

NHS England South Mental Health Programme *Draft* Operational Plan

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1. Overview

Purpose of this document

This document provides a plan for how the region will manage its mental health programme.

National context

Nationally mental health is one of the ten priority areas for NHS England : *“Upgrading the quality of care and access to mental health and dementia services.”* The NHS England Business Plan 2015-2016 identifies a number of commitments:

- development and implementation of access and waiting time standards including: Increasing Access to Psychological Therapies (IAPT); perinatal mental health, urgent care; eating disorders; early intervention in psychosis and psychiatric liaison.
- a new Mental Health Strategy
- further transformation of Child and Adolescent Mental Health services (CAMHS)
- achievement of the national dementia diagnosis rate of 67% and development of a transformation plan to ensure good post-diagnostic services for people with dementia.

2015 has seen a significant number of new policy guidance and requirements placed upon commissioners together with new sources of funding.

The best way to ensure oversight of progress made against these new initiatives at a regional level is through managing them as a programme of work with clearly defined responsibilities, assurance arrangements and timelines.

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2. Priorities at a glance

This section provides an overview of the main new policy initiatives for mental health.

National expectations

CAMHS

CCGs to develop Local Transformation plans, for final submission on the 16th October to NHSE. Once plans are assured, funding will be released to support the implementation of these plans.

All plans should describe a specialist eating disorder service, to cover a minimum population of 500,000, and be in receipt of 50 or more referrals per year. These services should be in place by April 2016, when the following access and waiting times standard will be implemented. Those referred for eating disorders or assessment receive NICE concordant treatment within 1 week for urgent cases, and 4 weeks for all other cases.

Dementia

Achievement and maintenance of the 67% dementia diagnosis rate. All GP practices are required to submit data on diagnosis activity.

Early Intervention in Psychosis

50% of those with a first episode psychosis to be in receipt of a NICE compliant intervention within a fortnight. NHSE will audit against this standard in Q4 of 2015-16 in readiness for implementation of this access and waiting times standard in April 2016.

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2. Priorities at a glance continued

National expectations

IAPT

At least 15% of adults with relevant disorders will have timely access to IAPT services and of these there will be a 50% recovery rates for those completing therapy.

Waiting times for those introduced to therapy are 75% begin treatment within 6 weeks of referral and 95% within 18 weeks of referral (standards to be reached by March 2016)

Liaison Psychiatry

CCGs to develop service delivery and improvement plans, which will result in 24/7 liaison psychiatry services being in place in all emergency departments, with sufficient capacity to meet need. The plans should be informed by the recent SRG assurance process, and cover the SRG footprint. Plans to be submitted to NHSE for assurance by the 31st October 2015.. (9th November)

Perinatal

CCGs to develop services in anticipation of an access and waiting times standard being introduced in 2017-18.

Crisis Care Concordat

CCGs to continue to implement their local crisis concordat action plan in anticipation of an access and waiting times standard being introduced in 2017-18.

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3. Service Lines: CAMHS

a) Key deliverables from CCGs

- Local Transformation Plans together with a high level summary;
- Completed self-assessment checklist;
- Completed tracking templates to evidence and monitor progress.

b) Data requirements

- Completion of tracker on quarterly basis by CCGs (Annex 3 of the transformation plan guidance)
- Submission of quarterly tracker and reports by DCO to region

c) Financial arrangements

1. CCGs allocations have been published (Annex 4 of the transformation plan guidance)
2. Additional monies to provide programme management support are dealt with in section 4 of this document.

d) Guidance

- Future in mind-promoting, protecting and improving our children and young people's mental health and wellbeing: *NHS England, 2015*
- Future in mind self assessment tool user guide: *Associate Development Solutions, 2015*
- Local Transformation Plans for children and young peoples mental health and well being; guidance and support for local areas: *NHS England ,3/08/15*
- Access and waiting times standard for children and young people with an eating disorder-Commissioning Guide: *National Collaborating Centre for Mental Health ,July 2015*

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3. Service Lines: CAMHS continued

d) Guidance continued

- Regional Briefing: assurance Process for 2015/16 for transformation plans to improve children and young people's mental health: *presentation, Mental Health Policy and Strategy Team, August 2015*
- Getting ready to submit your transformation plans to NHS England: *presentation, Mental Health Policy and Strategy Team, August 2015*
- Introduction to CYP IAPT and transformation: *presentation, Catherine Gallop and Ann York, August 2015*
- South Region CAMHS LTP Assurance Template: *Wessex SCN, August 2015*
- 21 May 2015 – Letter from Bruce Keogh
- 3 August 2015 – Letter from Richard Barker
- 3 August 2015 – Local Transformation Plans for Children and Young People's Mental Health and Wellbeing: Guidance and support for local areas

e) Future arrangements

From October 2015 to March 2016 the transformation plans will inform 2016/2017 CCG commissioning intentions.

Intention is for CAMHS monitoring to be via Mental Health Services Data Set for 2016/17 onwards (yet to be developed)

Justine / Gary –should we say something here about future development of Tier 4 services?? I don't think so as its unclear whether spec comm will go for procurement or hand T4 back to CCGs

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3. Service Lines: Dementia

a) Key deliverables from CCGs

- Performance against national diagnosis standard
- Ensuring all GP practice submit diagnosis data

b) Data requirements

- CCGs should be submitting monthly data via Unify
- Data produced (monthly) by HSCIC and sent via national team to regions and individual CCGs
- Region will send own analysis to DCOs

c) Financial arrangements

There are no specific funding streams attached to this initiative for the purposes of this programme.

d) Guidance

- Quality Outcomes Framework (QOF) recorded dementia diagnoses: HSCIC, March 2015
- Planning for delivery in 15/16 for the dementia and IAPT ambitions: *presentation, Mental Health Policy and Strategy Team August 2015*
- <https://www.england.nhs.uk/publications/blogs/alistair-burns/>

e) Future arrangements

- Performance around diagnosis rates to become part of mainstream performance management discussions
- More guidance expected from NHS England Dementia Pathway Transformation Framework particularly around Post Diagnostic Care Support.

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3. Service Lines: EIP

a) Key deliverables from CCGs

- CCGs should have prepared SDIPs to plan for delivery against the new standards (these have been assessed by the South Region EIP Preparedness Programme). Further work required by some CCGs to improve plans.
- Delivery against access standards and concordance with NICE guidelines.

b) Data requirements

- CCGs should be submitting data via Unify from November 2015 onwards (although not mandatory) with publication expected in January 2016
- Formal national audit of performance expected in Q4 (probably undertaken by Royal College)

c) Financial arrangements

- Investment previously into CCG baseline budgets (2015/2016)

d) Guidance

- Psychosis and Schizophrenia in adults: treatment and management. NICE Clinical Guideline 178: NICE 2012
- South Region EIP Preparedness Briefing :presentation, Oxford AHSN, April 2015
- South Region EIP Preparedness Briefing :report, Oxford AHSN, July 2015
- South Region EIP Preparedness Progress Report :Oxford AHSN, August 2015

e) Future arrangements

- Waiting time standard to be introduced from April 2016
- Part of Mental Health Services Data Set

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3. Service Lines: IAPT

a) Key deliverables from CCGs

- Delivery against waiting time standards

b) Data requirements

- CCGs should be submitting monthly data via Unify
- Data produced monthly by HSCIC

c) Financial arrangements

- Additional monies allocated for validating waiting lists (all CCGs) and clearing backlogs (via bidding process)

d) Guidance

- Talking therapies; A four year plan of action: Dept. of Health, February 2011
- Commissioning stepped care for people with common mental health disorders; NICE, 1/11/11
- IAPT for adults; minimum quality standards: presentation, National IAPT Intensive Support Team, 2014
- 2014 Adult IAPT Workforce Census report: IAPT Programme, NHS England, 12/1/15
- Planning for delivery in 15/16 for the dementia and IAPT ambitions: presentation, Mental Health Policy and Strategy Team, 24/3/15
- 6th July 2015 letter from Karen Turner and Sarah Pinto-Duschinsky
- 6th July Letter from Sarah Pinto-Duschinsky

e) Future arrangements

- Standard may increase from 15% to 25%
- Part of Mental Health Minimum Data Set
- Performance around diagnosis rates to become part of mainstream performance management discussions

3. Service Lines: Liaison Psychiatry

a) Key deliverables from CCGs

- SDIPs should have been completed by CCGs.
- Investment plan required by 9th November to access remaining 50% of funding

b) Data requirements

- None at this stage

c) Financial arrangements

- £25m allocation for CCGs to be released . 50% in October 2015 and 50% in December 2015 following agreement of investment plan by DCO.

d) Guidance

- Guidance for commissioners of liaison mental health services to acute hospitals: Joint Commissioning Panel for Mental Health ,February 2012
- Liaison Psychiatry. Liaison services guidance: SW Mental Health and Dementia SCN , February 2014
- An evidence base for Liaison Psychiatry. Guidance: SW Mental Health and Dementia SCN , February 2014
- Developing models for Liaison Psychiatry. Guidance: SW Mental Health and Dementia SCN , February 2014
- 11th August letter from Sarah Pinot-Duschinsky and Adam Sewell-Jones
- 8th October letter from Sarah Pinot-Duschinsky and Karen Turner

e) Future arrangements

- Waiting time standard to be introduced from April 2016

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3. Service Lines: Perinatal MH

a) Key deliverables from CCGs

- In preparation of additional investment from NHS England, CCGs will need to understand the current position of perinatal mental health services. They have yet to be advised of this.

b) Data requirements

- Not known at this stage, but a mapping exercise would be helpful

c) Financial arrangements

- £15m is ring fenced for investment in these services. However, this has yet to be allocated by the national MH team (Parity of Esteem Board)

d) Guidance

- Prevention in Mind. All babies count; spotlight on perinatal mental health: NSPCC, 2014
- NHS England's access and waiting times programme: presentation, Mental Health Policy and Strategy Team, NHS England 31/07/15

e) Future arrangements

- Awaiting further guidance.

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3. Service Lines: Crisis Care Concordat

a) Key deliverables from CCGs

- Leading on the implementation of the locally developed Crisis Care Concordat Action Plan

b) Data requirements

- None

c) Financial arrangements

- £15m has been identified by the MH national team to support improvement in establishing additional health based places of safety. Currently the national team is assessing the most high risk areas across England and further guidance will follow.

d) Guidance

- Mental Health Crisis Care Concordat: Improving outcomes for people experiencing mental health crisis: Dept. of Health, February 2014
- NHS England/NCCMH Mental Health Crisis Care Programme: presentation, Mental Health Policy and Strategy Team, NHS England 19/08/15

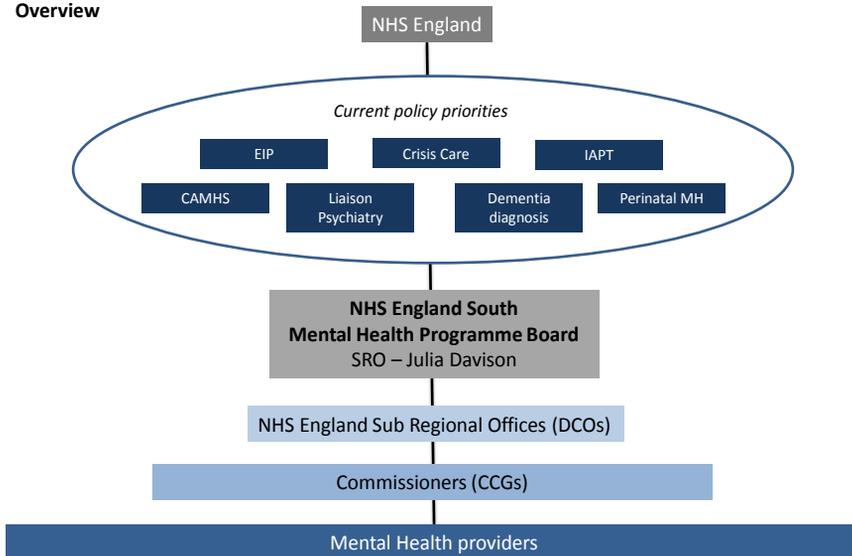
e) Future arrangements

- An access and waiting times standard is being developed by the NCCMH for implementation in 2017-18

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4. Assurance Process

Overview



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4. Assurance Process: CAMHS

CCG	DCO	Region
16 th October 2015	30 th October 2015	15 th November
Submission of transformation plan and tracker to DCO	Notification to region of: 1) Outcome of the evaluation of the CCG transformation plans and confirmation of release of funding 2) Indication of action and trajectory for unsuccessful plans 3) Submission of tracker for each CCG	Communication of regional picture to national team
Ongoing	Ongoing	Ongoing
Submission of quarterly tracker to DCO and action plan where appropriate	Submission of quarterly tracker to region plus exception reporting of CCGs off track	Liaison with national team Confirmation of arrangements for 16/17

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4. Assurance Process: Dementia

CCG	DCO	Region
October 2015	30 th October 2015	November
Release to CCGs of August & September data on diagnosis rates in their patch (via letter from national team). Where appropriate, CCGs required to set out action plan for: - Improving diagnosis rates - Ensuring all GP practices are submitting data	DCOs to provide region with summary of CCG improvement plans. (Template to be supplied by Regional team, along with comparative CCG performance in w/c 12 th October)	Communication of regional picture to national team.
Ongoing	Ongoing	Ongoing
Monthly reporting where required.	Monthly submission of template to regional team (monthly to Programme Board)	Liaison with national team - agreement of 'high risk' CCGs Confirmation of arrangements for 16/17

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4. Assurance Process: EIP

CCG	DCO	Region
October 2015	November	November - December
Agreement of Service Development Improvement Plan with DCO	Ensure SDIPs are agreed / in hand and communicate overall position to Region. Agreement of trajectory where SDIPs are not agreed. Use of agreed KLOEs Ensure arrangements in place for reporting access data and assessment of readiness for Q4 audit	Overview of regional position Co-ordination of national audit in Q4.
Ongoing	Ongoing	Ongoing
Liaison with DCO where performance below standard	Submission of monthly position to region, including details of action being taken with CCGs off track	Liaison with national team Confirmation of arrangements for 16/17

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4. Assurance Process: IAPT

CCG	DCO	Region
Ongoing	Ongoing	Ongoing
Monthly submission of access and recovery data	Ongoing review of CCG performance. Report to region of areas of concern (monthly to Programme Board)	Overview of regional position. Liaison with national team over 16/17 and any new standards.

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4. Assurance Process: Liaison psychiatry

CCG	DCO	Region
9 th November 2015	27 th November	November / December
Submission of investment plan to NHS England. Confirmation that a SRG perspective has been taken.	<ul style="list-style-type: none"> Completed review of CCG investment plans . Communication to Region of outcome of process. Utilisation of specialist support (further guidance to be provided). 	<ul style="list-style-type: none"> Co-ordination of specialist guidance and arrangements for accessing this at DCO level. Confirmation to national team of regional picture and agreement to release remaining 50% of funds to CCGs.
Ongoing	Ongoing	Ongoing
To be agreed	To be agreed, although reports to Programme Board by DCO on local picture in November and December	To be agreed.

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4. Assurance Process: Perinatal Mental Health

CCG	DCO	Region
Ongoing	Ongoing	Ongoing

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4. Assurance Process: Crisis Care Concordat

CCG	DCO	Region
Ongoing	Ongoing	Ongoing

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4. Assurance Process: Programme Board

This Mental Health Programme Board is the key vehicle for the assurance process across the region. As such DCOs will be expected to report on progress against the NHS England mental health priority programmes.

The Board will meet monthly.

Purpose and role

- The Programme Board's purpose will be to focus on the priorities in the NHS England Business Plan for 2015/16 in respect of mental health and dementia. For the region this work is captured in the Mental Health Programme Operational Plan.
- The Programme Board will bring together representatives from each DCO and forge close links with the national mental health taskforce
- The Programme Board will support the delivery of mental health priorities by co-ordinating best practice and resources to ensure CCGs are in the best possible state of readiness to deliver on access and waiting time standards
- The Programme Board will ensure that the Operations and Delivery infrastructure across the region is fulfilling an appropriate assurance role
- The Programme Board will identify and commission additional expert advice and support where appropriate.

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4. Assurance Process: Programme Board Cont'd

Membership

The Programme Board will be chaired by the Regional Director of Assurance and Delivery for NHS England South (as SRO).

Membership will be drawn from the DCOs and Strategic Clinical Networks. The current membership will be reviewed in November 2015 to ensure it is able to fulfill the Board's purpose and role.

The Programme Lead for Mental Health will co-ordinate the agenda and note taking of each meeting.

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5. Roles, responsibilities and resources

The following main roles have been identified within the Programme.

Role	Main responsibilities
Senior Responsible Owner (Regional Director of Assurance and Delivery)	<ul style="list-style-type: none"> Overall responsibility for ensuring a region-wide system overview Ensuring appropriate assurance arrangements are in place across the region Chair the monthly Programme Board Overall responsibility for allocating resources to support planning and development in respect of the mental health priority areas (not in respect of service delivery)
Programme Lead	<ul style="list-style-type: none"> Ensure close liaison between regional team and DCOs Build effective links to national teams Lead on monitoring of performance as a region Co-ordinate activities of Programme Board
Policy Support	<ul style="list-style-type: none"> Dissemination of best practice Advice point for DCOs / SCNs in assurance of CCG plans Development of Key Lines of Enquiry to support assurance process
DCOs	<ul style="list-style-type: none"> Ensuring CCGs are aware of their responsibilities as commissioners Responsible for assurance of CCG plans Responsible for performance management of CCGs across the mental health priority areas Reporting areas of concern to region Reporting to Programme Board

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5. Roles, responsibilities and resources cont'd

Resources

As well as expertise and support in the regional team, each DCO in the region will also have £xxxxx to cover additional costs for project management and assurance. This money will cover a 18 month period and will be released to DCOs in November 2015.

For the Psychiatric Liaison priority, additional expertise will also be made available to DCOs to help them assess CCG investment plans. The region will co-ordinate access to this resource. This will be funded, within agreed limits, by the regional office.

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6. Key contacts

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