

The background of the slide features a photograph of two women in a clinical or office setting. The woman on the left has long blonde hair and is wearing glasses and a purple top. The woman on the right has dark hair and is wearing a black top. They are both looking at a document held by the woman on the right. The entire image is overlaid with a semi-transparent blue geometric pattern.

Mental Health

Introduction to and supporting documentation for
VALUE BASED TRANSFORMATION FUNDING SELECTION

December 2016

Introduction and Contents



The Planning Guidance for 2017-2019 set out that NHS England would:

1. Use the Best Possible Value framework approach to assess all transformation investment decisions.
2. Run a single co-ordinated application process to minimise the administrative burden on local areas who would be applying for funding. This **single coordinated application process** will support NHS England to make best possible value investment decisions.

Sustainability and Transformation Plans (STPs) are central to this process and all bids should be explicitly linked to the relevant local STP plans. This process is open to any STP, although individual organisations or alliances may bid on behalf of an STP for this funding; submission of applications must be via STPs.

For each national programme there is a set of Call to Bid documents which follow the same approach and outline:

1. A clear set of interventions with supporting evidence base that the national programme is looking to fund.
2. The parameters to funding, governance and delivery requirements.
3. How the Best Possible Value framework approach has been applied to the national programme's interventions and how the framework will be used to appraise the bids received.
4. A standard application form for all interventions within a programme which is aligned to the appraisal criteria. The Call to Bid documentation and application forms are set up such that **applicants only have to fill in the sections applicable for the interventions that they wish to bid for.**

This document sets out the Mental Health interventions which have transformation funding from NHS England.

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Interventions to be funded

Intervention 1 - Integrated IAPT



Condition	Recommended treatments
Depression in the context of one or more long-term conditions	<p>For all severities cognitive-behaviour therapy (CBT) or interpersonal therapy (IPT). For severe depression these would normally be combined with medication.</p> <p>For mild to moderate depression, stepped care. If low intensity interventions (such as guided self-help) are insufficiently effective or declined, offer a choice of high intensity therapies including CBT, IPT, Couples therapy, Counselling or Brief Psychodynamic Therapy</p> <p>For people with a history of recurrent depression who are largely recovered but at risk of relapse, consider Mindfulness-based cognitive therapy (MBCT)</p>
Anxiety Disorders (panic disorder, agoraphobia, generalized anxiety disorder, social anxiety disorder, post-traumatic stress disorder, phobias, and obsessive compulsive disorder) in the context of one or more long term conditions	The appropriate version of CBT delivered in a stepped care model (except for PTSD and social anxiety disorder where only high intensity interventions are recommended). Eye movement desensitization reprocessing therapy (EMDR) is also recommended for PTSD.
Health Anxiety	CBT (specialized version for health anxiety). High intensity only.
Irritable Bowel Syndrome (IBS)	CBT (specialized version for IBS). High intensity only.
Chronic Fatigue Syndrome (CFS)	Graded Exercise Therapy (GET) or CBT
Chronic pain that is markedly distressing or disabling	CBT as part of an integrated pain management plan
Persistent distress in association with medically unexplained symptoms that cannot be classified as panic disorder, health anxiety, IBS, CFS, or chronic pain	Comprehensive assessment and formulation followed by therapy broadly based on CBT principles

Interventions to be funded

Intervention 2 - Urgent & Emergency Mental Health Liaison Services for Adults and Older Adults

Following the publication of the *Five Year Forward View for Mental Health* (MH5YFV) in February 2016 and the 2015 Autumn Government Spending Review, NHS England is establishing a **transformation fund to improve urgent & emergency liaison mental health services for adults and older adults in acute hospitals.**

The fund supports the ambition in the MH5YFV that **by 2020/21 at least 50% of acute hospitals with 24/7 A&E departments have liaison services that meet the core 24 standard for adults and older adults.** The fund also supports the vision for the overall transformation of urgent & emergency mental health care so that by 2021, there is a **7 day NHS for mental health crisis response.**

Bids for **Wave 1** of the funding – £15m in 2017/18 and £15m in 2018/19 – **are now invited from A&E Delivery Boards.**

Before proceeding with the application, please consider the checklist below for the minimum criteria to be considered to be deemed 'core 24'. If the answer to any of the questions below is 'No', then please do not apply.

The service will be commissioned to operate as an on-site, distinct 24/7 service in the acute hospital within one year of receiving the funding

The service will be in line with or close to the recommended staffing level for a core 24 service within one year of receiving the funding

The service will be commissioned to provide a 1 hour response to emergency referrals and a 24 hour response to urgent inpatient ward referrals within one year of receiving the funding

The mental health liaison service will be self-sustaining within one year of achieving the core 24 standard, and that funding will be reinvested recurrently

The application is for general acute hospital(s) with 24/7 A&E department(s)

- All bid participants must have agreed control totals before any transformation funds will be released.
- The bids must be explicitly linked to Sustainability and Transformation Plans (STPs). Governance of delivery will also need to be cross-system.
- This process is open to any STP, although individual organisations or alliances may bid on behalf of an STP for this funding.
- The funding available is for revenue only. There is no capital funding available. The new investment in both interventions is expected to fund workforce predominantly.
- Please note, that potential applicants in the Greater Manchester devolution area are not eligible for this application process, as they have received a proportion of the funding through the funding top slice for Greater Manchester.
- In return for funding:
 - applicants will be required to sign up the programme financial governance and monitoring arrangements (guidance on this will be issued with the funding decision).
 - we are expecting delivery of outcomes as outlined in the logic models on page 12 and 18.

Why use a Value Framework?



The Best Possible Value framework is a standardised framework which aims to place consideration of value to population, to patient and to taxpayer at the heart of decision-making, enabling NHS England to evaluate and compare different options using an evidence based methodology.

The value framework will:

- Identify the evidence base upon which the programme and interventions are built.
- Allow the consistent comparison and monitoring of value across the applicants.
- Support the appraisal panel and the NHS England Investment Committee to allocate investment to applicants in a robust, value-based manner.
- Enable the applicant to bid for funding in a clear, objective manner.

The key steps in the value framework approach are set out in the picture on page 7. The programme has been through steps one to three to create programme specific value equations, logic models and a set evidence base which supports the intervention they wish to fund. These tools have then been used to create value based appraisal criteria. Bidders are encouraged to use these tools and the appraisal criteria to develop their application. Once received the application will be scored against the criteria and an appraisal dashboard and prioritisation matrix will be generated to inform the investment decision.

The Best Possible Value framework was developed through the Future Focused Finance programme. More information about the wider Best Possible Value programme can be found on the Best Possible Value Website <http://bpv.futurefocusedfinance.nhs.uk/>

Value Framework Process - Key Steps



Success measure	Sub-objective	Intervention	Metric	Target
... (text) ...	... (text) ...	... (text) ...	... (text) ...	... (text) ...
... (text) ...	... (text) ...	... (text) ...	... (text) ...	... (text) ...

Appraisal Criteria for reduction inpatient care

Applicant	Appraisal Criteria	Score	Weight	Weighted Score
... (text) ...	... (text) ...	... (text) ...	... (text) ...	... (text) ...
... (text) ...	... (text) ...	... (text) ...	... (text) ...	... (text) ...

Achieving World-Class Cancer Outcomes: Transformation Funding

Application form fields: Name of Cancer, Email, Phone, etc.



What are the key components driving value for the early adopter?

- **Outcomes?** (clinical, patient experience, safety/quality, financial sustainability)
- **Resources to put model in place?** (revenue / capital costs, staff)

What value generation assertions underpin each element?

- Elements of the plan delivering value?

For each element, what evidence of value generation exists?

- What further evidence is required to prove value ?

How will success be measured?

- Which metrics and targets are we going to use to track value ?
- When will they be realised?

Appraisal Criteria has been developed based on the outputs from steps 1 to 3.

This appraisal Criteria assesses applications against **strategic consideration, value, and risk** in a robust objective manner.

Bidders should apply the outputs of step 1 to 3 of the value framework as set out in this pack to their applications.

Standard applications forms have been provided for each programme.

- The appraisal of the applications will result in:
 - **Appraisal dashboard** illustrates all applicants results against the appraisal criteria.
 - **Prioritisation matrix** maps all applicants graphically

- These outputs will be used to identify the best value investments

This Call to Bid document sets out how we have applied the value framework to this specific programme

Bid Requirements and Timeline



Please fill out the accompanying Application Form and attach the financial information as required.

- **IAPT Bids** should be submitted via STPs to England.mentalhealth@nhs.net . For queries about proposals and additional supporting materials please join the IAPT Yammer group, email England.mentalhealth@nhs.net for an invitation.
- **UEC MH Liaison Bids** should be submitted via STPs to NHS England regional Urgent and Emergency Care PMOs (see Application Form for email addresses) and copied to: england.adultMH@nhs.net

National programme **specific webinars** will be set up:

1. To help applicants to understand the Best Possible Value framework
2. How to best apply this to their applications
3. To provide additional information such as additional evidence and the scoring system for each intervention.

Bidders should contact the programme at England.mentalhealth@nhs.net for further information.

Date	Action
12 th December 2016	Process launched and Call to Bid documents published
December 2016 and January 2017	Support provided to bidders through Webinars sessions for each programme.
18th January 2017	Submissions deadline for bidders
February 2017	Investment Decision taken by NHS England Investment Committee
March 2017	Notification of investment decisions

Intervention 1

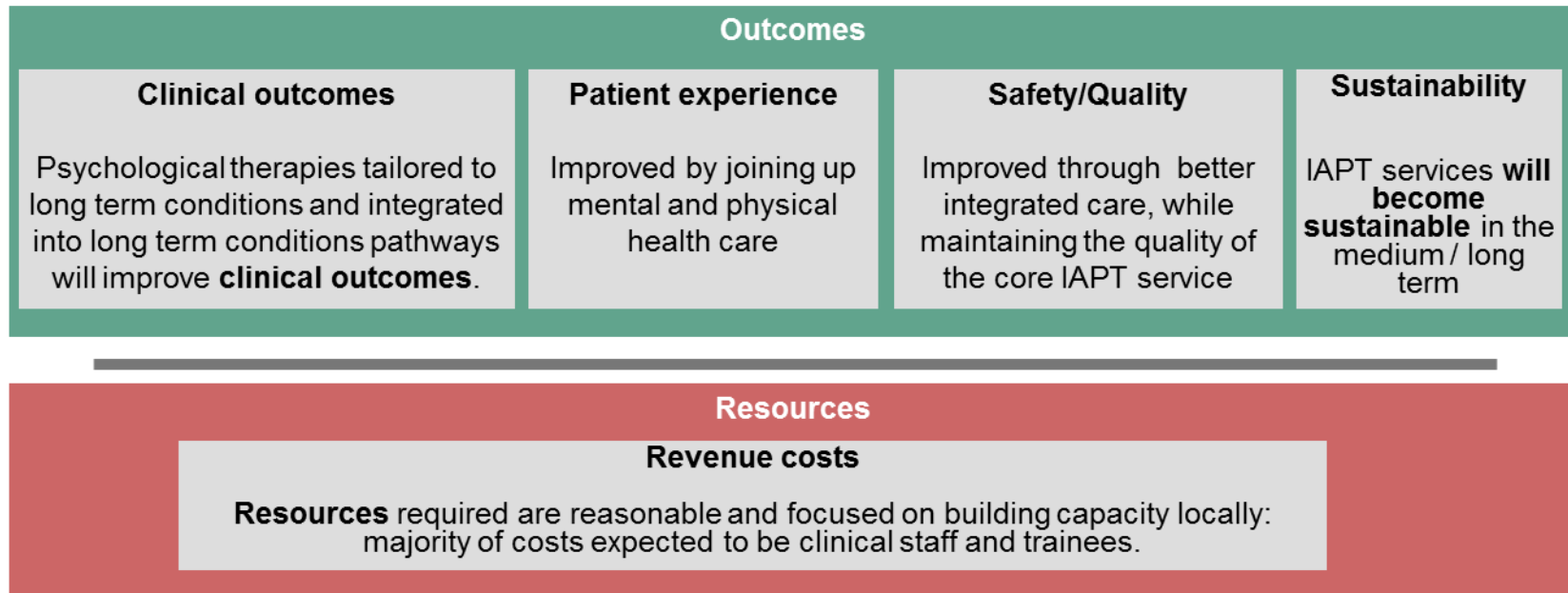
Integrated IAPT

Intervention Specific Parameters to Funding, Governance & Delivery: Intervention 1 - Integrated IAPT

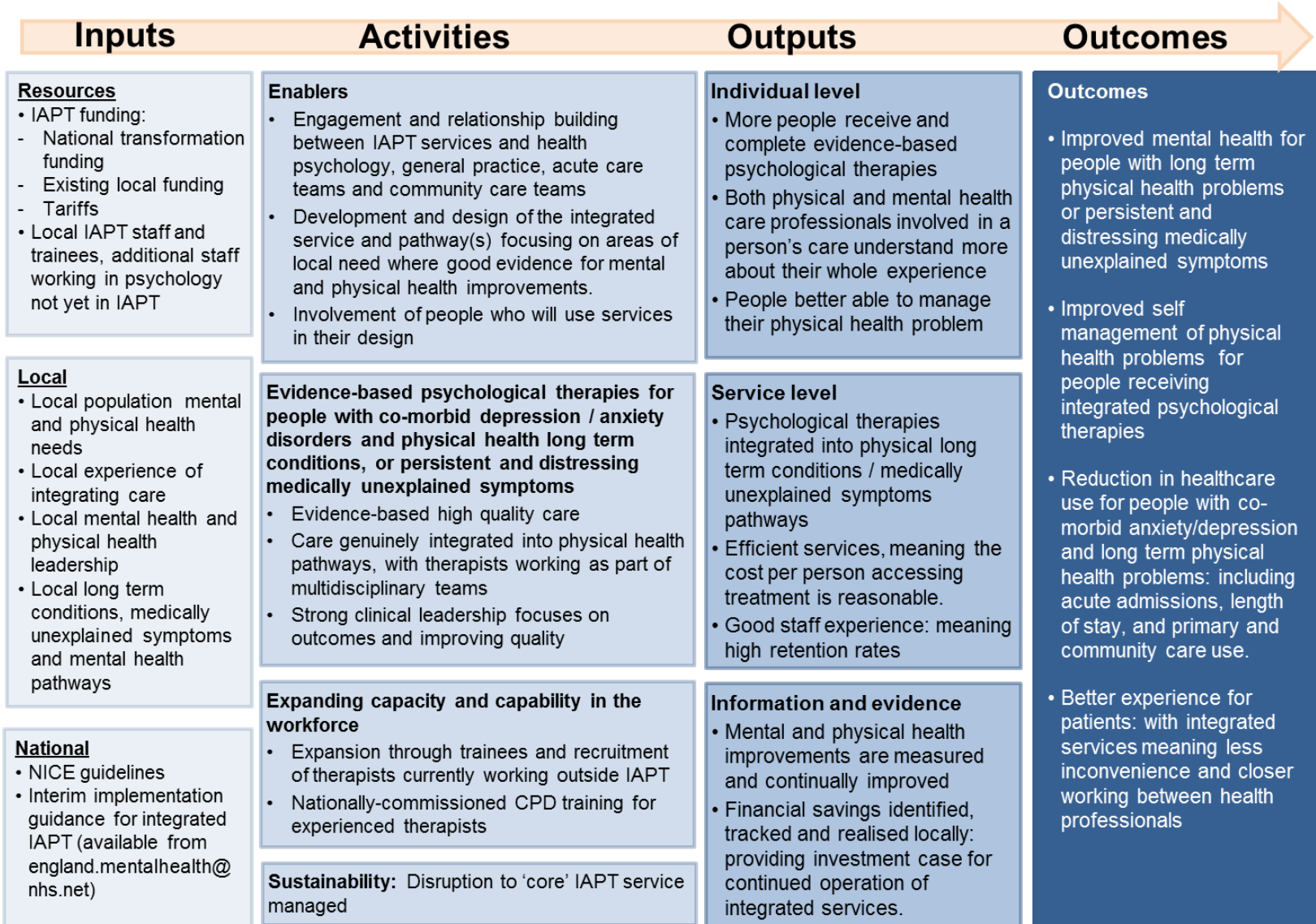


- Funding is for delivery of integrated IAPT services – **to develop integrated services at scale** (for instance teams of 10 therapists or more).
- A significant aspect of the funding will be for expanding the IAPT workforce through new IAPT trainees or recruiting suitably qualified experienced therapists not already in IAPT. Training places will be subject to capacity at Universities, which we will work with Health Education England to secure.
- Because the academic year spans financial year the salary of trainees (and potentially their course costs) will also span the financial year. **Areas will need to plan to locally fund trainees in 2018/19.**
- We expect new Integrated IAPT services to start during the course of 2017/18 – the right time will depend on the current local position and alignment with training courses.
- High quality integrated IAPT will lead to reduced demand / savings in physical healthcare services. A commitment to identify and reinvest savings into IAPT services, making the funding sustainable, will be a key part of successful proposals.
- Health Education England are commissioning top up training for experienced therapists in working with people with Long Term Conditions – successful sites will be able to access this, with remaining capacity being freely available to areas.
- Applications are welcome from STP or CCG footprints **but must be submitted via STPs.**
- Proposals will need sign off from commissioners and both physical health and IAPT providers.

Value Equation for Integrated IAPT



Logic Model for Integrated IAPT



Evidence Base for Integrated IAPT

- 30% of people with a long term physical health condition have a mental health problem.
- Co-morbid mental health problems interact with and exacerbate physical health problems – raising healthcare costs by at least 45% for each person with an physical long term condition and a mental health problem.
- Psychological interventions can save 20% of physical healthcare costs.*

The evidence for physical healthcare savings is most comprehensive in the following areas:**

- Diabetes. *An IAPT pathfinder site found a healthcare net cost reduction of £372 for people with co-morbid diabetes and common mental health problems.*
- Cardiovascular disease. *An intervention in people with angina reduced both admissions by 33% and length of stay in patients the following year, with savings of £1,337 per person in 2007.*
- Respiratory disease, particularly COPD. *In Hillingdon gross savings of £837 per person over 6 months in secondary care costs (fewer A&E presentations and bed days when admitted), and £1,300 in overall healthcare costs over 6 months.*
- There may also be areas of current good practice for mental and physical health areas want to build services around, for instance medically unexplained symptoms, musculoskeletal disease or cancer with a good prognosis.

LTC/MUS	General LTC / medically unexplained symptoms	Cardiovascular disease	Diabetes	Respiratory disease / COPD
Gross cost saving per person per year	20% of local physical healthcare costs	£1,300	£1000	£1200

*Chiles, J.A., Lambert, M.J. and Hatch, A.L. (1999), "The impact of psychological interventions on medical cost offset: A meta-analytic review", *Clinical Psychology: Science and Practice*, 6(2): 204-220.

**Layard, R. and Clark, DM (2015) *Thrive: The Power of Psychological Therapy* (Chapter 11), Penguin, London, which sets out the evidence in detail.

Naylor et al, The King's Fund (2012) *'Long-term conditions and mental health – The cost of co-morbidities'*

Appraisal Criteria for Integrated IAPT

Programme Name:	IAPT Programme			
			Strategic Priority	Importance (%)
OUTCOMES	Clinical	1	Expand access to psychological therapies	5%
		2	Focus on LTC /MUS where good evidence for MH and physical health improvements	10%
		3	Clinical leadership in service focused on improving quality.	6%
		4	Evidence-based high quality care.	14%
	Patient Experience	5	People using services involved in design, leading to good experience.	7%
	Safety / Quality	6	Care genuinely integrated into physical health pathways.	12%
		7	Proposal for maintaining and improving 'core IAPT' services (ensuring quality doesn't suffer).	8%
	Sustainability	8	Financial CCG commitment: to fund after 2017/18	10%
		9	Financial: plan to find and track physical health savings.	5%
		10	Non-financial: plans for retaining staff and so service sustainable.	8%
RESOURCES	11	Resources reasonable - revenue cost per person treated.	5%	
	12	Proportion of spend going towards expanding the capacity of the workforce	10%	
RISK	13	Achievability of value	25%	
	14	Ability to collect and report outcomes data	25%	
	15	Ability to implement including workforce	25%	
	16	Ability to build relationships between services locally	25%	
STRATEGIC CONSIDERATION	17	Does the STP align with ambitions for integrated physical and mental health care?	100%	

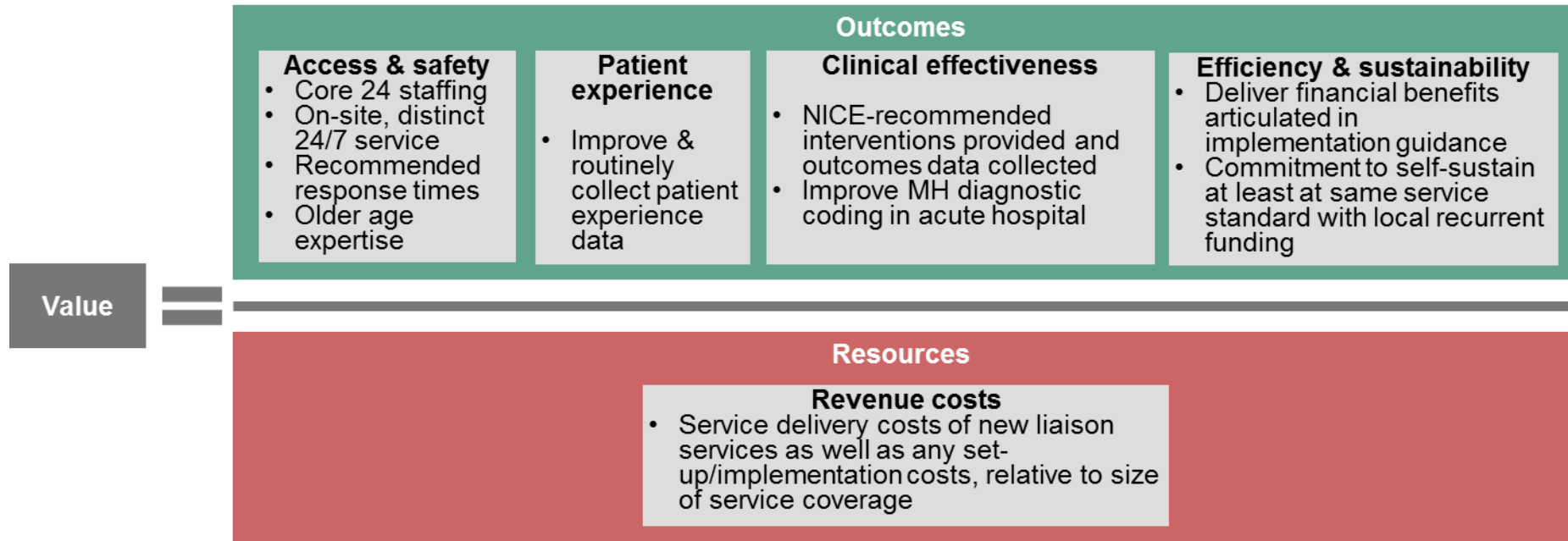
Intervention 2

Urgent & Emergency Mental Health Liaison Services for Adults and Older Adults

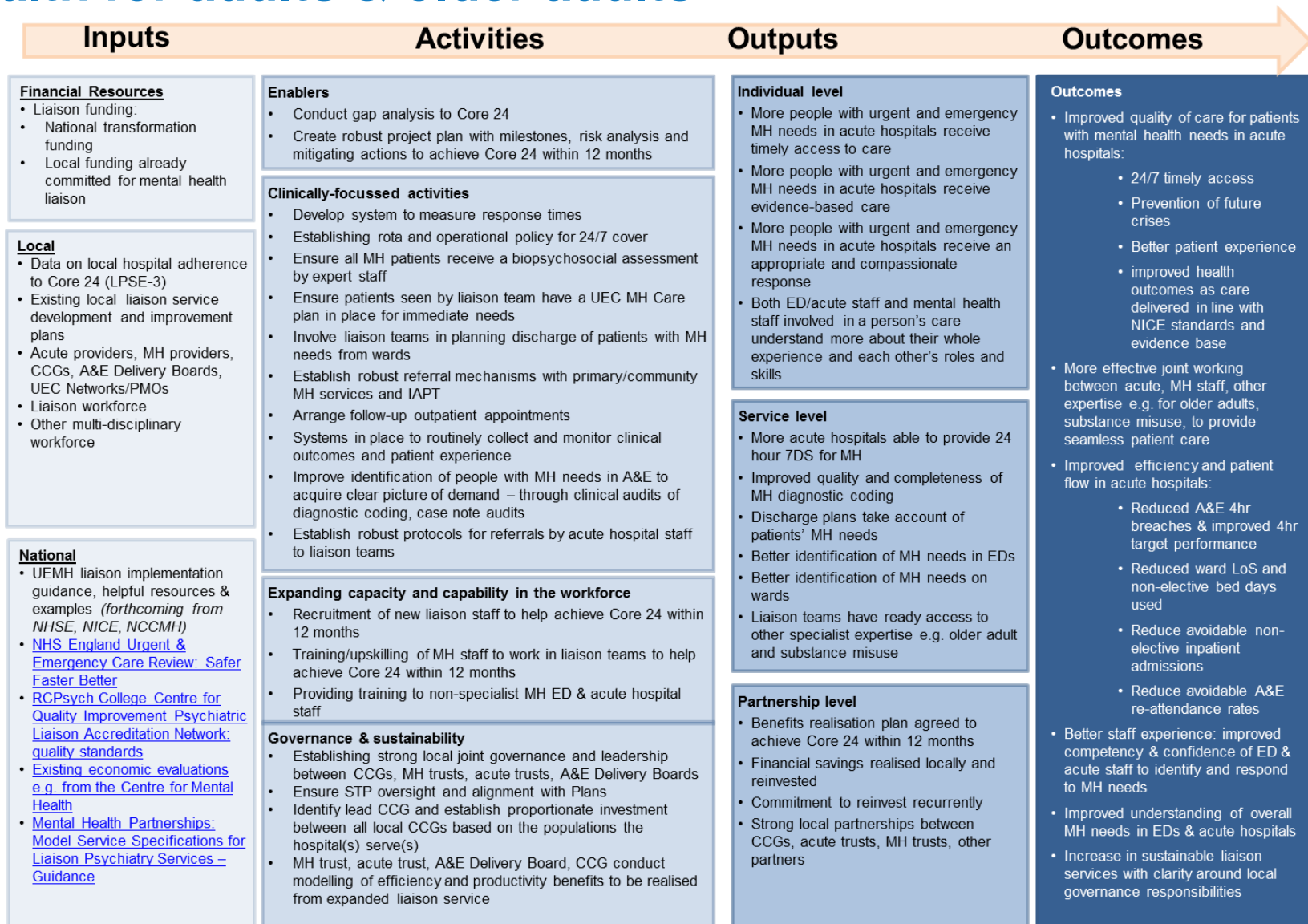
Intervention Specific Parameters to funding, Governance & Delivery: Intervention 2 - Urgent & Emergency Mental Health Liaison Services for Adults and Older Adults

- The funding is to pump prime and accelerate existing plans to expand acute hospital liaison mental health services so that they operate at the core 24 standard within one year of receiving the funding.
- The closer the service is to core 24 (and therefore the smaller the amount of funding requested) and the more robust the delivery plans that are in place, the greater the likelihood of the bid being successful.
- Applications should not be submitted for acute hospitals that are unable to reach the core 24 service level in 2017/18 or 2018/19.
- Successful applicants will receive funding in either 2017/18 or 2018/19, and not both years.
- Applications will need to confirm that the service will be commissioned sustainably and funded locally recurrently. In addition the bid will need to demonstrate how savings will be reinvested to sustain the core 24 liaison mental health service at a minimum, and how any of the expected further savings will be reinvested.
- Proposals are expected from A&E Delivery Boards and **must be submitted via STPs**. These should:
 - confirm involvement of senior membership from acute and mental health trusts in A&E Delivery Boards;
 - confirm senior engagement and sponsorship from the relevant STP partnership; and
 - clearly lay out collaborative arrangements between neighbouring CCGs as appropriate.
- The strongest bids will demonstrate local collaboration and joint ownership between acute and mental health providers, and support from other local structures e.g. UEC Networks, mental health Clinical Networks, Crisis Care Concordat groups, and UEC PMO involvement in developing bids.
- The strongest bids will demonstrate partnership with other non-NHS partners e.g. social care, public health, housing.

Value Equation for urgent & emergency liaison mental health for adults & older adults



Logic Model for urgent & emergency liaison mental health for adults & older adults



Evidence base for urgent & emergency liaison mental health for adults & older adults



Please see the following sources for the evidence underlying the interventions:

<https://www.england.nhs.uk/wp-content/uploads/2016/11/lmhs-guidance.pdf>

<https://www.england.nhs.uk/wp-content/uploads/2016/11/lmhs-helpful-resources.pdf>

All documents can be found at:

<https://www.england.nhs.uk/mentalhealth/resources/>

Appraisal Criteria for urgent & emergency liaison mental health for adults & older adults

Value equation	Value equation	Ref	Outcomes/criteria	Importance (%)
OUTCOMES	Access and Safety	1	The service will be staffed at or close to recommended levels for Core 24 within a year of receiving the transformation funding	24%
		2	The service will operate as an on-site, distinct 24/7 service within a year of receiving the transformation funding	8%
		3	The service will provide response times at recommended levels within a year of receiving the transformation funding	8%
		4	The bid confirms that the service is for older age as well as working age adults and will have access to older adult psychiatry expertise	3%
	Patient Experience	5	The bid confirms that the service will improve and routinely collect data on patient experience	3%
	Clinical Effectiveness	6	The bid confirms that the service will offer interventions in line with NICE-recommended care, and will routinely collect outcomes data on clinical effectiveness	3%
		7	The bid confirms that the service will seek to improve diagnostic coding of mental health in acute hospitals to improve understanding of clinical need in the acute hospital	3%
	Efficiency and Sustainability	8	Evidence is provided that the service will bring financial benefits, and sets this out by point of delivery	5%
		9	There is commitment to sustain the service recurrently at the minimum core 24 service level or above	30%
	RESOURCES		10	Total funding being requested	13%
RISK		11	The bid sets out how it will seek to recruit, retain and train the specialist workforce required to establish and maintain a core 24 service	55%
		12	The bid sets out how the mental health liaison service is part of a wider system of care, with suitable local alternatives to A&E to prevent unnecessary attendances at A&E for urgent and emergency mental health needs	45%
STRATEGIC CONSIDERATION		13	The bid aligns with STP plans for transforming urgent & emergency mental and physical health care	40%
		14	The bid sets out convincing joint governance, ownership and commitment to mental health liaison between local commissioners and providers	30%
		15	The delivery timetable and milestones are credible and robust	30%