

IMPLEMENTING THE FIVE YEAR FORWARD VIEW FOR MENTAL HEALTH

This briefing sets out key points and NHS Providers commentary on the implementation plan for the **Five year forward view for mental health**, published today by NHS England. It sets out key objectives and deliverables across workforce, investments and savings, data, payments, and incentives, and highlights actions and deadlines for 2016/17.

1. INTRODUCTION

The first chapter frames the implementation against the backdrop of current and previous funding allocated in the context of the Five Year Forward View for Mental Health. It clarifies that the ambitions for NHS mental health care set out across the programmes in this implementation plan extend beyond 2020/21, but the objectives discussed are the priorities for the next five years. The report also emphasises that trajectories and assumptions should be treated as indicative to support localities in developing their own implementation and delivery plans. An Annex to the plan also provides a tool for STP footprints to calculate their own pro-rata element of any national figures used.

2. CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH SERVICES

2020/21 Objectives

- An increase to 35% from around 25% (at least 70,000 additional children and young people) a year receiving evidence-based treatment for diagnosable mental health conditions
- Local Transformation Plans for CYP should set out how local areas will use extra funds, with clear numeric targets up to 2020/21. Plans to be refreshed annually
- CCGs should commission improved access to 24/7 crisis resolution and liaison services for CYP
- NHS England will invest in local areas to accelerate work on the evidence base for effective, high value models of care to be shared more widely
- Eating disorders:
 - services for CYP will be in place in all areas, with 95% of children in need receive treatment within one week for urgent cases and four weeks for routine cases
 - all localities to baseline current performance against new access/waiting time standard and plan for improvement, anticipating the measurement of the standard from 2017/18
 - investment in community based eating disorder team should reduce in patient beds substantially.
- Inpatient stays:
 - only where clinically appropriate with minimum length of stay, as close to home as possible, with no inappropriate use of beds in paediatric and adult wards
 - NHS England to drive transformation to general inpatient units are locally commissioning on a place base integrated into local pathways to deliver an overall reduction in inpatient beds, and greater reductions in certain specialised beds

- different activities to transform services including increasing number of children receiving community based treatment and new models of care, reinvesting the savings in local services
- investment to pump-prime 24/7 crisis resolution and home treatment services

CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH: DELIVERING SAVINGS TO 2020/21

WORKFORCE REQUIREMENTS	INVESTMENTS & SAVINGS	DATA, PAYMENTS, SYSTEM LEVERS
<ul style="list-style-type: none"> • 1700 more therapists and supervisors through new staff, return to practice schemes and local recruitment • By 2018: <ul style="list-style-type: none"> - all services working within the CYP IAPT programme - additional 3,400 staff trained; - CCGs and providers to have joint-agency plans in place for CPD for existing staff. 	<ul style="list-style-type: none"> • £1.4 billion total additional funding • £150 million is for eating disorders (£30 million a year). • Most funding included in CCG baselines as part of Local Transformation Plans. • CCG allocations to increase over time to support service transformation and additional workforce planning. • Additional national funding to support inpatient services in the early years of the plan while community services are developed. 	<ul style="list-style-type: none"> • National data on CYP mental health has been included in the Mental Health Services Data Set in January 2016. • The imperative is on providers to return data and commissioners to ensure data quality. • A new currency for CYP is being tested, grouping children according to need.

CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH: KEY DELIVERY MILESTONES FOR 2016/17

31 October 2016	Deadline for local transformation plans to be expanded, refreshed and republished
November 2016	Setting of expected trajectory for progress towards meeting standards fully by 2021, including reduction in inpatient beds.
December 2016	CCGs to develop collaborative commissioning plans with NHS England's specialised commissioning teams, to include trajectories to align beds to meet local need, and released resources to be redeployed in community based services.
December 2016	CCGs and providers ensure joint agency plans in place to ensure CPD of existing staff for next five years.

3. PERINATAL MENTAL HEALTH

2020/21 Objectives

- Increased access to specialist perinatal mental health support in all areas, in the community or in patient mother and baby units, with at least 30,000 additional women a year receiving treatment closer to home when needed
- Procurement of additional mother and baby units where access is an issue and review of capacity in existing units, undertaken by NHS England specialised commissioning

- Development and integration of specialist community and inpatient mother and baby units working across a defined geography
- Localities must maintain existing service investment

PERINATAL MENTAL HEALTH: DELIVERING SAVINGS TO 2020/21

WORKFORCE REQUIREMENTS	INVESTMENTS & SAVINGS	DATA, PAYMENTS, SYSTEM LEVERS
<ul style="list-style-type: none"> • HEE to lead development of a competence framework describing skills needed for three levels across ten domains by October 2017 • Expansion of capacity in both inpatient and community teams. • Staff numbers: multidisciplinary community team with 10-15,000 births, caring for 300-500 women, equates to 23.5 WTE (consultant, medical staff, nurses, psychologies, OT, nursery nurses, social worker, operational managers, administrators) • Eight-bedded mother and baby unit equates to 33.4 WTE (consultant, nurses, psychologists, OT, nursery nurses, operational managers, administrators, housekeepers). 	<ul style="list-style-type: none"> • Total additional funding is £365 million over 5 years, with the profile of the funding increasing to allow for the development of new services. • A new perinatal community development fund will invite bids, particularly from those under-capacity, for up to three years. • From 2019/2020 this will form part of mainstream CCG allocations. Savings will fall outside the five year period. 	<ul style="list-style-type: none"> • Limited published national measures, but this year NHS England will publish all available data, complete a bespoke data collection and develop a plan for improving data over the coming years. • 2016/17 – local partners to review current provision in line with guidelines

PERINATAL MENTAL HEALTH: KEY DELIVERY MILESTONES FOR 2016/17

end-2016/17	Local partners should review current provision and Sustainability and Transformation Plans (STPs) providing a unit of planning for services and begin to plan for necessary improvements
Autumn 2016	Bids from localities (including STPs) invited from a perinatal community development fund

4. ADULT MENTAL HEALTH: COMMON MENTAL HEALTH PROBLEMS

2020/21 Objectives

- At least 25% (or 1.5 million) more people receiving Increased Access to Psychological Therapies (IAPT) services
- Services to target 1 million people with physical and mental health comorbidities or medically unexplained symptoms (MUS)

- Majority of new services integrated with physical healthcare, with 3000 new mental health therapists co-located in primary and community care (see the General Practice Five Year Forward View)
- Targeted geographies to develop the evidence base for implementing services at scale, supported by wider investment in training and infrastructure From 2018/19, phased approach to roll-out across all CCGs.
- Services to become self-sustaining by 2020/21 through reduced healthcare utilisation, reduced demand, inpatient bed reductions for learning disabilities and autism; reinvestment of savings into integrated services
- Maintenance of existing access and recovery standards for IAPT services (75% access to treatment within six weeks; 95% within 18 weeks; and recovery rates of at least 50% across the adult age group)

ADULT COMMON MENTAL HEALTH PROBLEMS: DELIVERING SAVINGS TO 2020/21

WORKFORCE REQUIREMENTS	INVESTMENTS & SAVINGS	DATA, PAYMENTS, SYSTEM LEVERS
<ul style="list-style-type: none"> • Topping up training for current staff in IAPT new competencies and MUS • Additional 3000 staff consist of Psychological Wellbeing Practitioners and High Intensity Therapists • Focus on building sustainability of the workforce through retention, morale and career development 	<ul style="list-style-type: none"> • £788 million allocated • 2016-18: £108m centrally allocated on new staff and early implementer integrated services, quality improvement and expanding IAPT services • 2018/19 – 20/21: funding in CCG baseline allocations to mainstream integrated services, • STPs must show planning for funds for training and staff • Services to be self-sustaining through reinvestment of savings by 20/21 	<ul style="list-style-type: none"> • Set of local metrics being developed for population group access; healthcare utilisation; physical health outcomes for people receiving integrated services • Outcomes-based currency (tariff) for psychological therapies to be applied in shadow form in 2017/18 and implemented in 2018/19.

ADULT COMMON MENTAL HEALTH PROBLEMS: KEY DELIVERY MILESTONES FOR 2016/17

Summer 2016	Performance against IAPT recovery rate included in 2016/17 CCG Improvement and Assessment Framework
Autumn 2016	NHS England will set out a programme for digitally-enabled IAPT

5. ADULT MENTAL HEALTH: COMMUNITY, ACUTE AND CRISIS CARE

2020/21 Objectives

- For people aged 14-65 experiencing first episode psychosis: at least 60% of people starting treatment with a NICE-recommended package of care with a specialist Emergency Intervention in Psychosis service within two weeks of referral
- For people already in contact or sustained contact with secondary mental health services:
 - Reduced premature mortality and 280,000 more people receiving early access to physical healthcare
 - Doubled rate of access to individual placement and support (IPS) to assist finding and retaining employment
 - Increased access to psychological therapies for people with psychosis, bipolar disorder and personality disorder

- All areas will provide crisis resolution and home treatment teams that deliver a 24/7 response to best practice standards (CORE fidelity criteria) as an alternative to admission.
- A new national definition of Out of Area Treatments (OATs) for acute care, to drive elimination of OATs in all areas
- All acute hospitals to have all-age mental health liaison teams and at least 50% that meet or exceed 'Core 24' service standards (from current 7% baseline)
- All NHS-commissioned mental health providers to have armed forces champions and a clinical expert in military trauma, along with a network of specialist collaborative providers commissioned to provide bespoke care for the armed services community dealing with complex conditions caused by active service.

ADULT COMMUNITY, ACUTE AND CRISIS CARE: DELIVERING SAVINGS TO 2020/21

WORKFORCE REQUIREMENTS	INVESTMENTS & SAVINGS	DATA, PAYMENTS, SYSTEM LEVERS
<ul style="list-style-type: none"> • EIP - HEE to monitor, build and train the workforce to deliver NICE concordant interventions • IPS - NHS England to work with HEE and to develop a competency framework and workforce development strategy • Physical health checks – mental health training and support for primary care staff • IAPT for complex conditions - NHSE and HEE to build on IAPT Serious Mental Illness programme to expand scale • Mental health liaison – a typical Core 24 team for a 500-bedded acute is c25 WTE across psychiatrists, nurses, therapists and administrative staff 	<ul style="list-style-type: none"> • CCG baseline allocations to include: <ul style="list-style-type: none"> - Crisis and acute care staffing for CRHTTs, with 20-30 multidisciplinary team staff per 15,000 population and £15m for additional places of safety - EIP funding from 2017/18 built up gradually to £70m p/a over four years. Is additional to recurrent £40m baseline funding from 2015/16 to 20/21 - Physical health checks for SMI – projected costs based on outcome of pilot in North East London yet to be published - Armed forces • Sustainability and Transformation Funds for mental health liaison to be self-sustaining by 2020/21 (based on RAID calculations) • Targeted national funding for community mental health services including IPS and armed forces (MoD) • Savings across crisis and acute care, EIP, physical health for SMI and mental health liaison to total £900m by 2020/21 	<ul style="list-style-type: none"> • CCG Improvement and Assessment framework 'transformation indicators' for EIP, OATs and crisis care to be phased out for data from the Mental Health Services Data Set. • Data quality improvement a key focus of NSH Digital, NHS Improvement and NHS England • Extending the 2016/17 CQUIN on improving physical healthcare to reduce premature mortality for people with SMI to future funding years

ADULT COMMUNITY, ACUTE AND CRISIS CARE: KEY DELIVERY MILESTONES FOR 2016/17

October 2016	Proposed funding models for Core 24 mental health liaison services in acute services
December 2016	Proposed delivery models published for integrated physical health services for people with SMI

March 2017	All localities establish plans for monitoring acute OATs for all bed types with demonstrable reduction
End 2016/17	All areas to review current provision of CRHTT against CORE standards and develop plans to ensure full compliance
End 2016/17	STPs to develop coordinated approach to planning across footprint for all-age mental health services including 'centres of excellence'
End 2016/17	Central workforce requirement guidance on mental health liaison 'Core 24' standard, based on guidance from the South West Strategic Clinical Network

6. ADULT MENTAL HEALTH: SECURE CARE PATHWAY

2020/21 Objectives

- NHS England will lead a comprehensive secure care pathway programme to:
 - increase funding for pathways both in and out of secure mental health care, with a focus on expanding community-based services to prevent avoidable admissions and improve step-down services in collaboration with National Offender Management Service and the Ministry of Justice
 - trial new co-commissioning funding and service models to address existing fragmented pathways in secure care
 - personalise recovery-focused care plans in secure inpatient services.

ADULT SECURE MENTAL HEALTH SERVICES: DELIVERING SAVINGS TO 2020/21

WORKFORCE REQUIREMENTS	INVESTMENTS & SAVINGS	DATA, PAYMENTS, SYSTEM LEVERS
<ul style="list-style-type: none"> • Strategy to build staffing based on development of community service models and demand modelling 	<ul style="list-style-type: none"> • £94 millions from 2017/18 to 2020/21: • £36m from 17/18 to 19/20 to trial community based support through a bidding process • £58m in 2020/21 CCG baseline allocations to mainstream best models 	<ul style="list-style-type: none"> • Data and metrics on spend, access, quality and recovery outcomes developed through trials of community-based services • Provider-led commissioning approach for medium and low-secure services to inform local commissioning • Developing pathways-based payment-for-outcomes models to incentivise recovery focus

ADULT SECURE MENTAL HEALTH SERVICES: KEY DELIVERY MILESTONES FOR 2016/17

Summer 2016	NHS England to report on first comprehensive individual-level and provider-level data collection and analysis of current secure care services to inform numeric targets and trajectories for the programme
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7. HEALTH AND JUSTICE

2020/21 objectives

- Evidenced improvement in mental health care pathways across secure and detained setting, with access to liaison and diversion services increased to cover 100% of the population
- Robust pathways across the secure and detained estate (for those moving between establishments) and in the community (for those returning to their communities);
- Liaison and diversion will be expanded to reach all areas (from current 50% coverage)
- NHSE will also work with Ministry of Justice, Home Office, DH and PHE to develop a health and justice pathway to deliver appropriate integrated interventions, including work with the secure estate for children and young people to improve services and the transition back to the community.

HEALTH AND JUSTICE: DELIVERING SAVINGS TO 2020/21

WORKFORCE REQUIREMENTS	INVESTMENTS & SAVINGS	DATA, PAYMENTS, SYSTEM LEVERS
<ul style="list-style-type: none"> • Nursing standard frameworks in development to inform the workforce of the particular needs of the secure and detained population, part of wider work to expand interest in this area • Innovative recruitment and training models to alleviate local recruitment challenges • To deliver the planned expansion there may need to be a 45% increase in the workforce, including liaison and diversion practitioners, specialist workers, strategic and team managers and administrators. NHSE and HEE are working together on this. 	<ul style="list-style-type: none"> • Funding totals £92 million over the five year period, and is held centrally to enable a targeted approach. • Reflects roll out of service provision, mainly arising from cost of specialist practitioners and supporting those detained into appropriate treatment and support services. • Savings are likely to accrue from fewer GP consultations, hospital admissions and inpatient treatment. For youth and criminal justice systems savings may come from reduced use of remand and custodial sentence. 	<ul style="list-style-type: none"> • Data is collected and monitored to provide assurance for commissioners. • A smaller set of metrics will be developed on the basis of the evaluation of the liaison and diversion work.

HEALTH AND JUSTICE: KEY DELIVERY MILESTONES FOR 2016/17

August 2016

Longitudinal research commences to evaluate impacts and savings of improving decision-making in youth and criminal justice services

8. SUICIDE PREVENTION

2020/21 objectives

- The number of people taking their own lives will reduce by 0% nationally compared to 2016/17 levels and by 2017 all CCGs will contribute to the development of suicide prevention plans with local partners.
- Local suicide prevention plans should build on national priorities and also existing and emerging evidence on suicide, as well as having a strong focus on primary care, alcohol and drug misuse. They should target and support high risk locations and groups. HEE is supporting local planning and action across local systems with guidance. Plans should have indicative targets and trajectories.

SUICIDE PREVENTION: DELIVERING THE SAVINGS TO 2020/21

WORKFORCE REQUIREMENTS	INVESTMENTS & SAVINGS	DATA, PAYMENTS, SYSTEM LEVERS
Local plans are likely to identify a need for additional skills to deliver across partner organisations, although training programmes may play a significant role in this.	An additional £25 million is being made available from 2018/19 onwards. It will be allocated to CCGs and partners according to local plans and any national development work.	Office for National Statistics data is used as the metric (3 year rolling averages). Localities should agree further metrics to support transparency in monitoring and delivering.

SUICIDE PREVENTION: KEY DELIVERY MILESTONES FOR 2016/17

September 2016	HEE publishing updated guidance for local areas to support local planning and action across local systems.
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9. SUSTAINING TRANSFORMATION: TESTING NEW APPROACHES

From 2016/17 onwards NHS England is rolling out a pilot programme to put local clinicians and managers in charge of the tertiary budgets and delivery high quality secondary care and enable trialling of new approaches to strengthen care pathways, improve access to community support, prevent avoidable admissions, reduce length of stay and eliminate out of placements. This impacts recovery, length of stay, and mental health budgets. Following a call for applications six sites have been selected and will sign a 12 month agreement:

Children and adolescent mental health services

West London: West London Mental Health NHS Trust (with Central and North West London FT, Priory and Like Minded)	North East and North Yorkshire: Tees, Esk and Wear Valley FT
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Adult secure services

West Midlands: Birmingham and Solihull FT (with South Staffs and Shropshire FT and St Andrew's)	Oxford and Thames Valley: Oxford Health FT (with Berkshire FT, Dorset FT, CNWL, Solent NHS Trust, Southern Health NHS Trust)	South London Partnership (South London and Maudsley FT, Oxleas FT, South West London and St Georges NHS Trust)	South West: Devon Partnership NHS Trust (with Avon and Wiltshire FT, Cornwall FT, Dorset FT, 2gether FT, Cygnet, Partnerships in Care, Livewell)
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Investment and savings

£1.8 million for 2016/17 to pump-prime these pilots, most of which will be used to free up clinicians, budget project management and strengthening local teams. The funding is not for capital developments. From 2017/18 funding will be available subject to evaluation of the first year of the programme.

10. SUSTAINING TRANSFORMATION: A HEALTHY NHS WORKFORCE

In March 2016 NHS England introduced £450 million incentive to improve staff health and wellbeing. Mental health support was a key part and £150 million is available over the year if providers develop plans to improve mental health support for all staff, implement improved mental health initiatives for staff to access at work and ensure locally agreed uptake rates and access targets are met.

In September 2015 NHS England supported 12 pilot organisations with £5 million to improve staff health and wellbeing including a focus on stress management, psychological therapies, mindfulness and NHS health checks.

11. SUSTAINING TRANSFORMATION: INFRASTRUCTURE AND HARD-WIRING

This chapter sets out the activity necessary to align the frameworks and infrastructure, including governance, accountability and transparent reporting across five areas:

Workforce planning

- HEE with other partners to develop an all-age mental health workforce development strategy, due to be published by December 2016.

Data and transparency

- NHSE, NHSI, PHE, HEE, NHS Digital and DH will develop a five year data plan (which will include improved data on spend)
- NHSE, NHSI, NHS Digital and DH will ensure the Mental Health Services Data Set is relevant, timely and accurate, and there will be a new schedule of updates.
- NHSE is investing £400,000 in the National Mental Health and Dementia Intelligence Network
- A dashboard for mental health is in development with a set of standard indicators to articulate progress nationally and allow benchmarking of services
- From 2016 NHSE's budget and financial reporting will be aligned to specific mental health priorities and mental health will be one of the six areas covered by the new CCG Improvement and Assessment Framework

Payment, outcomes and other system levers

- a requirement to move towards accountable payment approaches which have a component linked to quality and outcomes, to be implemented for adults in 2017/18 and children and young people shortly thereafter
- a guide for STPs to develop quality and outcome measures and implement routine outcome measurement. This will help support outcome focused payment in mental health
- NHSE will commission outcome standards for mental health to pave the way for mental health benchmarking.
- National CQUIN has two mental health initiatives – one is staff wellbeing and the other is access to physical healthcare screening, as well as interventions to reduce premature mortality in people with serious mental illnesses
- Mental health will be a core part of the quality premium and local CQUINs have also been introduced to drive improvement
- CQC and NHSE will work together to ensure the CQC approach to inspections aligns with the ambitions of the five year forward view for mental health

- NHS Improvement’s oversight framework will help identify those providers which may benefit from or require support to improve mental health services

Innovation and technology

- The five year data plan will ensure that mental health is well represented across the domains and programmes of the National Information Board (NIB), and through work with the NIB there will be a focus on developing regulatory frameworks for digitally-enabled mental health services
- NHSE is investing £500,000 to evaluate and scale up digital tools which contribute to supporting people’s mental health. The tools will be available nationally and promoted on NHS Choices by April 2017

Governance and accountability

- New Senior Responsible Office for mental health has been appointed, Claire Murdoch, who will oversee delivery of the five year forward view for mental health. There are three groups overseeing delivery of the recommendations:
 - Cross-ALB mental health and dementia programme board
 - Supported by an expert advisory and oversight group and a delivery focused body – the mental health performance and delivery group.
 - Clinical reference groups support delivery of NHSE’s specialised delivery group.

12. OUR SUPPORT OFFER

This chapter sets out NHS England’s leadership of system-level support and work underway across a range of areas:

Standards and implementation support

NHSE will work with the other ALBs to develop evidence-based treatment pathways and the supporting infrastructure. Planning will span referral to recovery with a set of common activities, including expert reference groups, RTT standards, types of intervention and outcomes, specification of dataset changes required for monitoring, gap analysis, workforce strategy development, implementation guidance, and the design of levers, incentives and payment models. NICE will also provide support.

Already published

- Early intervention in psychosis
- Community services for eating disorders in children and young people (this will be extended during 2016/17 to include in-patient services within the pathway)

Planned for 2016/17

- Generic children and young people’s mental health
- Perinatal mental health

- Crisis care:
 - Urgent and emergency mental health liaison in acute hospitals(18-end of life)
 - Urgent and emergency 'blue light' mental health response (all ages)
 - Urgent and emergency community-based mental health response (18-end of life)
 - Urgent and emergency mental health response for children and young people

- Acute mental health care

- Integrated psychological therapies for people with common mental health problems

Planned for 2017/18 and 2018/19

- Community mental health care (encompassing referral to recovery pathways for psychosis, personality disorder, bipolar affective disorder and severe and complex common mental health problems)
- Self-harm

Promoting physical health of people with mental health problems

PHE and NHSE will support commissioners in the prioritisation of physical health screening and prevention programmes as well as extending the range of CQUIN templates and guidance for commissioners and providers.

Improvement and assurance

There will be a coordinated approach across ALB improvement and delivery support and NHS I will develop a new improvement model. In 2016/17 delivery support for local areas and STPs will include £3.4 million for regional teams to support delivery assurance and improvement support for mental health, including the continued provision of generic and specific regional networks (the latter will focus on CYP, perinatal and psychological therapies. HEE will introduce Local Workforce Action Boards to operate across STP footprints to help on local system-wide workforce issues.

NHS PROVIDERS VIEW

Overall this is a very welcome document. It sets out very clearly the expectations and trajectories for implementation of the key elements of the mental health task force. In particular, the clarity of the structure means that demands across workforce, investment, data, payment and other system levers are very easy to identify. It is only with this level of detail and transparency that all key players in the system – those commissioning, providing and indeed receiving services – can have the assurance they need to hold others to account.

We welcome the explicit exhortation that mental health imperatives must be integrated into the development of the Sustainability and Transformation Plans. This is important if the contribution of mental health services to tackling wider system issues is to be fully recognised and supported. Although the STP process is well underway, hopefully the implementation plan expectations can be fulfilled through further iterations. It is particularly important that the Sustainability and Transformation Funding is being clearly identified for investment in mental health services.

On investment and resources, it is most useful to see clear, broken down allocations. However we will seek to gain a clearer rationale for the points at which certain funds move from being, for example, STF allocations to CCG allocations. This will have implications for members as, unlike STF or other funds, CCG allocations fluctuate, trusts are unable to bid for them, and critically it is not always the case that the funds actually reach the frontline. However we do welcome the commitment to use better reporting to track finances to the frontline.

The one area that lacks development in our view is the assumptions around the savings, which are outlined in a number of chapters. They appear to be brave statements in terms of scale and pace of delivery of savings or efficiencies. It would be helpful see clearer rationale for this in some areas, although the report does make it very clear when savings will not be delivered within the timescale of the five year forward view (ie by 2020/21).

We will ensure that members are kept fully abreast of the implementation process as it develops, and in particular track and communicate the key deadlines.

Press release

A challenging and ambitious plan to make mental health equal partners

Commenting on *Implementing the Five year forward view for mental health*, Saffron Cordery, director of policy and strategy at NHS Providers, said:

“We very much welcome the commitments set out in this implementation plan. In particular, we are pleased at the clarity of clinical and operational imperatives which will help the Five year forward view for mental health become a reality. We congratulate Claire Murdoch and Tim Kendall for their work in getting the plan to this implementation stage.

“The plan clearly sets out the financial allocations. This is critical as it will enable organisations like ours - representing providers of mental health care - to hold to account those commissioning and funding the services, namely CCGs and NHS England. We support the strong message throughout the plan that the funding arrangements will only work if the full amount is passed on to providers.

“This is a challenging, ambitious and exciting programme, which heralds a huge step forward for mental health provision in England. Every part of the health sector has a part to play in its delivery. It will be particularly important to focus on integrating mental health across localities, sectors and to hard wire it into planning systems and processes, including sustainability and transformation plans (STPs). The implementation of this plan will only work well if mental health providers are recognised as an essential and equal partner in STP planning discussions.”

-Ends-

CONTACT INFORMATION

Saffron Cordery, director of policy and strategy, saffron.cordery@nhsproviders.org

Cassandra Cameron, policy advisor, cassandra.cameron@nhsproviders.org