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Crisis Care
Collaborative design session
October 2019
Mental Health Long Term Plan Update
Dr Julie Hankin

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A Significant Change of Scale

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 2023/2024.

In addition, children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending.

There are significant programmes of work STP/ICSs will need to deliver with this funding, which will see an additional 2,000,000 people accessing mental health care

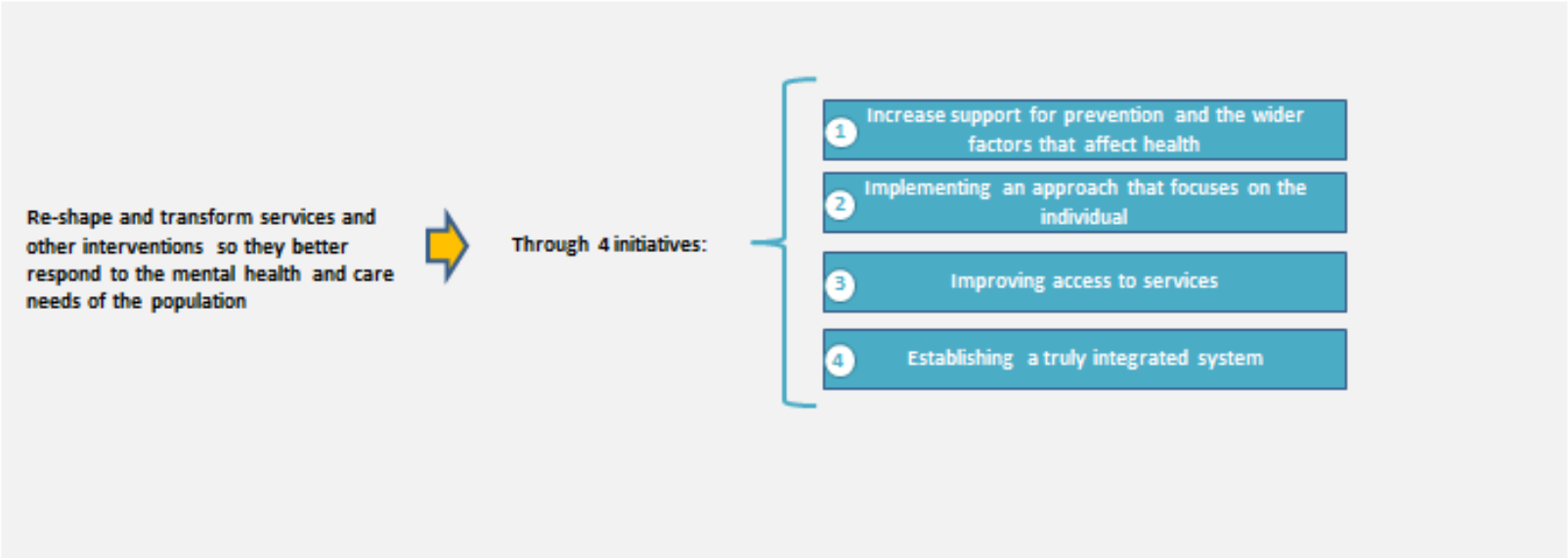
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The Mental Health long term plan builds on the 2016 Mental Health Five Year Forward View – taking us to 23/24

- SMI Physical Health Checks
- IAPT services
- Perinatal Mental Health
- Children & Young People Mental Health
- Including – liaison and Crisis care
- Adult SMI Community Care
- Including EIP, IPS and physical health care
- Mental Health Crisis Care and Liaison
- Liaison MH:
- Therapeutic Acute MH Inpatient Care
- Suicide prevention
- Rough sleeping and Homelessness

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ICS initiatives identified to improve MH services



ICS draft response submitted 27th Sept
Full submission 15th November
Sets out the commitment to deliver the LTP

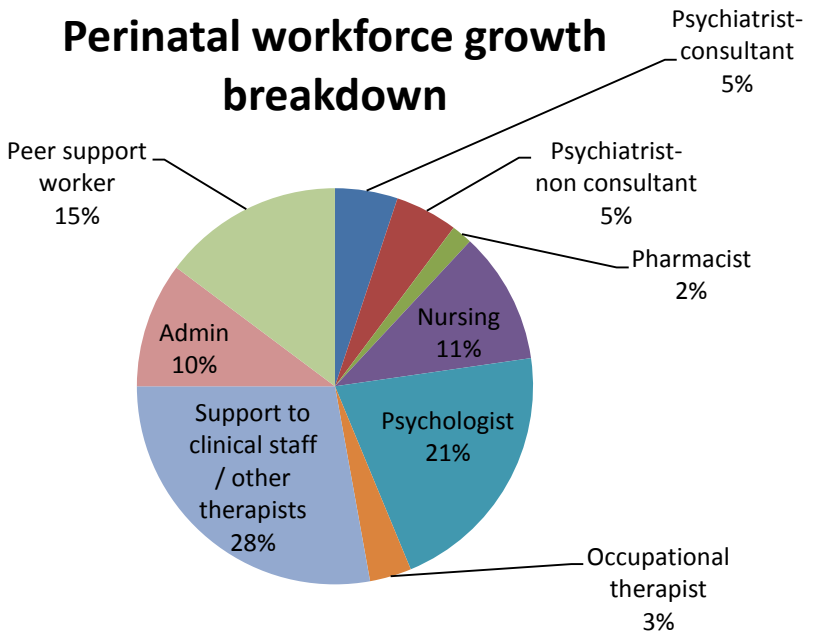
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What's does the MH Long Term Plan mean for Nottinghamshire

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Perinatal Mental Health

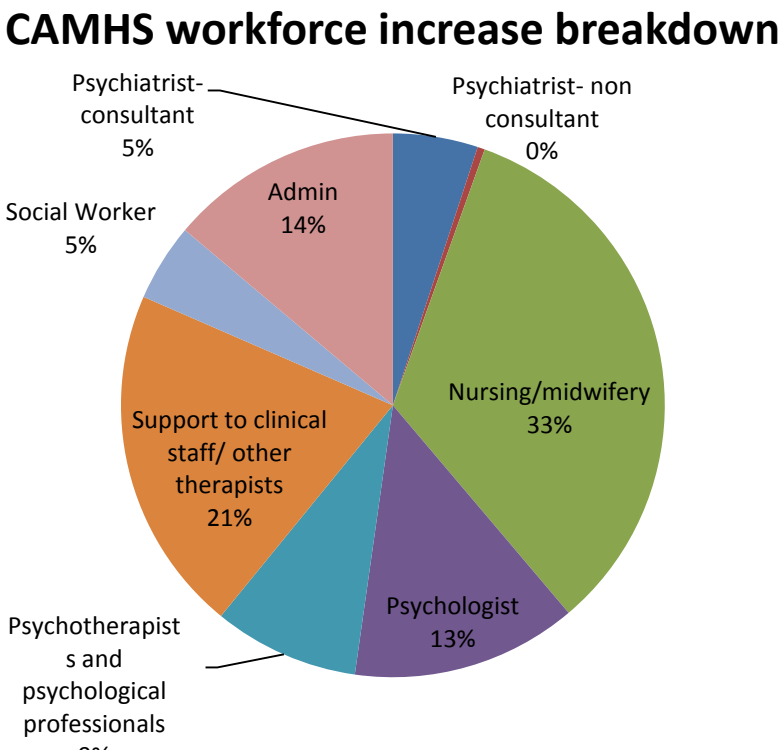
- **121%** increase in women accessing community based perinatal mental health treatment –
- 2019/20 **527** - women accessing services Notts ICS – 57 B'Law
- 2023/24 **1167** – women accessing services Notts ICS – 127 B'Law
- Approx 10% of birth rate includes maternity clinics and specialist teams
- Cumulative workforce increase circa 20 wte



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Children & Young People Mental Health

- 2019/20 **6777**- (Notts ICS) 771 B'Law CYP accessing NHS funded services
- 2023/24 – **7874** (Notts ICS) **921** B'Law CYP accessing NHS funded services
- Includes developing CYP Crisis and Liaison services and maintaining Eating disorder targets
- Cumulative workforce increase circa **76wte**



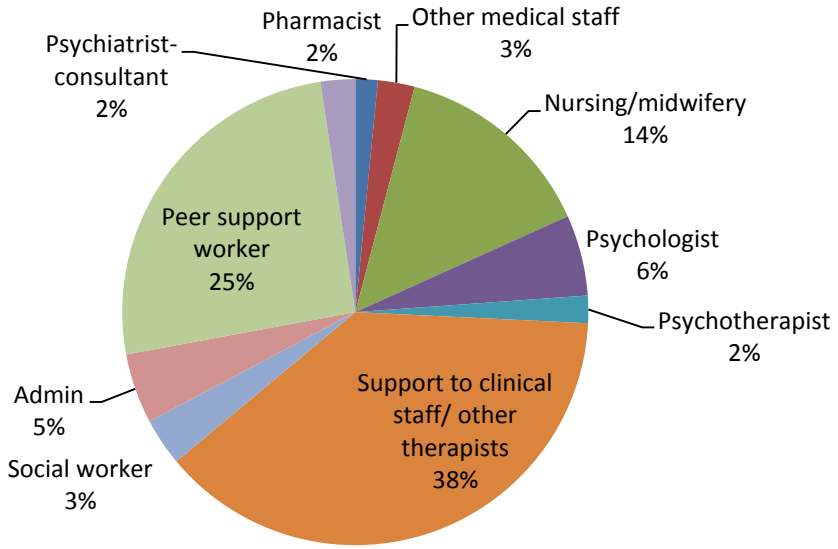
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Adult SMI Community Care
Including EIP, IPS and physical health care

- Minimum number of people with serious mental illness receiving physical health checks by 23/24 **6,303**
- Minimum number of adults accessing Individual Placement and Support (IPS) services by 23/24 **1,011**
- Minimum number of adults and older adults accessing integrated models of primary and community mental health care by 23/24 **6,801 – Notts ICS -801 Bassetlaw**
- **Workforce growth by 23/24 circa 220 wte**

This total will include the Physical health and IPS

Adult and Older Adult SMI community services workfroce growth breakdown



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CRHT

Provide 24/7 crisis care at Core Fidelity by 20/21
CYP 24/7 Crisis Care – delivery date TBC

All age access to psychiatric liaison services. (Core 24)
Maintain current standard – possible developments for regional sites

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Therapeutic IP care

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

Further plans to be developed for this delivery
Timescales from 20/21 onwards

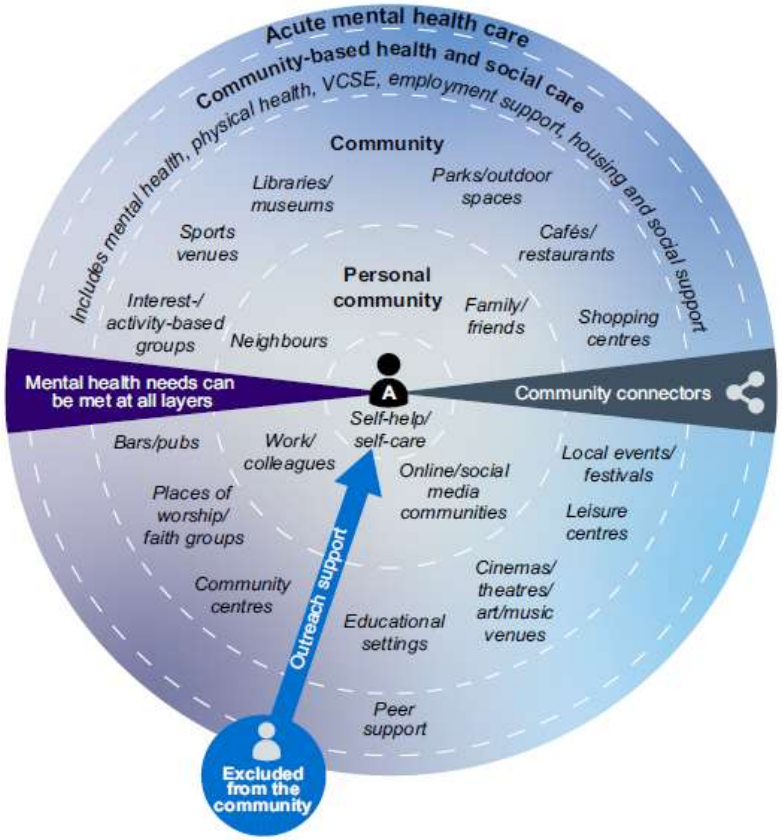
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The Community Mental Health Framework for Adults and Older Adults

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Adult and Older Adult SMI

The NHS Long Term Plan describes a:
"new community-based offer [that] will include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use…and proactive work to address racial disparities."



As set out in the **Long Term Plan**, in a place-based integrated service, available interventions should include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, a medicines management and support for self-harm and co-occurring drug or alcohol-use disorders.

Bringing together Secondary and primary care MH services

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Key points

- **Clear requirement to work with and develop Third Sector and Primary Care – all developments need to be based around Primary Care Network developments**
- Clear requirement to increase access to evidence based psychological interventions across MH services – specific references to personality disorder and community rehabilitation pathways
- Recognition that community services are under pressure and a period of stabilisation is needed to prepare for transformation models
- Recognition that patients recovery is dependant on multiple factors and a system wide response needs to be developed.

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Thank You