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To:
NHSE/I Regional Directors
NHSE/I Mental Health SROs
NHSE/I Regional Directors of Specialised Commissioning
NHSE/I Directors, Improvement Directorate
NHSE/I Mental Health Regional Leads

26 March 2020

Dear colleagues,

I would firstly like to express my enormous thanks and gratitude for the incredible work you and your teams are doing, in response to COVID-19. I have worked in the NHS for 37 years and I have never seen such a concerted effort to tackle such a challenging and uncertain situation of this scale. The resilience and leadership of health system leaders such as yourselves has been truly inspiring, with credit to you and your teams. Times like this, while challenging, remind us all of our shared passion to deliver the best possible care we can, to those most in need.

I write to you to set out the arrangements for the Mental Health Transformation Programme delivery for Q1 2020/21, in the context of the rapidly increasing COVID-19 pandemic.

Our priority is to support mental health services to operate as effectively as possible, ensuring that those seeking and needing mental health treatment receive the care that they need, and that doctors, nurses and non-clinical professionals and staff are supported during this time. As we rapidly find and adjust to new ways of working, I would encourage you to maximise opportunities to use digital technologies, to support your staff and services.

It is inevitable that there will be increases in demand for mental health services in the round over the coming months, especially community and crisis mental health services for children and young people, adults and older adults. The COVID-19 pandemic will also have an impact on inpatient mental health services, not just on how they operate, but possible increased demand for more intensive mental health care. The need to continue to view our patients as whole people, and addressing

both their physical and mental health needs, irrespective of setting is even more important in the COVID-19 context.

I am impressed by the rapid actions and measures systems are taking in response to the situation. These have included discharging patients (where it is safe to do so) to increase bed capacity, rapidly setting up Mental Health A&Es and ensuring staff are quickly set-up for remote working wherever possible.

The Mental Health team has now had four webinars on COVID-19. These are weekly webinars attended by colleagues across the country, including partners from the independent and voluntary sectors, and provide updates on national initiatives to support COVID-19 planning and response. Further guidance and supporting information for mental health service providers will be available on the NHS England and NHS Improvement website (https://www.england.nhs.uk/coronavirus/) and I urge you to visit this page often.

On 17 March, Simon Stevens and Amanda Pritchard wrote to system leaders with important actions for every part of the NHS to put in place, building on multiple actions already in train. This included maximising staff availability and deferring 2020/21 Operational Planning, until further effect.

In line with this and with immediate effect, unless otherwise stated in the Appendix to this letter, all Mental Health Transformation Programme assurance and additional or bespoke reporting requirements over and above routine data collections to the MHSDS and IAPT Datasets, are paused temporarily until further notice. As per steer from COO's office, it is our expectation that routine national data collections will continue, as this data is essential in understanding system pressures during this period.

We have reviewed the planned 2020/21 programme of work and outlined key areas for systems to focus on in Q1 2020/21 (see Appendix 1 for full list). This has been done in the context of COVID-19 and changing priorities, and in line with the NHS-wide steer to release capacity. We would expect prioritisation of services to be determined locally, however the principles set out in the recently published guidance on managing capacity and demand (attached for reference) and table in Appendix 1 may be a useful framework or guide. Any decisions around service prioritisation should be agreed with local Gold Command sign off. Please note, this letter does not seek to direct systems on any aspect of clinical practice.

With regards to investment, NHSE/I remain committed to transforming and improving mental health services and funding will be available to support that in line with the Mental Health Investment Standard. We recognise the importance of continuing to make Mental Health transformation funding available, particularly for crisis and community services where we expect significant increases in service demand across the country in response to COVID-19. Each programme is reviewing its process for transformation funding with a view to simplifying and expediting the process in Q1 2020/21. We recognise the importance of reducing burden on the system at this critical time. Additional programme-specific information will be shared by national and regional teams in the coming days.

Nationally and regionally, all Mental Health staff are prioritising COVID-19 support. Any remaining time will be committed to the continuation of existing mental health Long Term Plan work to ensure that we are prepared to return to business as usual when possible. This is an approach that we expect you will want to replicate locally – COVID-19 being the clear immediate priority, with any staff not required for COVID-19 undertaking their usual activity in support of our important work to transform mental health care.

I hope this letter provides reassurance and clarity around priorities for the upcoming quarter. During these times of uncertainty and challenge, it gives me comfort to know that Mental Health services will ultimately benefit from us working together and pulling in the same direction. I am pleased to see initiatives which would have previously taken months and years to come together, now taking days. Further, I am heartened by the closer working relationships we are forging with voluntary sector partners to provide the best possible care we can for communities across the country. If you have queries on any of the content of this letter or if there is anything we may have missed, please reach out to england.mentalhealthpmo@nhs.net.

Kind regards,

Claire

Claire Murdoch
National Mental Health Director
NHS England and NHS Improvement

Appendix 1: Mental Health 2020/21 LTP Programme – immediate priorities and next steps

The table below outlines the Mental Health Transformation Programme activity and confirms the position and suggested focus for Q1 2020 on delivery milestones, submission deadlines and reporting requirements.

The below table represents the position as of 26 March 2020. Due to a rapidly changing situation and uncertainty about future impact, it is possible that the contents of this table will be revised and re-issued. In all cases, national, regional and local activity should continue where possible, providing it does not impact whatsoever on COVID-19 planning or response.

Policy area	2020/21 Original deliverable as stated in the MH Implementation Plan	Immediate Q1 focus and adapting in context of COVID-19	Activities to consider slowing or deferring to later in 2020/21
Children and Young Peoples' (CYP) Community & Crisis	70,000 additional CYP aged under 18 accessing NHS-funded services 73,000 additional CYP aged 0-25 accessing NHS-funded services 35% coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions	• Continue delivering CYP community services. Consider increasing use of digital, non-face to face assessment and treatment where possible. • Review CYP Crisis response. Consider extending operation hours of CYP crisis service (where not 24/7) by combining with adult crisis services, and expand additional crisis support e.g.: crisis cafes, crisis houses, peer support through VCSE and or LAs if available. • Waiting Time Initiatives funded by National Transformation funding should continue but can be revised to support COVID -19 response. • Continue to submit CYP access data to MHSDS.	• Further expansion of face to face CYP community service offer. • Planning for the development of 24/7 intensive home treatment services where not in place. • Where areas are working as part of the CYP four week waiting time pilot, consider pausing pilot activity. The national team have indicated that monitoring returns are on hold until further notice.
MHSTs	MHSTs established in selected areas	• Continue training the new recruits identified in 19/20 to continue expansion of MHST workforce. Regions to conclude 2020/21 site selection already in progress where possible. • The delivery model for established MHSTs should be reviewed in light of school closures to allow greater use of digital access, provide wider geographic coverage to those schools that remain open and/or to support wider CYP MH community services. • Given the current uncertainty, consideration will be made nationally (with HEE) of options to defer the recruitment and implementation	

		of new MHSTs in2020/21 trainees, whilst planning and recognising the need to rapidly recruit in future.	
CYP Eating Disorders	Achieve 95% CYP Eating Disorder Standard	• Continue to deliver CYP Eating Disorder services. Consider increasing use of digital, non-face to face assessment and treatment where possible. • Note COVID-19 risk in continued monitoring given the risk to those with higher level needs and consequential physical frailty.	• Eating Disorder waiting time data submissions to SDCS will be optional.
Perinatal	At least 47,000 women in total accessing specialist community Perinatal Mental Health (PMH) services	• Continue delivering PMH services to meet the needs of women and families experiencing moderate/severe complex mental illnesses in the perinatal period, and prepare for possible increase in demand. • Consider increasing use of digital, non-face to face assessment and treatment where possible. • Continue to submit PMH access data to MHSDS. • Continue to support staff with appropriate skills/training for this cohort as far as possible, including considering skills in other community MH services that may be supporting women and families.	
	Flexible Ambition by 2023/24: Implementing assessment of partners of women accessing specialist community care for their mental health and signposting to support as required	• Local decision to pause if work not already underway.	• Planning for and implementation of LTP flexible ambitions where work has not already begun, noting future planning may need to consider additional spike in demand.
	Flexible Ambition by 2023/24: Specialist community care from pre-conception to 24 months in place with increased availability of evidence-based psychological therapies	• Local decision to pause if work not already underway.	• Planning for workforce training/CPD implications and potential need for rapid period of activity and skills development.
IAPT	A total of 1.5m adults and older adults accessing treatment All areas to have an IAPT-Long Term Conditions (LTC) service in place	• Continue delivering IAPT and IAPT LTC services. • Prepare for increased demand due to COVID-19; both immediate and into the future; likely to come in waves with different focuses, e.g. impact of self-isolation, PTSD, bereavement trauma.	• Development and assurance of new IAPT LTC provision. Services will need to make provision for those with an LTC given their physical vulnerability to COVID and the added MH implications of this, but service development and integration with PH pathways will be challenging at this time.

		• Continue to grow the IAPT workforce which will be required to deal with MH implications of COVID. Proceed with recruitment of trainees as planned, providing permanent and not 1 year contracts, to ensure trainee pipeline is delivered. Consider working at system level to facilitate this. • Deploy digital solutions where appropriate e.g. video interviews. Guidance to be circulated imminently. • Whilst ordinarily CCGs would confirm 40% funding for trainees in 2020/21 and clarify the trainee numbers needed, HEE have been instructed to commission training spaces based on target numbers for 2020/21 of expansion and replacement trainees, as previously provided to regions.	• Other modalities training for existing staff.
	Meet IAPT referral to treatment time and recovery standards	• Monitor rather than assure performance via IAPT Dataset; implement online completion of outcome measures by patients.	• Assurance of performance against these standards.
Liaison Mental Health	100% STP coverage of Liaison Mental Health teams meeting the needs of all ages 50% of Liaison Mental Health Teams achieving 'core 24' standard	• Proceed at current pace.	• Assurance of transformation funds and implementation. • Commissioning and running new national survey. • Commencing next phase of data quality improvement programme. .
Adult community crisis care	100% coverage of 24/7 adult Crisis Resolution and Home Treatment Teams operating in line with best practice	• Establish 24/7 open access urgent and emergency MH services as priority. • There will be a very light touch assurance process to assure these have been established with more details to follow.	• Routine assurance of transformation funds and implementation. • Commencing next phase of data quality improvement programme.
		• Establishment of service finder for urgent mental health services on NHS.UK to be confirmed within 2 weeks.	
Crisis alternatives	Flexible Ambition by 2023/24: Invest in crisis alternatives	• If needed, urgent mapping of voluntary sector-provided telephone support services, and mobilisation of additional capacity.	• Development of communities of practice to share best practise and inform further development of LTP services. • Allocation processes for transformation funds for 2021/22.

Ambulance and mental health	Flexible Ambition by 2023/24: Improve mental health response provided by the ambulance service	• Milestones for this programme will be reviewed in light of COVID-19 response, with more details to follow.	• Monitoring CCG funding flows to ambulance services. • Issuing case studies and further guidance on good practice. • Implementing a training and education programme for the ambulance workforce. • Establishing consistent data collections and KPIs for ambulance services. • Procuring new MH ambulance vehicles.
NHS 111 and MH	Flexible Ambition by 2023/24: Access via NHS 111 to urgent mental health care	• Milestones for this programme will be reviewed in light of COVID-19 response, with more details to follow.	• Regional roadshows to engage and support development of specification. • Issuing new specification and tracking progress.
Clinical review of standards	Introduce access and waiting times for urgent and emergency mental health [following the Clinical Review of Standards]	• Milestones for this programme will be reviewed in light of COVID-19 response, with more details to follow.	• Receiving all evaluations and data by end April 2020, recommending new standards and commencing shadow implementation year of new standards.
OAPs	Eliminate OAPs for adult acute care		• Bespoke data collection on OAPs. • Monthly assurance of category 1 systems and establishment of regional support offer.
Acute therapeutic including 72hr follow up standard	Flexible Ambition by 2023/24: Improving therapeutic support in adult mental health inpatient care	• Milestones for this programme will be reviewed in light of COVID-19 response, with more details to follow. • In the current context, it will be more important than ever to ensure people have timely follow up when discharged from inpatient care - so all services should prioritise this function	• Developing best practice guides, webinar and trust support, to help them to deliver trauma-informed, strengths-based and person-centred care. • Formal reporting against the new 72hr follow up standard until further notice. • Developing DTOC technical guidance and best practice guidance to help support mental health trusts to better report and manage their DTOCs.
Community SMI for Adults and Older Adults	Stabilise and bolster community mental health services for adults and older adults	• Invest 2020/21 CCG baseline funding uplifts to recruit staff and stabilise/ bolster core community mental health teams. • New staff should be deployed as part of Community Mental Health Team (CMHT) responses to COVID-19-related demand.	

		• Maximise opportunities of working with the VCSE and drawing on lived experience practitioners to respond to COVID-19-related demand. • Maximise use of digital, non-face to face assessment and treatment where possible.	
	Fixed Ambition by 2023/24: 370,000 people receiving care in new models of integrated primary and community care for people with SMI (including care for people with eating disorders, mental health rehabilitation needs and a 'personality disorder' diagnosis)	• Continue to support improvements in care for 'personality disorder' through CCG baseline funding or transformation funding (where available). • Continue to support improvements in care for 'people with mental health rehabilitation needs' through CCG baseline funding or transformation funding (where available). • Continue to support expansion of adult eating disorder services through CCG baseline funding, provider collaboratives and / or early implementer sites where transformation funding is available for this purpose. • Continue to provide psychological therapy interventions via digital channels for people with SMI (for example CBTp, Family Intervention, DBT, SCM, MBT). • Continue programme management activities for sites if implementation of new models is operationally viable. • Where implementation is not viable, pause mobilisation of new models, redeploy existing and newly-recruited staff, and repurpose new VCSE contracts to respond remotely to COVID-19-related demand. • For non-early implementer sites: Pause system-wide planning ahead of 2021/22 fair share transformation funding process.	• Where necessary, extend timelines for local demand mapping for psychological therapy for SMI courses. • For early integrated model implementers: Defer all programme activities (assurance; implementation support offer including webinars, action learning sets; evaluation) in Q1. National and regional teams will begin to allocate 2020/21 transformation funding to nominated CCGs as previously agreed from June, unless otherwise advised by CCG. • For non-early integrated model implementers: National and regional teams will defer 2021/22 transformation funding process timelines.
Community MH (incl. EIP, IPS & physical health)	A total of 280,000 people with SMI will receive a physical health check	• Confirm local arrangements for delivery of PH SMI checks in current context – national steer to follow. • Where data automatically flows from primary and secondary care to CCGs and is not burdensome to collect please submit; manual data collection that impacts on COVID-19 planning and response can be de-prioritised or a nil-response submitted (data completeness issues will be flagged in future publications).	• Reporting of physical health SMI recovery planning and assurance process.

	A total of 20,000 people will have access to Individual Placement and Support services	• Expected service shift towards supporting clients with job retention and job loss. • Continue to utilise 2020/21 transformation (Wave 1/2) and CCG baseline funding. • Continue to flow MHSDS data on IPS referrals and access where possible and not burdensome.	• Assurance of IPS access against LTP ambitions. • All fidelity reviews.
	The 60% Early Intervention in Psychosis (EIP) access standard will be maintained and 60% of services will achieve Level 3 NICE concordance	• Ensure EIP services maximise use of digital channels to support continuity of care where possible. • Continue to flow MHSDS data on two-week wait element of the standard where possible.	• Assurance and monitoring of 2 week wait performance. • Further guidance on measurement of the NICE-concordant element of the standard will be provided at a later date.
Dementia	Maintain diagnosis rate at 2/3rds	• Monitor rather than assure performance. • Particular consideration for the needs of older adults given the impact of COVID-19 on this patient group.	• National support offer.
Suicide Reduction & Bereavement	Targeted investment to areas in line with the activity and actions agreed in local suicide prevention plans.	• · Finalise suicide prevention transformation funding for Wave 1, 2 and 3 for 2020/21, to ensure funding continues to flow to services, public health teams and VCS. Assurance will be light touch and is expected to create no additional burden. • Multi agency suicide plans should be reviewed in light of current mental health risks during COVID outbreak and what interventions are feasible in context of social distancing and isolation. .	• Assurance of transformation funding by STPs and regions (for all waves).
	40% of STPs providing suicide bereavement support services	• Finalise suicide bereavement transformation funding for Wave 1 and 2 for 2020/21, to ensure funding continues to flow to services, public health teams and VCS. Assurance will be light touch and is expected to create no additional burden.	• Assurance of transformation funding by STPs and regions (for all waves).
Finance	All CCGs are required to meet the MHIS	• All CCGs are required to meet the MHIS.	
Data ***(repeated in specific programme lines)***	National datasets: - Mental Health Services Data Set (MHSDS)	• All providers to continue to submit data to MHSDS and IAPT datasets. This should include registering for SDCS Cloud account, and submitting during the multiple submission window if needed (guidance to follow). Further guidance on IAPT dataset changes to follow	• All providers to continue to work towards SNOMED CT compliance, Data Quality Maturity Index scores of 95%, and implementation of PLICs system.

	- Access Improving Access to Psychological Therapies (IAPT)	• Providers to continue following any Data Quality Improvement Plans with Commissioners, if in place, and any specific data quality improvement activities planned for Q1.	• Engagement and input on future dataset changes, as part of the agreed annual consultation process, to be slowed or deferred to later in the year.
	Bespoke data collection: Out of Area Placements (OAPs)		• Bespoke data collection on OAPs.
	Bespoke data collection: CYP eating disorders	• Data submissions to continue where doing so does not impact on COVID-19 planning and response.	
	Bespoke data collection: physical health checks for people with severe mental illness	• Where data automatically flows from primary and secondary care to CCGs and is not burdensome to collect please submit; manual data collection that impacts on COVID-19 planning and response can be de-prioritised or a nil-response submitted (data completeness issues will be flagged in future publications).	
Digital	Every person with diagnosed mental health problems will be able to access their care plans All community staff will have access to mobile digital services Local NHS.uk service directory includes crisis services	• Digital solutions could help to support services to provide continuity of care and maximise resources at a time when both patients and staff are unable to come to appointments or working remotely. Further guidance will be made available shortly.	
Workforce	Deliver against mental health workforce expansion as set out in the HEE workforce plan, supported by STP-level plans	• NHS England and NHS Improvement are working with HEE to update workforce requirements in light of COVID-19 response.	• The 5 year workforce collection template process.
Rough Sleeping	At least 10 areas with new mental health provision for rough sleepers	• Ensure any rough sleepers being rapidly rehoused have access to mental health support.	• 2020/21 allocation of transformation funding.
Problem Gambling	Total 3 new NHS clinics for specialist problem gambling treatment	• Milestones for this programme will be reviewed in light of COVID-19 response, with more details to follow.	
Secure care	Trial new models of care within the secure care pathways in selected areas	• Delay Specialist Community Forensic Team implementation unless decided locally to continue, and utilise Specialist Community Forensic Team staff as needed locally. Women's pilots - only continue with implementing model if required locally.	• Programme activities (WebEx, learning sets, review cycle).

Provider Collaboratives	All appropriate specialised mental health services, and LD & Autism services, to be managed through NHS-led Provider Collaboratives, becoming a vehicle for rolling-out specialist community forensic care	• Fast Track Provider Collaboratives to act as Provider Collaboratives, working collaboratively with regional colleagues to manage specialised mental health services.	• Transfer of budget, contracting and quality assurance responsibilities will be delayed until October 2020 earliest. Providers in the “Development” and “Further Development” timelines are suspended pending review.

Appendix 2: Directory of guidance

Due to the rapidly changing situation, guidance is being regularly developed and updated based on need and emerging evidence. The following list outlines key guidance for mental health services as of 26 March 2020. Please regularly revisit these sources for further updates and for new guidance.

Guidance: managing capacity and demand within inpatient and community mental health, learning disabilities and autism services for all ages

Letter: responding to COVID-19: Mental health, learning disabilities and autism