identify a new provider. From 1st June 2019, the new provider has been Primary Care Integrated Services (PICS). Patients have been reassured that it will be 'business as usual' and services will operate as normal. While some staff changes are anticipated, the majority of staff will remain the same.

3. Dr James Hopkinson, Clinical Lead for the Clinical Commissioning Group (CCG) and Stewart Newman, Deputy Locality Director – Nottingham North and East, Greater Nottingham Commissioning Partnership will attend the Health Scrutiny Committee to brief Members and answer questions as necessary.

4. A written briefing from the CGG is attached as an appendix to this report.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Consider and comment on the information provided.

2) Schedule further consideration, as necessary.

Councillor Keith Girling
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

WHYBURN MEDICAL PRACTICE

Briefing for the County Health Scrutiny Committee – October 2019

Background

In February 2019, representatives of the CCG attended the Committee to provide an update on Whyburn Medical Practice and the steps being taken to identify a new provider for the practice's patients.

The procurement exercise to identify a caretaker provider on an initial contract for 12 months with an option to extend the contract for a further 12 months was successful. Following a robust procurement process, Primary Care Integrated Services (PICS) were chosen as the new provider of Whyburn Medical Practice. The contract with PICS commenced on the 1st June 2019 and there was a smooth transition with minimal disruption to patient care.

PICS is owned and managed by Nottinghamshire GPs and are based in Nottingham. All the work they do is for the local NHS by delivering healthcare services for local people. PICS deliver a number of other primary care services in Nottinghamshire.

The majority of the staff employed at Whyburn Medical Practice transferred across to PICS on NHS terms and conditions. Dr Adam Connor is the new GP lead for the Whyburn Medical Practice. Three of the GP partners who handed back the contract for Whyburn Medical Practice have continued to work at the practice.

Progress

A number of improvements have been made at the practice since the 1st June, this includes running a number of drop in clinics to improve patient access and employing a clinical pharmacist. PICS have engaged with patients through the Patient Participation Group and patient feedback has been generally very positive.

Byron Primary Care Network (PCN) was established on the 1st July 2019 and Dr Adam Connor was appointed Clinical Director for the PCN. The PCN brings the four GP practices in Hucknall together with other stakeholders to improve the integration and delivery of services to patients. The PCN have recently appointed a clinical pharmacist to increase capacity in the primary care workforce and improve the quality and safety of prescribing.

Next Steps

Whyburn Medical Practice and Byron Primary Care Network will continue to work together to deliver high quality, sustainable primary care services to the population of Hucknall.

The Care Quality Commission (CQC) is likely to carry out an inspection of Whyburn Medical Practice within the next 3 months. The CQC aim to inspect any provider within 6 months of a significant contract change.

An outline business case for a new health centre in Hucknall will be developed with a view to providing sufficient capacity for the increasing population and an improved primary care estate. An options appraisal of potential sites for the new health centre is underway.

The CCG will decide whether to extend the contract for 12 months and initiate a procurement exercise for a longer term contract. The procurement exercise will include public consultation.

Nottinghamshire County Council

Report to Health Scrutiny Committee

15 October 2019

Agenda Item: 5

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

NOTTINGHAMSHIRE HEALTHCARE TRUST UPDATE – ADULT SERVICES AND LOCAL AUTHORITY COMMISSIONER ENGAGEMENT

Purpose of the Report

1. To introduce an update on Nottinghamshire Healthcare's Adult Mental Health Transformation plans, and engagement with Local Authority Commissioners.

Information

2. The Health Scrutiny Committee maintains a strong focus on mental health issues and has previously asked to be kept up to date on relevant issues linked to transformation. In addition, further to consideration of the Care Quality Commission (CQC) inspection at July's meeting of the committee, the Chairman also asked for the Health Scrutiny Committee to be kept informed of the state of the Trust's engagement with local authority commissioners.

3. Kazia Foster, Service Improvement and Development Manager, Local Partnerships Division will attend the committee to brief Members and answer questions, as necessary.

4. Written briefings from the Healthcare Trust are attached as appendices to this report.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Consider and comment on the information provided.

2) Schedule further consideration, as necessary.

Councillor Keith Girling
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Report for Nottinghamshire County Council Health Scrutiny Committee:

Adult Mental Health Transformation Plans

1. Introduction

1.1 This paper informs the Health Scrutiny Committee of the current work by Nottinghamshire Healthcare NHS Foundation Trust to review and develop adult and older adults mental health services across Nottinghamshire. It should be noted at this point that the plans described in this report are still in development and could change as part of the collaborative approach that is being taken.

2. The Mental Health Long Term Plan that is referenced in this update requires a full response and high level plan submitted during November. This is being led by the ICS with support from the Trust. The ICS will lead the consultation around the overall plans. Due to the timing of this update and to avoid duplication only the key areas for adult mental health are referenced in this paper.

3. The Background and Context

3.1 As set out in the NHS Single Oversight Framework 2019/20 The NHS will be performance managed in a more system focussed way through the ICS. Nottinghamshire Health Care Trust are a key partner in the system delivery of specialist mental health services. And are commissioned to deliver parts of the overall mental health services throughout Nottinghamshire alongside, primary care, third sector providers.

3.2 The Mental Health Five Year Forward View and more recently the Mental Health Long Term Plan (appendix 1) sets out a number of standards and targets to improve mental health services over the next 5 years. This requires changes in the way that we work and developing the wider system to support patients across the whole pathway. It is expected that funding will be made available to the local system to support these targets.

3.3 The overarching areas of work that will be monitored through the Long Term Plan are listed below

- Perinatal mental health
- Children and Young People's (CYP) Mental Health
- Adult Severe Mental Illness (SMI) Community Care
- Mental Health Crisis Care and Liaison
- Therapeutic Acute Mental Health Inpatient Care
- Suicide Reduction and Bereavement Support
- Problem Gambling

- Rough Sleeping Mental Health Support

Within each of these areas there are number of initiatives that have been developed to meet the 2023/24 targets set out in the Long Term Plan.

4. About Adult and Older Peoples Mental Health Services

4.1 The Nottinghamshire Healthcare Adult Mental Health Service Directorate provides a wide range of services for patients aged 18 and over across the Nottinghamshire and Nottingham City area. These include:

- Acute Mental Health Inpatient Care
- Psychiatric Intensive Care Inpatient Facilities.
- S136 Places Of Safety
- Community Mental Health Services.
- Mental Health Crisis Services
- A&E Liaison Services
- Psychology And Psychotherapy
- Memory Assessment Services
- Working Age Dementia Services
- Day Care services
- Recovery College

5. Current issues identified

Inpatient provision

5.1 As described in the previous paper submitted in 2018 the demand for inpatient provision is significantly higher than can be met by the NHCFT existing bed stock of 129 adult mental health beds. Since the previous report the situation for patients has greatly improved due to the local arrangements that have been put in place in partnership with private providers to subcontract acute mental health beds and psychiatric intensive care beds within the Nottinghamshire footprint significantly reducing the number patients are not sent to out of area inpatient care. The inpatient provision for older adults is currently sufficient to meet the local demand with no inappropriate out of area placements recorded for this group over the last 3 years.

The diagram below shows the reduction in out of area bed use for and plans for meeting the target of the eradication of inappropriate out of area placements by 20/21 that are monitored on a regular basis.

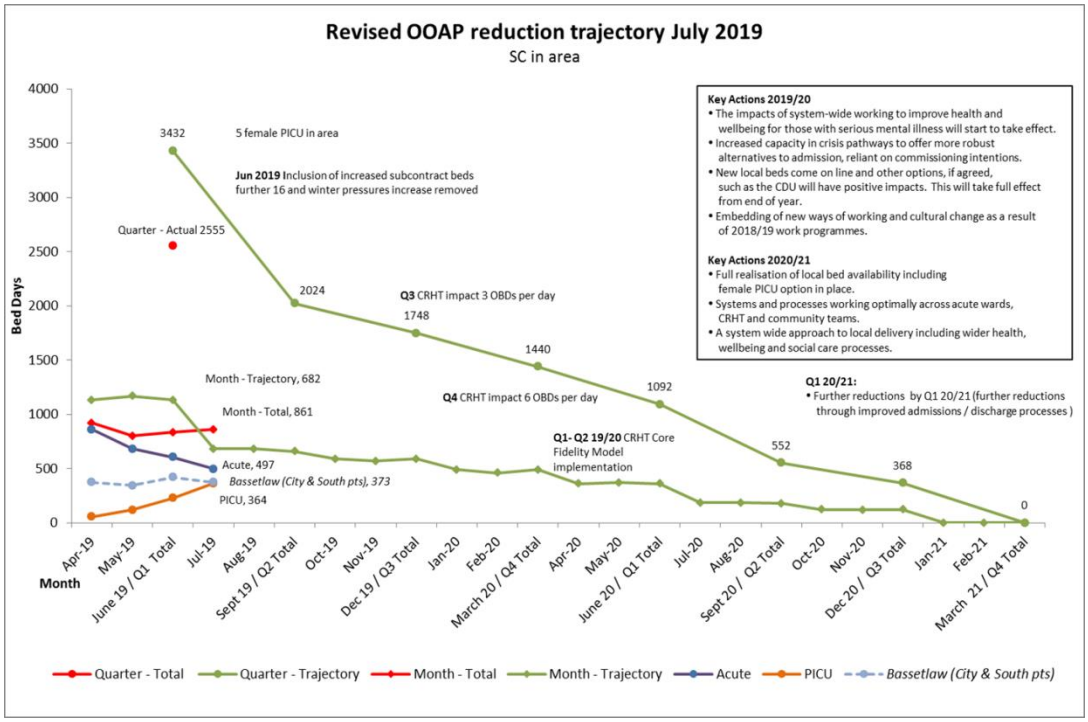

Fig 1

5.2 There are still significant pressures for psychiatric intensive care beds in the local area and the demand for this service has grown over the last few months. This is currently being discuss with commissioners to develop more robust alternative pathways for specific cohorts of patients

5.3 The out of area bed numbers also include patients from the South of the County that access beds in the North of the County and vice versa. Funding has been identified to provide enhanced support for patients and their carers that are placed outside of their usual area of care but in Nottinghamshire Healthcare beds.

5.4 The future inpatient need for the Nottinghamshire is currently being scoped, due to the number of transformation schemes that are due to start over the next few months this needs to be monitored as the schemes impact is realised. There are clear assumptions that improvements to crisis pathways offering robust alternatives to admission will reduce the overall inpatient need.

5.5 Due to the geographical distribution of the Nottinghamshire Healthcare Trust beds the inpatient beds are not reflective of the demand in the local area. This will be considered as part of the future bed provision planning

5.6 The continued high demand for inpatient provision continues to present a cost pressure to the Trust and whilst patient pathways have improved significantly due to the subcontract arrangements however, until demand for inpatient provision reduces the cost pressure will continue.

6. Community services.

6.1 The current community mental health services are not able to offer timely access based on national standards resulting in long waits to access appropriate treatment pathways and increased pressures across the services. Growth in patients diagnosed with

personality disorder has had an impact on mental health services that are not traditionally resourced to meet the needs and of this complex group resulting in other patient pathways being affected due to the shift in activity and acuity of patients.

6.2 There is has also been a shift in public expectations around what mental health services can and should provide, and work is ongoing to develop more clear pathways of care to define the offer more clearly.

6.3 As per the requirements of the Long Term plan submission some capacity and demand work has been undertaken has identified the workforce gap using local demand and best practice guidance. As set out in the national plans a period of stabilisation to support the teams to prepare for transformation plans is required.

6.4 Dementia diagnosis services require further development to meet the demand the current waits for services are not in line with best practice and patients are unable to access specialist support in an effective way.

7. Local Transformation Plans

7.1 As part of the transformation and Inpatient Beds plans the Trust has developed a programme of works to review and develop all key pathways including:

- Local Inpatient Beds Provision
- Crisis and Home Treatment Transformation
- Admission, Stay and Discharge – Patient Flow
- Local Mental Health Teams Development (Community Pathways)

7.2 Crisis pathway Transformation

7.3 In the previous report it was reported that funding had been requested from commissioners to deliver Core Fidelity Standard services across the Nottinghamshire ICS footprint. A combination of CCG, central transformation funds, and realignment of NHCFT funding has been identified totalling circa £1.8 million. Phased implementation is currently underway to deliver Core Fidelity Standard Crisis Home Treatment services by 20/21.

The investment increases staffing levels based on a population rate and includes the following standards

- 24/7 inpatient admission gatekeeping
- Access to 24/7 intensive home treatment
- 4 and 24 hour response (clinical triage)
- Self-referral
- 18+ No upper age limit

As part of the crisis pathway development a Psychiatric Clinical Decisions Unit (PCDU) will be available as part of the crisis pathway. The PCDU provides an appropriate space to offer extended assessment periods (up to 24 hours) for patients that are at risk of

admission. The unit will provide space for up to 8 patients to work with the appropriate teams to develop care plans.

7.4 Community Mental Health Teams

7.5 The Long Term Plan sets out the requirement to provide integrated primary and secondary care community services for adults and older adults with severe mental illness (SMI) with clear focus on personality disorder pathways, community rehabilitation and adult eating disorders. Plans are currently being developed with commissioners. The Long Term Plan sets out the investment plans for the next five years to develop the services. It is widely recognised that the community mental health offer is key to supporting patient flow across the system

7.6 Nottinghamshire Healthcare is currently working with local CCGs to transform the Community Mental Health Services supported by the development of Primary Care and Third Sector Services to provide a more holistic approach to patient care.

7.7 Older adult's services.

7.8 The community mental health offer for older adults will be developed as part of the integrated community mental health services.

7.9 Plans are in place to review pathways for dementia services including diagnosis services and inpatient provision during 19/20.

8. Consultation

8.1 Each of the work programmes are will ensure that patient and care involvement is a key part of the transformation plans. We will work in a collaborative way to build future provision across the Nottinghamshire area.

9. Conclusion and Next Steps

9.1 The Adult Mental Health Transformation Programme Board oversees a wide range of complex service and system wide developments. The expectations set out in the long term plan and the planned investment offer an excellent opportunity for the system to offer robust and sustainable mental healthcare services across Nottinghamshire Nottinghamshire Healthcare is keen to work with all partners to develop high quality services that can meet future requirements.

8.2 The Committee is asked to:

- NOTE this report
- ADVISE how it wishes to be involved and what issues it wishes to raise through the review.

Chris Ashwell
Associate Director Adult and Older Adults Mental Health Services
Kazia Foster
Service Improvement and Development Manager

NHS Mental Health Implementation Plan 2019/20 – 2023/24

July 2019

Contents

Introduction

At the beginning of the year, the NHS Long Term Plan renewed our commitment to pursue the most ambitious transformation of mental health care England has ever known. Today, the Mental Health Implementation Plan provides a new framework to ensure we deliver on this commitment at the local level.

The Five Year Forward View for Mental Health, published in 2016, represented a major step, securing an additional £1 billion in funding for mental health, so that an additional 1 million people could access high quality services by 2020/21.

Much has already been achieved for mental health across England in the past three years. Every Sustainability and Transformation Partnership (STP) in the country now has a specialist perinatal mental health community service. Access to children and young people's mental health services is continuing to expand and all other standards are being achieved or on track for delivery in 2020/21. Mental health liaison services are now available in all general hospitals, with more than 50% meeting optimum 'Core 24' standards by 2021. This would not have been possible without the Five Year Forward View for Mental Health, funding from government and the hard work of thousands of passionate and dedicated staff all over the country.

We know there is still a lot of work to do to provide quality and timely mental health care for everyone who needs it, and to tackle inequalities in access, experience and outcomes.

We therefore welcomed the Prime Minister's announcement of the increase in funding for NHS services and conducted an extensive programme of engagement for the mental health components in the NHS Long Term Plan, asking stakeholders to share their top priorities and concerns with us. NHS England and NHS Improvement received written submissions from over 145 organisations, capturing the views of over 27,000 people from across the age spectrum. These views shaped the proposals to transform mental health services laid out in the NHS Long Term Plan.

With this Implementation Plan, a ringfenced local investment fund worth at least £2.3 billion a year in real terms by 2023/24 will ensure that the NHS provides high quality, evidence-based mental health services to an additional 2 million people. Thanks to this funding and the support of our stakeholders, we have been able to set ambitious goals to improve mental health services. By 2023/24, 370,000 adults and older adults with severe mental illnesses will have greater choice and control over their care – including dedicated provision for groups with specific needs, such as adults with eating disorders or a 'personality disorder' diagnosis. An additional 345,000 children and young people will access support via NHS-funded mental health services and school- or college-based Mental Health Support Teams. The current, targeted suicide prevention programme will be rolled out to every local area, and all systems will provide suicide bereavement services for families and staff. Importantly, the shift towards more integrated, population-level health systems will support more localised and personalised responses to health inequalities across the prevention and treatment spectrum. We heard from stakeholders that a continued focus on high quality care in the community is the right thing to do for patients, and this plan also includes an important emphasis on ensuring that inpatient care, when required, is world class. The growing role of NHS-led provider collaboratives in delivering whole pathways of care for populations have already started to show us that short and purposeful stays, close to home linked with quality community services can deliver improved patient care.

While commitments are important, we now need to focus on making the transformation in mental health services a reality. We are aware that there are numerous challenges and competing pressures faced by staff in the NHS and our partners. To achieve our collective goals, it is exceptionally important that we all work together; this document has been developed jointly with people with experience of the mental health care system to make sure that it is both useful operationally and an empowering tool for local systems –

including VCSE partners and providers. We have set out information on funding, transformation activities and indicative workforce numbers. We have also outlined which ambitions will require a national access or coverage trajectory, and which will require local systems to tailor their delivery pace. This document also includes information on what NHS England and NHS Improvement will do to support local areas in improving access to high quality mental health care.

Together, we can build on the achievements of dedicated staff, patients, carers and supporters across the country to move closer over the coming years to ensuring every child and adult who needs mental health support can get access to it.

Joint chairs of the Mental Health Long Term Plan Steering Group

Claire Murdoch - National Mental Health Director and Senior Responsible Officer, NHS England and NHS Improvement

Paul Farmer - Chief Executive, Mind

Sheena Cumiskey – Chief Executive, Cheshire and Wirral Partnership NHS Foundation Trust

Section 1 – Overview

Summary of Five Year Forward View for Mental Health and Long Term Plan commitments

The NHS Long Term Plan (LTP) makes a renewed commitment that mental health services will grow faster than the overall NHS budget with a ringfenced investment worth at least £2.3 billion a year for mental health services by 2023/24. Children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending. By 2020/21, all Five Year Forward View for Mental Health (FYFVMH) ambitions will be met, forming the basis of further growth and transformation. **Annex A** is a consolidated financial profile for the FYFVMH and NHS Long Term Plan. This document focuses on the FYFVMH and LTP planning and delivery requirements local systems lead and will receive funding to deliver.

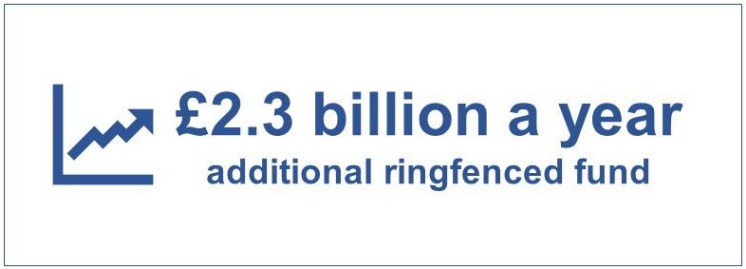

Table 1: Summary of core FYFVMH and LTP Ambitions

Programme	FYFVMH Ambition (By 2020/21)	LTP Ambition (By 2023/24)
Service Delivery		
Specialist Community Perinatal Mental Health	• Support at least 30,000 more women each year to access evidence-based specialist mental health care during the perinatal period. This should include access to psychological therapies and the right range of specialist community or inpatient care so that comprehensive, high quality services are in place across England	• At least 66,000 women with moderate to severe perinatal mental health difficulties will have access to specialist community care from pre-conception to 24 months after birth with increased availability of evidence-based psychological therapies • Partners of women accessing specialist community care will be able to access an assessment for their mental health and signposting to support as required • Maternity Outreach Clinics will be available across the country, combining maternity, reproductive health and psychological therapy for women experiencing mental health difficulties directly arising from, or related to, the maternity experience
Children and Young People's (CYP) Mental Health	• At least 70,000 additional children and young people each year will receive evidence-based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions • Joint agency Local Transformation Plans aligned to STP plans are in place and refreshed annually • Ensure there is a CYP crisis response that meets the needs of under 18 year olds • Achieve 2020/21 target of 95% of children and young people with eating disorders accessing treatment within 1 week for urgent cases and 4 weeks for routine cases	• 345,000 additional CYP aged 0-25 will have access to support via NHS-funded mental health services and school- or college-based Mental Health Support Teams (in addition to the FYFVMH commitment to have 70,000 additional CYP accessing NHS services by 2020/21); • There will be 24/7 mental health crisis provision for children and young people that combines crisis assessment, brief response and intensive home treatment functions • There will be a comprehensive offer for 0-25 year olds that reaches across mental health services for CYP and adults • The 95% CYP Eating Disorder referral to treatment time standards achieved in 2020/21 will be maintained

		• CYP mental health plans will align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people's services, and health and justice [from 2022/23]
Adult Common Mental Illnesses (IAPT)	• Increase access to IAPT services to 25% of those in need • All areas commission IAPT-Long Term Condition (IAPT-LTC) services (including co-location of therapists in primary care) • Meet IAPT referral to treatment time and recovery standards: 50% IAPT recovery rate; 75% of people accessing treatment within 6 weeks IAPT waiting time; and 95% of people accessing treatment within 18 weeks IAPT waiting time	• Access to IAPT services will be expanded to cover a total of 1.9m adults and older adults • All areas will maintain the existing IAPT referral to treatment time and recovery standards • All areas will maintain the existing requirement to commission IAPT-LTC services
Adult Severe Mental Illnesses (SMI) Community Care	• 280,000 people with a severe mental illness will receive a full annual physical health check • Access to Individual Placement and Support (IPS) will be doubled, enabling people with severe mental illnesses to find and retain employment • 60% of people experiencing a first episode of psychosis will have access to a NICE-approved care package within two weeks of referral. 60% of services will achieve Level 3 NICE concordance by 2020/21	• New integrated community models for adults with SMI (including care for people with eating disorders, mental health rehabilitation needs and a 'personality disorder' diagnosis) spanning both core community provision and also dedicated services will ensure at least 370,000 adults and older adults per year have greater choice and control over their care, and are supported to live well in their communities • A total of 390,000 people with SMI will receive a physical health check • A total of 55,000 people a year will have access to IPS services • The 60% Early Intervention in Psychosis access standard will be maintained and 95% of services will achieve Level 3 NICE concordance

Mental Health Crisis Care and Liaison	• By 2020/21, all areas will provide crisis resolution and home treatment (CRHT) functions that are resourced to operate in line with recognised best practice, delivering a 24/7 community-based crisis response and intensive home treatment as an alternative to acute inpatient admission
	• All acute hospitals will have mental health liaison services that can meet the specific needs of people of all ages with 50% of mental health liaison services meeting the 'core 24' standard
		• There will be 100% coverage of 24/7 age-appropriate crisis care, via NHS 111, including:
		  ○ 24/7 CRHT functions for adults, operating in line with best practice by 2020/21 and maintaining coverage to 2023/24;
		  ○ 24/7 provision for CYP that combines crisis assessment, brief response and intensive home treatment functions;
		  ○ A range of complementary and alternative crisis services to A&E and admission (including in VCSE-/local authority-provided services) within all local mental health crisis pathways;
		  ○ Mental health professionals working in ambulance control rooms, Integrated Urgent Care services, and providing on-the-scene response in line with clinical quality indicators
		• All general hospitals will have mental health liaison services, with 70% meeting the 'core 24' standard for adults and older adults

Therapeutic Acute Mental Health Inpatient Care	• Deliver against STP-level plans to eliminate all inappropriate adult acute out of area placements	• The therapeutic offer from inpatient mental health services will be improved by increased investment in interventions and activities, resulting in better patient outcomes and experience in hospital. This will contribute to a reduction in length of stay for all services to the current national average of 32 days (or fewer) in adult acute inpatient mental health settings
Suicide Reduction and Bereavement Support	• 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	• The current suicide prevention programme will cover every local area in the country • All systems will have suicide bereavement support services providing timely and appropriate support to families and staff

Problem Gambling Mental Health Support	• (N/A)	• There will be a total of 15 new clinics providing NHS specialist treatment for people with serious gambling problems. This will include piloting provision for under 18s
Rough Sleeping Mental Health Support	• (N/A)	• 20 high-need areas will have established new specialist mental health provision for rough sleepers
Enablers		
Provider Collaboratives (formerly 'New Care Models') and Secure Care	• In select areas, new models that allow secondary providers of specialised services to manage care budgets for tertiary (specialised) mental health services to improve outcomes and reduce out of area placements will be trialled • Trial new models of care within the secure care pathways, with a focus on expanding community-based services for people who require them	• All appropriate specialised mental health services, and learning disability and autism services, will be managed through NHS-led provider collaboratives over the next five years • NHS-led Provider Collaboratives will become the vehicle for rolling-out specialist community forensic care
Digitally-enabled Mental Health Care	• Demonstrate progress against assessments of digital maturity (e.g. Digital Maturity Assessment)	• 100% of mental health providers meet required levels of digitisation • Local systems offer a range of self-management apps, digital consultations and digitally-enabled models of therapy • Systems are utilising digital clinical decision-making tools
Improving the quality of mental health data	• All providers, including third & independent sector providers, submit comprehensive data to the Mental Health Services Data Set (MHSDS) and IAPT dataset	• All mental health providers will achieve Data Quality Maturity Index scores of or above 95%

Planning approach

As detailed in the NHS Long Term Plan Implementation Framework, STPs and ICSs' ('systems', or 'local areas') are expected to develop 5-year plans over the summer of 2019, submitting a draft at the end of September 2019, and a final version by mid November 2019. NHS England and NHS Improvement regions will play the primary role in supporting systems with the development of their 5-year plans. NHS England and NHS Improvement regions, working with national colleagues, will assure the robustness of STP/ICS plans against the mental health ambitions included in the LTP and further specified in this document.

System (STP/ICS) plans for delivery through to 2023/24 should include a *System Narrative Plan* to describe how systems will deliver the required transformation activities to enable the necessary improvements for patients and communities as set out in the Long Term Plan, and a *System Delivery Plan* to set the plan for delivery of finance, workforce and activity, providing an aggregate system delivery expectation and setting the basis for the 2020/21 operational plans for providers and CCGs.

Plans are to include a system *Financial Recovery Plan* (FRP) and, as far as possible, will reflect contracts for 2020/21. Plans must be fully aligned across organisations within each system.

Systems will be expected to work in partnership with mental health providers to develop these plans and it is expected that local health systems will work jointly to develop and confirm CCG Mental Health Investment Plans across the 5 years including with a lead mental health provider, in line with the planning requirement for 2019/20.

All mental health elements of plans should be developed and will be reviewed using the following common principles:

- Engagement and co-production with local communities, people with lived experience of mental ill health and mental health services, their families and carers, evidenced throughout the plan and included in continued governance structures. The NHS Involvement Hub and the nationally-commissioned Healthwatch contract can assist with this.
- Genuine partnership with local public, VCSE and private sector organisations, demonstrated through sign-off of the plan and continued through governance, including through refreshed joint agency CYP Local Transformation Plans and alignment with Joint Strategic Needs Assessments.
- Mental health plans are fully embedded in the STP/ICS with a nominated lead mental health provider and Senior Responsible Officer.
- Outcome-focused, data-driven strategic commissioning which demonstrates an understanding of local health inequalities and their impact on service delivery and transformation.
- Clear alignment with wider relevant Long Term Plan workstreams such as Ageing Well, maternity, primary care transformation, children and young people, personalised care and learning disabilities.

'Fixed', 'flexible' and 'targeted' approaches to delivering mental health commitments in the NHS Long Term Plan

The mental health ambitions in the NHS Long Term Plan require a combination of 'fixed', 'flexible' and 'targeted' approaches to delivery over the coming 5 years.

All 'fixed' deliverables include national year-on-year trajectories setting a common delivery pace across the country. With the exception of the children and young people's access figure, all access figures are net national access figures; these trajectories combine both Five Year Forward View for Mental Health (FYFVMH) and Long Term Plan (LTP) commitments. A tool which indicatively apportions this national activity, workforce and finance information to STP/ICS-level will be made available to regions to support the planning process over summer 2019. Local systems will have flexibility to tailor local pathways, staffing mix etc. to their local needs.

‘Flexible’ deliverables include those where the pace of delivery is to be determined locally, taking into account system maturity, priorities and needs. All systems are expected to achieve the same end point by 2023/24 and to provide a local year-on-year phasing for delivery in their 5-year plan.

‘Targeted’ deliverables only apply to services which are being established through targeted funding over the course of five years. Sites will be determined by joint national / regional allocation processes for these specific deliverables.

Table 2: Summary of fixed, flexible and targeted deliverables from the Long Term Plan

Programme	Fixed	Flexible	Targeted
	Set national access or coverage with year-on-year trajectories	All systems to have in place by 2023/24 (or before if specified) with flexibility in delivery approach and/or phasing to be agreed in 5-year plans	Targeted service expansion or establishment in select areas
Service delivery			
Specialist Community Perinatal Mental Health	• At least 66,000 women in total accessing specialist perinatal mental health services by 2023/24	• Maternity Outreach Clinics in all STPs/ICSs by 2023/24 [following a piloting phase in select sites commencing in 2020/21] • Extended period of care from 12-24 months in community settings, and increased availability of evidence-based psychological therapies by 2023/24 • Evidence-based assessments for partners offered and signposting where required by 2023/24	• NA
Children and Young People's (CYP) Mental Health	• 345,000 additional CYP aged 0-25 accessing NHS-funded services [by 2023/24] (in addition to the FYFVMH commitment to have 70,000 additional CYP accessing NHS services by 2020/21) • Achievement of 95% CYP Eating Disorder standard in 2020/21 and maintaining its delivery thereafter • 100% coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions by 2023/24 [see also *Mental Health Crisis Care and Liaison*] • Joint agency Local Transformation Plans (LTPs) aligned to STP plans are in place and refreshed annually [to 2020/21] • CYP mental health plans align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people's services, and health and justice [from 2022/23]	• Comprehensive 0-25 support offer that reaches across mental health services for CYP and adults in all STPs/ICSs by 2023/24 [drawing from a menu of evidence-based approaches to be made available in 2020]	• Mental Health Support Teams (MHSTs) to cover between a quarter and a fifth of the country by 2023/24
Adult Common Mental Illnesses (IAPT)	• A total of 1.9m adults and older adults accessing treatment by 2023/24 • IAPT-LTC service in place (maintaining current commitment) year-on-year • Achievement of existing IAPT referral to treatment time and recovery standards	• NA	• NA
Adult Severe Mental Illnesses (SMI) Community Care	• 370,000 people receiving care in new models of integrated primary and community care for people with SMI, including dedicated provision for groups with specific needs (including care for people with	• NA	• NA

Programme	Fixed	Flexible	Targeted
	Set national access or coverage with year-on-year trajectories	All systems to have in place by 2023/24 (or before if specified) with flexibility in delivery approach and/or phasing to be agreed in 5-year plans	Targeted service expansion or establishment in select areas

	eating disorders, mental health rehabilitation needs and a 'personality disorder' diagnosis)
	• 390,000 people with SMI receiving physical health checks by 2023/24
	• 55,000 people with SMI accessing Individual Placement and Support services by 2023/24
	• Delivery of the Early Intervention in Psychosis standard:
	  ○ Achieve 60% EIP access standard by 2020/21 and maintain its delivery thereafter
	  ○ Achieve 95% Level 3 EIP NICE-concordance by 2023/24		

Mental Health Crisis Care and Liaison	• 100% coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions by 2023/24 [see also *CYP Mental Health]* • 100% coverage of 24/7 adult Crisis Resolution and Home Treatment Teams operating in line with best practice by 2020/21 and maintaining coverage to 2023/24 • All acute hospitals will have mental health liaison services that can meet the specific needs of people of all ages by 2020/21	• 100% coverage of 24/7 age-appropriate crisis care via NHS 111 • Complementary crisis care alternatives in place in each STP/ICS by 2023/24 [drawing from a menu of approaches to be made available in 2019] • 100% roll-out of mental health professionals working in ambulance control rooms, Integrated Urgent Care services, and providing on-the-scene response in line with clinical quality indicators [national / regional development work will take place in 2019/20 with more detailed information on implementation becoming available in 2020]	• 70% of Liaison Mental Health Teams achieving 'core 24' standard by 2023/24
Therapeutic Acute Mental Health Inpatient Care	• Maintain ambition to eliminate all inappropriate adult acute out of area placements	• Improved therapeutic offer to improve patient outcomes and experience of inpatient care, and reduce average length of stay in all in adult acute inpatient mental health settings to the current average of 32 days (or fewer) by 2023/24	• NA
Suicide Reduction and Bereavement Support	• NA	• NA	• Localised suicide reduction programme rolled-out across all STPs/ICSs by 2023/24 • Suicide bereavement support services across all STPs/ICSs by 2023/24
Problem Gambling Mental Health Support	• NA	• NA	• Establishing a total of 15 new NHS clinics for specialist problem gambling treatment by 2023/24
Rough Sleeping	• NA	• NA	• Funding at least 20 areas to deliver new mental health provision for rough sleepers by 2023/24

Programme	Fixed	Flexible	Targeted
	Set national access or coverage with year-on-year trajectories	All systems to have in place by 2023/24 (or before if specified) with flexibility in delivery approach and/or phasing to be agreed in 5-year plans	Targeted service expansion or establishment in select areas
Mental Health Support			
Enablers			
Funding	• 100% of CCGs will achieve the Mental Health Investment Standard from 2019/20	• NA	• NA
Provider Collaboratives	• NA	• All appropriate specialised mental health services, and learning disability and autism services, to be managed through NHS-led provider collaboratives; NHS-led Provider Collaboratives will become the vehicle for rolling-out specialist community forensic care	• NA
Digital	• NA	• 100% of mental health providers meet required levels of digitisation • Local systems offer a range of self-management apps, digital consultations and digitally-enabled models of therapy • Systems are utilising digital clinical decision-making tools	• NA
Data quality	• 100% of providers to be compliant with MHSDS v4.0 ISN in 2019/20 • 100% of mental health providers to achieve and maintain a score of 95%, or above, in the MHSDS Data Quality Maturity Index from 2020/21 • 100% of providers to be SNOMED CT compliant from 2020/21 • 100% of NHS mental health providers to submit patient-level costing information by 2020/21	• NA	• NA

Workforce

The workforce numbers included in this document are indicative and are beyond the existing requirements specified in *Stepping forward to 2020/21: the mental health workforce plan for England*. We expect local areas to ensure the appropriate workforce is in place to staff services, which may be different depending on their existing workforce and local availability.

In line with the process outlined in the *Interim NHS People Plan*, local systems have been asked to develop local 'people plans', which will be aggregated to build a more detailed national picture of workforce demand and supply by skill sets. The indicative numbers provided in this document are to inform this local planning and the more detailed national picture to come. The full People Plan will be kept under regular review and updated on at least an annual basis.

Annex B provides a breakdown of this indicative workforce profile by programme area and by staff group.

All figures above a value of 10 have been rounded to the closest 10.

Table 3: Summary of indicative workforce requirements to deliver LTP ambitions (additional to *Stepping Forward*)

Additional staff (cumulative)	Year 1	Year 2	Year 3	Year 4	Year 5
Programme Area	2019/20	2020/21	2021/22	2022/23	2023/24
Perinatal Mental Health	0	200	590	990	990
Children and Young People (CYP) Mental Health – including CYP Crisis	310	1,220	3,440	5,750	8,050
Adult Common Mental Illnesses (IAPT)	0	0	1,000	1,980	2,940
Adult Severe Mental Illnesses (SMI) Community Care	650	2,180	3,720	7,570	10,880
Adult Liaison Mental Health	0	0	110	180	250
Adult Crisis Alternatives	400	810	1,210	1,610	2,010
Ambulance mental health provision (all ages)	0	500	750	1,010	1,260
Therapeutic Acute Mental Health Inpatient Care	0	110	230	450	760
Suicide Reduction and Bereavement Support	10	30	40	50	60
Problem Gambling Mental Health Support	10	10	30	50	80
Rough Sleeping Mental Health Support	40	70	110	140	180
Total	1,430	5,130	11,230	19,790	27,460

Financial transparency

The LTP commits to grow investment in mental health services faster than the overall NHS budget. Financial transparency will help ensure sufficient investment is made to support access to high quality mental health services. This will be supported via two routes:

- System plans must now set out how they will meet the Mental Health Investment Standard and use the investment in CCG baselines set out in this document to deliver the commitments in the Five Year Forward View for Mental Health and the Long Term Plan.
- In addition to CCG baseline investment, systems will be asked to plan for the use of the transformation funding set out in this document to deliver these commitments.
- CCG baseline allocations in this document are based on a national notional assumption of growth funding in mental health programmes
- National payment approaches will be developed for adult and older adult, perinatal and CYP mental health services. This will involve review of current approaches to develop a national currency model, piloting of models with mental health systems, and implementation from 2020/21.

Advancing mental health equalities

The LTP sets a clear precedent for embedding equalities thinking in planning and delivering commitments in local health systems. All systems are expected to set out how they will specifically reduce health inequalities by 2023/24.

Local health systems play a crucial role in addressing mental health inequalities for two important reasons:

1. As mental health inequalities are varied and contextual, local health systems are ideally positioned to co-produce localised solutions with communities experiencing mental health inequalities.
2. The majority of mental health services (especially those that are the first point of contact) are commissioned locally, and this is expected to increase with the roll-out of Provider Collaboratives commissioning specialised services.

Mental health inequalities are often linked with wider cultural and societal systems of disadvantage which impact a person's wellbeing, including (but not limited to) adverse childhood experiences, stigma, discrimination, and one's environment, such as housing security. These can have significant impacts on an individual's wellbeing, and many of these enablers are beyond the remit of the health system alone. The shift towards more integrated, population-level health systems will support more localised and personalised responses to health inequalities across the prevention and treatment spectrum to be rolled out.

NHS England and NHS Improvement will support local health systems to better address inequalities in access, experience and outcomes by supporting, incentivising and assuring targeted, localised actions to address them. This includes the development and dissemination of data, information and tools to inform local service planning and provision.

In 2019/20, NHS England and NHS Improvement will identify key headline indicators of equality across mental health services and will continue to support the national Mental Health Intelligence Network to provide access to data and intelligence for local planning including targeted work on equalities. Where possible and relevant, in 2020/21, these key headline indicators will be included in NHS accountability and transparency frameworks and tools.

NHS England and NHS Improvement will also develop, test and roll-out a Patient and Carer Race Equality Framework (PCREF) with the goal of improving access, experience and outcomes for black and minority ethnic people, in line with the findings of the Mental Health Act independent review. Working closely with patients, carers, health system leaders and other key stakeholders, the development of the PCREF will commence in 2019/20.

The *Advancing Mental Health Equalities Toolkit* and *Working Well Together - Evidence and Tools to Enable Co-production in Mental Health Commissioning* will support STPs and ICSs to identify health inequalities within their specific footprint, and formulate localised solutions to overcoming barriers to access, experience and outcomes for groups faring worse than others. These tools are expected to be drawn upon when developing and delivering system plans.

Opportunities for Voluntary, Community and Social Enterprise (VCSE) Sector leadership in delivery and implementation

VCSE leadership is key to ensuring the design and delivery of services is genuinely co-produced. VCSE organisations will often hold detailed knowledge of the existing infrastructure, assets and support communities access, and can help ensure new services are designed in a way that recognises this existing local context. A localised and community focus is invaluable when considering Multi-Disciplinary Teams and pathway local design.

NHS England and NHS Improvement commissioned the Institute for Voluntary Action and Research to provide support, guidance and tools for STP/ICS and VCSE leaders to drive action through partnership

working. The National Collaborating Centre for Mental Health published guidance and tools for embedding co-production in mental health delivery, commissioned by NHS England and NHS Improvement.

The VCSE also plays an essential role in the delivery of LTP ambitions. To enable this, STP/ ICS mental health leads, commissioners and providers should consider:

- The commissioning approach - can VCSE providers actually engage in the geographic and financial scale of your procurement? Might a grant be more appropriate? Is procurement even necessary?
- The existing relationships and commissioning functions with VCSE partners - what existing arrangements are being led by local authorities?
- The scope of innovation - might a community-led organisation develop an approach that differs from your expectations?
- The strength and sustainability of local VCSE infrastructure - how might you support this to develop?

Table 4: Examples of VCSE leadership and delivery in implementation.

Opportunities for VCSE Leadership	
Service design	Early and meaningful involvement in the design (or review) of new services, and an ongoing role to support monitoring and development. Supporting providers and commissioners to embed a co-production approach, ensure services are accessible and advance health equalities. (Example: Black Thrive)
Strategic position on delivery boards and STP/ ICS structures	Strategic position on delivery boards providing input from non-statutory perspectives, insight and evidence on community needs, awareness of VCSE offer and to ensure sufficient infrastructure exists. Key partner in emerging NHS-led Provider Collaboratives. (Example Croydon Alliance)
Training and development	Provision of education and training for clinical and non-clinical staff, and sharing of sector expertise. (Example Community Catalysts)
Opportunities for VCSE Delivery	
Peer support worker	Peer support expertise for mental health provided by a non-clinical professional with lived experience and training in peer support, and in additional support for social needs as required (e.g. financial). This is especially relevant to: the integrated community model for people with SMI; perinatal mental health; mental health crisis care; problem gambling; rough sleeping; and children and young people's mental health.
Peer support group facilitator	Provision of peer group support facilitated by a trained peer support group facilitator. This is especially relevant to: the integrated community model for people with SMI; mental health crisis care; problem gambling; rough sleeping; and children and young people's mental health.
Peer care navigator	Providing personalised support and coordination for a person's care across health, social care and voluntary sectors. This is especially relevant to the integrated community model for people with SMI.
Peer trainer	Education and training provided by previous service users to clinical and non-clinical staff.
Governance	Strategic positioning on delivery boards, providing service user and VCSE input.

A number of existing resources are available to support system leaders:

- Commissioner perspectives on working with the voluntary, community and social enterprise sector [King's Fund]
- Unlocking the value of VCSE organisations for improving population health and wellbeing: The commissioner's role [Healthy London Partnership]
- Grants for the Voluntary Sector [NHS England]

- 12 Steps to embedding social value priorities in health and care commissioning [Social Enterprise UK]

Alignment with other priority areas in the NHS Long Term Plan

Mental health plans must clearly align with other priority areas and complement service transformations outlined in the NHS Long Term Plan. The list below is not exhaustive but outlines some of the key interdependencies system plans must account for.

Table 5: Summary of key alignments with other priority areas in the NHS Long Term Plan

Programme	Alignment
Primary Care	Primary care services are often the first point of contact for people experiencing mental health problems. New models of integrated primary and community care for people with SMI (including psychosis, bipolar disorder, 'personality disorder' diagnosis, eating disorders and severe depression) will span both core community provision and also dedicated services, where the evidence supports them, and will be built around Primary Care Networks (PCNs).
Specialised Commissioning	NHS-led Provider Collaboratives will be managing the majority of specialised mental health services in 100% of the country. Additionally, there are significant overlaps with pathways of care relating to the justice system (including flows into and out of prison, and the Liaison and Diversion programme). Systems must ensure alignment across programmes for veterans, Sexual Assault Referral Centres and Immigration Removal Centres. This is especially relevant for children and young people's mental health, adult mental health SMI community care and mental health crisis care delivery requirements outlined in this document.
Ageing Well / Frailty and Dementia	Older people's mental health services should work closely with physical health services such as Ageing Well / Frailty services through shared care approaches and joint management arrangements to provide joined up care around the individual.
Urgent and Emergency Care (UEC)	The *Mental Health Crisis Care and Liaison* ambitions outlined in this proposal have a clear alignment with the UEC programme, especially in delivering all-age 24/7 mental health crisis care via NHS 111 and the roll-out of the programme for mental health and ambulances by 2023/24.
Personalised care	The NHS Long Term Plan committed to accelerating the roll out of Personal Health Budgets to give people greater choice and control over how care is planned and delivered. This includes an extension where people have a right to have a personal health budget; expanding the offer to people who are eligible for Mental Health Act Section 117 aftercare which is anticipated to come into force by the end of 2019/20 alongside expansion across wider mental health services. 900,000 people will benefit from social prescribing by 2023/24; priority cohorts can include mental health. 4,500 link workers will be recruited and trained in PCNs by 2023/24. There is a clear standard for personalised care and support planning, and over 750,000 people will benefit.
Learning Disabilities and Autism	Mental health plans must align with the ambitions outlined in the NHS Long Term Plan for people with learning disabilities and autism; this is especially relevant for the planning and provision of children and young people's mental health services. All appropriate specialised learning disability and autism services will be managed through NHS-led Provider Collaboratives over the next five years.
Long Term Conditions	IAPT services have now evolved to deliver benefits to people with long-term conditions, providing genuinely integrated care for people at the point of delivery. The requirement that all areas commission an IAPT-LTC service is ongoing.
Maternity Transformation	The NHS England and NHS Improvement mental health and maternity transformation programmes will develop key principles and identify well-integrated and effective sites to run Maternity Outreach Clinic pilots in 2020/21 and 2021/22. The learnings from the pilots will be disseminated to systems. All systems will be expected to have Maternity Outreach Clinics in place by 2023/24.

Section 2 – Implementation Plan for Mental Health

Perinatal Mental Health

By 2023/24:

- At least 66,000 women with moderate to severe perinatal mental health difficulties will have access to specialist community care from pre-conception to 24 months after birth with increased availability of evidence-based psychological therapies. Their partners will be able to access an assessment for their mental health and signposting to support as required;
- Maternity Outreach Clinics will be available across the country, combining maternity, reproductive health and psychological therapy for women experiencing mental health difficulties directly arising from, or related to, the maternity experience.

Planning and delivery requirements

Ambition	2019/20	2020/21	2021/22	2022/23	2023/24
Fixed					
Specialist Community Perinatal Access	At least 32,000 women in total accessing specialist perinatal mental health services *[20,000 additional access ambition in FYFVMH, and best available baseline figure]*	At least 47,000 women in total accessing specialist perinatal mental health services *[30,000 additional access ambition in FYFVMH, 5,000 increase from the Long Term Plan, and best available baseline figure]*	At least 57,000 women in total accessing specialist perinatal mental health services *[30,000 additional access ambition in FYFVMH, 15,000 increase from the Long Term Plan, and best available baseline figure]*	At least 66,000 women in total accessing specialist perinatal mental health services *[30,000 additional access ambition in FYFVMH, 24,000 increase from the Long Term Plan, and best available baseline figure]*	At least 66,000 women in total accessing specialist perinatal mental health services *[30,000 additional access ambition in FYFVMH, 24,000 increase from the Long Term Plan, and best available baseline figure]*
Flexible					
Maternity Outreach Clinics		*[Testing models for Maternity Outreach Clinics in select areas]*		Implement Maternity Outreach Clinics	
Extended period of care		Specialist community care from pre-conception to 24 months in place with increased availability of evidence-based psychological therapies			
Partner assessment		Assessment of partners of women accessing specialist community care for their mental health and signposting to support as required in place			

Delivery of increased access to specialist community perinatal mental health services is a fixed access ambition.

Delivery of commitments to extend the period of care from 12 to 24 months, and to offer evidence-based assessments for partners are both flexible deliverables. Systems are expected to demonstrate when this service offer will be available, tailoring the pace of delivery flexibly to local needs, and aligning with evidence-based interventions. Expansion of the period of care should not be based on inclusion/exclusion criteria.

To build the evidence base and replicable models for Maternity Outreach Clinics, NHS England and NHS Improvement (mental health and maternity programmes) will develop key principles and identify well-integrated and effective sites to run pilots in 2020/21 and 2021/22. The learnings from the pilots will be disseminated to systems. All systems will be expected to have maternity outreach clinics in place by 2023/24, therefore this deliverable is flexible.

National funding profile

Please note that the breakdown of the funding within the mental health ringfenced investment is indicative for the last two years (2022/23 and 2023/24); this does not impact the total funding commitment for mental health of at least £2.3bn per year in real terms by 2023/24.

Funding Type (£ Million – Cash prices)		Baseline	Year 1	Year 2	Year 3	*Year 4*	*Year 5*
		2018/19	2019/20	2020/21	2021/22	*2022/23*	*2023/24*
Specialist Community Perinatal Mental Health	Central / Transformation	60	32	31	28	*19*	*16*
	CCG baselines	0	76	140	174	*217*	*223*
	Total	60	108	171	201	*236*	*239*

Central / transformation funding will be made available to systems for:

- Supporting the expansion of specialist community perinatal mental health teams [in 2019/20 and 2020/21].
- Testing models for Maternity Outreach Clinics in select areas [in 2020/21 and 2021/22].

Published CCG baseline programme allocations include funding growth for:

- Sustaining and expanding specialist community perinatal mental health teams [from 2019/20 onwards].
- Extending the period of care within specialist community teams from 12 to 24 months and increasing availability of evidence-based psychological therapies [from 2020/21 onwards].
- Implementing evidence-based assessments of partners of women accessing specialist community services and signposting to support where required [from 2020/21 onwards].
- Implementing Maternity Outreach Clinics across all STPs/ICSs following learning from testing phases [from 2022/23 onwards].

National indicative workforce profile

Note this is additional to the existing requirements specified in *Stepping forward to 2020/21: the mental health workforce plan for England*.

Perinatal Mental Health	Year 1	Year 2	Year 3	Year 4	Year 5
Staff group	2019/20	2020/21	2021/22	2022/23	2023/24
Psychiatrist - consultant	0	10	30	50	50
Psychiatrist - non consultant	0	10	30	50	50
Pharmacist	0	3	9	20	20
Nursing	0	20	60	110	110
Psychologist	0	40	130	210	210
Occupational Therapists	0	7	20	40	40
Support to clinical staff / other therapists	0	60	170	280	280
Admin	0	20	60	100	100
Peer support worker	0	30	90	150	150
Total	0	200	590	990	990

Support materials

The Perinatal Mental Health Care Pathways, published in May 2018, support the delivery of the increased access ambition. As further support materials are produced, they will be distributed to systems.

Children and Young People (CYP) Mental Health

By 2023/24:

- 345,000 additional CYP aged 0-25 will have access to support via NHS-funded mental health services and school- or college-based Mental Health Support Teams (in addition to the FYFVMH commitment to have 70,000 additional CYP accessing NHS services by 2020/21).
- There will be a comprehensive offer for 0-25 year olds that reaches across mental health services for CYP and adults.
- The 95% CYP Eating Disorder referral to treatment time standards achieved in 2020/21 will be maintained.
- There will be 100% coverage of 24/7 mental health crisis care provision for children and young people which combines crisis assessment, brief response and intensive home treatment functions [see also *Mental Health Crisis Care and Liaison*]
- CYP mental health plans will align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people's services, and health and justice

Planning and delivery requirements

Ambition	2019/20	2020/21	2021/22	2022/23	2023/24
Fixed					
Children and Young People's (CYP) Access*	63,000 additional CYP aged under 18** accessing NHS-funded services *[FYFVMH commitment]*	70,000 additional CYP aged under 18** accessing NHS-funded services *[FYFVMH commitment]* 73,000 additional CYP aged 0-25 accessing NHS-funded services *[LTP commitment]*	70,000 additional CYP aged under 18 ** accessing NHS-funded services *[FYFVMH commitment]* 164,000 additional CYP aged 0-25 accessing NHS-funded services *[LTP commitment]*	70,000 additional CYP aged under 18** accessing NHS-funded services *[FYFVMH commitment]* 254,000 additional CYP aged 0-25 accessing NHS-funded services *[LTP commitment]*	70,000 additional CYP aged under 18**accessing NHS-funded services *[FYFVMH commitment]* 345,000 additional CYP aged 0-25 accessing NHS-funded services *[LTP commitment]*
CYP Eating Disorders	*[No year-on-year trajectory in FYFVMH]*	Achieve 95% CYP Eating Disorder Standard *[FYFVMH commitment]*	Maintain 95% CYP Eating Disorder Standard	Maintain 95% CYP Eating Disorder Standard	Maintain 95% CYP Eating Disorder Standard
CYP Crisis	30% coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions	35% coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions	57% coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions	79% coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions	100% coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions
Planning and alignment	Joint agency Local Transformation Plans (LTPs) aligned to STP plans in place and refreshed	Joint agency Local Transformation Plans (LTPs) aligned to STP plans in place and refreshed	CYP mental health plans align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people's services, and health and justice	CYP mental health plans align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people's services, and health and justice	CYP mental health plans align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people's services, and health and justice
Targeted					
Mental Health Support Teams (MHSTs)	MHSTs established in selected areas	MHSTs established in selected areas	MHSTs established in selected areas	MHSTs established in selected areas	MHSTs established in selected areas

	Flexible	
Comprehensive 0-25 Offer	[redacted]	Comprehensive offer for 0-25 year olds that reaches across mental health services for CYP and adults in place

**As part of 5 year planning, STPs/ICSs are expected to work with NHS England and Improvement regional teams to define and validate a specific baseline for 18-25s ('young adults') activity, to be published by October 2019.*

*** 'Under 18' is defined as CYP aged between 0 to 17 years and 364 days.*

Expansions to Children and Young People's Mental Health Services (CYPMHS) will ensure delivery of the fixed FYFVMH commitment to provide access to 70,000 additional CYP by 2020/21. The fixed LTP commitment to provide access to an additional 345,000 CYP aged 0-25 by 2023/24 on top of FYFVMH commitments will be met by: even further expansions to CYPMHS; the roll-out of Mental Health Support Teams (MHSTs); and delivering the comprehensive offer for 0-25 year-olds.

Although the overall national CYP access figure by 2023/24 is fixed, the STP contribution across the three elements (CYMPHS, MHSTs and the 0-25 offer) is challenging to estimate. A range of different existing and new services, some of which will be rolled out in targeted ways, will contribute to the delivery of the LTP ambitions for children and young people, and a single aggregate metric is unlikely to be representative of all activity. NHS England and NHS Improvement are working to determine the most appropriate and accurate access metric through the learning from MHST, CYP 4 week waiting time pilots and integrated primary and community care for adults with SMI pilots. We also wish to learn from and improve upon the FYFVMH access metric for the 70,000 additional CYP, which is a proxy measure that only covers a subset of relevant activity. We anticipate being able to share indicative ICS-level trajectories in 2020/21. In the intervening period, expansion of under-18 CYPMHS, access to MHSTs and enhancements to young adults' expansion will be agreed and tracked separately.

NHS England and NHS Improvement intend to report on the CYP mental health outcomes metric (measurable change in symptoms and functioning) nationally from 2020/21 onwards. As data quality improves, metrics which reflect service change around young adults will also be developed, which will inform improvements to the young adults service offer.

NHS England and NHS Improvement will work with key stakeholders including the Department for Education and the Department of Health and Social Care to identify local systems where MHSTs will be rolled out in during summer 2019 via a targeted approach. Systems in receipt of this funding will be expected to plan accordingly. A manual for MHSTs is currently in development.

Delivering a comprehensive offer for 0-25 year-olds is a flexible deliverable, in order to account for different local population needs, and existing partnership and commissioning arrangements. It will require consideration of the needs of 0-5 year olds, those moving between services in transition, those with physical health problems, learning disabilities, autistic spectrum disorder and other vulnerabilities and join-up with the programmes to support them. NHS England and NHS Improvement will document and share learning from areas that are already delivering an enhanced offer to young adults so local systems can adapt their models of care. These models will include stretch arrangements and changes in commissioning and service approaches for both CYPMHS and adult mental health services to ensure young adults receive appropriate support regardless of their age or diagnostic profile. The menu of models which local systems can draw from will be available by 2020, and all systems will be expected to plan for their roll-out from 2021 to ensure that all areas have a comprehensive model in place by 2023/24.

Achieving and maintaining the CYP Eating Disorder Standard by 2020/21 is an existing fixed FYFVMH deliverable, expected to be maintained thereafter.

Delivery of 24/7 mental health crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions by 2023/24 is another fixed deliverable. NHS England and NHS Improvement will assess progress against the national coverage ambition on an annual basis. NHS England and NHS Improvement are collecting learning and will disseminate emerging good practice, useful products and tools to support the expansion of CYP mental health crisis care.

These plans need to be developed and delivered in the context of the whole pathway of care for children and young people, whether in community or inpatient settings. For some areas this will be met through the development of Provider Collaboratives. However, the development of an integrated pathway is a requirement for all systems. Plans will also need to demonstrate alignment with those for children and young people with learning disabilities and/or autism, special educational needs and disability (SEND), children and young people's services, and health and justice services.

National funding profile

Please note that the breakdown of the funding within the mental health ringfenced investment is indicative for the last two years (2022/23 and 2023/24); this does not impact the total funding commitment for mental health of at least £2.3bn per year in real terms by 2023/24.

Funding Type (£ Million – Cash prices)		Baseline	Year 1	Year 2	Year 3	*Year 4*	*Year 5*
		2018/19	2019/20	2020/21	2021/22	*2022/23*	*2023/24*
Children and Young People's Community and Crisis	Central / Transformation	65	68	49	113	*150*	*218*
	CCG baselines	170	195	231	261	*319*	*383*
	Total	235	263	280	375	*469*	*601*
Children and Young People's Eating Disorders	Central / Transformation	0	0	0	0	*0*	*0*
	CCG baselines	30	41	52	53	*53*	*54*
	Total	30	41	52	53	*53*	*54*
Mental Health Support Teams (MHSTs) and 4 week waiting time pilots	Central / Transformation	24	76	115	136	*185*	*249*
	CCG baselines	0	0	0	0	*0*	*0*
	Total	24	76	115	136	*185*	*249*
Children and Young People's (CYP) Mental Health Total	Central / Transformation	89	144	164	249	*335*	*467*
	CCG baselines	200	236	283	314	*372*	*437*
	Total	289	380	447	563	*707*	*904*

Central / transformation funding will be made available to systems for:

- Piloting UEC, CYP Eating Disorder (specifically Avoidant Restrictive Food Disorder) and young adults pathway adjustments in select areas [in 2019/20, and then again in 2020/21 but allocated from adult mental health central / transformation funding budgets].
- Continuing to pilot the impact of 4 week waiting times in selected areas [in 2019/20 and 2020/21].
- Establishing and expanding Mental Health Support Teams in selected areas [from 2019/20].
- Further expansions to CYP services, including CYP crisis services, extended or established and implemented during the FYFVMH to deliver more comprehensive, high quality crisis services through fair-share central / transformation funding [from 2020/21].

Published CCG baseline programme allocations include funding growth for:

- Service expansions for 0-18 community and crisis CYPMHS [from 2019/20].
- Sustaining and expanding CYP Community Eating Disorder Teams [from 2019/20].

National indicative workforce profile

Note this is additional to the existing requirements specified in *Stepping forward to 2020/21: the mental health workforce plan for England*.

Children and Young People (CYP) Mental Health – including CYP Crisis	Year 1	Year 2	Year 3	Year 4	Year 5
Staff group	2019/20	2020/21	2021/22	2022/23	2023/24
Psychiatrist - consultant	0	10	60	130	190
Psychiatrist - non consultant	0	0	5	10	20
Nursing	60	250	860	1,480	2,110
Psychologist	60	240	610	980	1,360
Psychotherapists and psychological professionals	170	570	1,250	1,900	2,550
Occupational Therapists	0	0	20	40	60
Support to clinical staff / other therapists	0	30	260	520	780
Social worker	0	9	60	120	170
Admin	20	100	320	560	810
Total	310	1,220	3,440	5,750	8,050

Support materials

- The NHS published a commissioning guide for the CYP Eating Disorder Access Standard in 2015. A manual for MHSTs is being circulated in draft to current sites for testing.
- NHS England has produced resources to help commissioners, including a planning tool to help the development of an integrated offer with education and social care.
- Support to work with experts by experience and their families Further resources are being developed to support CYP mental health care and implementation of the Long Term Plan.

Adult Common Mental Illnesses (IAPT)

By 2023/24:

- Access to Increased Access to Psychological Therapies (IAPT) services will be expanded covering a total of 1.9m adults and older adults. All areas will maintain the existing IAPT referral to treatment time and recovery standards, and the existing requirement to commission IAPT-Long Term Conditions (IAPT-LTC) services.

Planning and delivery requirements

Ambition	2019/20	2020/21	2021/22	2022/23	2023/24
Fixed					
IAPT Access (All ages)	A total of 1.3m adults and older adults accessing treatment *[FYFVMH commitment]*	A total of 1.5m adults and older adults accessing treatment *[FYFVMH commitment]*	A total of 1.6m adults and older adults accessing treatment *[An additional 129,000 accessing treatment above FYFVMH ambitions]*	A total of 1.8m adults and older adults accessing treatment *[An additional 258,000 accessing treatment above FYFVMH ambitions]*	A total of 1.9m adults and older adults accessing treatment *[An additional 380,000 accessing treatment above FYFVMH ambitions]*
IAPT Referral to Treatment Time and Recovery Standards	IAPT Referral to Treatment Time and Recovery Standards maintained	IAPT Referral to Treatment Time and Recovery Standards maintained	IAPT Referral to Treatment Time and Recovery Standards maintained	IAPT Referral to Treatment Time and Recovery Standards maintained	IAPT Referral to Treatment Time and Recovery Standards maintained
IAPT Long Term Conditions (IAPT-LTC)	All areas have IAPT-LTC service in place	All areas have IAPT-LTC service in place	All areas have IAPT-LTC service in place	All areas have IAPT-LTC service in place	All areas have IAPT-LTC service in place

The IAPT programme is well-established and the Long Term Plan supports more adults and older adults to access the services they need via fixed year-on-year trajectories.

In delivering the above, the requirement that all areas commission IAPT-LTC services using published CCG baseline funding will remain. Further, local areas will also be expected to plan to meet the needs of their local population to address inequalities in access (for example, to improve access for older people by promoting initiatives in care homes) and to consider what changes may need to be made to improve access and outcomes for young adults.

Health Education England (HEE) will receive apportioned funding for IAPT Trainee Salary Support (~60%) for any trainees starting during the financial years 2019/20 to 2022/23 inclusive. This funding will cover salary support for both expansion and replacement trainees. This will be flowed directly from HEE to providers with the condition that trainees be offered sustainable employment. The remaining 40% of salary costs will be in the published CCG baseline allocations for those years.

Whilst some central funding is being made available in 2023/24, this is solely for the purposes of 60% salary support for trainees who started training in 2022/23. No trainees starting in 2023/24 will be eligible for centrally-funded salary support. We expect the full costs of all new trainees from 2023/24 onwards to be met from CCG baseline funding.

National funding profile

Please note that the breakdown of the funding within the mental health ringfenced investment is indicative for the last two years (2022/23 and 2023/24); this does not impact the total funding commitment for mental health of at least £2.3bn per year in real terms by 2023/24.

Funding Type (£ Million – Cash prices)		Baseline	Year 1	Year 2	Year 3	*Year 4*	*Year 5*
		2018/19	2019/20	2020/21	2021/22	*2022/23*	*2023/24*
Adult Common Mental Illnesses (IAPT)	Central / Transformation	0	26	62	67	*53*	*38*
	CCG baselines	35	137	162	236	*310*	*442*
	Total	35	163	224	303	*363*	*480*

Central / transformation funding will be made available to systems for:

- Salary support for IAPT Trainees (distributed via HEE to providers) until 2023/24 [from 2019/20, noting central transformation funding should only be used in 2023/24 to fund 60% salary support of the cohort of trainees starting in 2022/23]

Published CCG baseline programme allocations include funding growth for:

- Sustaining and commissioning IAPT services (including IAPT-LTC Services) [from 2019/20]
- Salary support – this includes CCGs providing 40% salary support for trainees who start before the end of 2022/23, and funding 100% of salary support for trainees starting in 2023/24.

A 2019/20 CQUIN for achieving 65% of referrals finishing a course of treatment which had paired scores recorded in the specific anxiety specific measures (ADMS) has been introduced for all IAPT providers.

National indicative workforce profile

Note this is additional to the existing requirements specified in *Stepping forward to 2020/21: the mental health workforce plan for England*.

Adult Common Mental Illnesses (IAPT)	Year 1	Year 2	Year 3	Year 4	Year 5
Staff group	2019/20	2020/21	2021/22	2022/23	2023/24
Psychotherapists and psychological professionals	0	0	970	1,930	2,860
Admin	0	0	30	50	80
Total	0	0	1,000	1,980	2,940

Support materials

The IAPT Manual published in June 2018 supports the delivery of this programme. Guidance on co-locating mental health therapists in primary care is also available. As further support materials are planned, they will be made available to systems.

Adult Severe Mental Illnesses (SMI) Community Care

By 2023/24:

- All STPs/ICSs will have received funding to develop and begin delivering new models of integrated primary and community care for adults and older adults with severe mental illnesses, incorporating care for people with eating disorders, mental health rehabilitation needs and complex mental health difficulties associated with a diagnosis of a 'personality disorder', among other groups. These new models of care will span both core community provision and also dedicated services, where the evidence supports them, and they will be built around Primary Care Networks. By the end of 2023/24 every STP/ICS will have at least one new model in place, with care provided to at least 370,000 adults and older adults per year nationally, giving them greater choice and control over their care, and supporting them to live well in their communities.
- A total of 390,000 people with SMI will receive a physical health check.
- A total of 55,000 people a year will have access to Individual Placement and Support services.
- The 60% Early Intervention in Psychosis (EIP) access standard will be maintained and 95% of services will achieve Level 3 NICE concordance.

Planning and delivery requirements

Ambition	2019/20	2020/21	2021/22	2022/23	2023/24
			Fixed		
Integrated primary and community care for adults and older adults with SMI access	Stabilise and bolster core community mental health teams *[Testing new model within select number of STPs/ICSs]*	Stabilise and bolster core community mental health teams *[Testing new model within select number of STPs/ICSs]*	At least 126,000 adults and older adults with SMI (including care for people with eating disorders, mental health rehabilitation needs and a 'personality disorder' diagnosis) receiving care from integrated primary and community mental health services	At least 257,000 adults and older adults with SMI (including care for people with eating disorders, mental health rehabilitation needs and a 'personality disorder' diagnosis) receiving care from integrated primary and community mental health services	At least 370,000 adults and older adults with SMI (including care for people with eating disorders, mental health rehabilitation needs and a 'personality disorder' diagnosis) receiving care from integrated primary and community mental health services
SMI physical health checks	A total of 280,000 people receiving physical health checks *[FYFVMH commitment]*	A total of 280,000 people receiving physical health checks *[FYFVMH commitment]*	A total of 302,000 people receiving physical health checks *[An additional 22,000 above FYFVMH ambition]*	A total of 346,000 people receiving physical health checks *[An additional 66,000 above FYFVMH ambition]*	A total of 390,000 people receiving physical health checks *[An additional 110,000 above FYFVMH ambition]*
Individual Placement and Support (IPS)	16,000 total people accessing IPS *[60% Increase in access as per FYFVMH]*	20,000 total people accessing IPS *[100% increase in access as per FYFVMH]*	32,000 total people accessing IPS	44,000 total people accessing IPS	55,000 total people accessing IPS
Early Intervention in Psychosis (EIP)	Achieve 56% EIP Access Standard and 50% Level 3 NICE concordance *[FYFVMH commitment]*	Achieve 60% EIP Access Standard and 60% Level 3 NICE concordance [FYFVMH commitment]	Maintain 60% EIP Access Standard and 70% Level 3 NICE concordance	Maintain 60% EIP Access Standard and 80% Level 3 NICE concordance	Maintain 60% EIP Access Standard and 95% Level 3 NICE concordance

In this context 'SMI' covers a range of needs and diagnoses, including but not limited to; psychosis, bipolar disorder, 'personality disorder' diagnosis, eating disorders, severe depression and mental health rehabilitation needs – some of which may be co-existing with other conditions such as frailty, cognitive impairment, neurodevelopmental conditions or substance use. New and integrated primary and community services should remove thresholds to ensure people can access the care, treatment and support at the earliest point of need, so that they can live as well as possible in their communities.

These models will:

- Provide continuous care across primary and secondary services to ensure there is care and support available for those who do not meet existing thresholds for secondary care, and to avoid people losing care and support following discharge from community mental health teams (CMHTs).
- Improve access to evidence-based and meaningful care to help people get better and stay well. This will include:
    - Improved access to psychological therapies for people with psychosis, bipolar disorder, and complex mental health difficulties associated with a diagnosis of a 'personality disorder'
    - Improved physical health care
    - Access to employment support
    - Increasingly personalised and trauma-informed care
    - Medicines management
    - Support for self-harm and coexisting substance use
- Span both transformed core primary/community provision and dedicated community-based services for the following groups, ensuring improved access to high quality, evidence-based care and reduced waits for:
    - Adults with eating disorders
    - People with complex mental health difficulties who are diagnosed with a 'personality disorder'
    - People with mental health rehabilitation needs

Adult and older adult community mental health transformation must align with other local transformation efforts including: the comprehensive mental health offer for young adults; Ageing Well; personalised care; and the evolution of Primary Care Networks.

An initial two-year period of testing these new models will take place in selected areas from 2019/20 to 2020/21, including piloting the changes to the young adults offer set out in the *Children and Young People Mental Health* section. This phase will further include testing four week waiting times for generic adult and older adult care in line with the Clinical Review of Standards, generating learning on how to make joint working with Primary Care Networks (PCNs) effective, and how to link core provision with a range of dedicated services, such as EIP and adult community eating disorder services.

Meanwhile, from 2019/20 onwards, all areas will receive a year-on-year increase in baseline funding to bolster community mental health provision. From 2019/20 onwards, all local systems are thus expected to:

- Stabilise and bolster current core community services;
- Meet the fixed deliverables for SMI physical health checks, IPS and EIP (see below); and
- Prepare their local systems for mobilisation of new integrated primary and community model using central / transformation funding which every STP/ICS will receive from 2021/22 to 2023/24.

Preparatory work for the mobilisation of the new integrated primary and community model should include:

- Completing a self-assessment against the principles set out in *The Community Mental Health Framework for Adults and Older Adults*;

- Strengthening local relationships between primary care (especially emerging PCNs, secondary mental health care including children and young people's mental health services, local authorities and VCSE services, and co-designing plans with communities;
- Joint workforce planning, allowing for new roles and peer support workers;
- Releasing existing staff to take advantage of training opportunities in psychological therapies for people with SMI
- Considering opportunities to join up with plans for Provider Collaboratives to manage specialised commissioning budgets for adult eating disorder inpatient care.

From 2021/22 to 2023/24, all STPs/ICS will then receive a fair share of central / transformation funding to achieve the fixed national trajectory for access to the new models of integrated primary and community care for people with SMI; this central / transformation funding will be in addition to the continuous increase in CCGs baseline funding.

Given the importance of access to psychological therapies within the new community-based offer, NHS England and NHS Improvement will work with HEE across the five-year period to commission new training places each year to increase competency within the workforce. This will support delivery of NICE-recommended psychological therapies for people with psychosis, bipolar disorder and 'personality disorder'. This will also enable local systems to strengthen or establish regional and local clinical leadership in improving access to psychological therapies for people with SMI and a range of other diagnoses and needs not treatable within IAPT services. Targeted workforce development for adult eating disorders and complex mental health difficulties associated with a diagnosis of 'personality disorder' will also be undertaken in partnership with HEE including exploring key non-clinical roles, such as peer support workers, and the development of the mental health pharmacist workforce.

Delivery of the ambitions to increase access to physical health checks and follow up care, increase access to IPS, and continue to improve on delivery of the EIP standard are all fixed deliverables, building on FYFVMH expansions to date. These must now be viewed as essential components of a comprehensive community-based offer within new models:

- EIP – All areas will need to ensure they are commissioning EIP services in line with NHS England guidance including providing a service that covers an age range of 14-65 and has a provision for people with an At Risk Mental State (ARMS). Improvements in NICE-concordance are also expected in line with the trajectory.
- IPS – All areas are to have IPS services in place that operate in line with fidelity to the established, evidence-based model.
- SMI physical health checks – All areas are to enhance provision to better address physical health risks and needs for people with SMI including:
    - Completion of recommended physical health assessments
    - Follow-up delivery of or referral to appropriate NICE-recommended interventions
    - Follow-up personalised care planning, engagement and psychosocial support.

National funding profile

Please note that the breakdown of the funding within the mental health ringfenced investment is indicative for the last two years (2022/23 and 2023/24); this does not impact the total funding commitment for mental health of at least £2.3bn per year in real terms by 2023/24.

Funding Type (£ Million – Cash prices)		Baseline	Year 1	Year 2	Year 3	*Year 4*	*Year 5*
		2018/19	2019/20	2020/21	2021/22	*2022/23*	*2023/24*
Early Intervention in Psychosis*	Central / Transformation	0	0	0	*Funding for each of these commitments is included in 'Adult Mental Health (SMI) Community Care Total' from 2021/22 onwards*		
	CCG baselines	12	18	52			
	Total	12	18	52			
Individual Placement and Support*	Central / Transformation	13	30	23			
	CCG baselines	0	0	0			
	Total	13	30	23			
Physical Health Checks for people with Severe Mental Illnesses*	Central / Transformation	0	0	0			
	CCG baselines	2	51	79			
	Total	2	51	79			
New integrated community models for adults with SMI (including care for people with eating disorders, mental health rehabilitation needs and a 'personality disorder' diagnosis)*	Central / Transformation	0	31	52			
	CCG baselines	0	33	135			
	Total	0	65	187			
Adult Severe Mental Illnesses (SMI) Community Care Total	Central / Transformation	13	61	75	147	*370*	*456*
	CCG baselines	14	103	265	279	*326*	*519*
	Total	27	165	341	426	*696*	*975*

**Funding for all SMI ambitions are aggregated from 2021/22 onwards after the FYFVMH comes to an end in 2020/21.*

Central / transformation funding will be made available to systems for:

- Testing, evaluating and refining new models of integrated primary and community care for people with SMI in select areas [in 2019/20 and 2020/21];
- Implementing and expanding new models of integrated primary and community care for people with SMI in all areas across England through fair-share central / transformation funding [from 2021/22 to 2023/24], in addition to CCG baseline funding.
- Central / transformation funding will also be used to fund NHS England and Improvement-led and -coordinated developments to increase the capacity of the workforce to support community-based care, including:
    - Commissioning training places for improving access to psychological therapies for people with psychosis, bipolar disorder and complex mental health difficulties associated with a diagnosis of a 'personality disorder';
    - Work to improve the competence and confidence of the workforce to understand and respond to the needs of people with complex mental health difficulties associated with a diagnosis of 'personality disorder', based on the Knowledge and Understanding Framework;
    - Work to improve the availability of staff with the skills required to support and deliver evidence-based treatment for adults with eating disorders in community-based services, in line with recommendations from the Parliamentary and Health Services Ombudsman report *Ignoring the Alarms: How NHS eating disorder services are failing patients*;
    - Work to improve skills and knowledge around improving physical health care for people with SMI; and
    - Work to accelerate the development of the peer support workforce.

Published CCG baseline programme allocations include funding growth for:

- Delivering commitments on improving SMI physical health care, and EIP

- Delivering commitments on improving IPS services from 2021/22 once FYFVMH central / transformation funding ceases
- Stabilising and bolstering current core community services [in 2019/20 and 2020/21] and then funding the delivery of new models of integrated primary and community care for people with SMI, including those with specific needs, in conjunction with the use of fair-shared central / transformation funding [from 2021/22 onwards].

National indicative workforce profile

Note this is additional to the existing requirements specified in *Stepping forward to 2020/21: the mental health workforce plan for England*.

Adult Mental Health (SMI) Community Care	Year 1	Year 2	Year 3	Year 4	Year 5
Staff group	2019/20	2020/21	2021/22	2022/23	2023/24
Psychiatrist - consultant	10	30	60	120	170
Pharmacist	20	50	90	180	260
Nursing	90	310	530	1,070	1,540
Psychologist	40	150	260	520	750
Psychotherapists and psychological professionals	10	40	70	140	210
Occupational Therapists	10	40	70	150	220
Physician Associates	8	30	50	100	140
Support to clinical staff / other therapists – including employment support	240	790	1,350	2,740	3,930
Social worker	20	70	120	250	360
Admin	30	110	180	370	530
Peer support worker	170	560	950	1,930	2,780
Total	650	2,180	3,720	7,570	10,880

Support materials

Work is underway to finalise the *Community Mental Health Framework* commissioned by NHS England and NHS Improvement that will encompass the needs of adults, including younger and older adults with moderate to severe mental illnesses, covering a range of needs and diagnoses. Similarly, publication of guidance on developing community-based services for adults with eating disorders is imminent.

Further resources are being developed to support improved community services for adults with SMI, including on the implementation of increased access to psychological therapies for people with SMI.

The following support material is already available:

- Improving the physical health care for people with SMI: Guidance for CCGs
- Physical health check and follow-up interventions for people with severe mental illness
- Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Guidance

Finally, NHS England and NHS Improvement have commissioned Social Finance to deliver IPS Grow, an infrastructure support initiative, which consists of: hands-on implementation support from a network of IPS experts; a workforce development programme; and tools for effective reporting, monitoring and evaluation of services.

Mental Health Crisis Care and Liaison

By 2023/24:

- There will be 100% coverage of 24/7 age-appropriate crisis care, via NHS 111, including:
  - 24/7 Crisis Resolution Home Treatment (CRHT) functions for adults, operating in line with best practice by 2020/21 and maintaining coverage to 2023/24;
  - 24/7 provision for children and young people that combines crisis assessment, brief response and intensive home treatment functions [see also *Children and Young People's Mental Health*];
  - A range of complementary and alternative crisis services to A&E and admission (including in VCSE/local authority-provided services) within all local mental health crisis pathways;
  - A programme for mental health and ambulances, including mental health transport vehicles, training for ambulance staff and the introduction of nurses and other mental health professionals in Integrated Urgent Care Clinical Assessment Services.
- All general hospitals will have mental health liaison services, with 70% meeting the 'core 24' standard for adults and older adults.

Additionally, appropriate access and waiting time standards for urgent and emergency mental health care will be field tested during 2019/20, with trajectories for introduction over the course of the LTP to be confirmed thereafter.

Planning and delivery requirements

Ambition	2019/20	2020/21	2021/22	2022/23	2023/24
Fixed					
CYP crisis care	30% coverage of 24/7 crisis provision for CYP which combine crisis assessment, brief response and intensive home treatment functions	35% coverage of 24/7 crisis provision for CYP which combine crisis assessment, brief response and intensive home treatment functions	57% coverage of 24/7 crisis provision for CYP which combine crisis assessment, brief response and intensive home treatment functions	79% coverage of 24/7 crisis provision for CYP which combine crisis assessment, brief response and intensive home treatment functions	100% coverage of 24/7 crisis provision for CYP which combine crisis assessment, brief response and intensive home treatment functions
Adult and older adult CRHTTs	*[Invest in the expansion of adult CRHTTs to operate in line with best practice and achieve 100% coverage by 2020/21]*	100% coverage of 24/7 adult Crisis Resolution and Home Treatment Teams operating in line with best practice *[FYFVMH commitment]*	*[Maintain 100% coverage of 24/7 adult Crisis Resolution and Home Treatment Teams operating in line with best practice]*	*[Maintain 100% coverage of 24/7 adult Crisis Resolution and Home Treatment Teams operating in line with best practice]*	*[Maintain 100% coverage of 24/7 adult Crisis Resolution and Home Treatment Teams operating in line with best practice]*
Liaison Mental Health coverage	*[Invest in the expansion of Liaison Mental Health to achieve 100% coverage by 2020/21]*	100% STP coverage of Liaison Mental Health teams meeting the needs of all ages *[FYFVMH commitment]*	100% STP coverage of Liaison Mental Health teams meeting the needs of all ages *[FYFVMH commitment]*	100% STP coverage of Liaison Mental Health teams meeting the needs of all ages *[FYFVMH commitment]*	100% STP coverage of Liaison Mental Health teams meeting the needs of all ages *[FYFVMH commitment]*
Flexible					
Crisis alternatives	A range of complementary and alternative crisis services to A&E and admission (including in VCSE/local authority-provided services) offered within all local mental health crisis pathways				
Ambulance Mental Health Response	[redacted]	Mental health professionals working in ambulance control rooms, Integrated Urgent Care services, and providing on-the-scene response in line with clinical quality indicators.			
24/7 Crisis care via NHS 111	Connection of urgent mental health services to Integrated Urgent Care services in order to allow access to crisis care 24/7 via NHS 111 within each system				

Targeted					
Liaison Mental Health 'core 24'	40% of Liaison Mental Health Teams achieving 'core 24' for adults and older adults *[FYFVMH commitment]*	50% of Liaison Mental Health Teams achieving 'core 24' standard *[FYFVMH commitment]*	59% of Liaison Mental Health Teams achieving 'core 24' standard	64% of Liaison Mental Health Teams achieving 'core 24' standard	70% of Liaison Mental Health Teams achieving 'core 24' standard

Comprehensive crisis pathways will be developed to ensure 100% coverage of 24/7 age-appropriate crisis-care, via NHS 111, by 2023/24. Comprehensive crisis pathways are likely to include jointly commissioned and/or delivered services with non-NHS partners such as local authorities, police and the VCSE.

By 2023/24, all areas are expected to have 24/7 age appropriate crisis services for children and young people in place, including crisis assessment, brief response and intensive home treatment (see *Children and Young People Mental Health*). This may include blended models with inpatient care and/or existing adult team practitioners who are trained and competent in meeting the specific mental health needs of children and young people under 18. When response is provided by adult mental health services, there must be an integrated approach with CYP mental health services including knowledge of community pathways and systems, as well as appropriate training in place to ensure the team has an understanding of the developmental and safeguarding needs of children and young people, and aspects such as challenging behaviour. Achieving national coverage by 2023/24 is a fixed deliverable.

Every STP must deliver adequately resourced, 24/7 adult and older adult Crisis Resolution and Home Treatment (CRHT) and liaison services by 2020/21. This is a fixed deliverable by 2020/21 in line with the commitment made in the FYFVMH.

In addition, and to deliver a more comprehensive crisis care pathways, all STPs will be expected to invest in complementary and alternative crisis services (sanctuaries, crisis houses etc.) over the course of the five years and will receive fair share of transformation funding. There is flexibility in the models which STPs/ICSs choose to invest in to ensure all populations have access to a range of alternative provision that meets the diverse range of crisis needs and preferences for accessing support. Planning this provision will require STPs to identify inequalities in access, experience and outcomes of crisis care amongst different groups, and to co-design alternative provision which is tailored to their needs and preferences. Staffing models for these types of services must include peer support workers and will require partnership with voluntary sector providers of all sizes. Aligned with release of central / transformation funding in 2019/20, all STPs will have received a resource pack of good practice examples on crisis alternatives, learning from leading systems.

During 2019/20 a national specification will be developed in line with the Long Term Plan commitments to provide service level options that will inform roll out of the connection of urgent mental health systems to NHS 111 / Integrated Urgent Care (IUC) services. Systems will have flexibility on the pace of implementation for this deliverable but should seek to implement as soon as possible. It will be necessary to have all of the relevant mental health crisis pathways in place in order to consider this deliverable fully implemented. Plans for delivery will be assured in line with the release of fair-share STP allocations from 2019/20 onwards.

All STPs will be expected to invest to improve the mental health response from the ambulance service. In 2019/20 NHS England and NHS Improvement will develop clinical quality indicators, share good practice examples, improve data collections, commence a workforce development programme and agree KPIs to assess how ambulance services are meeting the needs of people experiencing mental health crisis. A specification for mental health transport vehicles will also be developed during 2019/20, with a national procurement of mental health ambulance vehicles, subject to capital funding being available following the

Spending Review. Investment into CCG baselines for this deliverable will commence from 2020/21 and is expected to be used to fund mental health professionals working in ambulance control rooms, Integrated Urgent Care services, and providing on the scene response in line with the clinical quality indicators and good practice examples cited above; with flexibility in staffing mix and provision.

All acute hospitals are expected to have mental health liaison services which can meet the needs of all ages by 2020/21. This is a fixed deliverable in line with the commitment in the FYFVMH. Systems will continue to expand capacity of these services through targeted waves of investment in select areas to 2023/24 to achieve the 70% coverage of 'core 24' services for adults and older adults by 2023/24, as well as continuing increase in provision for CYP.

Furthermore, during 2019/20, field testing of appropriate waiting time standards for urgent and emergency mental health will inform publication of national standards, along with appropriate trajectories for roll-out expected to be set from 2020 onwards. As well as informing the headline national standards, field testing and evaluation will seek to include learning about practical application of the standards, data collection, quality of care and any perverse incentives.

National funding profile

Please note that the breakdown of the funding within the mental health ringfenced investment is indicative for the last two years (2022/23 and 2023/24); this does not impact the total funding commitment for mental health of at least £2.3bn per year in real terms by 2023/24.

Funding Type (£ Million – Cash prices)		Baseline	Year 1	Year 2	Year 3	*Year 4*	*Year 5*
		2018/19	2019/20	2020/21	2021/22	*2022/23*	*2023/24*
Liaison Mental Health	Central / Transformation	15	24	24	12	*19*	*27*
	CCG baselines	0	0	0	0	*0*	*0*
	Total	15	24	24	12	*19*	*27*
Crisis Resolution and Home Treatment Teams	Central / Transformation	0	37	37	0	*0*	*0*
	CCG baselines	26	43	108	148	*149*	*150*
	Total	26	80	146	148	*149*	*150*
Crisis Alternatives	Central / Transformation	0	12	24	36	*47*	*60*
	CCG baselines	0	0	0	0	*0*	*0*
	Total	0	12	24	36	*47*	*60*
Ambulance Mental Health Response	Central / Transformation	0	0	0	0	*0*	*0*
	CCG baselines	0	0	24	37	*49*	*70*
	Total	0	0	24	37	*49*	*70*
Mental Health Crisis Care and Liaison Total*	Central / Transformation	15	73	86	48	*67*	*87*
	CCG baselines	26	43	132	184	*198*	*220*
	Total	41	116	218	232	*265*	*307*

This funding profile does not include funding for CYP crisis provision, which is essential in achieving and maintaining 100% coverage of 24/7 age-appropriate crisis care via NHS 111 by 2023/24. Funding for CYP crisis service expansion is detailed in the Children and Young People Mental Health *section.*

Central / transformation funding will be made available to systems for:

- Community crisis care services, which includes:
  - Crisis alternative provision and expansion [from 2019/20 to 2023/24], through STP fair-share allocations.
  - Expanding CRHTTs [in 2019/20 and 2020/21 only] to achieve the 2020/21 FYFVMH commitments.
- Mental health liaison service expansion to achieve 'core 24' standard in select areas [from 2019/20] through targeted funding.
- Piloting standards as part of the Clinical Review of Standards in select areas [in 2019/20].

Published CCG baseline programme allocations include funding growth for:

- Sustaining and expanding existing crisis services and those established via central / transformation funding.

- Delivering the Mental Health and Ambulance Programme, including the introduction of nurses and other mental health professionals in ambulance control rooms and Integrated Urgent Care Clinical Assessment Services [from 2020/21].

Investment in new mental health ambulance vehicles will be subject to the Government Spending Review, expected in Autumn 2019.

National indicative workforce profile

Note these are additional to the existing requirements specified in *Stepping forward to 2020/21: the mental health workforce plan for England*. Workforce requirements for children and young people's mental health, including crisis, is included in *Children and Young People (CYP) Mental Health*.

Mental Health Crisis Care and Liaison	Year 1	Year 2	Year 3	Year 4	Year 5
Staff group	2019/20	2020/21	2021/22	2022/23	2023/24
Adult Liaison Mental Health					
Psychiatrist – consultant	0	0	20	30	40
Nursing	0	0	90	150	210
Total	0	0	110	180	250
Adult Crisis Alternatives					
Nursing	20	40	70	90	110
Admin	20	40	70	90	110
Peer support workers / Support workers	360	720	1,070	1,430	1,790
Total	400	810	1,210	1,610	2,010
Ambulance mental health provision (all ages)					
Paramedics	0	230	350	460	580
Nursing	0	40	60	80	100
Support to clinical staff / other therapists	0	230	350	460	580
Total	0	500	750	1,010	1,260

Support materials

Aligned with release of central / transformation funding in 2019/20, systems have been provided with a resource pack of good practice examples on crisis alternatives, learning from leading systems.

A revision of the IUC service specification (to be developed during 2019/20) will include service model options for connecting urgent mental health services to IUC services in order to allow access to crisis care 24/7 via NHS 111.

Clinical quality indicators, good practice examples, and guidance on improved data collections in support of work to improve the mental health response from ambulances will be developed in 2019/20. A specification for mental health transport vehicles will also be developed in 2019/20 to support investment in new vehicles, subject to the outcome of the Spending Review.

Evaluation of the 2019/20 field testing of the clinical review of standards in a select number of pilot sites, will provide learning to be disseminated for all other areas as they invest in crisis pathways.

NHS Digital guidance is also available to support improvements in MHSDS urgent and emergency mental health data quality.

Therapeutic Acute Mental Health Inpatient Care

By 2023/24:

- The therapeutic offer from inpatient mental health services will be improved by increasing investment in interventions and activities, resulting in better patient outcomes and experience in hospital. This will contribute to a reduction in length of stay for all services to the current national average of 32 days (or fewer) in adult acute inpatient mental health settings

Planning and delivery requirements

Ambition	2019/20	2020/21	2021/22	2022/23	2023/24
Fixed					
Eliminating adult acute out of area placements (OAPs)	Deliver against STP-level plans to reduce all inappropriate adult acute OAPs by 2020/21 *[FYFVMH commitment]*	Eliminate inappropriate adult acute OAPs *[FYFVMH commitment]*	Maintain ambition to eliminate all inappropriate adult acute OAPs	Maintain ambition to eliminate all inappropriate adult acute OAPs	Maintain ambition to eliminate all inappropriate adult acute OAPs
Flexible					
Improving therapeutic offer	Undertake preparatory work in advance of additional future funding	Improve therapeutic offer to improve patient outcomes and experience of inpatient care, and reduce average length of stay in all in adult acute inpatient mental health settings to the current average of 32 days (or fewer) by 2023/24			

This work builds on the FYFVMH commitment to eliminate inappropriate adult Out of Area Placements (OAPs) by 2020/21. All local areas already have a workplan and trajectories in place to reduce OAPs, which include working to improve their system/bed capacity management and unwarranted variation in Length of Stay (LoS) where this exists. To support sustainable local capacity management beyond 2020/21 and ensure that acute mental health care remains therapeutic and purposeful from the outset, new funding has been secured to increase the level and mix of staff on acute inpatient wards. By increasing access to multi-disciplinary staff groups such as peer support workers, psychologists, occupational therapists and other Allied Healthcare Professionals throughout an inpatient admission, it is expected that both the effectiveness and experience of care will be improved. This will not only help to minimise unnecessary time spent in hospital, but also improve outcomes for those who require an admission. In line with the independent review of the Mental Health Act, this ambition will be supported by investment in the mental health inpatient estate, subject to capital funding being made available at the forthcoming Spending Review.

In 2019/20, systems will be expected to:

- Review their current staffing levels and mix.
- Review their current average length of stay.
- Support national work to define optimal therapeutic staffing models.
- Identify key local staffing gaps/challenges which may result in above optimal LoS in hospital
- Plan how they will incrementally improve the staffing levels and mix as the funding in CCG baselines increases to address identified gaps.
- Improve the experience of patients who need to transition from CYPMH inpatient to adult inpatient services.

In 2021/22, systems will refresh their plans and, where their average length of stay exceeds the national average, they will be expected to include more detailed trajectories to reduce their averages by 2023/24. The exact staffing model will be flexible based on the needs of the specific populations.

National funding profile

Please note that the breakdown of the funding within the mental health ringfenced investment is indicative for the last two years (2022/23 and 2023/24); this does not impact the total funding commitment for mental health of at least £2.3bn per year in real terms by 2023/24.

Funding Type (£ Million – Cash prices)		Baseline	Year 1	Year 2	Year 3	*Year 4*	*Year 5*
		2018/19	2019/20	2020/21	2021/22	*2022/23*	*2023/24*
Therapeutic Acute Mental Health Inpatient Care	Central / Transformation	0	0	0	0	*0*	*0*
	CCG baselines	0	0	8	13	*26*	*46*
	Total	0	0	8	13	*26*	*46*

Published CCG baseline programme allocations include funding for improving staffing levels and mix in acute mental health inpatient settings from 2020/21.

A 2019/20 CQUIN has been introduced focussing on follow up with patients after discharge. Providers will be paid for achieving 80% of adult mental health inpatients receiving a follow-up within 72 hours of discharge.

National indicative workforce profile

Note this is additional to the existing requirements specified in *Stepping forward to 2020/21: the mental health workforce plan for England*.

Therapeutic Acute Mental Health Inpatient Care	Year 1	Year 2	Year 3	Year 4	Year 5
Staff group	2019/20	2020/21	2021/22	2022/23	2023/24
Psychologist	0	20	50	90	160
Occupational Therapists	0	20	40	90	150
Support to clinical staff / other therapists	0	70	130	270	450
Total	0	110	230	450	760

Older People's Mental Health

The implementation of the Long Term Plan provides a unique opportunity to ensure consistent access to 'functional' mental health support for older adults and address the mental health needs of older adults wherever they may arise or present[1]. Older people's mental health (OPMH) is embedded as a 'silver thread' across all of the adult mental health ambitions, including IAPT, community-based services for people with severe mental illnesses (SMI) and crisis and liaison mental health care.

Planning and delivery requirements

All areas will need to plan to achieve improvements in access and treatment for older adults in line with local demographics within all adult mental health services. Older people's access to mental health support will be based on needs and not age (e.g. physical and mental health co-morbid needs, cognitive issues and/or frailty or end of life care needs). Services will deliver this through an integrated approach focused on the person's identified care and support needs across mental and physical health, social care and VCSE boundaries.

In practice, this will mean OPMH services will work more closely with physical health services such as community-based 'Ageing Well' / older people's services through shared care approaches and joint management arrangements to provide joined up care around the individual. In particular:

- IAPT - Local areas will be expected to plan to meet the needs of their local population to address inequalities in IAPT access for older people. To support this, areas must ensure that IAPT services meet the needs of older carers and people living with dementia and/or frailty, including those living in care homes. STPs/ICSs should translate the learnings from the IAPT-LTCs expansion into frailty pathways.
- Community Multidisciplinary Teams (MDTs) – OPMH staff will work closely with 'physical health' and other older people's staff as part of community MDTs within PCNs, supporting GPs, primary care and community staff with identifying, assessing and treating mental health problems, as well as delivering personalised care planning for older people with multiple physical and mental health conditions (also known as 'multimorbidity') including frailty and social care needs. This will include older people living in care homes. From 2020/21, PCNs will use population segmentation, risk stratification tools and local clinical intelligence to identify older people with moderate frailty and/or multimorbidity at risk of adverse outcomes, offering them proactive and holistic support through community MDTs as part of the Anticipatory Care service offer.
- Community-based mental health crisis response – Community crisis response teams will work closely across 'physical health' / older people Urgent Community Response services and OPMH to provide coordinated rapid response, assessment, admission avoidance, and discharge support functions for older people with multimorbidity and/or frailty. This will help ensure that no underlying need is missed. OPMH staff will provide mental health input into 'physical health'/older people Urgent Community Response services including intermediate care delivered at home or in community beds.
- Inpatient care – Areas will be encouraged to improve physical health support within mental health inpatient units e.g. through liaison geriatricians. In some areas, intermediate care units and psychiatric inpatient units for older people will be better integrated. In general hospitals, older adult liaison staff will provide mental health support to acute frailty services.

Furthermore, there will be social prescribing link workers in each primary care network supporting individuals, including older people with multimorbidity and/or frailty and those who may be lonely and

[1] This section refers to older adults with *functional* mental health problems i.e. where dementia or cognitive-related issues are not the primary need, but who may have *co-existing* dementia or cognitive issues, as well as other co-existing health issues e.g. frailty, substance use.

socially isolated, to identify what matters to them and to connect them to local community groups and agencies such as VSCE services for practical and emotional support.

Depending on prevalence and population health needs, in some areas, the provision of dedicated OPMH expertise may be provided as a separate service, while in others it may be embedded within general adult services or Ageing Well services. All systems will be required to work with local OPMH clinical experts, users, families and carers to determine the best way to meet the mental health needs of older people within local populations.

Workforce

The competence, capabilities and skills of the NHS workforce in OPMH will be significantly expanded and improved over the course of the Long Term Plan. Given the limited number of specialist OPMH staff in a given locality, and that older adults may be presenting in diverse settings, areas will need to expand and deploy their OPMH workforce flexibly, through shared care approaches and joint management arrangements. In practice, this will mean that the same OPMH staff may be working across a range of care settings.

To build OPMH capability and capacity, in 2019/20 NHS England and NHS Improvement will work with HEE to develop, pilot and disseminate a core competency framework describing the skills and capabilities needed by all health and social care staff to identify and support the mental health needs of older people. All areas will be expected to translate the framework into STP/ICS-wide workforce development plans. NHS England and NHS Improvement will also collaborate with HEE and key partners from relevant Royal Colleges to develop staffing credentials for health and social care professionals wishing to specialise in integrated care for older people across frailty, dementia, OPMH, and end of life care.

Funding

Given plans to improve older people's mental health care span a range of LTP priority areas, relevant funding is included in the appropriate sections of this document.

Support materials

Mental Health in Older People: A Practice Primer is already available. The *Community Mental Health Framework* is currently in development.

Suicide Reduction and Bereavement Support

By 2023/24:

- The current suicide prevention programme will cover every local area in the country. All systems will have suicide bereavement support services providing timely and appropriate support to families and staff in place.

Planning and delivery requirements

Ambition	2019/20	2020/21	2021/22	2022/23	2023/24
Targeted					
Suicide Reduction Programme	Targeted investment to areas in line with the activity and actions agreed in local suicide prevention plans. *[FYFVMH commitment]*	Targeted investment to areas in line with the activity and actions agreed in local suicide prevention plans. *[FYFVMH commitment]*	80% of STPs in receive investment for a localised suicide reduction programme	100% of STPs have received investment for a localised suicide reduction programme	100% of STPs have received investment for a localised suicide reduction programme
Bereavem-ent Support Services	20% of STPs providing suicide bereavement support services	40% of STPs providing suicide bereavement support services	60% of STPs providing suicide bereavement support services	80% of STPs providing suicide bereavement support services	100% of STPs providing suicide bereavement support services

Suicide prevention is a complex system-wide challenge which requires close working between the NHS, public health and partner organisations, tailoring evidence of what works to local need and determinants. This commitment will be delivered in close partnership with public health and local authorities, Public Health England and Department of Health and Social Care. It is also important to recognise the suicide reduction ambition sits within the context of other improvements to mental health services in the NHS Long Term Plan which will support preventing suicides, most notably: 24/7 crisis care for all ages available via 111; integrated community models for SMI which will include meeting needs for those who self-harm and with co-morbid substance use; and improving the therapeutic environment in inpatient settings.

The geographical expansion of the Suicide Reduction Programme will be phased via a targeted allocation process, based on rates of suicide in each STP. All areas will receive as a minimum two years of funding. This will support STP/ICS-led initiatives and there will be significant local autonomy on how it is implemented, as long as it is in line with published guidance.

For suicide bereavement support, financial envelopes are to be provided per STP/ICS in a targeted and phased manner based on proportions of suicides. NHS England and NHS Improvement will support local areas with implementation and developing plans for the infrastructure needed to deliver bereavement support.

National funding profile

Please note that the breakdown of the funding within the mental health ringfenced investment is indicative for the last two years (2022/23 and 2023/24); this does not impact the total funding commitment for mental health of at least £2.3bn per year in real terms by 2023/24.

Funding Type (£ Million – Cash prices)		Baseline	Year 1	Year 2	Year 3	*Year 4*	*Year 5*
		2018/19	2019/20	2020/21	2021/22	*2022/23*	*2023/24*
Suicide Reduction and Bereavement Support	Central / Transformation	5	11	12	12	*13*	*9*
	CCG baselines	0	0	0	0	*0*	*0*
	Total	5	11	12	12	*13*	*9*

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

- Rolling out the localised Suicide Reduction Programme across all STPs/ICSs by 2022/23
- Rolling out suicide bereavement support services across all STPs/ICSs by 2023/24

National indicative workforce profile

Note this is additional to the existing requirements specified in *Stepping forward to 2020/21: the mental health workforce plan for England*.

Suicide Reduction and Bereavement Support	Year 1	Year 2	Year 3	Year 4	Year 5
Staff group	2019/20	2020/21	2021/22	2022/23	2023/24
Support to clinical staff / other therapists	10	30	40	50	60
Total	10	30	40	50	60

Support materials

Support material already available on Suicide Prevention:

- National Confidential Inquiry into Suicide and Safety in Mental Health: 10 ways to improve safety
- National Guidance: Suicide Prevention - developing a local action plan
- Suicide Prevention National Transformation Programme website
- NICE quality standards for self-harm

Support material available on Bereavement Support:

- Support After a Suicide: A Guide to Providing Local Services
- Developing and Delivering Local Bereavement Support Services
- Evaluating Local Bereavement Services
- Help is at Hand: Support After Someone May Have Died by Suicide – Booklet and z-card

Problem Gambling Mental Health Support

By 2023/24:

- A total of 15 new NHS specialist problem gambling clinics will be opened. This will include piloting provision for under-18s.

Planning and delivery requirements

Not all areas are expected to include this piece of work in their 5-year plans, as it is a geographically targeted programme, which will not impact all STPs/ICSs. Instead, roll-out of the deliverable will be in collaboration with regional teams and existing NHS treatment clinics.

Ambition	2019/20	2020/21	2021/22	2022/23	2023/24
Targeted					
Problem Gambling Mental Health Support	Total 3 new NHS clinics for specialist problem gambling treatment	Total 3 new NHS clinics for specialist problem gambling treatment	Total 7 new NHS clinics for specialist problem gambling treatment	Total 10 new NHS clinics for specialist problem gambling treatment	Total 15 new NHS clinics for specialist problem gambling treatment

The first two years will be used as a pilot to test a 'hub and spoke' model for spreading geographical coverage, with central clinics that have satellite clinics in neighbouring populations. In the first year of the programme, NHS England and NHS Improvement will also pilot a young person's clinic, as a satellite clinic of the national hub in London.

Continued work to take place over the life of the programme will be on digitalisation and standardisation of data and outcomes across partners, and with HEE on workforce roles including competencies for provider partners and embedded peer support worker roles. Peer support will form an important element of these services, and the pilots will allow a better understanding of their role.

NHS England and NHS Improvement will work collaboratively with partners, including the Gambling Commission, GambleAware and GamCare, and will ensure alignment with the Gambling Commission's National Strategy to Reduce Gambling Harms.

National funding profile

Please note that the breakdown of the funding within the mental health ringfenced investment is indicative for the last two years (2022/23 and 2023/24); this does not impact the total funding commitment for mental health of at least £2.3bn per year in real terms by 2023/24.

Funding Type (£ Million – Cash prices)		Baseline	Year 1	Year 2	Year 3	*Year 4*	*Year 5*
		2018/19	2019/20	2020/21	2021/22	*2022/23*	*2023/24*
Problem Gambling Mental Health Support	Central / Transformation	0	1	1	3	*4*	*6*
	CCG baselines	0	0	0	0	*0*	*0*
	Total	0	1	1	3	*4*	*6*

Central transformation funding will be made available to systems (via targeted allocation) to establish a total of 15 new NHS specialist problem gambling clinics by 2023/24.

National indicative workforce profile

Note this is additional to the existing requirements specified in *Stepping forward to 2020/21: the mental health workforce plan for England*.

Problem Gambling Mental Health Support	Year 1	Year 2	Year 3	Year 4	Year 5
Staff group	2019/20	2020/21	2021/22	2022/23	2023/24
Psychiatrist - consultant	1	1	1	3	4
Psychologist	6	6	10	30	40
Admin	2	2	5	10	20
Peer support worker	3	3	7	10	20
Total	10	10	30	50	80

Support materials

Learning from the pilots will be used to support the roll out of the programme.

Rough Sleeping Mental Health Support

By 2023/24:

- 20 high-need areas will have established new specialist mental health provision for rough sleepers.

Planning and delivery requirements

All areas, whether or not they receive funding for new specialist mental health provision, should have a mechanism in place to ensure their mental health services can support rough sleepers. Five-year plans should include work to complete a mental health needs assessment for rough sleepers which will identify need and lead directly to action that increases access to mental health services for rough sleepers. It is the expectation that services accessed by rough sleepers will adopt a trauma-informed approach and require the input of several delivery partners to ensure holistic, long-term care and support.

The roll-out of new specialist mental health provision for rough sleepers will seek to enhance existing rough sleeping support by ensuring specialist access to clinical mental health support in the most in-need areas. It is a geographically targeted programme, which will not impact all STPs/ICSs.

Ambition	2019/20	2020/21	2021/22	2022/23	2023/24
Targeted					
Rough Sleeping Mental Health Support	At least 7 areas with new mental health provision for rough sleepers	At least 10 areas with new mental health provision for rough sleepers	At least 13 areas with new mental health provision for rough sleepers	At least 16 areas with new mental health provision for rough sleepers	At least 20 areas with new mental health provision for rough sleepers

Funding will be directed at areas in the top quartile of rough sleeping count with an existing integrated approach to supporting rough sleepers, supported by strong partnership working. These are STP-led initiatives and there will be significant local autonomy on how models are implemented, while ensuring these are in line with best practice, clinically-led and adhere to key service principles.

NHS England and NHS Improvement will pilot two approaches tailored to the level of the rough sleeping count in 2019/20 in a given area, to enable the teams to provide effective services in all settings. Learning from this pilot year will inform allocation and delivery from 2020/21 onwards.

As localities mobilise, they will be asked to draw on existing published guidance and research and will be supported to share learning and best practice between sites.

Peer support will form an important element of these services and the pilots taking place in 2019/20 will allow a greater understanding of these roles.

NHS England and NHS Improvement will continue to align closely with the Ministry of Housing, Communities and Local Government, the Department of Health and Social Care and Public Health England (PHE) to advance the commitments made in the Rough Sleeping Strategy. In 2019/20, PHE will lead a pilot fund to test advanced models of support for rough sleepers that enable access to health services, with a focus on dual diagnosis. The learning from these pilots will inform this programme. By 2020/21, NHS England and NHS Improvement will have worked with partners to understand the levers and opportunities ICSs bring for this cohort.

National funding profile

Please note that the breakdown of the funding within the mental health ringfenced investment is indicative for the last two years (2022/23 and 2023/24); this does not impact the total funding commitment for mental health of at least £2.3bn per year in real terms by 2023/24.

Funding Type (£ Million – Cash prices)		Baseline	Year 1	Year 2	Year 3	*Year 4*	*Year 5*
		2018/19	2019/20	2020/21	2021/22	*2022/23*	*2023/24*
Rough Sleeping Mental Health Support	Central / Transformation	0	2	4	7	*8*	*10*
	CCG baselines	0	0	0	0	*0*	*0*
	Total	0	2	4	7	*8*	*10*

Central / transformation funding will be made available to systems (via targeted allocation) for establishing mental health provision for rough sleepers in at least 20 areas by 2023/24.

National indicative workforce profile

Note this is additional to the existing requirements specified in *Stepping forward to 2020/21: the mental health workforce plan for England*.

Rough Sleeping Mental Health Support	Year 1	Year 2	Year 3	Year 4	Year 5
Staff group	2019/20	2020/21	2021/22	2022/23	2023/24
Psychiatrist - consultant	1	2	4	5	6
Psychiatrist - non consultant	2	5	7	10	10
Nursing	10	20	30	40	50
Support to clinical staff / other therapists	2	5	7	10	10
Social worker	10	30	40	60	70
Admin	5	10	10	20	20
Total	40	70	110	140	180

Support materials

The *rough sleeping strategy* included commitments to increase our understanding of rough sleeping, including better understanding of LGBT experiences of rough sleeping and hospital discharge. It committed to creating new NICE guidance to supported targeted homelessness prevention, integrated care and recovery. These reports are forthcoming and will also support local areas. A number of additional resources already exist:

- Standards for commissioners and service providers
- Mental Health Service Interventions for rough sleepers, Tools and Guidance
- Homeless guidance for Mental health professionals
- Advice and guidance on trauma-informed approaches
- Advice and guidance on rough sleeping outreach teams
- MHCLG guidance on completion of JSNA, including rough sleeping and mental health

Provider Collaboratives (formerly ‘New Care Models’) and Secure Care

The specialised commissioning mental health budget will be increasingly devolved directly to lead providers within NHS-led Provider Collaboratives, starting with adult low and medium secure mental health services, CAMHS Tier 4 services and adult eating disorder inpatient services. NHS-led Provider Collaboratives will be able to reinvest savings they make on improving services and pathways. All appropriate specialised mental health services and learning disability and autism services will be managed through NHS-led Provider Collaboratives over the next five years. NHS-led Provider Collaboratives will become the vehicle for rolling out specialist community forensic care.

Planning and delivery requirements

Ambition	2019/20	2020/21	2021/22	2022/23	2023/24
Flexible					
NHS-led provider collaboratives	Trial new models that allow secondary providers of specialised services to manage care budgets for specialised mental health services in selected areas *[FYFVMH commitment]*	All appropriate specialised mental health services, and learning disability and autism services, to be managed through NHS-led provider collaboratives; NHS-led Provider Collaboratives will become the vehicle for rolling-out specialist community forensic care			
Targeted					
Specialist Community Forensic Teams	Trial new models of care within the secure care pathways in selected areas *[FYFVMH commitment]*	Trial new models of care within the secure care pathways in selected areas *[FYFVMH commitment]*			

In 2019/20, selection will take place across the country for new NHS-led ‘Provider Collaboratives’ – partnerships of providers with new responsibilities for pathway and budget management for specialised services, starting with adult low and medium secure services, children and young people’s mental health inpatient services (CAMHS Tier 4) and adult eating disorder specialised services. New contracts will commence in April 2020.

Over the next 5 years NHS England and NHS Improvement expect NHS-led Provider Collaboratives to cover 100% of the country, and to have expanded across all other appropriate specialised mental health, learning disability and autism services. This ambition will also support achieving the Long Term Plan commitment to enable local providers of services for people with learning disabilities and / or autism to take control of budgets to improve outcomes. Provider Collaboratives will manage whole pathways of care. Wherever possible, these collaboratives should seek to avoid inpatient admissions, and provide high quality alternatives to admission. However, where stays are required, they should be short, close to home in a high quality, safe and therapeutic service.

NHS-led Provider Collaboratives will include providers from a range of backgrounds, including third sector providers such as in the housing sector, other NHS trusts and independent sector providers. Provider Collaboratives will work closely with ICSs to support improved commissioning of services for people within the same population footprint. Provider Collaboratives will co-produce their plans and delivery with experts by experience.

NHS England and NHS Improvement will also continue to support the development of services within Provider Collaboratives – trialling new model of specialist community forensic care and piloting new model of secure inpatient care for women ('Women's Secure Blended Services').

STPs/ICSs are expected to mobilise for the changes in commissioning of specialised services with Provider Collaboratives, led by an NHS lead provider, taking responsibility for managing services, pathways and budgets for a population. STPs/ICSs and Provider Collaboratives will be responsible for aligning plans and working together to streamline commissioning for people within the same population footprint. This requires a flexible delivery approach.

Systems will be required to:

- Support the development of NHS-led Provider Collaboratives covering specialised mental health, learning disability and autism services, working within and across STPs/ICSs as necessary to develop sustainable plans for specialised services.
- Enter into formal arrangements with NHS-led Provider Collaboratives to jointly plan and deliver mental health, learning disability and autism services across pathways – joining up services, improving outcomes, and ensuring funding is used in the most effective way possible.

This will mean Provider Collaboratives can:

- Improve continuity in patient pathways and ensure that financial incentives are focused on high quality and clinically effective patient outcomes.
- Make services locally- and clinically-led, giving local health systems the freedom to innovate to improve services, whilst maintaining national consistency in clinical standards and quality.
- Continue to reduce inappropriate out of area placements, avoidable admissions and lengths of stay; and to improve outcomes and experience for people using services, their families and carers.
- Improve value for money in specialised mental health spending and reinvest savings in community and step-down services, and links with the criminal justice system.
- Create a basis for and achieve further integration with other local commissioners and locally-commissioned mental health services.
- Reinvest savings made through improvements in care such as reduced out of area placements into community services for the local population.

NHS England and NHS Improvement will continue to support the further roll-out of Provider Collaboratives by:

- Further provider selection, expanding the range of services covered by NHS-led Provider Collaboratives
- Supporting the development of NHS-led Provider Collaboratives.
- Facilitating integration of commissioning with ICSs to join pathways between specialised and non-specialised mental health, learning disability and autism services.
- Continuing to support the development of specialist community forensic care.
- By 2020/21, completing the piloting of the new model of secure inpatient care for women to inform future revisions to national service specifications for adult secure services.

National funding profile

The roll-out of NHS-led Provider Collaboratives will require increasing devolution of the specialised commissioning mental health budget directly to lead providers. NHS-led Provider Collaboratives will be able to reinvest savings they make on improving services and pathways.

In addition, the table below table sets out the funding profile for adult secure care to pilot specialist community forensic teams as per the FYFVMH.

Please note that the breakdown of the funding within the mental health ringfenced investment is indicative for the last two years (2022/23 and 2023/24); this does not impact the total funding commitment for mental health of at least £2.3bn per year in real terms by 2023/24.

Funding Type (£ Million – Cash prices)		Baseline	Year 1	Year 2	Year 3	*Year 4*	*Year 5*
		2018/19	2019/20	2020/21	2021/22	*2022/23*	*2023/24*
Specialist Community Forensic Teams	Central / Transformation	5	31	31	0	*0*	*0*
	CCG baselines	0	0	0	0	*0*	*0*
	Total	5	31	31	0	*0*	*0*

Central / transformation funding for trialling specialist community forensic teams will be made available to selected sites within NHSE-led Provider Collaboratives commissioning adult medium and low secure mental health services.

Support materials

Information on the proposed commissioning model and requirements for NHS-led Provider Collaboratives has been provided as part of the provider selection process.

Digitally-enabled Mental Health Care

By 2023/24:

- Building on an effective digital mental health leadership and strategy across each STP/ICS by 2021/22, 100% of mental health providers will be fully digitised and integrated with other parts of the health and care system by 2024.

Additionally, NHS England and NHS Improvement will continue to support the development of apps, digitally-enabled models of therapy and online resources to support good mental health and enable recovery.

Planning and delivery requirements

Ambition	2019/20	2020/21	2021/22	2022/23	2023/24
Flexible					
Core levels of digitisation	Develop delivery and investment plan to meet required levels digitisation published in autumn guidance, mapping to local digital ecosystem	Build digital leadership and digital workforce, identify specific areas for focused investment. Use GDE blueprints to inform development	100% of STPs/ICSs have effective digital mental health leadership and strategy in place	Implement strategy drawing on support from national and local digital workstreams and GDE blueprints	100% of providers meet required levels of digitisation
Digitally-enabled transformation across mental health pathways	Local benchmarking to identify areas for targeted investment to achieve LTP mental health ambitions Prepare for digital care plans, identifying platforms and consider digital inclusion Identify pathways to test digitally-enabled care	Every person with diagnosed mental health problem will be able to access their care plans All community staff have access to mobile digital services Local NHS.uk service directory includes crisis services	Digitally-enabled models of therapy are being rolled out in specific mental health pathways	Every person with diagnosed mental health problem will be able to access their health care record All providers have digital processes in place to support clinical monitoring	Local systems offer a range of self-management apps, digital consultations and digitally-enabled models of therapy Systems are utilising digital clinical decision-making tools

Ensuring that mental health transformation is enabled and underpinned by the broader ambition for digitally-enabled care across the NHS is a system-wide challenge, which requires close working between the NHS and partner organisations, learning from experience and adapting what works to local need and the existing and emerging digital ecosystem.

In line with requirements set out in the LTP Implementation Framework, systems need to develop a comprehensive digital strategy and investment plan consistent with The future of healthcare: our vision for digital, data and technology in health and care, which describes how digital technology will underpin their local system's wider mental health transformation plans over the next five years.

Local strategies must include, amongst other priorities, their approach to ensuring all mental health providers are fully digitised by 2024, to a defined minimum level of digital maturity, and that these are integrated with other parts of the health and care system, for example through a local shared health and care record platform. Systems will be expected to demonstrate when they expect to deliver core capabilities, in line with guidance to be published over the summer, with local flexibility of pace.

STPs/ICSs will also be expected to ensure that digital transformation sits within the context of other transformation programmes associated with the NHS Long Term Plan and is included in their plans to support delivery of these. This includes, but is not limited to, the development of 24/7 crisis care for all ages

via NHS 111 and new models of care including integrated community models for adults with SMI, and between children and young people's mental health care and education settings.

Strategies should also set out clearly how to develop capability to:

- Offer digital options for accessing care, including online referrals, and an updated NHS.uk hosted local service directory, which includes signposting to crisis services, by 2021.
- Support digital clinical monitoring, by 2023.
- Make use of tools to support clinical decision-making including identification of need, assessment, detection of risk (e.g. crisis) and treatment selection, by 2023/24.
- Offer a range of self-management apps, digital consultations and digitally-enabled models of therapy to support access to psychological therapies in IAPT, first episode psychosis services, eating disorder services, CMHTs and CYPMHS by 2023/24. Options should be accessible to all, including women during the perinatal period and older adults.

NHSX, NHS England and NHS Improvement will be working to define the level of digitisation systems will need to achieve by 2023/24 in summer 2019. Guidance will be tested and refined over summer 2019 to ensure that it meets the needs of local systems. NHS England and NHS Improvement regional teams will support systems to develop their plans for digital transformation.

Regional Chief Clinical Information Officers (CCIOs) and their Regional Directors of Digital Transformation will work with the national provider digitisation team to deliver local strategic programmes. These will be designed to deliver the expected level of digitisation among providers and make a direct contribution to the delivery of wider system transformation objectives for mental health services.

Providers are also encouraged to engage with their local strategic digital capability programmes. It is expected that implementation of digital strategies will be supported by appropriate digital leadership (for example CCIO and/or CIO) in each mental health provider, with responsibility for ensuring mental health is included in local system digital priorities.

Funding

Funding to progress to required levels of digitisation, in line with the ambition for digital transformation across the NHS, will be available within the wider digital programme. Relevant funding in regard of the digital capabilities required to support specific mental health priority areas is included in the respective sections of this document.

Support materials

Further information on the support for delivering digitally-enabled care can be found in the digital sections of the NHS Long Term Plan Implementation Framework. This includes a number of tools and frameworks to deliver digitally-enabled care. NHS England will work with stakeholders to develop specific interpretation for mental health settings, where necessary.

Guidance on the digital transformation required to underpin the delivery of the aims and ambitions set out elsewhere in this plan will be incorporated into emerging guidance and specifications, as appropriate.

Improving the quality of mental health data

Mental health data quality will be improved substantially over the coming years to support improvements in mental health services and monitoring of commitments set out in the Long Term Plan. The coverage, consistency, quality and breadth of data submitted nationally should be on par with physical health to accurately reflect local service activity. This will enable comprehensive analysis and monitoring to support improvements in patient care and choice.

Planning and delivery requirements

Ambition	2019/20	2020/21	2021/22	2022/23	2023/24
Fixed					
Data Quality Maturity Index Scores	All providers to be achieving Data Quality Maturity Index (DQMI) scores above 90%	All providers to be achieving Data Quality Maturity Index (DQMI) scores on or above 95%	All providers to be achieving Data Quality Maturity Index (DQMI) scores on or above 95%	All providers to be achieving Data Quality Maturity Index (DQMI) scores on or above 95%	All providers to be achieving Data Quality Maturity Index (DQMI) scores on or above 95%
Improved quality of mental health data	All providers to be compliant with MHSDS v4.0 ISN	All providers to be SNOMED CT compliant All NHS providers to provide patient-level costing information (PLICS)	All providers to be SNOMED CT compliant All NHS providers to provide patient-level costing information (PLICS)	All providers to be SNOMED CT compliant All NHS providers to provide patient-level costing information (PLICS)	All providers to be SNOMED CT compliant All NHS providers to provide patient-level costing information (PLICS)

All areas are expected to improve the quality of mental health data, particularly in relation to data flow to the Mental Health Services Data Set (MHSDS). The MHSDS will become the main source of mental health data, in line with the following fixed requirements.

A cross-Arm's Length Body (ALB) data quality improvement plan is currently in place, which aims to improve the quality of the Mental Health Services Data Set (MHSDS). In line with this, local areas can expect support through:

- Strengthened incentives and levers on data quality, including:
  - Implementing the Mental Health Data Quality CQUIN during 2019/20.
  - The MHSDS Data Quality Maturity Index (DQMI) will continue to be included in the CCG Improvement and Assessment Framework.
- Duplicate collections will be retired where possible by end of 2020/21.
- Receiving support with SNOMED CT implementation from NHS Digital.
- Receiving support on data quality improvement from NHS Digital; the Model Hospital programme will offer targeted support to providers with the largest data quality issues.

The International Consortium for Health Outcomes Measurement (ICHOM) will produce Standard Sets of outcome measures to cover the areas listed below by 2020/21:

- Anxiety, Depression and Obsessive Compulsive Disorder and Post-Traumatic Stress Disorders in children and young people
- 'Personality Disorder' diagnosis
- Psychotic Disorders
- Disorders related to substance use and addiction
- Eating disorders
- Neurodevelopmental disorders.

A 2019/20 CQUIN for improving the quality and breadth of data submitted to the Mental Health Services Data Set has been introduced for all mental health trusts.

Support materials

The following materials are already available:

- Mental Health Services Data Set (MHSDS) statistics: MHSDS
- Data Quality Maturity Index (DQMI) publications: DQMI
- Data quality assurance guidance (*Data Security Standard 01):* Data Quality guidance
- General SNOMED CT information: NHS Digital SNOMED CT homepage
- Guidance on the value of adopting SNOMED CT in mental health and SNOMED CT implementation: SNOMED CT guidance
- Resources for SNOMED CT implementation in mental health, including webinars, case studies, training materials and guidance: SNOMED CT collaborative page
- Costing guidance for mandatory collection in 2020: Costing guidance

The following materials are in development:

- NHS England and NHS Improvement system guidance on mental health data in 2019/20.
- CQC further guidance for inspection staff on Mental Health Services Data Set (MHSDS) data submission and data quality in 2019/20.
- NHS Digital will also improve and simplify documentation on submission to the Mental Health Services Data Set in 2019/20.

Annex A – Mental Health Programme Financial Profile

Please note that the breakdown of the funding within the mental health ringfenced investment is indicative for the last two years (2022/23 and 2023/24); this does not impact the total funding commitment for mental health of at least £2.3bn per year in real terms by 2023/24.

Five-year profile for the FYFVMH and LTP (£m in cash terms)			Baseline Year	Year 1	Year 2 [FYFVMH Ends]	Year 3	*Year 4*	*Year 5 [Settlement Ends]*
			2018/19	2019/20	2020/21	2021/22	*2022/23*	*2023/24*
Children and young people's mental health	Children and Young People's Community and Crisis	Central / Transformation	65	68	49	113	*150*	*218*
		CCG baselines	170	195	231	261	*319*	*383*
		Total	235	263	280	375	*469*	*601*
	Children and Young People's Eating Disorders	Central / Transformation	0	0	0	0	*0*	*0*
		CCG baselines	30	41	52	53	*53*	*54*
		Total	30	41	52	53	*53*	*54*
	Mental Health Support Teams (MHSTs) and 4 week waiting time pilots	Central / Transformation	24	76	115	136	*185*	*249*
		CCG baselines	0	0	0	0	*0*	*0*
		Total	24	76	115	136	*185*	*249*
	Children and Young People's (CYP) Mental Health Total	Central / Transformation	89	144	164	249	*335*	*467*
		CCG baselines	200	236	283	314	*372*	*437*
		Total	289	380	447	563	*707*	*904*
Perinatal	Specialist Community Perinatal Mental Health	Central / Transformation	60	32	31	28	*19*	*16*
		CCG baselines	0	76	140	174	*217*	*223*
		Total	60	108	171	201	*236*	*239*
Adult IAPT	Adult Common Mental Illnesses (IAPT)	Central / Transformation	0	26	62	67	*53*	*38*
		CCG baselines	35	137	162	236	*310*	*442*
		Total	35	163	224	303	*363*	*480*
Mental Health Crisis Care and Liaison	Liaison Mental Health	Central / Transformation	15	24	24	12	*19*	*27*
		CCG baselines	0	0	0	0	*0*	*0*
		Total	15	24	24	12	*19*	*27*
	Crisis Resolution and Home Treatment Teams	Central / Transformation	0	37	37	0	*0*	*0*
		CCG baselines	26	43	108	148	*149*	*150*
		Total	26	80	146	148	*149*	*150*
	Crisis Alternatives	Central / Transformation	0	12	24	36	*47*	*60*

Five-year profile for the FYFVMH and LTP (£m in cash terms)			Baseline Year	Year 1	Year 2 [FYFVMH Ends]	Year 3	*Year 4*	*Year 5 [Settlement Ends]*
			2018/19	2019/20	2020/21	2021/22	*2022/23*	*2023/24*
		CCG baselines	0	0	0	0	*0*	*0*
		Total	0	12	24	36	*47*	*60*
	Ambulance Mental Health Response	Central / Transformation	0	0	0	0	*0*	*0*
		CCG baselines	0	0	24	37	*49*	*70*
		Total	0	0	24	37	*49*	*70*
	Mental Health Crisis Care and Liaison Total	Central / Transformation	15	73	86	48	*67*	*87*
		CCG baselines	26	43	132	184	*198*	*220*
		Total	41	116	218	232	*265*	*307*
Adult Severe Mental Illnesses (including care for people with eating disorders, mental health rehabilitation needs and a 'personality disorder' diagnosis)	Early Intervention in Psychosis	Central / Transformation	0	0	0	*Funding for each of these commitments is included in 'Adult Mental Health (SMI) Community Care Total' from 2021/22 onwards*		
		CCG baselines	12	18	52			
		Total	12	18	52			
	Individual Placement and Support	Central / Transformation	13	30	23			
		CCG baselines	0	0	0			
		Total	13	30	23			
	Physical health checks for people with Severe Mental Illnesses	Central / Transformation	0	0	0			
		CCG baselines	2	51	79			
		Total	2	51	79			
	New integrated community models for adults with SMI (including care for people with eating disorders, mental health rehabilitation needs and a 'personality disorder' diagnosis)	Central / Transformation	0	31	52			
		CCG baselines	0	33	135			
		Total	0	65	187			
	Adult Severe Mental Illnesses (SMI) Community Care	Central / Transformation	13	61	75	147	*370*	*456*
		CCG baselines	14	103	265	279	*326*	*519*
		Total	27	165	341	426	*696*	*975*
Secure	Specialist Community Forensic Teams	Central / Transformation	5	31	31	0	*0*	*0*
		CCG baselines	0	0	0	0	*0*	*0*
		Total	5	31	31	0	*0*	*0*
*Liaison and Diversion and Armed Forces**	*Liaison and Diversion and Armed Forces**	*Total*	*19*	*28*	*32*	*27*	*33*	*33*
		Central / Transformation	5	11	12	12	*13*	*9*

Five-year profile for the FYFVMH and LTP (£m in cash terms)			Baseline Year	Year 1	Year 2 [FYFVMH Ends]	Year 3	*Year 4*	*Year 5 [Settlement Ends]*
			2018/19	2019/20	2020/21	2021/22	*2022/23*	*2023/24*
Suicide Prevention	Suicide Reduction and Bereavement Support	CCG baselines	0	0	0	0	*0*	*0*
		Total	5	11	12	12	*13*	*9*
Therapeutic acute	Therapeutic Acute Mental Health Inpatient Care	Central / Transformation	0	0	0	0	*0*	*0*
		CCG baselines	0	0	8	13	*26*	*46*
		Total	0	0	8	13	*26*	*46*
Rough sleeping	Rough sleeping	Central / Transformation	0	2	4	7	*8*	*10*
		CCG baselines	0	0	0	0	*0*	*0*
		Total	0	2	4	7	*8*	*10*
Gambling	Problem Gambling	Central / Transformation	0	1	1	3	*4*	*6*
		CCG baselines	0	0	0	0	*0*	*0*
		Total	0	1	1	3	*4*	*6*
Total		Central / Transformation	206	409	498	561	*868*	*1,088*
		CCG baselines	275	596	991	1,227	*1,482*	*1,921*
		Total	481	1,005	1,489	1,788	*2,350*	*3,009*

**Funding for Liaison and Diversion and Armed Forces included in this profile only reflect the quantum of funding allocated to these programmes from the mental health funding settlement and should not be taken to reflect the final funding profile for these programmes.*

Annex B – Indicative Workforce Profile (by Staff Group and Programme Area)

Please note these are additional to the existing requirements specified in *Stepping forward to 2020/21: the mental health workforce plan for England*.

In line with the process outlined in the *Interim NHS People Plan*, local systems have been asked to develop local 'people plans', which will be aggregated to build a more detailed national picture of workforce demand and supply by skill sets. The indicative numbers provided in this document are to inform this local planning and the more detailed national picture to come. The full People Plan will be kept under regular review and updated on at least an annual basis.

All figures above a value of 10 have been rounded to the closest 10.

Table 1: Indicative Workforce Profile by Staff Group

Additional staff (cumulative)	Year 1	Year 2	Year 3	Year 4	Year 5
Staff group	2019/20	2020/21	2021/22	2022/23	2023/24
Psychiatrist - consultant	10	60	180	340	470
Psychiatrist - non consultant	2	10	40	70	80
Pharmacist	20	60	100	200	280
Paramedics	0	230	350	460	580
Nursing	190	690	1,690	3,010	4,220
Psychologist	110	470	1,050	1,840	2,520
Psychotherapists and psychological professionals	180	620	2,300	3,970	5,610
Occupational Therapists	10	70	160	320	470
Physician Associates	8	30	50	100	140
Support to clinical staff / other therapists	250	1,200	2,300	4,320	6,090
Social worker	40	110	230	430	610
Admin	80	280	670	1,200	1,670
Peer support worker	530	1,300	2,120	3,520	4,730
Total	1,430	5,130	11,230	19,790	27,460

Table 2: Indicative Workforce Profile by Staff Group and Programme Area

Additional staff (cumulative)	Year 1	Year 2	Year 3	Year 4	Year 5
Staff group	2019/20	2020/21	2021/22	2022/23	2023/24
Perinatal Mental Health					
Psychiatrist - consultant	0	10	30	50	50
Psychiatrist - non consultant	0	10	30	50	50
Pharmacist	0	3	9	20	20
Nursing	0	20	60	110	110
Psychologist	0	40	130	210	210
Occupational Therapists	0	7	20	40	40
Support to clinical staff / other therapists	0	60	170	280	280
Admin	0	20	60	100	100
Peer support worker	0	30	90	150	150
Total	0	200	590	990	990
Children and Young People (CYP) Mental Health – Including CYP Crisis					
Psychiatrist - consultant	0	10	60	130	190
Psychiatrist - non consultant	0	0	5	10	20
Nursing	60	250	860	1,480	2,110
Psychologist	60	240	610	980	1,360
Psychotherapists and psychological professionals	170	570	1,250	1,900	2,550

Occupational Therapists	0	0	20	40	60
Support to clinical staff / other therapists	0	30	260	520	780
Social worker	0	9	60	120	170
Admin	20	100	320	560	810
Total	310	1,220	3,440	5,750	8,050
Adult Common Mental Illnesses (IAPT)					
Psychotherapists and psychological professionals	0	0	970	1,930	2,860
Admin	0	0	30	50	80
Total	0	0	1,000	1,980	2,940
Adult Severe Mental Illnesses (SMI) Community Care					
Psychiatrist - consultant	10	30	60	120	170
Pharmacist	20	50	90	180	260
Nursing	90	310	530	1,070	1,540
Psychologist	40	150	260	520	750
Psychotherapists and psychological professionals	10	40	70	140	210
Occupational Therapists	10	40	70	150	220
Physician Associates	8	30	50	100	140
Support to clinical staff / other therapists – including employment support	240	790	1,350	2,740	3,930
Social worker	20	70	120	250	360
Admin	30	110	180	370	530
Peer support worker	170	560	950	1,930	2,780
Total	650	2,180	3,720	7,570	10,880
Adult Liaison Mental Health					
Psychiatrist – consultant	0	0	20	30	40
Nursing	0	0	90	150	210
Total	0	0	110	180	250
Adult Crisis Alternatives					
Nursing	20	40	70	90	110
Admin	20	40	70	90	110
Peer support workers / Support workers	360	720	1,070	1,430	1,790
Total	400	810	1,210	1,610	2,010
Ambulance mental health provision (all ages)					
Paramedics	0	230	350	460	580
Nursing	0	40	60	80	100
Support to clinical staff / other therapists	0	230	350	460	580
Total	0	500	750	1,010	1,260
Therapeutic Acute Mental Health Inpatient Care					
Psychologist	0	20	50	90	160
Occupational Therapists	0	20	40	90	150
Support to clinical staff / other therapists	0	70	130	270	450
Total	0	110	230	450	760
Suicide Reduction and Bereavement Support					
Support to clinical staff / other therapists	10	30	40	50	60
Total	10	30	40	50	60
Problem Gambling Mental Health Support					
Psychiatrist - consultant	1	1	1	3	4
Psychologist	6	6	10	30	40
Admin	2	2	5	10	20
Peer support worker	3	3	7	10	20
Total	10	10	30	50	80

Rough Sleeping Mental Health Support					
Psychiatrist - consultant	1	2	4	5	6
Psychiatrist - non consultant	2	5	7	10	10
Nursing	10	20	30	40	50
Support to clinical staff / other therapists	2	5	7	10	10
Social worker	10	30	40	60	70
Admin	5	10	10	20	20
Total	40	70	110	140	180
Total indicative workforce profile across all staff and programme areas	1,430	5,130	11,230	19,790	27,460

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COMMITTEE TITLE:	**Nottinghamshire County Council – Health Scrutiny Committee**
DATE OF MEETING:	**15 October 2019**
TITLE:	**Update on Engagement between Nottinghamshire Healthcare NHS Foundation Trust Engagement and Local Authority Commissioners.**
PRESENTING OFFICER:	**Kazia Foster (Service Improvement and Development Manager), Nottinghamshire Healthcare NHS Foundation Trust**

1. PURPOSE OF THE REPORT

To provide the Health and Scrutiny committee with an update on Nottinghamshire Healthcare NHS Trust's (The Trust) engagement with local authority commissioners.

2. CURRENT STRUCTURES AND ENGAGEMENT ARRANGEMENTS

The Trust has recently moved to a single line management structure for mental health and general health services, sitting under Dr Julie Attfield as the Executive Director for Mental Health and Lisa Dinsdale is the Interim Associate Director of General Health Services. Both report directly to the Trust Board and the Chief Executive Dr John Brewin.

The mental health structure is split in to 3 clinical directorates – mental health services for older people, adult mental health and specialist services which includes gender, learning disabilities, improving access to psychological therapies, perinatal and child and adolescent mental health services (CAMHS). The general health structure comprises of adult services, integrated specialist services and children and young people services.

Nottinghamshire County Council commission the following services from the Trust:

- 0-19 Healthy Families (general health)
- Children's Centre Services (general health on behalf of the CCG)
- Community Children's Nursing Services (general health)
- CAMHS (mental health) (via the integrated commissioning hub on behalf of the CCG – Bassetlaw commission services separately)
- Re-ablement as part of intermediate care pathway (Bassetlaw).

In general health, the following meetings and opportunities are in place to enable the commissioner to exercise its functions:

- Quarterly service review meetings to review performance data, identify good practice and challenges to the service, endorse any actions arising from these and explore the local application of any national priorities or proposed service modifications.
- Collaborative Partnership meetings, to review the service model and how it is working.
- Quality assurance processes, where the commissioner explores patient pathways and holds focus groups with staff and patients.

From 01 June 2020, the Children's Centre contract will come to an end and the Trust with the local authority will support the seamless transition for people who use services and their families.

In mental health, the following meetings are in place to enable the commissioner to exercise its functions:

- Monthly meetings to discuss clinical effectiveness, safety, and the patient experience.
- Children and Young People's Emotional Wellbeing and Mental Health National Support Teams bring the various stakeholders together to discuss complex public health issues and evidence-based practice.
- MH:2K: focusses on engaging with children and young people who have a direct experience of mental health issues or are from 'at-risk' groups including bringing together commissioners and providers to listen to young people's concerns and ideas for service development.
- Liaison with Rachel Clarke (Nottingham City CCG) on the Local Transformation Plan.
- NHCT MH leads attend the Better Together and Bassetlaw ICP Integration & Health Citizenship Workstream

Adult mental Health is currently undergoing organisation change with a new leadership model being consulted on. This model proposes a locality structure which will mean that Bassetlaw has dedicated MH leadership. This will enable improved communication and partnerships between Trust leads and commissioners.

It is proposed that there will be one service manager overseeing all mental health services in Bassetlaw and therefore responsible for the entire pathway for mental health. This will aid discussions around developments and transformation to respond to the long-term plan and improve engagement with commissioners.

3. AMBITION

The Trust believes it is always important to continue to build and strengthen engagement with commissioners and other stakeholders which is vital for effective collaboration across the health and social care economy.

There is a jointly agreed transformation plan for delivering significant change and improvement across these services. Mental health and wellbeing are agreed priorities for the Nottingham and Nottinghamshire Integrated Care System (ICS) and for the Nottingham City ICP. There is a range of activity in train relating to mental health services in Nottinghamshire including:

- Response to requirements in NHS Long Term Plan
- Implementation of the ICS Mental Health Strategy
- Nottinghamshire Healthcare NHS Foundation Trust's service development
- CCG and Council commissioning reviews and commissioning intentions
- Development of Primary Care Networks
- Developments in CAMHS provision.
- Single management for Bassetlaw AMH service to better align

The vision set out in the Integrated Care System, all-age integrated mental health and social care strategy is:

"A whole system, all-age, person-centred approach, driven by access to physical and mental health and social care in the same place at the same time, with no wrong door, where prevention is at the heart of what we do. We will reduce inequalities and narrow the gap between severe mental illness life expectancy and the rest of the population by 3 years and increase healthy life expectancy by 3 years."

Delivery in Nottingham City:

The developing approach of the ICP has been to seek to maximise opportunities to improve population health by: creating integrated pathways, building a neighbourhood approach and working with a broad range of partners, especially the VCS.

The diversity of the population, and prevalence of mental health issues and wellbeing challenges within the City means that care needs to be given to how services are structured and developed to deliver the ICS strategy. This may require different approaches to that of other ICPs / places where the evidence base suggests this is required.

To deliver outcomes for the Nottingham population the ICP will play a key role in shaping delivery using these principles. The onward intentions are to:

- Design and subsequently implement current mental health service developments for the City in a process that is clearly shared and co-designed by the ICP to ensure delivery is tailored to best meeting Nottingham City's population need.
- There will be an ICP workshop in November with key stakeholders to develop an integrated approach to all age mental health in the City, taking proposed service changes which are being developed as the foundations of the discussion – but exploring how we move beyond current traditional approaches using the skills and expertise of the partners within the ICP and City.
- An ICP work programme for 2019/20 is currently being developed and this work is built into this.

The Trust is actively working with partner organisations across Nottinghamshire to develop sustainable and effective services within the region. The Trust takes its engagement responsibilities very seriously. Our ambition is to develop and support best practice engagement, not only with our commissioners but with patients, carers, the public and our wider communities too.

Nottinghamshire County Council

Report to Health Scrutiny Committee

15 October 2019

Agenda Item: 6

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

NHS LONG TERM PLAN

Purpose of the Report

1. To introduce a briefing on the NHS Long Term Plan.

Information

2. Members may be aware that on 7th January 2019, the NHS published its Long Term Plan which sets out its shared agenda for the next five and ten years. The purpose of the plan is to bring about important improvements in care quality and outcomes, while also tackling the pressures staff face.

3. Representatives of the Clinical Commissioning Group (CCG) will attend the Health Scrutiny Committee to brief Members and answer questions as necessary.

4. A written briefing from the CGG is attached as an appendix to this report.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Consider and comment on the information provided.

2) Schedule further consideration, as necessary.

Councillor Keith Girling
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Long Term Plan Engagement
Integrated Insights Report

Executive Summary Report

Nottingham and Nottinghamshire Integrated Care System

August 2019

1 Background

1.1 On 7 January 2019 the new Long Term Plan for the NHS was published. This plan sets out the ambitions of the NHS in England for the next ten years and received widespread support upon its publication.

1.2 Following the publication of the plan, each local area has been asked to develop their own local plan setting out how they will implement the national strategy. In Nottingham and Nottinghamshire this is being led by the Integrated Care System (ICS) in partnership with the local Clinical Commissioning Groups (CCGs), the hospital and provider Trusts and Local Authorities.

1.3 The NHS Long Term Plan was developed with a high level of engagement with clinical experts and other stakeholders, patients and the public.

1.4 To support the implementation of the Long Term Plan, each local area was asked to undertake engagement with their populations to understand what matters to local people in their health services and to inform the development of a local system plan.

1.5 Healthwatch England, the organisation that supports local Healthwatch organisations, worked closely with the NHS to coordinate a programme of national engagement. In Nottingham and Nottinghamshire we have worked in partnership with Healthwatch Nottingham and Nottinghamshire (HWNN) to undertake an extensive programme of engagement with local people. This engagement has explored some of the key themes in the NHS Long Term Plan and sought to understand what matters to people in their health and health services. This report details the findings of that engagement and sets out how we will ensure that they inform our local system plan.

1.6 We have spoken to over 1,000 people across Nottingham and Nottinghamshire in our engagement about topics such as mental health, urgent care, health prevention and more. These conversations with local people have given us a wealth of insight that will help us improve local services and deliver the national NHS Long Term Plan in a way that reflects what matters to people.

2 Our approach

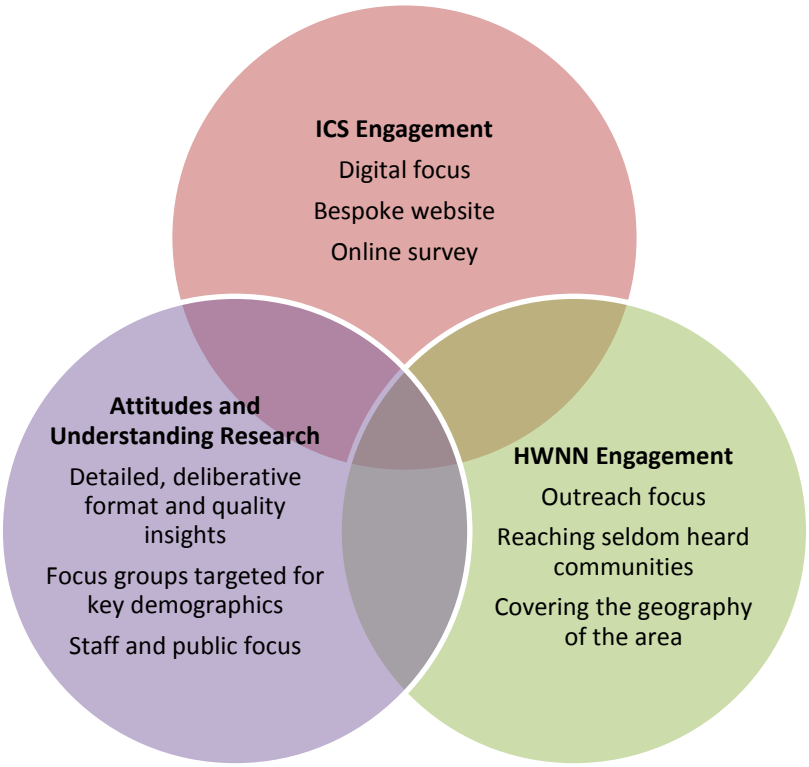
2.1 The Nottingham and Nottinghamshire ICS has worked in partnership with HWNN Nottinghamshire to deliver an extensive programme of public engagement on the NHS Long Term Plan.

2.2 Our approach includes:

a) Public engagement by the ICS communications and engagement team, through digital and face-to-face channels
b) Public engagement by HWNN through face-to-face channels
c) Understanding and Attitudes Research by social research agency Britain Thinks, delivered through a series of focus groups with staff and members of the public.

2.3 The elements above form the key parts of our engagement approach. While each element includes a different focus, the programme is underpinned by core themes and questions. This model is summarised below in figure 1.

Figure 1 – model for engagement



2.4 The core theme underpinning each element of our engagement was exploring what matters to local people, in the context of the NHS Long Term Plan ambitions. Each element focused engagement around the priorities within the NHS Long Term Plan.

2.5 Within all of our engagement we have discussed the priorities within the NHS Long Term Plan in three ways:

a) Understanding how important each priority is to people;
b) Understanding what matters most to people within each priority
c) Discussing the priorities in terms of hypothetical 'trade-offs' e.g. investment in prevention versus investment in treatment, to generate debate.

2.6 We also asked people 'What do you think is the best thing about the NHS?' to understand people's priorities without prompting or context.

2.7 We talked to a wide range of partners and stakeholders to gain input into our engagement approach. This included conversations with our engagement partner HWNN; our ICS Board members; neighbouring systems; local voluntary and community sector (VCS) partners; NHS Confederation; local MPs and Local Authorities.

2.8 Table 1 below summarises the delivery of engagement across all elements.

Table 1 – summary of engagement by approach

Focus of engagement	Engagement activity/outputs	Value added
ICS Team Engagement		
Engagement through digital channels Campaign focus	Bespoke website with 3,200 visitors over the engagement period Online survey with 405 responses Outreach engagement at 7 community events Social media reach of >70,000	High number of responses to survey across digital channels High level of engagement with campaign through digital channels Numbers reached by Long Term Plan conversation far in excess of engagement respondents
HWNN Engagement		
Outreach engagement targeting seldom heard communities	Outreach engagement with 610 survey responses 40 community events attended	Reach into communities across Nottingham and Nottinghamshire Trusted engagement partner enabling the ICS to reach into communities Expertise in engagement design

Focus of engagement	Engagement activity/outputs	Value added
Attitudes and understanding Research		
In-depth research targeting professionals, heavy service users and light service users	27 tele-depth interviews with GPs; nurses; consultants; junior doctors; allied health professionals; public health professionals; social care staff 10 at-home interviews with heavy service users with complex long-term conditions 4 focus groups with light service users	In depth conversations with staff and the public enabling detailed insights to be generated Adding context and depth to the survey findings
Summary		
1015 Survey responses 47 Community events 58 in-depth interviews/focus groups participants 3,200 website visitors Social media reach of >70,000		

3 Summary of findings

3.1 There were clear and common themes that emerged from all these sources of input. The key insights drawn collectively are summarised below.

3.2 Public views about priorities and pressures within the system are strongly influenced by the national media narrative on the NHS or on personal experience of services

3.2.1 Alongside a significant amount of pride in the local NHS, there is a perception that services are under pressure. This explains the widespread public support identified for urgent and emergency care and mental health. Even those with no experience of these services rank them as important or very important.

3.2.2 The public also see their experience of one service as indicative of the whole NHS, so experiences of long waits for GP services or urgent and emergency care are interpreted as indicators of pressure across the whole system.

3.3 People mostly value having a free at the point of need healthcare model, frontline staff and the accessibility of services within the NHS

3.3.1 Both the ICS and HWNN elements of the engagement opened with the question ‘What do you think is the best thing about the NHS?’ This has provided useful insight into public

perceptions about the NHS, which have been reinforced in the Understanding and Attitudes Research.

3.3.2 Overwhelmingly, people value the free at the point of need model as the best thing about the NHS.

3.3.3 Where the workforce are cited as the best thing about the NHS, this is usually focused on front-line staff with compassion, dedication and helpfulness the qualities that people value.

3.3.4 Many people also cite the accessibility of services as the best thing about the NHS, in particular equity of access and fairness e.g. 'it's for everyone'.

3.3.5 It should be noted that the free at the point of need model does not, of course, apply to much of social care and therefore care needs to be taken when emphasising this strength of feeling when talking about integrated care.

3.4 There is widespread support for urgent and emergency care and mental health, which are among the system's top priorities

3.4.1 The public are highly supportive of prioritising urgent and emergency care and mental health. There is a perception among both staff and the public that more focus is needed on mental health.

3.5 While there is public support for a focus on finance and efficiency, this is not as significant as support for other areas

3.5.1 While many people rated finance and efficiency as important or very important, support for other system priorities was significantly higher. Support for focusing on finance and efficiency also needs to be considered alongside public and staff concerns about system pressures and perceptions of diminishing resources and cutbacks.

3.5.2 This can be seen in wider national research including this from the King's Fun (https://www.kingsfund.org.uk/blog/2019/05/public-and-nhs-funding) where 83% of survey respondents felt that there was a major or severe funding problem in the NHS. The majority (58%) said they would be willing to accept an increase in taxes to fund the NHS and 75% opposed means testing.

3.6 People are broadly supportive of a focus on preventative activity, with some reservations

3.6.1 There is widespread support for focusing on prevention of ill health among both staff and the public. Among the public however, there are some reservations. People still view

Treatment for health problems as a priority and would be concerned if resources were viewed to be being taken away from this area. People also highlight the limits of preventative interventions, citing that not all health problems are preventative and that people cannot always be encouraged to change their behaviour.

3.7 There are mixed and ambiguous views about personalisation, choice and control

3.7.1 In being asked to consider personalisation, choice and control in health people felt that these things were highly dependent on context. This is reinforced by previous engagement carried out by HWNN on shared decision making. Both engagement on the Long Term Plan, and previous work by HWNN highlights that people do not always understand these terms – particularly those who are not 'health literate'.

3.8 There is only lukewarm support for digital innovation in healthcare and a lack of understanding of the value of digital technology to improve access

3.8.1 Of all the areas of healthcare covered within the engagement there was the least understanding of, and support for, digital innovation to improve access. While there is a correlation between respondents age and their level of support for digital innovation in healthcare, with those over working age less likely to be supportive, it remains the least supported and least understood of all areas covered among all groups.

3.9 The public are mostly uninterested in hearing about system change

3.9.1 The public have little appetite for hearing about system change and transformation, unless it directly affects how they access care. They perceive the biggest challenges to the NHS to be difficulty accessing services, a loss of high performing services and hit-and-miss quality of care. For access to services people are mostly referring to A&E and their GP.

3.10 Staff are concerned about diminishing resources and increasing demand

3.10.1 Staff see an increasing demand for healthcare alongside diminishing resources. They highlight short-term thinking and pressure on staff as the net effects of this. Staff are interested in seeing investment in more effective and efficient ways of working.

3.10.2 Where staff are particularly interested in knowing more about system change they will be very proactive in seeking out information. For those with limited interest in these matters, they want to hear about what it means for them directly in their job and expect to hear it from their line manager or professional association.

Long Term Plan Engagement
Integrated Insights Report

Nottingham and Nottinghamshire Integrated Care System

August 2019

Section 1 – Background

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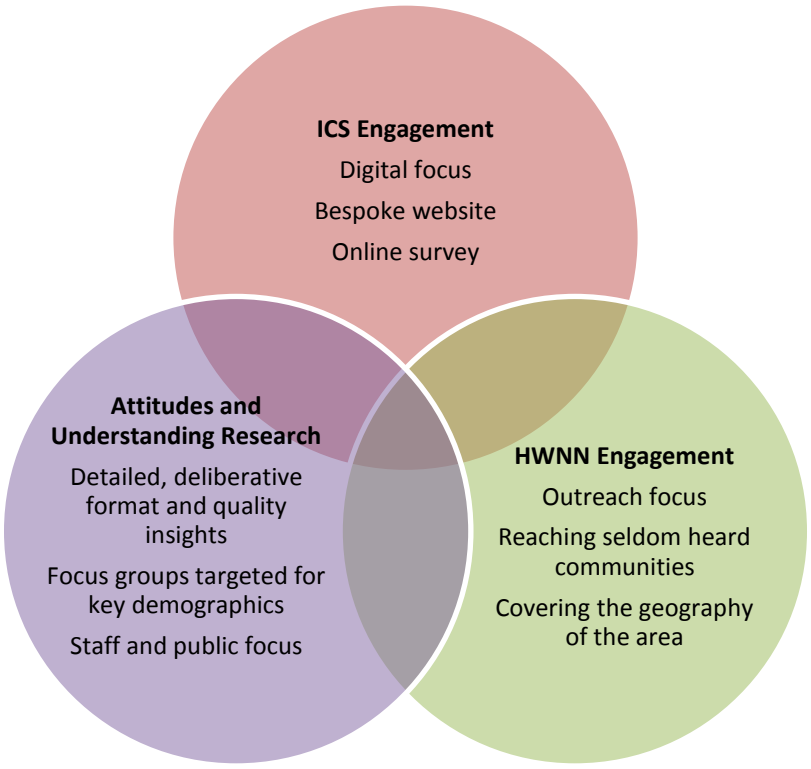

2.4 The core theme underpinning each element of our engagement was exploring what matters to local people, in the context of the NHS Long Term Plan

ambitions. Each element focused engagement around the priorities within the NHS Long Term Plan.

2.5 Central to our approach are a number of 'trade-off' questions. These questions are designed to generate debate and challenge assumptions around some of the core elements of the Long Term Plan – for example digital innovation or personalisation. Our trade-off questions ask people to consider how important a potential priority area is, when considered in direct competition with a competing priority. For example, people are asked to rank the importance of preventing ill health versus the importance of treating ill health. These trade-offs are hypothetical and intended to generate debate.

2.6 Within all of our engagement we have discussed the priorities within the NHS Long Term Plan in three ways:

a) Understanding how important each priority is to people;
b) Understanding what matters most to people within each priority
c) Discussing the priorities in terms of hypothetical 'trade-offs' e.g. investment in prevention versus investment in treatment, to generate debate.

2.7 We also asked people 'What do you think is the best thing about the NHS?' to understand people's priorities without prompting or context.

2.8 The following areas were discussed as priorities within the NHS Long term Plan:

- Urgent and emergency care
- Mental health
- Finances and efficiency
- Prevention
- Digital innovation
- Personalisation
- Children and young people's health
- Supporting our workforce
- Major health conditions.

2.9 We talked to a wide range of partners and stakeholders to gain input into our engagement approach. This included conversations with our engagement partner HWNN; our ICS Board members; neighbouring systems; local voluntary and community sector (VCS) partners; NHS Confederation; local MPs and Local Authorities.

ICS Team engagement

2.10 The ICS Team engagement focused on engagement through digital channels.

2.11 A bespoke website was developed to support the engagement with a campaign run over three months, focusing on local activity linked to the priorities within the Long Term Plan. The campaign drove traffic to the website, which contained news articles and case studies of local interest.

2.12 The survey developed to generate feedback was housed within the website. It was developed in partnership with HWNN, who focused on outreach activity to promote the survey and generate responses.

2.13 The ICS Team also attended local community events to promote the survey and gather feedback. Detail of those events can be seen in the appendix.

HWNN engagement

2.14 HWNN engagement focused on engagement through face-to-face channels and aimed to reach as broadly across the ICS area as possible. This included targeted engagement with:

- Carers
- Parents of young children
- People with long-term conditions
- Homeless people
- People experiencing mental health issues.

2.15 HWNN particularly focused on reaching communities that are seldom heard and people experiencing health problems or likely to experience poor health outcomes. Over 25% of respondents to the HWNN engagement identified themselves as carers and over half identified as having a disability.

2.16 Additional focus group discussions were held by HWNN targeting older people and people who are LGBT. Detail of all of these face-to-face events can be seen in the Appendix 2.

Understanding and Attitudes Research

2.17 The ICS commissioned social research agency Britain Thinks to undertake research on attitudes towards and understanding of the priorities within the NHS Long Term Plan, with a focus on what matters to local people.

2.18 The Understanding and Attitudes Research was structured around the same priority areas and key trade-off questions as the ICS and HWNN engagement. It included three key target groups:

a) Health and care professionals
b) Heavy service users
c) Light service users

2.19 A mix of telephone interviews, face-to-face interviews and focus group were deployed across the research. These methods aimed to generate in-depth, meaningful insight and add more context and understanding to the survey results.

2.20 The findings of the engagement will inform the development of our local system plan. We have a broad programme of local stakeholder engagement planned to share the findings of our engagement; discuss how to reflect those findings in our local system plan; and share our local system plan as it develops, gaining input along the way.

2.21 Table 1 below summarises the delivery of engagement across all elements.

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Section 3 – Summary of findings

3.1 There were clear and common themes that emerged from all these sources of input. The key insights drawn collectively are summarised below.

3.2 Public views about priorities and pressures within the system are strongly influenced by the national media narrative on the NHS or on personal experience of services

3.2.1 Alongside a significant amount of pride in the local NHS, there is a perception that services are under pressure. This explains the widespread public support identified for urgent and emergency care and mental health. Even those with no experience of these services rank them as important or very important.

3.2.2 The public also see their experience of one service as indicative of the whole NHS, so experiences of long waits for GP services or urgent and emergency care are interpreted as indicators of pressure across the whole system.

3.3 People mostly value having a free at the point of need healthcare model, frontline staff and the accessibility of services within the NHS

3.3.1 Both the ICS and HWNN elements of the engagement opened with the question 'What do you think is the best thing about the NHS?' This has provided useful insight into public perceptions about the NHS, which have been reinforced in the Understanding and Attitudes Research.

3.3.2 Overwhelmingly, people value the free at the point of need model as the best thing about the NHS.

3.3.3 Where the workforce are cited as the best thing about the NHS, this is usually focused on front-line staff with compassion, dedication and helpfulness the qualities that people value.

3.3.4 Many people also cite the accessibility of services as the best thing about the NHS, in particular equity of access and fairness e.g. 'it's for everyone'.

3.3.5 It should be noted that the free at the point of need model does not, of course, apply to much of social care and therefore care needs to be taken when emphasising this strength of feeling when talking about integrated care.

3.4 There is widespread support for urgent and emergency care and mental health, which are among the system's top priorities

3.4.1 The public are highly supportive of prioritising urgent and emergency care and mental health. There is a perception among both staff and the public that more focus is needed on mental health.

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3.5.1 While many people rated finance and efficiency as important or very important, support for other system priorities was significantly higher. Support for focusing on finance and efficiency also needs to be considered alongside public and staff concerns about system pressures and perceptions of diminishing resources and cutbacks.

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3.9.1 The public have little appetite for hearing about system change and transformation, unless it directly affects how they access care. They perceive the biggest challenges to the NHS to be difficulty accessing services, a loss of high performing services and hit-and-miss quality of care. For access to services people are mostly referring to A&E and their GP.

3.10 Staff are concerned about diminishing resources and increasing demand

3.10.1 Staff see an increasing demand for healthcare alongside diminishing resources. They highlight short-term thinking and pressure on staff as the net effects of this. Staff are interested in seeing investment in more effective and efficient ways of working.

3.10.2 Where staff are particularly interested in knowing more about system change they will be very proactive in seeking out information. For those with limited interest in these matters, they want to hear about what it means for them directly in their job and expect to hear it from their line manager or professional association.

Section 4 – Detailed findings

What matters to people in Nottingham and Nottinghamshire?

4.1 Within the survey used in the HWNN and ICS engagement, the first question that was asked was 'What do you think is the best thing about the NHS. Responses against this question are shown below in table 2.

Table 2 – 'What do you think is the best thing about the NHS?'

Theme	% of responses	No. of responses*
Free at the point of need	46%	468
Staff/workforce	18%	182
Accessibility	16%	159
High quality services	9%	96
Variety of services	4%	44

**combined data across HWNN and ICS engagement*

4.2 Of the 807 people who responded to the question the majority (47%) cited free at the point of need healthcare as the best thing about the NHS. Staff and workforce (18%) and accessibility (16%) were the next most common responses.

4.3 HWNN note that a general theme within the responses to this question was that people felt secure knowing that the NHS was in place and that they were reassured they would receive a good standard of care from staff. A high level of trust in healthcare professionals was identified across all engagement approaches, with HWNN and Britain Thinks stating that many people trust professionals to make decisions about their care and treatment.

4.4 Britain Thinks identified a high level of pride in the local and national NHS in the Understanding and Attitudes Research, particularly in comparison to the health systems in other countries.

"My neighbour collapsed on a bank holiday – they said you'll wait a while, and then the ambulance was there within 3 minutes. You can't do better than that."

4.5 Within responses highlighting accessibility as the best thing about the NHS, it is often the principles of fairness and equity of provision that are highlighted as most important. Within the Understanding and Attitudes Research, light service users tended to prioritise reducing waiting times for A&E and their GP as the most important things to address.

Top local priorities for health and care

4.6 The survey used within the HWNN and ICS engagement explained that three areas were being considered as priorities for health and care locally:

- Mental health - Improving mental health services and treating mental ill health as important as physical health
- Urgent and emergency care - Making sure that emergency services such as A&E are quick and easy to access
- Finances - Making sure taxpayers' money is used as efficiently as possible and that we stick to our budgets.

Our Understanding and Attitudes Research also used these areas to prompt discussions about people's priorities for health and care.

4.7 Responses to this question within the survey are shown below in table 3.

Table 3 – 'Please tell us how important each of the following are to you'

Theme	% of responses rating as very important	% of responses rating as important	% of responses rating as important or very important	No. of responses rating as important or very important*
Urgent and emergency care	79%	19%	98%	806
Mental health	70%	24%	94%	772
Finance and efficiency	50%	33%	84%	688

**combined data across HWNN and ICS engagement*

4.8 Most people who responded to this question felt that urgent and emergency care (98%) and mental health (94%) were either important or very important. Our Understanding and Attitudes Research highlights that the national media narrative is highly influential in people's views of local health services. It is therefore expected that areas receiving significant media attention are thought to be important.

"I do know that A&E is at crisis point. It's all over social media, people put up their experiences, on the news there are people being left in hallways. People who have died at home because ambulances aren't able to get to them."

4.9 People who have had personal experience of mental health services highlighted confusing referrals, long waiting times and a particular struggle for young peoples' services and support for carers.

4.10 Finance and efficiency was seen as important or very important by 84% of respondents to the question. While this demonstrates public support for this area as a priority it should be noted that other priorities (see below) were more widely supported. It should also be noted that both staff and the public perceive that the system is under pressure and that resources are diminishing – so a focus on further reducing budgets or making further efficiencies will be seen as unwelcome and unpopular.

4.11 It is worth noting the gap between these three areas in the proportion of people who rated them as *very important*. While urgent and emergency care and mental health were rated as very important by 79% and 70% of respondents respectively, finance and efficiency was rated as very important by 50%. This highlights that finance and efficiency is seen as less of a priority than other areas.

Other priorities for health and care

4.12 The survey then explained that the local health and care system had a further set of other priorities for focus over the next five years and asked people how important they thought these areas are:

- Preventing ill health - More action on the things that create poor health such as smoking, alcohol and unhealthy eating
- Children and young people's health - More action on services for children and young people including mental health services, maternity services and treating illnesses
- Major health conditions - Better care for the major health conditions in our society such as cancer, diabetes and stroke - for example faster diagnosis and better treatment
- Supporting our workforce - Making sure we have the right number of doctors, nurses and social care workers in the right places and that they have the right skills to provide what people need
- Digital innovation in healthcare - Using things like Skype for appointments to help you get better access to your GP.

Again, these were used as prompts in our Understanding and Attitudes Research for discussions around priorities.

4.13 Responses to this question within the survey are shown below in table 4.

Table 4 – 'Please tell us how important each of the following are to you'

Theme	% of responses rating as very important	% of responses rating as important	% of responses rating as important or very important	No. of responses rating as important or very important*
Supporting our workforce	79%	20%	99%	805
Major health conditions	72%	28%	99%	783
Children and young people's health	64%	34%	98%	753
Preventing ill health	48%	48%	95%	702
Digital innovation in healthcare	31%	43%	55%	444

**combined data across HWNN and ICS engagement*

4.14 All the listed priority areas were overwhelmingly seen as important or very important, with the exception of digital innovation in healthcare (55%). Digital innovation was also the least supported area within the trade-off questions. Considering the areas ranked as *very important* by people, workforce (79%) and major health conditions (72%) have much more public support than the other areas. Less than half of respondents thought that preventing ill health or digital innovation are very important.

4.15 Beyond using Skype for appointments the public struggle to see other areas where digital technology can improve access. There is also some suspicion in investing in what is seen to be new as there is a perception that existing services are under-resourced. People are also concerned about those that are not comfortable using digital technology and the risk of system failures, or perceptions that existing or previous digital services have not performed well.

4.16 There is a correlation between the age of respondents and their level of support for digital innovation in healthcare. Of respondents of working age, 59% rated digital innovation as important or very important. For non-working age respondents this fell to 46%.

> *"Some people haven't got internet. The people who use services the most – the elderly, young children. So investing in [Skype appointments] might not work"*

4.17 Among the public, the prioritisation of support for the workforce is interpreted to mean either more front-line staff or staff being able to spend more time with patients.

"Nursing staff and GPs are worth their weight in gold"

4.18 Children and young people's services and treatment for major health conditions were seen as strengths of the local area's health services, with the exception of mental health.

4.19 Preventing ill health was viewed positively by both staff and the public, although comments within the survey used by HWNN and the ICS and discussions within the Understanding and Attitudes Research indicate some reservations about focusing on prevention at the detriment of treatment. The limits of public health campaigns, in particular, are seen as caveats in prioritising prevention.

"Everybody already knows all that. Everybody knows how to live a healthy life, it's whether you choose to or not, it's up to the individual. Yes they should still advertise walking and quitting smoking and all that. But nobody wants it shoved in their face 24/7."

Choices about health and care investment

4.20 The survey used by HWNN and the ICS asked people which they felt was more important for the local health and care system to deal with, out of a series of two opposing choices. People were asked which was more important to focus on between:

Preventing people becoming ill - Keeping people fit and well so they are less likely to become ill	**OR**	***Treating people when they become ill*** - Making sure that people who become ill have the best possible treatment
Choice and control - Letting people manage their own health and wellbeing and choice of treatment	**OR**	***The best possible care and treatment without having to choose*** - Doctors and other health professionals deciding what is best for people and making sure it is provided
Investing in digital technology for healthcare - Using things like Skype for appointments to help people get better access to their GP	**OR**	***Investing in buildings and equipment for healthcare*** - Investing in the buildings and equipment used at locations where people go to for urgent healthcare

These hypothetical trade-offs were also used to stimulate debate in our Understanding and Attitudes Research.

4.21 HWNN and the ICS collected the data for this question in different ways. Within the HWNN survey, these questions were formatted as multiple-choice with respondents able to choose either of the trade-off choices or a neutral answer. Within the ICS survey, respondents were able to use a manual sliding scale of 0-100 to indicate *how much more important* they felt one choice was than another.

4.22 Tables 5 – 7 below show the responses for the ICS and HWNN surveys separately. Within the ICS survey results, the number and proportion of respondents showing a ***strong*** preference for one choice within a trade-off question are shown within the table. A 'strong' preference is one where the response is at least 75% towards one choice. The HWNN results show the proportion of people selecting one option or another. The number of responses shown against each option within the Healthwatch results is therefore higher than the ICS results, which only includes response at each end of a sliding scale.

Table 5 – Preventing people becoming ill or treating people when they become ill

	HWNN data		ICS data	
Which is more important to you?	**% of responses selecting this option**	**No. of responses**	**% of responses stating a *strong* preference**	**No. of responses**
Preventing people becoming ill	40%	243	27%	108
Treating people when they become ill	39%	237	26%	104

4.23 Presenting a choice between prevention and treatment generated a similar numbers of strong responses for each option.

Table 6 – Choice and control or the best possible care and treatment without having to choose

	HWNN data		ICS data	
Which is more important to you?	**% of responses selecting this option**	**No. of responses**	**% of responses stating a *strong* preference**	**No. of responses**
Choice and control	30%	182	21%	87
The best possible care without having to choose	40%	246	25%	101

4.24 There were slightly more strong responses for the best possible care without having to choose compared to strong responses for choice and control in healthcare.

4.25 The Understanding and Attitudes Research highlighted some important nuances in perceptions of choice and control. Both light and heavy service users are satisfied with their current level of choice and control. However, people who are working and have families express a desire for more choice in terms of flexibility of appointments. Social care staff are more likely than NHS staff to view choice and control positively, and highlight the benefits it can bring for older people and those with long-term conditions.

4.26 A previous HWNN project engaged with people who do not traditionally engage with shared decision making and discussions around choice and control. It found that these participants were in favour of shared decision making in health as long as a number of conditions were met, including having the confidence and time to ask questions about choices; having trust in healthcare professionals; understanding the language being used; having the mental capacity to make a choice, understanding the benefits and risks and being listened to.

Table 7 – Investing in digital technology for healthcare or investing in buildings and equipment for healthcare

	HWNN data		ICS data	
Which is more important to you?	**% of responses selecting this option**	**No. of responses**	**% of responses stating a *strong* preference**	**No. of responses**
Investing in digital technology	10%	63	12%	47

Investing in buildings and equipment	61%	371	32%	128

4.27 There is limited public and staff support for investing in digital innovation versus other areas. This gap is starker when people are asked to choose between investment in digital innovation and investment in buildings and equipment. As highlighted, people struggle to identify areas where digital technology could improve access.

Section 5 – Key lessons learned and next steps

5.1 The key lessons learned through our engagement on the Long Term Plan are:

- People value a free at the point of need model for healthcare as the best thing about the NHS and plans should reassure people that this will be protected for the future
- The public are supportive of prioritising mental health services and urgent and emergency care.
- People feel that we should prioritise supporting our workforce and view front-line staff as one of the best things about the NHS.
- People are concerned about pressure on services and would like to see improvements in waiting times for access.
- People recognise finance and efficiency as important, but also view services as under pressure and under-funded. It will be important to reassure people that decisions on investment and disinvestment are robust and underpinned by long-term thinking.
- The public are supportive of action to prevent ill health, but see this as less as a priority than other areas and need reassurance that treating ill health will not be deprioritised
- Digital innovation to improve services was the least supported of all potential priority areas discussed and there is work to do to take the public with us if we wish to accelerate the use of digital technology in health services.
- Support for choice and control is dependent on context and this area merits further engagement.

5.2 A wide programme of engagement with key bodies, forums and organisations across the local health and care system is planned. This work will help us in feeding the findings of our Long Term Plan engagement into our local system plan.

5.3 We recognise that further engagement will be required within specific areas of our local plan and this will be carried out within our Integrated Care Providers, who will be tasked with implementing the plan.

Appendix 1 – What Matters to You Survey

What matters to you in health and care?

Make sure your voice is heard

In January the NHS launched its Long Term Plan, which sets out its ambition to make sure everyone has the best start in life, receives world class care for major health problems and gets the support they need to age well.

To help us deliver the aims of the Long Term Plan locally, we'd like your views to help shape our local plan.

Whether it's your opinion on the plan's priorities, or how you and your family get health advice, support and services – please join the conversation. You're at the heart of everything we do, so we want to make sure your voice is heard.

You can give us your feedback through this short survey.

Completing the survey

For each question please tick clearly inside the box that is closest to your views using a black or blue pen. Don't worry if you make a mistake; simply cross out the mistake and put a tick in the correct box. Please do not write your name or address anywhere on the survey. All information will be kept strictly confidential and in accordance with the Data Protection Act 1998 and associated protocols.

This survey is available to complete here or by visiting our website:

https://nottswhatmatterstoyou.co.uk/

Please return this form either by email to julie.andrews12@nhs.net

or by post to:

Freepost RTGE-CRAT-BABH

NHS Mansfield & Ashfield CCG

Birch House

Mansfield

NG21 0HJ

Please call 0115 804 3925 if you require:

- Any further information
- Support to complete this survey
- Copies of the information and survey in different languages and formats

Q1. What do you think is the best thing about the NHS?

Our top priorities for health and care in Nottingham and Nottinghamshire

We believe that the biggest challenges for health and care in Nottingham and Nottinghamshire over the next 5 years are **mental health**; **urgent and emergency care** and **finance and efficiency**.

We want to know if you agree or disagree that these should be our top priorities.

Q2. Please tell us how important each of the following are to you

	Not important at all	Not very important	Neither unimportant or important	Important	Very important
Mental health - Improving mental health services and treating mental ill health as important as physical health	☐	☐	☐	☐	☐
Urgent and emergency care - Making sure that emergency services such as A&E are quick and easy to access	☐	☐	☐	☐	☐
Finance and efficiency - Making sure taxpayers' money is used as efficiently as possible and that we stick to our budgets	☐	☐	☐	☐	☐
Please tell us more about any areas you feel strongly about					

Our priorities for health and care in Nottingham and Nottinghamshire

The following is a list of other areas we may want to prioritise over the next 5 years.

Q3. Please tell us how important each of the following are to you

	Not important at all	Not very important	Neither unimportant or important	Important	Very important
Preventing ill health - More action on the things that create poor health such as smoking, alcohol and unhealthy eating	☐	☐	☐	☐	☐
Children and young people's health - More action on services for children and young people including mental health services, maternity services and treating illnesses	☐	☐	☐	☐	☐
Major health conditions - Better care for the major health conditions in our society such as cancer, diabetes and stroke - for example faster diagnosis and better treatment	☐	☐	☐	☐	☐
Supporting our workforce - Making sure we have the right number of doctors, nurses and social care workers in the right places and that they have the right skills to provide what people need	☐	☐	☐	☐	☐
Digital innovation in healthcare - Using things like Skype for appointments to help you get better access to your GP	☐	☐	☐	☐	☐
Please tell us more about any areas you feel strongly about					

Choices about health and care in Nottingham and Nottinghamshire

We want to know what matters to you in health and care. Please tell us which of the following things is more important to you.

Q4. Which is more important for the NHS and social care to deal with?

Preventing people becoming ill - Keeping people fit and well so they are less likely to become ill	**Don't know**	**Treating people when they become ill** - Making sure that people who become ill have the best possible treatment
☐	☐	☐
Please tell us why you feel this way		

Q5. Which is more important for the NHS and social care to deal with?

Choice and control - Letting people manage their own health and wellbeing and choice of treatment	**Don't know**	**The best possible care and treatment without having to choose** - Doctors and other health professionals deciding what is best for people and making sure it is provided
☐	☐	☐
Please tell us why you feel this way		

Q6. Which is more important for the NHS and social care to deal with?

Investing in digital technology for healthcare - Using things like Skype for appointments to help people get better access to their GP	**Don't know**	**Investing in buildings and equipment for healthcare** - Investing in the buildings and equipment used at locations where people go to for urgent healthcare
☐	☐	☐
Please tell us why you feel this way		

Appendix 2 – Demographic breakdown of survey respondents

HWNN engagement

District	No.	Percent
Nottingham City	158	25.9%
Gedling	131	21.5%
Ashfield	83	13.6%
Newark and Sherwood	59	9.7%
Rushcliffe	58	9.5%
Broxtowe	39	6.4%
Mansfield	38	6.2%
Out of area	52	6.9%
Not answered	2	0.3%
Total	**610**	**100.0%**

Age Groups	No.	Percent
1 - 15	4	0.7%
16-17	11	1.8%
18-24	24	3.9%
25-34	52	8.5%
35-44	63	10.3%
45-54	95	15.6%
55-64	100	16.4%
65-74	92	15.1%
75-85	56	9.2%
85+	11	1.8%
Not answered	102	16.7%
Total	**610**	**100.0%**

Gender	No.	Percent
Female	410	67.2%
Male	181	29.7%
Non-binary	1	0.2%
Not answered	13	2.1%
Prefer not to say	5	0.8%
Total	**610**	**100.0%**

Sexuality	No.	Percent
Heterosexual	438	71.8%
Prefer not to say	68	11.1%
Not answered	32	5.2%
Bisexual	27	4.4%
Homosexual	25	4.1%
Asexual	20	3.3%
Total	**610**	**100.0%**

Ethnicity	No.	Percent
White	542	88.9%
Not answered	19	3.1%
Prefer not to say	14	2.3%
Mixed/Multiple ethnic	12	2.0%
Black	11	1.8%
Asian	7	1.1%
Other	4	0.7%
South Asian	1	0.2%
Total	**610**	**100.0%**

Religion	No.	Percent
Christian	305	50.0%
None	193	31.6%
Prefer not to say	34	5.6%
Other	30	4.9%
Not answered	28	4.6%
Buddhist	8	1.3%
Sikh	4	0.7%
Hindu	3	0.5%
Jewish	3	0.5%
Muslim	2	0.3%
Total	**610**	**100.0%**

Carers	No.	Percent
No	426	69.8%
Not answered	28	4.6%
Yes	156	25.6%
Total	**610**	**100.0%**

Illness/impairment	No.	Percent
Mental health illness	123	24.4%
Physical impairment	122	24.2%
Hearing impairment	94	18.7%
Visual impairment	58	11.5%
Other	36	7.1%
Prefer not to say	31	6.2%
Learning impairment	21	4.2%
Social/behavioural problems	19	3.8%
Total	**504**	**100.0%**

ICS engagement

What is your gender?	No.	%
Female	232	70.1%
Male	95	28.7%
Non binary	1	0.3%
Prefer not to say	3	0.9%
Total	331	

Is your gender identity the same gender you were assigned at birth?	No.	%
Yes	322	97.9%
No	2	0.6%
Prefer not to say	5	1.5%
Total	329	

Is your gender identity the same gender you were assigned at birth?	No.	%
Yes	322	97.9%
No	2	0.6%
Prefer not to say	5	1.5%
Total	329	

What is your ethnicity?	No.	%
Any other Black background	1	0.3%
Any other ethnic group (please specify)	9	2.7%
Any other mixed background	3	0.9%
Any other White background	4	1.2%
Asian or Asian British - Indian	6	1.8%
Asian or Asian British - Pakistani	4	1.2%
Black or Black British - African	1	0.3%
Black or Black British - Caribbean	1	0.3%
Gypsy or Traveller	1	0.3%
Irish	5	1.5%
Mixed - White and Asian	2	0.6%
Mixed - White and Black Caribbean	1	0.3%
White British	292	88.5%
Total	330	

What is your age?	No.	%
Under 18	3	0.9%
18-24	9	2.7%
25-34	44	13.4%
35-44	62	18.8%
45-54	86	26.1%
55-64	67	20.4%
65+	58	17.6%
Total	329	

Do you consider yourself to have a disability?	No.	%
No	254	76.5%
Prefer not to say	13	3.9%
Yes	41	12.3%
Total	332	

What is your sexual orientation?	No.	%
Bisexual	8	2.4%
Gay	12	3.6%
Heterosexual	287	87.2%
Prefer not to say	22	6.7%
Total	329	

What is your religion?	No.	%
Buddhist	6	1.8%
Christian (all denominations)	133	40.7%
Hindu	2	0.6%
Muslim	5	1.5%
None	160	48.9%
Other	18	5.5%
Sikh	3	0.9%
Total	327	

What is your marital status?	No.	%
Civil partnership	11	3.3%
Divorced	22	6.6%
Married	189	56.9%
Prefer not to say	18	5.4%
Separated	8	2.4%
Single	73	22.0%
Widowed	11	3.3%
Total	332	

Women and pregnancy - are you pregnant?	No.	%
No	285	96.0%
Yes	3	1.0%
Prefer not to say	9	3.0%
Total	297	

Appendix 3 – Engagement Log

Date	Activity	Audience	Notes/documents
15/1/19 and ongoing	Email, face-to-face and phone exchanges with South Yorkshire ICS Comms Director to get builds and inputs. (AB and LE)	Sister ICS with adjoining geography (Bassetlaw)	Aligned approach and agreed to co-create generic questions and ensure that timings are dovetailed.
1/2/19 to 7/2/19	Email exchange with NCVS lead to get builds and input. (AB)	Nottingham City Community and Voluntary sector.	No major amends, endorsed approach.
5/2/19	Met with and shared plan with local NHS Confederation representative to get builds and input. (AB)	NHS Confederation regional rep.	No major amends, endorsed approach
15/2/19	Shared overall plan with ICS Board to alignment and agreement on approach to engagement. (AB)	ICS Board members (CEs, Chairs, Councillors).	
26/2/19	Shared summary of LTP and new GP contract and overall engagement plan with ICS Partnership Forum for alignment and specific builds on approach.	Partnership Forum members (see ToR)	
4/3/19	Nottinghamshire County Council – Adult Social Care and Public Health Committee	County Councillors with interest in ASC and Public Health	
26/3/19	Met with Prof Jonathan Tallant to discuss how to enhance levels	Professor of Philosophy,	

Date	Activity	Audience	Notes/documents
	of Trust amongst respondents to the survey to maximise engagement and response rates. Suggested amendments incorporated into survey. (AB)	Nottingham University	
29/3/19	Briefings issued to staff, stakeholders, Councillors and MPs. (AB, LE, JG, TS and others)	Staff, system partners, Councillors, MPs	
1/4/19	ICS Team engagement at 4 Seasons Shopping Centre, Mansfield	Public	
1/4 to 7/4/19	Diabetes Awareness Week activities in QMC; Oak Tree Tesco, Mansfield; Asda, Newark; Idlewells Shopping Centre, Sutton-in-Ashfield, Asda Hyson Green)	Public	https://twitter.com/MandAccg/status/1113087472974659585  Dawn Jameson, Diabetes Manager 1.jp
2/4/2019	Experian initial meeting with Amy Priest, Wellbeing Lead (KH)	Experian staff	Initial meeting to commence building ICS / CCG / Experian information channels and staff engagement opportunities around the Long Term Plan activity.
2/4/19	ICS Team Engagement with CCG Patient and Public Engagement Committee	Public	
3/4/19	ICS Team engagement at diabetes truck, Mansfield	Public	
4/4/19	ICS Team engagement as part of diabetes awareness week, Newark	Public	
4/4/19	ICS Team engagement as part of diabetes awareness week, Sutton-in-Ashfield	Public	

Date	Activity	Audience	Notes/documents
9/04/2019	Connected with Community Gardens managers and volunteers (St Ann's allotments, Clifton Summerwood Lane Gardens and Bulwell Forest Gardens) across City to find out their additional events throughout the summer.	Volunteers and managers but to understand the visitor and footfall across the gardens to see who we can connect with.	
10/4/19	HWNN with LGBT group in Nottingham City	Public	
11/4/19	ICS Team engagement at Tesco Health Event, Ollerton	Public	
12/4/19	HWNN engagement with Citycare Patient Engagement Group	Public	
12/4/19	Coverage of Estates Strategy item from Board (11/4) includes reference to LTP Engagement and has URL	Public	https://www.nottinghampost.com/news/nottingham-news/bold-five-year-plan-upgrade-2752189 and https://westbridgfordwire.com/plans-to-improve-nottinghams-nhs-buildings/
12/4/19	HWNN engagement at Arnold Mental Health Drop-In	Public	
16/4/19	Coverage of City Council rejoining the ICS includes reference to LTP Engagement and has URL	Public	https://westbridgfordwire.com/city-council-rejoins-nottingham-and-notts-health-and-social-care-system/
16/4/19	HWNN engagement in Nottingham City	Public	
16/4/19	HWNN public engagement at 4 Seasons Shopping Centre, Mansfield	Public	

Date	Activity	Audience	Notes/documents
17/4/19	HWNN engagement with Broxtowe diabetes group	Public	
23/4/19	First Patient Impact Group meeting for the Integrated Urgent Care project.	Internal – Mid Notts and Greater Notts	Brief notes taken and agreed to hold future meetings and engagement until Governing Body ratify the latest paper. Added to engagement log here as cross-ICS work and might impact on LTP when finalised.
23/4/19	HWNN engagement with Gedling diabetes group	Public	
24/4/19	First Strategy Workshop with ICS Board, pre-circ includes initial insights from Engagement (AB)	Board Members	
26/4/19	HWNN Focus Group with Growing Bolder, older person's group in Mansfield	Public	
27/4/19	HWNN engagement with Fibromyalgia group	Public	
29/04/19	Summary of social media activity and engagements over first month of the project	Public	
1/5/19	ICS team public engagement in Ollerton	Public	
3/5/19	HWNN engagement at Bullwell Carers Group	Public	
4/5/19	HWNN public engagement in Gedling	Public	
7/5/19	HWNN Focus Group with LGBT Switchboard volunteers	Public	
7/5/19	Trent Barton engagement activity.	Trent Barton staff	https://www.facebook.com/photo.php?fbid=678305389272262&set=pcb.678305425938925&type=3&theater

Date	Activity	Audience	Notes/documents
8/5/19	ICS Team engagement at Ageing Well event, Sherwood	Public	
8/5/19	HWNN drop-in community event in Gedling	Public	
8/5/19	HWNN public engagement in Newark	Public	
9/5/19	HWNN engagement at Gedling Homes community event	Public	
9/5/19	Presented summary of engagement activities so far and initial insights from data gathered.	ICS Board Members	Details and papers here at item 9: http://www.stpnotts.org.uk/media/1737342/icsboardagendapapers20190509.pdf
9/5/19	HWNN engagement at Burton Joyce library	Public	
10/5/19	HWNN focus group with weight management group in Ashfield	Public	
10/5/09	Mention of MP engagement meeting in Alex Norris MP email newsletter	Nottingham North residents	Newsletter attached – see page 4
10/5/19	HWNN engagement with Arnold mental health group	Public	
10/5/19	HWNN public engagement in Gedling	Public	
13/5/19	HWNN engagement in Nottingham City	Public	
13/5/19	HWNN engagement with Kings Mill Hospital Patient Involvement Group	Public	
13/5/19	HWNN engagement at Talk2Us event in Newark	Public	

Date	Activity	Audience	Notes/documents
13/5/19	HWNN engagement in Rushcliffe	Public	
13/5/19	HWNN engagement in Rushcliffe	Public	
14/5/19	HWNN engagement at Nottingham City Carers Roadshow	Public	
14/5/19	HWNN engagement at Ollerton toddler group	Public	
14/05/19	Experian Mental Health awareness week and LTP engagement	Experian staff	
14/5/19	Briefing for MPs on ICS, Long Term Plan (and CCG Merger).	Members of Parliament: Norris, Greenwood, Leslie, Coaker. Plus via their staff: Jenrick and Spencer.	
14/5/19	HWNN engagement at Emmanuel House in Nottingham City	Public	
14/5/19	ICS Team engagement at Ashfield Active AGM	Public	
15/5/19	ICS Team engagement at Kings Mill hospital	Public	
15/05/19	Trent Barton Engagement	Trent Barton engagement	
16/5/19	HWNN engagement at Arnold play group	Public	
17/5/19	HWNN engagement at Clifton	Public	

Date	Activity	Audience	Notes/documents
	Carers Roadshow		
17/5/19	Alex Norris MP – mention of engagement meeting in Westminster in constituent newsletter	MPs	
21/5/19	Discussion with Jane Laughton, CEO, HWNN re progress and plan to finalise analysis	Stakeholder	
22/5/19	Partnership Forum – presentation on approach so far and emerging insights. Discussion on how to further propagate survey and ensure wider completion of survey.	Stakeholders	
28/5/19	ICS Team engagement	Clifton	
28/5/19	ICS Team engagement	Bulwell	
30/5/19	City Council Leadership Group	Leader, Deputy Leader, 2x Portfolio Holders, Chief Exec	
5/6/19	County Health and Wellbeing Board	Councillors and wider stakeholders. Cllrs Glynn Gilfoyle, Joyce Bosnjak and colleague from PCC v interested. Esp on Rough Sleeping and MH. Agreed to set up informal	

Date	Activity	Audience	Notes/documents
		workshop in the summer.	
19/6/19	ICS Team engagement at learning disability event	Public	
24/6/19	ICS Team engagement at LGBT event	Public	
25/6/19	Councillors and NEDs Discussion – facilitated by Chris Ham.	Councillors and NEDs. 13x Councillors 5x NEDs	
28/6/19	ICS Team engagement at school event	Public	
3/7/19	Workshop with County H&WB members	15 Councillors (County and District) and other H&WB Members (inc VCS, Police).	
8/7/19	County Adult Social Care and Public Health Committee	11 Councillors	
16/7/19	City Councillor Eunice Campbell – conversation following re-entry of City Council to ICS	City HWBB Chair	
22/7/19	ICS Board Development Session	ICS Board Members	

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Insights from local engagement on the NHS Long Term Plan

August 2019

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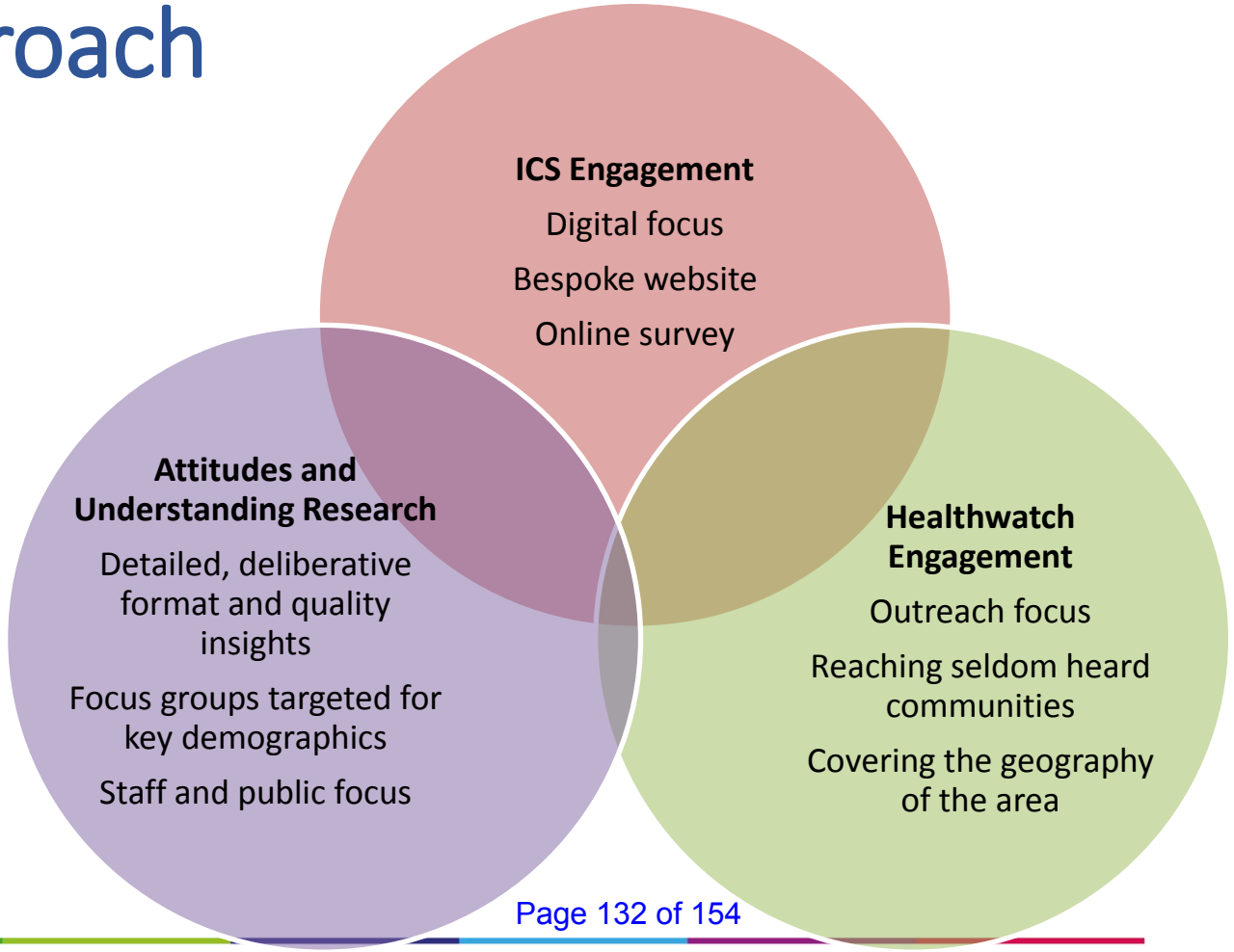
Background

- The NHS Long Term Plan sets out the ambitions of the NHS in England for the next ten years
- Each local area has been asked to develop their own local plan setting out how they will implement the national strategy
- We have undertaken extensive engagement with our local population to understand what matters to local people in their health services and to inform the development of a local system plan – this will be the core plan for the area over the next five years
- We have spoken to over 1,000 people across Nottingham and Nottinghamshire in our engagement about topics such as mental health, urgent care, health prevention and more

Our approach

- The ICS has worked in partnership with Healthwatch Nottingham and Nottinghamshire to deliver an extensive programme of public engagement on the NHS Long Term Plan.
- This includes:
  a) Public engagement by the ICS communications and engagement team, through digital and face-to-face channels
  b) Public engagement by Healthwatch through face-to-face channels
  c) Understanding and Attitudes Research by social research agency Britain Thinks, delivered through a series of focus groups with staff and members of the public.
- While each of these elements includes a different focus, the programme is underpinned by core themes and questions

Value added through a mixed approach



Engagement questions

- Within all of our engagement we have discussed the priorities within the NHS Long Term Plan in three ways:
  a) Understanding how important each priority is to people;
  b) Understanding what matters most to people within each priority;
  c) Discussing the priorities in terms of hypothetical 'trade-offs' e.g. investment in prevention versus investment in treatment, to generate debate.
- We also asked people 'What do you think is the best thing about the NHS?' to understand people's priorities without prompting or context

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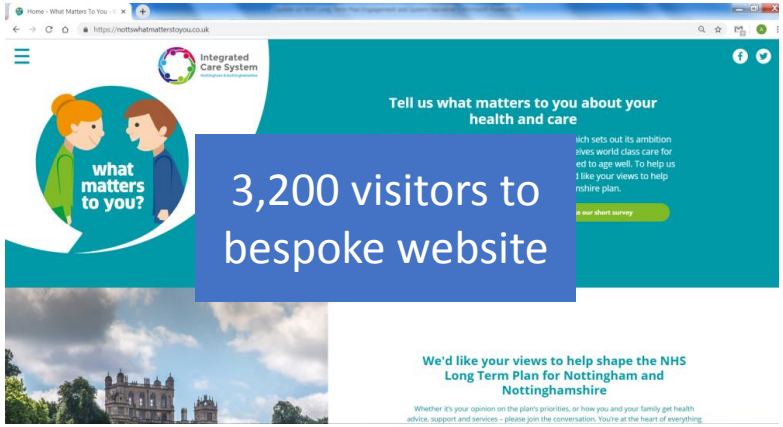
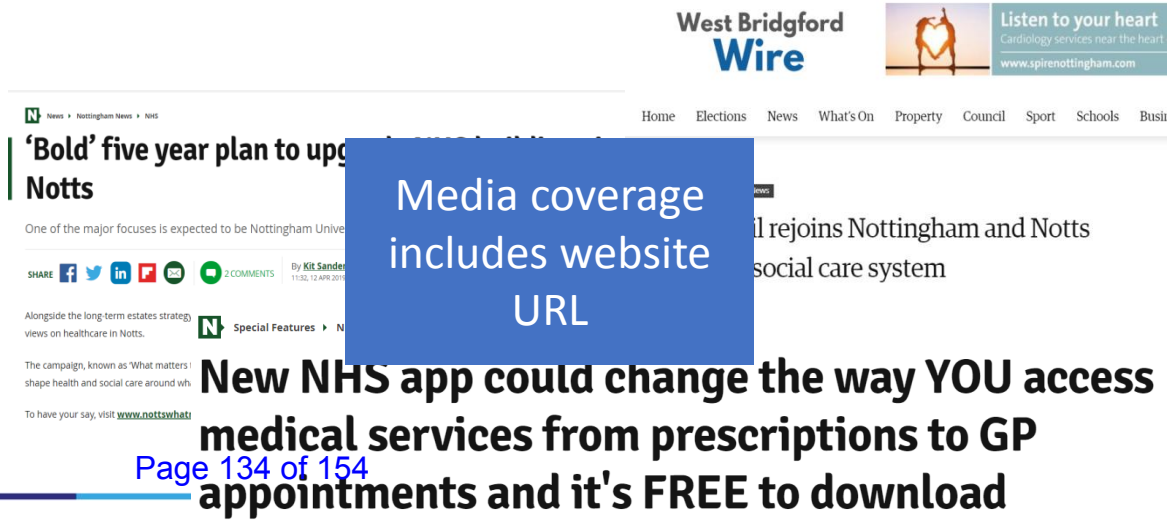
Engagement Activities



3,200 visitors to bespoke website

Social media activity has reached over 70,000 people

50 Face-to-face events in communities



Media coverage includes website URL

www.healthandcarenotts.co.uk @NHSNottingham

Responses and reach

- 1015 Survey responses
- 50 Community events
- 58 in-depth interviews/focus groups participants
- 3,200 website visitors
- Social media reach of >70,000

Over 1000 responses from members of the public, patients and staff to inform and validate our choices.

Key insight 1

Public views about priorities and pressures within the system are strongly influenced by the national media narrative on the NHS or of personal experience of services

"I do know that A&E is at crisis point. It's all over social media, people put up their experiences, on the news there are people being left in hallways. People who have died at home because ambulances aren't able to get to them."

Key insight 2

People most value having a free at the point of need healthcare model, frontline staff and the accessibility of services within the NHS

"My neighbour collapsed on a bank holiday – they said you'll wait a while, and then the ambulance was there within 3 minutes. You can't do better than that."

Key insight 3

There is widespread support for urgent and emergency care and mental health, which are among the system's top priorities

"You go and they give you anti-depressants. If you're strong enough you go back, and after a long long wait, they give you six weeks of counselling. Then after that you're referred to someone else. As soon as your allotted time's up it stops. My time's now up, so I'm back on a waiting list. While I'm on that list I just go downhill. The thing with mental health is that it doesn't just end."

Key insight 4

While there is public support for a focus on finance and efficiency, this is not as significant as support for other areas

"[The finances are] important, but I've lost faith. It sounds bureaucratic. The money would go to the wrong place."

Key insight 5

People are broadly supportive of a focus on preventative activity, with some reservations

"Everybody already knows all that. Everybody knows how to live a healthy life, it's whether you choose to or not, it's up to the individual. Yes they should still advertise walking and quitting smoking and all that. But nobody wants it shoved in their face 24/7."

Key insight 6

There are mixed and ambiguous views about personalisation, choice and control

"I do have choice. Particularly with MS, because it's such a difficult condition to deal with and treat, I've chosen what medicine I take, and what I don't want. That's been my own personal choice. They were presented to me and I was told the for and against various drugs, the side effects, and then it was my choice."

Key insight 7

There is only lukewarm support for digital innovation in healthcare and a lack of understanding of the value of digital technology to improve access

"Some people haven't got internet. The people who use services the most – the elderly, young children. So investing in [Skype appointments] might not work"

Key insight 8

The public are mostly uninterested in hearing about system change, unless it directly impacts on access to services

"Give them more time to spend on patients. It's big for GPs – after 10 minutes, they are rushed out. It's almost robotic. If you have 2 ailments, you have to book another appointment."

Key insight 9

Staff are concerned about diminishing resources and increasing demand

"There are ever-increasing numbers of patients coming through the door, but not enough leaving at the end of the system... The capacity to manage the volume is not increasing at the same rate of the volume. "

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Key learning points

- Protecting free-at-the-point-of-need healthcare and support for staff are the key things people want to see from the NHS
- There is clear support for two of the system's proposed top priorities: Urgent and Emergency Care and Mental Health
- People understand the need for financial control but also perceive that the system is under pressure and has diminishing resources
- There is some support for the Prevention agenda but this needs to be balanced with messages around treatment improvements too and reassurance around effectiveness
- Some people like the idea of choice and control of their healthcare but this is dependant on context
- Workforce is a critically important theme that needs to be front and centre of our plans
- There is less support for digital transformation – it is the least supported and least well understood of all the priority areas discussed

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Next steps

- We are currently sharing the findings of our engagement and asking people to help guide us in how best to incorporate these into our local system plan
- Our local system plan will be submitted in draft form in September with the final submitted in November
- Our local system plan will set out our priorities for improving health and wellbeing over the next five years – it will be informed by the insights we have drawn from our engagement on what matters to local people
- We are working closely with Healthwatch on integrating our findings with our local system plan and will also be identifying areas that we want to explore further with local people

Nottinghamshire County Council

Report to Health Scrutiny Committee

15 October 2019

Agenda Item: 7

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME

Purpose of the Report

1. To consider the Health Scrutiny Committee's work programme.

Information

2. The Health Scrutiny Committee is responsible for scrutinising substantial variations and developments of service made by NHS organisations, and reviewing other issues impacting on services provided by trusts which are accessed by County residents.

3. The work programme is attached at Appendix 1 for the Committee to consider, amend if necessary, and agree.

4. The work programme of the Committee continues to be developed. Emerging health service changes (such as substantial variations and developments of service) will be included as they arise.

5. Members may also wish to suggest and consider subjects which might be appropriate for scrutiny review by way of a study group or for inclusion on the agenda of the committee.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Considers and agrees the content of the draft work programme.

2) Suggests and considers possible subjects for review.

Councillor Keith Girling
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2019/20

Subject Title	**Brief Summary of agenda item**	Scrutiny/Briefing/Update	Lead Officer	External Contact/Organisation
07 May 2019				
NUH CQC Inspection and Improvement Plan	Initial briefing on outcomes and planning following the CQC inspection	Scrutiny	Martin Gately	NUH
NUH Winter Plans	Briefing on lessons learnt from last winter and future plans	Scrutiny	Martin Gately	NUH
Muscular Dystrophy Pathway	Initial briefing on patient experience in the muscular dystrophy pathway, including the physiotherapy service	Scrutiny	Martin Gately	NUH
Dentistry in Nottinghamshire	An initial briefing on the commissioning of dental services in Nottinghamshire.	Scrutiny	Martin Gately	Laura Burns, NHS England
18 June 2019				
CCG Merger Consultation	Agreement of consultation response to CCG merger.	Scrutiny	Martin Gately	TBC
East Midlands Ambulance Service – Performance and Recruitment Update	An update on the progress by EMAS in filling vacant posts and against key performance indicators.	Scrutiny	Martin Gately	Annette McFarlane, Service Delivery Manager and Keith Underwood, Ambulance Operations Manager for EMAS
Patient Transport Service	The latest performance information on patient transport from the commissioners and Arriva.	Scrutiny	Martin Gately	Neil Moore and Lucy Dadge, Greater Nottingham CCG
23 July 2019				
NHS Property Services	An initial briefing on NHS Property Services and its interaction with tenant/providers.	Scrutiny	Martin Gately	Senior representatives of NHS Property

				Services.
Healthcare Trust CQC Inspection	Briefing on the Trust's improvement plan following recent CQC inspection.	Scrutiny	Martin Gately	Dr John Brewin, Chief Executive, Healthcare Trust
Treatment Centre	An update on the latest position with the procurement of the Treatment Centre.	Scrutiny	Martin Gately	Lucy Dadge, Executive Director Commissioning, Nottinghamshire CCG and Dr Keith Girling, Medical Director, NUH
10 September 2019				
National Rehabilitation Centre	Briefing on the current position.	Scrutiny	Martin Gately	Hazel Buchanan, Nottinghamshire CCG
Healthwatch	Briefing on the recent work of Healthwatch (including reviews).	Scrutiny	Martin Gately	Sarah Collis, Healthwatch
15 October 2019				
Whyburn Medical Practice Update	Update on contract and service provision.	Scrutiny	Martin Gately	Greater Nottingham CCG
Clinical Services Strategy Update	Further briefing on the strategy.	Scrutiny	Martin Gately	Greater Nottingham CCG
Nottinghamshire Healthcare Trust – Adult Services Update (TBC)	An update on a range of issues in Adult Mental Services, including feedback on additional bed spaces at the Highbury Hospital site.	Scrutiny	Martin Gately	Kazia Foster/Sandra Crawford, Healthcare Trust
NHS Long Term Plan	Update on local engagement and how this will inform local plan.	Scrutiny	Martin Gately	Lewis Etoria, Head of Communications, Integrated Care System.

3 December 2019				
NUH Improvement Plan Update	Further consideration of improvement plan following CQC inspection.	Scrutiny	Martin Gately	Dr Keith Girling, Medical Director NUH (TBC)
Muscular Dystrophy Pathway Update	Update following the previous consideration of the pathway in May.	Scrutiny	Martin Gately	Dr Saam Sedehizadeh, NUH (TBC)
Social Prescribing (TBC)	An initial briefing on the benefits of social prescribing.	Scrutiny	Martin Gately	Amy Callaway, Programme Manager, Integrated Care System
East Midlands Ambulance Service – CQC Inspection Report/Improvement Plan (TBC)	A briefing on the recent CQC inspection of EMAS with consideration of the associated improvement plan.	Scrutiny	Martin Gately	Richard Henderson, Chief Executive, EMAS
14 January 2020				
Nottingham Treatment Centre	Update on latest performance from NUH	Scrutiny	Martin Gately	NUH/Nottinghamshire Commissioners
Access to GP Appointments	Initial briefing on an issue of concern	Scrutiny	Martin Gately	Nottinghamshire Commissioners (TBC)
Dentistry Update	Update further to the previous consideration of this issue in May.	Scrutiny	Martin Gately	Laura Burns, NUH
25 February 2020				
Nottinghamshire Healthcare Trust CQC Inspection – Improvement Plan	The latest progress by the Trust against its improvement plan.	Scrutiny	Martin Gately	Dr Brewin, Chief Exec, Nottinghamshire Healthcare Trust
31 March 2020				

19 May 2020				
NUH Winter Plans	Annual consideration of winter planning issues.	Scrutiny	Martin Gately	Caroline Nolan/Rachel Eddie, NUH (TBC)
To be scheduled				
Public Health Issues				
Integrated Care System – Ten Year Plan (TBC)	An initial briefing on the ICS – ten year plan.	Scrutiny	Martin Gately	TBC
Parity of GP Service Coverage across Nottinghamshire				
Dementia Care in Hospital				
The administration of GP referrals				
Access to School Nurses				
Wheelchair repair				
Allergies in Children				
Operation of the MASH				
Mental Health issues (e.g. suicide) and GP referrals.				
Clinical Commissioning Groups' Merger				
Bassetlaw Hospital Update				
Frail Elderly at Home				
Patient Transport Service				

Performance Update (To be scheduled for December 2020)				
NHS Property Services (July 2020)				

Potential Topics for Scrutiny:

Recruitment (especially GPs)

Allergies and epi-pens

Diabetes services

Air Quality (NCC Public Health Dept)

Overview Sessions (To be confirmed)

Nottingham University Hospitals (NUH) – autumn 2019

East Midlands Ambulance Service (EMAS) – autumn 2019

VISITS

Urgent Care Pathway (QMC visit) – autumn 2019

Medium secure mental hospitals – TBC